NHS
North East and
North Cumbria

Board Meeting (in public)

MEETING
30 May 2023 10:30 BST

PUBLISHED
25 May 2023

Agenda

Location	Date	Time
The Auditorium, Durham Centre, Belmont DH1 1TN	30 May 2023	10:30

	Item	Owner	Time	Page
1	Welcome and introductions	Chair	10:30	—
2	Apologies for absence	Chair		—
3	Declarations of Interest	Chair		—
3.1	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could reasonably be considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust			—
4	Minutes of the previous meeting held on 28 March 2023	Chair	10:35	4
5	Action log	Chair		27
6	Matters arising from the minutes	Chair		—
7	Chief Executive's Report	Chief Executive	10:40	28
8	Primary Care (presentation)	Executive Area Director / Director of Transformation (Primary Care)	11:00	—
8.1	National plans and requirements			—
8.2	The primary care landscape in NENC			—
8.3	The organisation and funding of primary care: currently and future options			—
8.4	Reflections on day-to-day practice: frontline realities and challenges			—
8.5	The potential to serve wider population needs: and example within the NENC			—
8.6	Medication and prescribing			—
8.7	Summing-up: risks, opportunities and future developments			—
	BREAK		12:30	—
9	Integrated Performance			—
9.1	Integrated Delivery Report	Executive Chief of Strategy and Operations	12:45	44
9.2	Finance Report	Executive Director of Finance	13:00	79

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9.2.1	ICB and ICS Financial Plan 2023/24	Executive Director of Finance		89
10	Governance and Assurance			—
10.1	Board Assurance Framework	Executive Director of Corporate Governance, Communications and Involvement	13:20	113
10.2	Governance Handbook (issue 6)	Executive Director of Corporate Governance, Communications and Involvement	13:25	154
10.3	Constitution of the NHS North East and North Cumbria Integrated Care Board - amendments	Executive Director of Corporate Governance, Communications and Involvement	13:30	232
10.4	Highlight reports and confirmed minutes of the Committees of the Board			—
10.4.1	Executive Committee - confirmed minutes 14 March and 11 April 2023	Committee Chair	13:35	292
10.4.2	Quality and Safety Committee - confirmed minutes 15 December 2022 and 16 February 2023	Committee Chair	13:40	332
10.4.3	Finance, Performance and Investment Committee - confirmed minutes 2 March and 6 April 2023	Committee Chair	13:45	368
10.5	Questions from the Public on Items on the Agenda	Chair		—
11	Any Other Business from Members	Chair		—
12	Close	Chair	13:50	—

Item 4

NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Minutes of the meeting held on 28 March 2023 at 09:30, The Mayors Parlour, City Hall Sunderland

Present:
Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Dr Hannah Bows, Independent Non-Executive Member
Ken Bremner, Foundation Trust Partner Member
David Chandler, Executive Director of Finance
David Gallagher, Executive Area Director (Central and South)
Tom Hall, Local Authority Partner Member
Professor Eileen Kaner, Independent Non-Executive Member
Annie Laverty, Executive Chief People Officer
Dr Saira Malik, Primary Medical Services Partner Member
Catherine McEvoy-Carr, Local Authority Partner Member
Jacqueline Myers, Executive Chief of Strategy and Operations
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse
Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member
Aejaz Zahid, Executive Director of Innovation

In Attendance:
Deborah Cornell, Director of Corporate Governance and Involvement
Jane Hartley, Voluntary Organisations' Network North East (VONNE)
David Thompson, North East and North Cumbria Healthwatch Network Representative
Toni Taylor, Governance Officer (minutes)

B/2023/87 Welcome and Introductions

The Chair welcomed members to the meeting of North East and North Cumbria Integrated Care Board (the ICB).

The following individuals were in attendance under public access rules:
- Darren Bennett, AbbieVie Ltd (biopharmaceutical company)

- Mark Druzynski, Vitalrad (vital radiology services)
- Scott Jamieson, Healthcare Development Manager, Eli Lily and Company (pharmaceutical company)
- Fiona Paton, Crown Commercial Service
- Carolyn Smith, Pfizer Internal Medicine

Juliet Bouverie, Chief Executive of the Stroke Association was in in attendance to observe as part of the National Chief Executive Connections Group.

Following a successful recruitment process the Chief Executive announced the final two appointments of the Board.

1. Levi Buckley, Area Executive Director (North)
2. David Chandler, Substantive Executive Director of Finance

B/2023/88 Apologies for Absence

Apologies were received from Nicola Bailey, Interim Executive Area Director (North and North Cumbria), Professor Graham Evans, Executive Chief Digital and Information Officer, Councillor Shane Moore, Local Authority Partner Member, Ann Workman, Local Authority Partner Member.

B/2023/89 Declarations of Interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

B/2023/90 Minutes of the previous meeting held on 31 January 2023

As a point of accuracy, the following amendment was to be made to the minutes;

- Item B/2023/75, page 8, ICB running costs – should read …. running costs for 2022/23 are expected to be around £2m underspend.

RESOLVED:
The Board **AGREED** that subject to the requested amendment regarding ICB running costs, the minutes from the meeting held on 31 January 2023 were a true and accurate record.

B/2023/91 Action log

There were no further updates to the action log.

B/2023/92 Matters arising from the minutes

Follow up on the data examples from the digital presentation
The Chair presented in the absence of the Executive Chief Digital and Information Officer. The paper and presentation provided a

further update to the series of questions being used to determine the current data provision capabilities.

Four areas were selected and explored as follows:-

1) How early is bowel cancer being detected and treated?
In 2020, North East and North Cumbria (NENC) had a higher incidence rate of colorectal cancer (68.8 per 100,000) than the national rate (63.3 per 100,000). All areas within NENC are above the national incidence rate, with Sunderland being the highest.

The data also shows a variation in the stage of detection of bowel cancer. South Tyneside had the highest proportion of colorectal cancers being diagnosed at an earlier stage within the North East and North Cumbria region.

Some data was incomplete, which could distort the comparison figures.

2) How good is population uptake and coverage for preventive health interventions?
The data looked at four preventive services;

i) Childhood immunisation
In 2021-22, the North East and Cumbria local authorities performed better than the national average for vaccine uptake in children in most cases.

The North East region is the highest performing region in England across all vaccine uptake metrics, with South Tyneside, Sunderland and County Durham local authorities being the highest of all local authorities in the country for vaccine uptake in one and two-year-olds.

ii) Bowel cancer screening
The bowel cancer screening uptake was higher in North East and North Cumbria (72.7%) than the national average (70.3%).

iii) Breast cancer screening
The breast cancer screening uptake was higher in North East and North Cumbria (67.8%) than the national average (64.9%).

iv) High blood pressure
The prevalence of controlled hypertension in North East and North Cumbria is significantly higher than the latest published national figure.

3) What is the level and causal nature of avoidable harm generated by care providers and in care settings?
In the past five years (2018 to 2022), there have been 4,655 serious incidents together with 140 never events recorded and reported regionally.

Main causes of recorded incidents for mental health related services include apparent/actual/suspected self-harm being the most common recorded.

Acute secondary care providers most common incident types include slips/trips/falls through to medication incidents.

The reported never events are predominately related to surgical invasive procedures, followed by medication incidents, other reported problems relate mainly to screening and medical equipment events.

4) Children and young people's mental health
The number of deaths by suicide recorded for people aged 15 to 19 years old in North East and North Cumbria is an area of greatest concern, with further focus and exploration work being carried out.

Observational data or descriptive data does not give definitive answers on its own but provides insight for further exploration and investigation which overtime will inform ways to improve health, reduce inequalities and improve standards of care.

There are some remaining data gaps that continue to be addressed in order to fully complete the challenge requirements.

A lot of the data is already in use through Health and Wellbeing Boards and across the Integrated Care System working with Directors of Public Health.

The ICB is developing a one-year operational plan and five-year delivery plan for the Integrated Care Strategy. Specific metrics will be used to measure success and track whether interventions are moving in the right direction.

Cancer Alliance have a specific plan to improve cancer outcomes and survival rates. Identifying cancer at an earlier stage and a screening programme is a significant part of this work, which will feed into the five-year delivery plan.

It was recognised that when looking at data it is important to triangulate the voice of patients, community leaders, voluntary sector etc to determine the issues, as the solution often sits within our communities.

Follow up on the Bill Kirkup presentation on maternity – developing a system approach to tackling the challenges

Dr Bill Kirkup's presentation was noted to be very compelling, and has since been shared widely highlighting four key areas;

1. Monitoring safe performance and finding signals amongst the noise
   Clinical audits of implementation of shared standards. Providing a standardised tool for assurance against a number of key clinical pathways specifically for maternity and the saving babies lives care bundle. When looking at the Clinical Negligence Scheme for Trusts (CNST) returns, out of eight providers of maternity services, four had not achieved this. Work is being carried out with a particular focus on saving babies lives.

   There is an ICB wide dashboard to support benchmarking and improvement. The dashboard triangulates metrics including information received from regulators and feedback from carers and patients. The lived experience strategy outputs will feed into the Quality and Safety Committee.

2. Standards of clinical behaviour
   Overall success will be determined by listening to women and their families. The implementation of the NHS England Equity and Equality Action Plan 2022-27, including work on organisational boundaries is being led by the Local Maternity and Neonatal System.

   Maternity Voices Partnership work together with women, their families, commissioners and providers to review and contribute to the development of the local maternity and neonatal care.

3. Floor to teamwork
   Will determine the overall success by listening to colleagues. Staff in maternity, neonatal and other services are supported to work with kindness, compassion and respect. The aim is to create psychological safety making sure people feel safe to voice their thoughts and are open to constructive challenge. There is a need to ensure individuals receive constructive appraisals to support development and to work, learn and train together as a multi-disciplinary team across maternity and neonatal care.

   The Freedom to Speak up Strategy was launched providing a pathway where people can speak, and their concerns can be taken constructively.

4. Organisational Behaviour
   Ensure a shared commitment to safety and improvement at all levels and that focus is given to how things are implemented not just what is implemented.

   A need to use the data to compare outcomes with similar systems to understand variation in data and where improvements need to be made to support and gain oversight.

   An ICB planning event is scheduled to take place on 10 May 2023 to look at maternity and neonatal services across North East and North Cumbria. Dr Bill Kirkup will be in attendance and the following four key areas will discussed:-
   - Working and listening to women and families with compassion
   - Growing, retaining and supporting our workforce
   - Developing and sustaining a culture of safety, learning and support
   - Standards and structure that underpin safer, more personalised and equitable care

It was noted that a Patient Safety Incident Response Framework will be launched in September 2023. Some early learning has been identified, particularly in Durham who were an early adopter to ensure process is adhered to, and will form part of the ICB quality strategy.

Following the Dr Bill Kirkup presentation at the last Board meeting, a system wide learning event across health took place which also included local authority colleagues. This event looked at the impact of culture and the effectiveness of team working.

B/2023/93 Chief Executive's Report

The report provided an overview of recent activity carried out by the Chief Executive and Executive Directors, as well as some key national policy updates.

Tees, Esk and Wear Valleys NHS Foundation Trust
The Board acknowledged the publication of the independent reports into Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) following the sad deaths of three patients in their care.

This report included actions for the ICB and will inform a system wide review, looking at the governance, leadership and the holistic models of care available.

ACTION:
A report will be presented at a future Board meeting in the

next six months with regards to progress against the recommendations and actions.

Running Costs
NHS England have confirmed the expected 30% cut to the Running Cost Allowance for the ICB by 2025/26 including a 20% reduction by the end of 2023/24.

A working group has been established to develop an approach to deliver this national requirement. Whilst it is a challenge, it does present opportunity to ensure the ICB is operating efficiently and effectively to deliver core aims and the Better Health and Wellbeing Strategy.

Immediate measures have been put in place including a restriction on recruitment with the exception of roles with statutory responsibility.

ACTION:
An update to be given at a future Board meeting with regards to progress on running cost reduction.

Strategic Integrated Care Partnership (ICP)
The appointment of four elected members responsible for chairing the Area ICPs have now been confirmed – the tenure will be for two years.

Placed Based Working
Through the work of the Joint Management Executive Group (JMEG) it was agreed to adapt existing Place Based Partnerships to allow oversight of functions and resources delegated to place from the ICB. Proposed place governance arrangements and associated financial delegations will be tested in 2023/24.

The Board **NOTED** the current arrangements for learning disabilities oversight have been reviewed and action taken.

The Board **NOTED** the risks linked to the specialist commissioning, pharmacy, optometry and dentistry delegation, mitigation for these and **APPROVED** the planned delegation of commissioning to the ICB.

RESOLVED:
The Board **RECEIVED** the Chief Executive report for information and assurance.

B/2023/94 Learning and Improvement System

The Executive Director of People updated the Board on developing a learning and improvement community for the North East and North Cumbria.

Prior to the formation of the ICB in July 2022, 40 senior leaders across the system were interviewed where developing a learning and improving system was identified as one of eight key priority areas for the integrated system.

The development of a learning community is a critical part of North East and North Cumbria's system and strategy. The aim is to tackle some big challenges whilst building on strengths and learning.

The improvement hub on the NHS England (NHSE) website brings together a wealth of information, improvement knowledge, guidance and toolkits from across the health and care system.

Amanda Pritchard, Chief Executive of NHS England, will launch a new national improvement strategy in April 2023 at a meeting of NHS Chief Executives. This follows a review undertaken to consider how the NHS working in partnership through integrated care systems, deliver on current priorities while continuously improving for the longer term.

Current thinking around learning systems is taking place locally, with the support of academic expertise in this area to help us understand learning health systems - what they are, how to develop them and how to evaluate them. High quality data is also a key asset in our learning systems.

An application made to the Health Foundation for additional funding to support the ICS learning approach was successful and the ICB were awarded £250,000. The money will provide opportunity for collaborative working with local academic partners to evaluate and understand the learning and improvement community in the first year of development.

It was noted that the North East and North Cumbria Learning and Improvement Community was convened on 21 September 2022. The event was well attended and attracted significant attention on social media. The Board was advised that there had been opportunity at this event to hear real life stories which generated discussion on how to improve the learning experience.

The commitment on the day was to be the best at getting better and seven key priority areas were identified for the learning and improvement community to take forward, namely:-

1. Waiting times and crisis support for children and adolescent mental health services
2. Collaborative leadership across the system
3. Shifting from treatment to prevention
4. Sharing learning and joining up as a system

5. Social care workforce – influence the market and impact on patient flow
6. Workforce retention and well being
7. Safe transfer / discharge out of hospital

To develop thinking, the ICB are drawing on international experience and expertise at events including;
- Dr Christine White, Cincinnati Children's Hospital
- Goran Henriks, Chief Executive of Learning and Innovation at Qulturum Jönköping, Sweden
- Helen Bevan, Strategic Advisor and Professor of Practice in Health and Care Improvement

The evaluation of the NHS partnership with Virginia Mason Institute, examined how five NHS trusts in England attempted to build a culture of continuous improvement and provided important lessons about how to plan and implement an organisation-wide approach to improvement.

The evaluation found;

- that a strong culture of peer learning and knowledge sharing was a critical enabler of organisation-wide improvement

- trusts with highest CQC ratings had much greater levels of social connectedness between staff than those with the lowest ratings

- visible and sustained commitment to improvement programmes from trust leaders is essential if they are to gain organisation-wide traction and support. Without this there is a risk that performance gains from improvement programmes will be restricted to specific care pathways and services, and not generate organisation-wide benefits

- Importance of ensuring that improvement priorities and metrics are aligned with organisational and national objectives.

The ICB held a summit on 9 March 2023 which focused on safe, effective and timely discharge and involved sharing learning from local, regional, national and international teams. Feedback following the event was positive and learning noted to develop.

£350,000 of ICB funding was received to support in the first year of implementation alongside the £250,000 received from the Health Foundation. This has been used to support events, a pro-active communication and engagement strategy, data analysis and evaluation.

A bi-monthly steering group has been established and is representative of the partnership working. Feedback to date has

been positive around community engagement, third sector involvement and local authority partnerships. Representation has been monitored and tracked for each event and any learning identified will be taken to future events. Each event has patient and family representation to ensure the patient's voice is captured.

The learning and improvement system is aligned to the delivery of the Integrated Care Strategy. The aim is to provide a safe space, and opportunity to convene and connect people together to share their learning.

A combination of bespoke events and briefings will be looked at to ensure Boards of NHS and partner organisations are kept up to date with the progress of the learning and improvement system.

RESOLVED:
The Board **RECEIVED** the presentation.

B/2023/95 Interim ICB Equality, Diversity and Inclusion Strategy 2023/24

The Director of Health, Equity and Inclusion attended for this item and presented an overview to the Equality, Diversity and Inclusion Strategy duties.

It was acknowledged that the North East and North Cumbria are the only Integrated Care Board to have a Director of Health, Equity and Inclusion role.

Work is ongoing to create an interim Equality, Diversity and Inclusion Strategy for the ICB representing one year. Within the one year, a five-year strategy across the system will be developed.

The Equality Act came into force on 1 October 2010 bringing together over 116 separate pieces of legislation into one single Act. The legislation highlights the importance of protecting service users and staff in the delivery of services and policy from direct discrimination; indirect discrimination; harassment and victimisation.

It was noted that there are nine protected characteristic:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and civil partnership
- Race
- Religion and Belief
- Sex
- Sexual Orientation

As an organisation the ICB will look beyond these nine characteristics and look to include other characteristic such as carer responsibilities and menopause.

The Public Sector Equality Duty (PSED) within the Act came into force on 5 April 2011. This outlines that public bodies must consider all individuals when carrying out their day-to-day work and have due regard to the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations between different people when carrying out their activities

It was outlined that the ICB has specific responsibilities to fulfil. The Equality and Human Rights Commission are the regulator who oversee the delivery of the Equality Act and advise that a Board sets strategic direction, reviews performance and ensures good governance of the organisation.

The **Messenger** report (2022) states; "a step-change in the way the principles of equality, diversity and inclusion (EDI) are embedded as the personal responsibility of every leader and every member of staff".

The **Messenger** report also states: "There is widespread evidence of considerable inequity in experience and opportunity for those with protected characteristics, of which we would call out race and disability as the most starkly disadvantaged".

As part of the NHS contract the WRES and WDES are mandated;

- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)

Attention was drawn to some key highlights from data received:

- Trusts rated outstanding in the CQC well-led domain show evidence of being better employers for disabled staff – NHS WDES 2021

- 'Glassdoor' a recruitment website's report in 2020 found 75% of respondents said that a diverse workforce is important when evaluating companies and job offers. This rises to 80% for black people and 79% for LGBTI+ people

- 59% of trusts have five or fewer disabled staff in senior positions (bands 8c and above, including medical consultants and Board members) – NHS WDES 2021

- Discrimination is highlighted in the Royal College of Nursing report (June 2022) demonstrating that black and ethnic minority nurses were half as likely as white nurses to be promoted.

- In the 2021 national staff survey, the percentage of staff saying that they are considering leaving the NHS rose from 26% to 31%

- Organisations with better WRES metrics have better all-staff vaccine uptake

- Maternity units with best CQC ratings had better overall WRES rankings, and vice versa

- The NHS national staff survey 2022, shows staff experience of discrimination is getting worse

- Black and ethnic minority staff in North East and North Cumbria Integrated Care System workforce is well below the national average; one Foundation Trust is the lowest in the country.

ICB NENC representation data from the staff survey highlighted:

- 18.8% of staff would prefer not to disclose sexuality
- 21.9% of staff would prefer not to disclose gender
- 22.6% of staff would prefer not to disclose ethnic background
- 18.5% of staff declared they had a disability.
- 13.7% of staff would prefer not to disclose whether they have any additional caring/support responsibility outside of work

The North East and North Cumbria Integrated Care Board's vision is to become the most equitable and inclusive ICB in the Health and Social Care sector, creating fairer outcomes for all by creating an environment, workplace and system where our people feel that they belong, are listened to, invested in and are valued.

Some objectives identified include:

<u>Improved EDI capability and knowledge</u>
We will improve NENC ICB EDI capability and knowledge by providing our people with opportunities for learning, experiences and development at all bands and professions.

<u>Legally compliant and confident</u>
We will focus our attention to becoming compliant with the statutory and mandatory elements of being part of the health and social care system and will set out to exceed expectations beyond legal compliance.

Consciously inclusive
We will listen and work with our people to build psychological safety, improve their lived experience, to create the best workplace environment, providing them with the opportunities to perform at their best.

It was reported that an online community has been created on NHS Futures to include all EDI leads across the organisations to ensure they have a voice and can share their learning and best practice.

The Board acknowledged that the North East and North Cumbria have significant health inequalities in the community, specifically deprivation and therefore this EDI strategy is integral to ensure fairer outcomes for all.

The ICB is currently working with analysts to triangulate and understand data. For example, looking at maternity and the impact this has on black women including the use of interpreters and literacy available.

RESOLVED:
The Board **RECEIVED** the presentation.

B/2023/95 Healthier and Fairer Advisory Group Progress

The Executive Medical Director presented a progress update on the Healthier and Fairer Advisory Group.

A new Healthier and Fairer Advisory Group was established as a subcommittee of the ICB's Executive Committee and held the first meeting in February. The group integrates and coordinates the work of several pre-existing advisory structures dealing with population health and inequalities.

National monies were allocated to ICB's over a three-year period, with the North East and North Cumbria receiving £13.6m. Other funding sources include adhoc NHS England funding, Cancer Alliance funding and NECS transformation funding.

A multi-agency working group met to develop an outline proposal for the funding; this was jointly approved by the ICB's Executive Committee and the Integrated Care Systems' Directors of Public Health.

Key workstreams were approved as follows:

- The Waiting Well programme
- The health Inequalities Academy

- Existing programmes such as Smoking Cessation, Deep End, Alcohol, Weight Management
- Support for vulnerable people through joint working at Place
- Health literacy, poverty proofing, digital inclusion, Anchor Institutions
- Evaluation.

The Healthy and Fairer Advisory Group will provide oversight of each workstream plan and provide the Executive Committee with regular assurance on delivery. A performance dashboard will be created for identification of needs, resource allocation and programme focus.

A broad-based system partnership has been created, membership includes:

- Directors of Adult Social Services
- Directors of Children Services
- Officer for Health Improvement and Disparities
- Voluntary Organisations' Network North East
- Healthwatch
- Applied Research Collaboration North East and North Cumbria
- Association of Directors of Public Health
- NHS provider Collaboration North East and North Cumbria Integrated Care System
- NHS North East Quality Observatory Service
- North East Commissioning Support

Attention was drawn to the overall scale of the challenge on multiple measures comparing the North East and North Cumbria with England, these challenges were highlighted in the report which were noted by the Board.

Life expectancy
It was noted that deaths from accidental poisoning, suicide and injury of undetermined intent, cirrhosis and liver disease have been referred to as 'deaths of despair'. In the North East and North Cumbria 'deaths of despair' contribute 20% (310 excess deaths) to the life expectancy age gap in women and 39% (700 excess deaths) in men.

The group are currently working on a suicide reduction plan. The aspiration is to reduce the suicide rate to 10.4 per 100,000 in North East and North Cumbria. 23 deaths by suicide would be prevented each year.

Tobacco reduction
The North East and North Cumbria will further continue to progress its trailblazing work on tobacco control which has shown a steady decrease in the number of smokers.

In July 2019, the UK Government announced an ambition for England to be smoke-free by 2030; with rates below 5% of the adult population. If the 5% ambition is met across North East and North Cumbria, there will be around 206,000 fewer smokers.

Plans to achieve the tobacco target were outlined in the presentation.

Alcohol Reduction
Drink-coach' support to NHS and social staff ongoing with an evaluation by Sunderland University underway. 690 health and social care staff have been supported to reduce their drinking in the first six months with the aim to embed Alcohol Care Teams and Recovery Navigators in all North East and North Cumbria Trusts.

Plans to achieve the alcohol target were referenced in the presentation.

Learning Disabilities
North East and North Cumbria have worked with the North East commissioning support team to look at data and develop learning disability profiles which have been used to support the elective care recovery board. The profiles provide an overview on elective waiting lists and our population with learning disabilities to ensure each Trust can implement the Learning Disability Diamond Standard Acute Care Pathway.

Waiting Well Project
The aim of the waiting well project is to support patients across North East and North Cumbria on the routine list for surgery to prepare physically and psychologically ahead of their procedure.

There is a focus on those in clinically and socially vulnerable groups who are most likely to suffer poorer surgical outcomes.

RAIDR Waiting Well Dashboard which combines primary care and elective waiting list data is used to stratify patients into target groups based on clinical and social vulnerability.

In January 2023, 423 patients across North East and North Cumbria were contacted to offer support and 190 accepted an offer of support.

ACTION:
Updated data on the Waiting Well Project to be brought to a future Board meeting.

It was noted that the region is above average to being vulnerable to the cost of living, the most vulnerable population in England being Middlesbrough.

Fairer outcomes for all is one of four goals within the Better Health and Wellbeing Strategy. Within this goal there is an aim to reduce inequality and life expectancy and healthy life expectancy at birth. There are also several other supporting goals including reducing tobacco. This strategy has been signed off by the Strategic Integrated Care Partnership. The operating plan and five years forward plan will set out how to deliver these goals and how progress will be measured.

It was agreed from an executive perspective to make recommendations to the Quality Committee to establish a patient voice group which will triangulate information that allows intelligence to be reviewed regionally but also at a more granular level working with local Healthwatch's and other representative bodies to ensure there is a representative picture across North East and North Cumbria.

Public members are part of the design, delivery and dissemination of all evaluations carried out in partnership with the National Institute for Health and Care Research – funding has been set aside for the evaluation and work is ongoing with academic partners on how this is structured.

RESOLVED:
The Board **RECEIVED** the presentation.

B/2023/96 Integrated Delivery Report

The report provided an Integrated Care System overview of quality, performance and finance and highlighted any significant changes, areas of risk and mitigating actions.

Key points were highlighted as follows:

Care Quality Commission (CQC) Inspection and updates

i) CQC have classed North Cumbria Integrated Care NHS Foundation Trust as high risk particularly in relation to the medical wards.

ii) South Tyneside and Sunderland NHS Foundation Trust received an overall rating of 'requires improvement'.

iii) North East Ambulance Service received an overall rating of 'requires improvement'.

iv) British Pregnancy Advisory Service has undertaken an extensive improvement programme and completed the required actions outlined in the CQC report. The conditions imposed on the registration have now been removed.

Performance

v) Handover delays have significantly improved week ending 18 February 2023 with an average of 20 hours lost per day.

vi) Patients waiting in Accident and Emergency Departments more than 12-hours following decision to treat has decreased significantly in January to 1583 following a significant increase to 2347 in December.

vii) Ambulance response times for category 2 calls have shown significant improvement from 1 hour 36 minutes in December 2022 to 32 minutes in January 2023.

viii) Progress continues to eliminate elective treatment waits of 78+ weeks. Challenges remain around complex spinal procedures. It is expected to end the month with fewer than 180 patients compared to 990 at the end of December.

ix) Reducing reliance on inpatient care for people with learning disabilities is off track overall as of 13 February 2023, with a total of 168 adult patients in inpatient care. The aim is to work towards no more than 71 adults by 2023/24. A comprehensive action plan is being developed with a wide range of measures around working together with providers of care for patients with complex needs. This action plan will be presented at a future Board meeting.

ACTION:
Reducing Reliance on inpatient care for people with learning disabilities action plan to be brought to a future Board meeting.

RESOLVED:
The Board **RECEIVED** the comprehensive report for information and assurance.

B/2023/97 Operational Plan and Joint Forward Plan 2023/24

NHS England requires each ICB and partner NHS Foundation Trusts to submit a joint plan showing how the system will deliver the national operational requirements for the NHS for 2023/24.

The national timescale for the final Operational Plan submission is 30 March 2023.

Some of the key National requirements and NENC planned position as of 27 March 2023 are summarised below.

Urgent and Emergency Care

National Ambition	NENC Plan
Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	80.7%
Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	30-minute average response time.
Reduce general and acute bed occupancy to 92% or below	92.2%

Elective Care and Diagnostics

National Ambition	NENC Plan
Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	NUTH final submission is for 14 patients to exceed a 65 week wait at the end of March 2023, all of which are adult, complex spine cases.
Deliver an appropriate reduction in outpatient follow-up (OPFU) in line with the national ambition to reduce OPFU activity by 25% against the 2019/20 baseline by March 2024	89%, only one Trust is currently showing 75% or lower.

People with a Learning Disability and/or Autistic People

National Ambition	NENC Plan
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024.	77% (March 2024)
Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability	47.6 per million adults (March 2024)

and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit	13.6 per million children and young people under 18 (March 2024)

The Board was asked to approve the Operational Pan submission, noting the process to develop the plan, the key commitments in the plan, and the risks and issues associated with the implementation of the plan.

RESOLVED:
The Board **APPROVED** the submission of the Operational Plan to NHS England.

The Board **AGREED** delegation to the ICB Executive Chief of Strategy and Operations and Executive Director of Finance to authorise the final submission in the context of potential changes between the ICB Board paper and final national submission date of 30 March if required.

B/2023/98 Finance Report

The Executive Director of Finance provided an update on the financial performance of the Integrated Care Board and Integrated Care System for the period to 31 January 2023. The Board noted the following key points:

ICB duty to break-even
Continue to forecast a surplus of £2.7m. Additional funding was received from NHS England in respect of additional independent sector activity.

ICS duty to break-even
NHS England have officially agreed to allocate £19.9m towards pressures of the ICB duty to break even. Month 11 submission confirmed that the organisation is on target to achieve.

ICS capital position
On target to be under the ICS capital departmental expenditure limit (CDEL) allocation, following the receipt of late funding allocation of c.£20m for the Care Environment Development and Re-provision (CEDARs) development at Cumbria, Northumberland, Tyne and Wear Mental Health Trust.

ICB running costs
Forecast to be approximately £4m under on running costs due to reduced redundancy provision and reduced non-staff spending.

RESOLVED:
The Board **NOTED** the latest year to date and forecast financial position for 2022/23 and received assurance that overall performance is in line with the plan.

The Board **NOTED** the potential financial risks across the system still to be managed between now and year end.

B/2023/99 Draft Financial Plan and Budgets 2023/24

The Board was advised that work will continue to produce a balanced financial plan and noted the submission date of 1 April 2023.

However, the challenges include a loss of £100m covid funding, low level of growth funding and £127m deemed to be inflation over and above allocation.

The Board agreed the Chief Executive and Executive Director of Finance will review the financial plan before submission on 1 April 2023.

ACTION:
The final Financial Plan 2023/24 will be brought to a future Board meeting in public.

B/2023/100 Governance Handbook

As part of a process of ongoing review of the documents within the Governance Handbook, further amendments have been identified to ensure the documents remain fit for purpose.

The Board was asked to note the proposed changes to the governance documents and approve the updated versions for insertion into the Governance Handbook (issue 5) as follows;

- Scheme of Reservation and Delegation version 3.0
- Functions and Decisions Map version 2.0
- Strategic and Area Integrated Care Partnerships version 1.0
- Approve the establishment of ICB subcommittees at each place
- Approve the standard terms of reference for subcommittees version 1.0
- Delegate the approval of place subcommittees' terms of reference to the Executive Committee, including any variation to the template terms of reference except the purpose of the subcommittees
- Approve the establishment of other subcommittees and to approve their terms of reference as listed below;
    - Independent Funding Review (IFR) Panels x 2

- Medicines Subcommittee
- Quality and Safety Area Subcommittees x 4
- Safeguarding Health Executive Group; Children, Adults and Cared for Children Subcommittee
- Antimicrobial Subcommittee
- Primary Care Strategy and Delivery Subcommittee
- Pharmaceutical Services Regulatory Subcommittee

The Board was asked to approve that the following documents may be updated and replaced in the Governance Handbook by the Executive Director of Corporate Governance, Communications and Involvement as updates arise:

- Functions and Decision Map
- Committee Structure
- Register of Interests
- Delegation Agreement Summaries
- Remuneration Guidance (subject to the approval of Remuneration Committee)
- NENC list of eligible providers of primary medical services

ACTION:
Update to be brought to a future Board meeting focusing on the work of the sub-committees and the governance support.

RESOLVED:
The Board **NOTED** the proposed changes to the governance documents and **APPROVED** the updated versions for insertion into the Governance Handbook (issue 5).

The Board **APPROVED** that the documents listed above may be updated and replaced in the Governance Handbook by the Executive Director of Corporate Governance, Communications and Involvement as updates arise.

B/2023/101 Highlight Report and Minutes from the Executive Committee meetings held on 10 January and 14 February 2023

An overview of the discussions and decisions at the Executive Committee meetings held on 10 January and 14 February 2023 was provided.

The Board's attention was drawn to the following key points:

- Cancer care
- Next steps on place-based working
- South Tees integrated urgent care
- Primary care operating framework

The Committee identified a risk to be added to the risk register in relation to the financial risks for the Community Diagnostic Programme.

RESOLVED:
The Board **RECEIVED** the highlight report and confirmed minutes from the meetings held on 10 January and 14 February 2023 for assurance.

The Board formally **NOTED** the amendment to the minutes for the meeting held on 15 November 2022.

B/2023/102 Highlight Report from the Quality and Safety Committee meeting held on 16 February 2023

An overview of the discussions at the meeting of the Quality and Safety Committee held on 16 February was presented.

Key points were highlighted as follows:-

- Storyteller Protocol
- Subcommittee proposals and terms of reference for consideration
- Reflections on ICB development session with Bill Kirkup

The Committee had identified the following key issues:

- Committee dates to be rescheduled to align with Board timelines
- Moving toward an appreciative/learning approach (quality improvement) as well as risk

RESOLVED:
The Board **RECEIVED** the highlight report from the meeting held on 16 February 2023 for assurance.

B/2023/103 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 5 January 2023, 2 February 2023 and 2 March 2023.

An overview of the discussions and decisions at the Finance, Performance and Investment Committee meetings held on 2 February and 2 March 2023 was presented.

Significant work is being carried out to develop financial and operation plans 2023/24 within timescales.

RESOLVED:
The Board **NOTED** the contents of the highlight report and **RECEIVED** the confirmed minutes meetings held on 5 January 2023 and 2 February 2023 for assurance.

Item 4

B/2023/104 Questions from the Public on Items on the Agenda

A question was received from Keep Our NHS Public North East (KONPNE).

"Keep Our NHS Public North East (KONPNE) is a group of people who strongly believe that the NHS should remain a public service.

Members of KONPNE are very concerned to read in the North East North Cumbria ICB: Integrated Delivery Report February 2023 (Agenda Item 8.1) that a number of services within the ICS are inadequate, according to the CQC.

We are aware that the Board have noted this. Please detail, specifically, what the Board's plans are for addressing this situation, given the requirement for the ICB to meet an overall efficiency target of £48.4 million."

In response, it was noted none of the 11 provider organisations in the ICB are rated as inadequate overall.

A recent inspection of North East Ambulance Service's (NEAS) rated the organisation as inadequate for Well Led but overall, as requires improvement. NEAS are being supported by the ICB to work through the actions identified by the Care Quality Commission.

ACTION:
A written response to be sent Keep Our NHS Public North East (KONPNE) within 20 working days.

B/2023/105 Any other business

There were no other items of business.

The meeting closed at 12:50

Item: 5

Board (public)

NHS
North East and North Cumbria

Log updated: 23 May 2023

No:	Date of meeting	Minute reference	Agenda Item	Action Point	Lead	Timescale	Comments	Current status
2	7/1/2022	B/2022/10	Adoption of key policies	All policies to be reviewed within the first six months following the establishment of the ICB to ensure they reflect an ICB perspective	All Executive Directors	February 2023	Rolling programme to update all policies. Long list currently being worked through.	Ongoing
7	1/31/2023	B/2023/74	Integrated Delivery Report	A further update to be brought to a future Board meeting with regards to County Durham and Darlington NHS Foundation Trust tier 2 escalation.	J Myers	~~March 2023~~ 30 May 2023	Update to be included in March report Update included in May report	Complete
10	3/28/2023	B/2023/93	Chief Executive's Report	Tees, Esk and Wear Valleys NHS Foundation Trust independent reports A report will be presented at a future Board meeting in the next six months with regards to progress against recommendations and actions.	S Allen	26 September 2023		Ongoing
11	3/28/2023	B/2023/94	Chief Executive's Report	An update to be given at future Board meeting with regards to progress on running cost reduction.	S Allen	25 July 2023		Ongoing
12	3/28/2023	B/2023/95	Healthier and Fairer Advisory Group Progress	Updated data on the Waiting Well Project to be brought to a future Board meeting	N O'Brien	28 November 2023		Ongoing
13	3/28/2023	B/2023/96	Integrated Delivery Report	Reducing reliance on inpatient care for people with learning disabilities action plan to be brought to a future Board meeting.	J Myers	TBC		Ongoing
14	3/28/2023	B/2023/99	Draft Financial Plan and Budgets 2023/24	The final Financial Plan 2023/24 will be brought to a future Board meeting in public.	D Chandler	30 May 2023	On agenda for 30 May 2023	Complete
15	3/28/2023	B/2023/100	Governance Handbook	Update to be brought back to a future Board meeting focusing on the work of the subcommittees and the governance support	C Riley	30 May 2023	On agenda for 30 May 2023	Complete
15	3/28/2023	B/2023/100	Questions from the Public on items on the agenda	A written response to be sent to Jude Letham within 20 working days	D Purdue	21 April 2023		Complete

Item: 7.1

NHS
North East and North Cumbria

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

BOARD 30 May 2023	
Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB Chief Executive and Executive Directors, as well as some key national policy updates.

Key points

The report includes items on:

- The requirement to reduce the running costs of the Integrated Care Board.
- An update on industrial action.
- The development of NHS Impact.
- A visit from Amanda Pritchard, NHS Chief Executive.
- An update on the Hewitt Review.
- An update on the financial position and longer-term considerations.
- CQC and quality update.
- NHS Dentistry and oral health.
- How we are working with the Association of Directors of Adult Social Services across the North East and North Cumbria
- The launch of our Analytics Academy.

Risks and issues

Note the risks linked to:

1. The oral health of our population and the immense challenges to the delivery of and public access to NHS dentistry services in the short to medium term.
2. The ICB financial plan.

Item: 7.1

Assurances

The report provides an overview for the board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

The Board is asked to:

- Receive the report for assurance and information and ask any questions of the Chief Executive.

Acronyms and abbreviations explained

CQC - Care Quality Commission
ICB – Integrated Care Board
ICS – Integrated Care System
LRF – Local Resilience Forum
NENC – North East and North Cumbria
NHSE – NHS England
RCN – Royal College of Nursing

Sponsor/approving director	Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

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**	✓

Item: 7.1

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?	Engagement has taken place throughout the assurance process with NHS England and provider organisations.

Item: 7.1

NHS
North East and North Cumbria

Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. National

2.1 Running Costs – ICB 2.0

NHS England (NHSE) have outlined a requirement for each ICB to reduce their running costs, by 30%, by 2025/6, with 20% of this delivered by the start of 2024/25 and the remaining 10% in 2025/6.

The ICB executive team have framed this imperative as an opportunity to advance the ICB operating model to strengthen alignment to the delivery of our strategic goals and make a virtue of being a single organisation, working within many places with and across the North East and North Cumbria.

A high level programme plan has been approved and established, with a steering group reporting to the Executive Committee. The executive lead for the programme is the Executive Chief of Strategy and Operations, Jacqueline Myers and a Programme Director role created. Following an expressions of interest, two of our Place Directors, Rachel Micheson and Clare Nesbit will job share the role on a 12 month secondment.

The aim of the programme and success measures have been defined as follows -: Optimising our operating model to achieve our integrated care strategy vision *'Better Health and Wellbeing for All'*

Success measures are:

1. An ICB set up to drive delivery of our Integrated Care Strategy vision 'better health and wellbeing for all' and our four goals:
   - Longer healthier lives
   - Fairer outcomes for all
   - Better health and care services
   - Giving children and young people the best start in life.

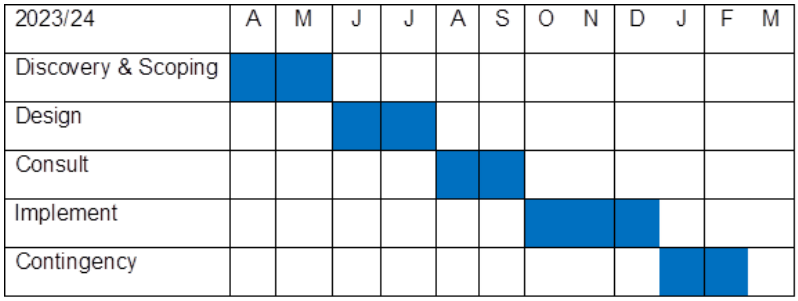
2. An intelligence driven organisation that tracks, triangulates and forecasts; is responsive not reactive and truly knows its population and the impact of its interventions.

3. An organisation that develops and maintains excellent relationships and fosters collaboration with and between health and care partners.
4. An operating model that is transparent, reliable, effective and efficient, does things once and to an excellent standard with a quality management system.
5. Ability to meet our statutory responsibilities and ensure quality and safety is prioritised.
6. Affordable within the running cost envelope.
7. A healthy, engaged, skilled, productive, inclusive and diverse workforce.
8. Clarity of role and responsibility for all, with clear alignment of clinical and managerial leadership to all elements of the operating model.
9. Continuation of a flexible and hybrid working model, with more sharing of work spaces with partners, optimising the use of technology.
10. An open, honest, equitable and compassionate change process to implement the new arrangements, driven by our values.

The scope includes:

- All costs currently coded to 'running costs' within the ICB.
- All staff employed within the ICB currently coded to 'programme costs'.
- All strategic programmes, projects, workstreams and clinical networks within the ICB.
- All contracts with the North of England Commissioning Support Unit (NECS).
- Any staff currently employed within NHS England but identified to transfer to the ICB.
- Select ICB contracts deemed to be fulfilling functions or activities that are related to the running of the ICB.

The timeline has been set out:



Whilst this will be challenging it does present us with an opportunity to ensure the ICB is operating efficiently and effectively to deliver our core aims.

2.2 Industrial Action

The Royal College of Nursing (RCN) industrial action took place from 20.00 on the 30 April until 23.59 on 01 May covering a bank holiday period. This was the most challenging period of industrial action experienced given the additional work requiring agreement for escalation and derogation and the stress placed across the system reaching agreements very late in the day. Colleagues worked tirelessly throughout this period to maintain patient safety and minimise the disruption to services. Our thanks also go to the public for their ongoing support during this period.

Despite our best efforts there was an impact to planned care and for us this included 313 inpatient procedures and 1,117 outpatient appointments cancelled.

2.3 NHS Impact

Current challenges across the NHS have posed the question of how we use learning to deliver real-time improvements effectively and systematically at scale and at pace on our shared priorities, while developing the capacity and capability of the service to improve over time. NHSE has recently undertaken an NHS Delivery and Continuous Improvement Review led by Anne Eden of the way in which *"the NHS delivers effectively on its current priorities while also developing the culture, capacity and capability to continuously improve quality to deliver better health outcomes both for today and in the future".*

The review concluded in November 2022 and recommendations were endorsed by the NHSE Board in February 2023. A written summary of the report will sit alongside a range of materials on the NHSE website, which aim to signpost a renewed focus on creating the conditions in which every provider and every system has the leadership, culture, capability, and capacity to use continuous quality improvement as the 'go to' methodology for tackling our biggest challenges.

A key recommendation of the review is the development of a new, single, shared NHS improvement approach, NHS Impact, that was launched by NHSE on 19 April.
It includes five components which form the 'DNA' of all evidence-based improvement methods, which underpin a systematic approach to continuous improvement:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Embedding improvement into management systems and processes.

There is strong synergy between the direction for improvement that NHSE is taking and the developing approach of the North East and North Cumbria (NENC) learning and improvement community.

Our mission is to be best at getting better – an approach that aims to create a future where every partner organisation in the ICS is focused on common purpose and joint determination to drive improvements in health, wealth, and wellbeing for all.

This is about building leverage for improvement across the whole system including NHS, local government, third sector partners and local communities. It means putting leadership for improvement at the heart of the system by acting as:

- Convenors - creating spaces where people can come together to collectively learn.
- Connectors - helping to join up the system (and beyond) with more of itself.
- Capability builders - supporting people to use proven quality improvement methods and data for making and spreading improvement in key priority areas.

I joined Amanda Pritchard on a very small advisory group of NHS Chief Executives prior to the launch of NHS Impact. As a result of funding from the Health Foundation, I am scheduled to present the development of the development of the NENC Learning and Improvement Community at the International Forum of Quality and Safety in Healthcare in May and NHS Confederation and Expo in June.

2.4 Hewitt Review

On 04 April 2023, the Government commissioned review into ICS's which was carried out by The Right Honourable Patricia Hewitt was published[1]. We are encouraged that many of the themes and aspirations for the future discussed in the review are also captured in our Better Health and Well Being for All integrated care strategy.

It is equally encouraging that the NENC ICB are well aligned to the recommendations of the review having widespread representation across our governance infrastructure, our commitment to invest £13.6m in prevention every year for an initial three years was clearly the right decision, so too was our establishment of a learning and improvement system with a lens of continuous improvement. Having said that the review does recommend increasing the investment in prevention each year and we will be working to see how we achieve that.

We also welcome the review's emphasis on increasing system autonomy and await confirmation of the next steps.

2.5 Women's Health Strategy

Although women in the UK, on average, live longer than men, women spend a significantly greater proportion of their lives in ill health and disability. Not enough focus is placed on women-specific issues like miscarriage or menopause and their health throughout their lives as opposed to simply through the lens of maternity services.

On the 27 April I chaired a session with all ICBs on behalf of the NHS Confederation with Professor Dame Lesley Regan, the first Women's Health Ambassador for England. The purpose of the session was to discuss the implementation of the Women's Health Strategy. I was pleased a number of colleagues from across NENC joined this session to explore the action we need to take to make the strategy a reality. We are establishing a programme across the ICB focused on delivery of this strategy and working closely with the office for Health Improvement and Disparities we will welcome Lesley to the region in the autumn.

1Hewitt Review: an independent review of integrated care systems - GOV.UK (www.gov.uk)

3 North East and North Cumbria

3.1 Financial Position and Longer Term Considerations

Over recent months we have worked tirelessly with partners, from across the NHS, to agree a financial plan with NHSE.

Overall, we have agreed a plan which will see our system with a deficit plan of £49.9m by the end of the year. Whilst we would never want to be in a position to post a deficit plan, the challenges we face across the system are such that this is unavoidable this year and our plan has been accepted by NHSE. We have agreed efficiency targets for all of our providers ranging between 4% and 5.7%. As a system we did not view it as realistic to have efficiency targets above this. Our priority is now to develop a medium-term financial recovery plan for the next three years. As part of this we must seize the opportunities presented through wider public sector reform, greater collaboration between our NHS Providers and engage our wider partners and communities to support more effective and efficient use of healthcare services.

At this juncture, it is important to understand some of the unique challenges which has led to the deficit position for our system.

Firstly, we need to recognise the chronic ill health and health inequalities impacting our communities ability to live healthier lives. This coupled with the added complexity of providing services to the largest and, in part, most rural areas alongside population growth that is remaining fairly static add further pressures.

Despite this, the performance of many parts of our health service is, in the main, amongst the best in the country. This however means we are not always eligible for targeted national financial support which has been aimed at those areas with more challenged performance as opposed to those areas with the worst health inequalities.

Whilst everyone accepts the challenges we face, which are generally a construct of our history and historic funding mechanisms and formulas, we are not getting the help we need to address them. In fact, it could be argued that the infrastructure/funding formulae designed to fund and support public services, in particular health services which incentivise poor performance and benefits populations that live longer (as opposed to dying younger) keeps our region anchored in this vicious circle of ill health. There are also wider more structural cost pressures in our region such as a higher number of Private Finance Initiative funded schemes which create structural deficits that are simply unaffordable. With these schemes linked to inflation the costs of these are a further burden upon an already stretched system. This year alone the cost of these schemes has risen as a result of excess inflation by £20m.

Overall, our growth in funding has been reduced by £19m this year and, as a result of a changing funding formula before Covid, it has been judged that the region has received too much funding in recent years – to rectify this position decisions have been made which see an overall reduction of our funding allocation just to pay back what is deemed as an overpayment in funding to enable this to be redistributed to other parts of the country who may for example be seeing a growth in an ageing population. Over the past two years this has reduced our funding by £100m and next year we will lose a further £60m.

Technically, here across the North East and North Cumbria we are dealing with a quadruple whammy:

1. Greater health and care need
2. Made worse as a result of the pandemic - our region was hit harder than other areas
3. More complex geography which makes it more expensive to provide services and a static population
4. Reduced funding

We are all proud to live in a country that has a welfare state and health system which is free at the point of use. It is in our DNA to help those less fortunate than ourselves. Yet our funding infrastructure is constructed in such a way that does not target those who need it most.

Our collective ambition across health and care organisations is bold, deliberately so, aimed at tackling chronic ill health, impacting positively on longer and healthier lives for all and giving children the best start in life. But to do this it is essential that equity is factored into decision making linked to funding across all public sector organisations including health and care. In doing so, this enables support to be directed to those who need it most. This principle will, in turn and over time, reduce reliance on public services and enable great public sector reform and economic growth. Given the circumstances we face it is imperative we have a realistic plan and continue our work now to develop a medium and long term financial recovery plan over the next three to five years. This may involve some difficult decisions if we cannot get support to address our underlying structural deficits and this is a key risk to our healthcare system.

3.2 CQC and Quality

During this month as part of the CQCs National Maternity Programme, all of our 8 providers who have not had an inspection of their maternity services will be reviewed. The review looks at two aspects safe and well led. The first report from these was published into Newcastle Hospitals service was and confirmed a move from Good to Requires Improvement for this service. County Durham and Darlington have recently been inspected and some concerns have been raised in relation to triage and staffing levels. The Trust responded appropriately and have six months to improve the service provision prior to being reinspected. All of the providers maternity services with the exception of South Tees have now been inspected.

Following a review into both performance and quality concerns Newcastle Hospitals Single Oversight Framework rating moved from segment 1 to 2. The Trust is also on enhanced surveillance in relation to the Cardiothoracic Service and working to deliver all actions to enable trainees to return.

Tees Esk and Wear Valleys remains in risk escalation due to some incidents in their inpatient services. Actions have been undertaken to support the Trust. An unannounced inspection by the CQC was undertaken and no immediate concerns have been raised. Their well led inspection is scheduled on 24 – 26 May.

Following a section 29A warning notice, North East Ambulance Service were reinspected for medicines management and well led. The reports are not yet available, but improvements have been recognised during the inspection.

Our quality report has shown an increase in both MRSA bacteraemia and CDiff across some NHS Trusts. Root cause analysis has been undertaken for each case and a deep dive will be reported to the Quality and Safety Committee.

The new style joint CQC and Ofsted SEND Inspections have started with a recent inspection at Hartlepool and one underway at Gateshead. Reports for both will be available in due course.

3.3 NHS CEO Visit

Amanda Pritchard, NHS England Chief Executive visited Durham on Thursday 04 and Friday 05 May 2023. During her time here Amanda met with NHS and social care leaders, visited her former school (Durham Johnston) to deliver a presentation as part of the NHS75 Speakers in School programme. I also joined her on a visit to the University Hospital of North Durham where we met teams from across the organisation including;

- The community based First Contact Physiotherapists service. This initiative bases physiotherapists, with advanced skills, in GP surgeries across County Durham. It's estimated that 1 in 5 GP appointments are for musculoskeletal (MSK) related conditions such as joint aches and pains, muscular injuries, sciatica and osteoarthritis. The Physiotherapists are able to make the initial assessment and, in many cases, diagnose and recommend appropriate treatment or refer patients for further investigation.
- Corporate and clinical service apprentices on the Trusts the apprenticeship programme.
- The discharge and palliative care team to understand the challenges and opportunities in supporting the discharge of patients at end of life to meet with their wishes. There has been expansion and improvement in palliative care across the Trust. The CQC rating for palliative care has moved from 'requires improvement' in 2015 to 'outstanding' in 2019.
- The Teledermatology Team using digital technology and leading joint work between plastics and dermatology. Teledermatology is an innovative way of screening cancer referrals to reduce unnecessary attendances and prioritise those who need an appointment. The project was launched in 2019 and has been working well through the pandemic and beyond. The Trust is currently one of the top teledermatology providers in the country.

A full briefing was provided to Amanda in advance of the visit which included an overview of the region, our integrated health and care strategy and how we continue to work together to be the "best at getting better". I know Amanda was particularly impressed with our Academic Health Science Network and the scale of innovation taking place.

3.4 NHS Dentistry

The ICB took responsibility for the commissioning of NHS dentistry on 01 April 2023 with staff being TUPE transferred from NHSE to support this work on 01 July 2023[2].

Whilst it is clear there is much to consider to ensure all services are part of a broad primary care offer to the public, this transfer of responsibilities comes with many opportunities for the transformation and integration of services that will be considered as part of the Primary Care Strategy going forward.

There is significant concern expressed nationally, regionally and locally across NENC about the state of oral health and the immense challenges to the delivery of and access to NHS dentistry services.

This manifests itself in feedback from Healthwatch, media, in MP correspondence, complaints and understandably strong interest at Overview and Scrutiny Committees and Health and Well Boards.

There are clearly some urgent and longer term challenges to deal with and we have an urgent need to build on and supplement existing information to develop a clear strategic picture of the state of oral health and oral health services across the ICS.

The paper attached as appendix 1 outlines how we will review the current position regarding oral health and care with a view that the findings of which will influence a longer term strategy for our region. In addition, giving the immediate challenges, we will invest in a campaign to ensure the public are aware of how and where to get help alongside influencing more broadly public behaviours regarding oral health.

3.5 Social Care Provider Forum

The Social Care Provider Forum, initial meeting is planned for the second week in June. This will give the opportunity for our care home providers to come together to share good practice and to raise any concerns. With the changes to the Care Quality Commission single oversight framework, the forum will ensure our providers have a consistent message to maintaining quality care. The ICB will also be working with the provider to agree how quality improvement can be supported.

3.6 Analytics Academy

North East and North Cumbria ICB have been offered an opportunity by NHSE to establish and implement a pilot Analytics Learning Programme for our region. This programme is fully funded for the current financial year.

The programme will be delivered by KPMG in conjunction with the NENC ICB and provides a unique capability development programme with applied training, supported Proof of Concept solutions and digital learning that will bring measurable improvement in analyst capability, increase collaboration and foster a learning legacy across the ICS.

2Dentistry | NHS Confederation
Places on the programme and currently open to all our NHS provider and Local Authorities.

3.7 National Trauma Informed Community Conference

After taking place online for three years, May saw the national Trauma Informed Community Conference return to our region at St. James' Park in Newcastle.
The event was sponsored by NHSE and hosted by the NENC Mental Health Clinical Network which is the lead for the National Trauma informed Community of Action programme who staged the event with its delivery partner the Academic Health Science Network NENC.

I was delighted to deliver the opening address at the conference which brought together members from a range of organisations, perspectives, and specialities in mental health from across England who are leading on trauma informed developments.
The conference was chaired by Dr Angela Kennedy and explored the diverse work that is taking place to recognise that abuse, neglect and other traumatic and adverse experiences, particularly those experienced in childhood, can have devastating and long lasting effects on people's lives. This impact can result in inequalities in physical and mental health and wellbeing, employment prospects and how people access to services.

Of particular interest was the work undertaken by NHS Scotland to promote awareness and apply a 'trauma lens' to all aspects of public services – spotting the ways in which changes can be made to support people affected by trauma, and having the confidence to implement the principles of trauma informed practice - giving people choice, empowerment and safety, building trust and working in collaboration.

Levi Buckley, Executive Area Director (North & North Cumbria), will be exploring the development of this work in NENC, with our partners, through the mental health, learning disability and autism board sub-committee. This includes an exciting opportunity to work with colleagues to look at the development of a North of England Trauma Informed strategy.

4 Recommendations

The Board is asked to:

- Receive the report and ask any questions of the Chief Executive.
- Note the risks linked to the oral health and the immense challenges to the delivery of and access to NHS dentistry services.
- Note the risks linked to the ICB financial plan.

Name of Author: Samantha Allen

Name of Sponsoring Director: Sir Liam Donaldson

Date: 12 May 2023

North East and North Cumbria

Oral Health and Care Review

1. Introduction

The North East and North Cumbria Integrated Care Board took responsibility for Pharmacy, Optometry and Dentistry commissioning on 1st April 2023 with staff being TUPE transferred from NHS England to support this work on 1st July 2023.

Whilst it is clear there is much to consider to ensure all services are part of a broad primary care offer to the public, this transfer of responsibilities comes with many opportunities for the transformation and integration of services that will be considered as part of the Primary Care Strategy going forward.

However, there is a more urgent need to review dentistry services. In evidence given to a recent Health Select Committee by NHS Confederation they confirmed that;

'ICS leaders are enthusiastic to apply a system-lens to the problems in NHS dentistry and see a focus on prevention and upstream work – keeping patients out of hospital – as a key way for health services to stem the tide of the most severe dental cases which are becoming all too common in the current context.

That said, ICS leaders are anxious about what they are inheriting and they know that it is unlikely that we are going to see drastic improvements to patient outcomes nationwide in year one of the new commissioning arrangements without further national support.'

With this in mind, this report sets out the need to undertake a quick and comprehensive overall review of oral health and care and makes recommendations on how we can do this, including being clear on the objectives of the review, within a set timeframe.

2. Background

The fundamental building blocks that underpin excellent oral health and care do not currently exist, or are not immediately apparent. There is some work that has been undertaken by NHSE public health colleagues, local authorities, the NHSE dental commissioning team and others, all of which needs bringing together to provide a clear and cohesive view of the current state to enable targeted planning and commissioning to meet the oral health needs of people in NENC to inform immediately urgent actions and longer term strategic intent in keeping with our ambitions for Better Health and Wellbeing for All.

Sir Robert Francis QC, Chair of Healthwatch, confirmed in 2021 that, ***'Every part of the country is facing a dental care crisis, with NHS dentistry at risk of vanishing into the void.'***

Healthwatch continue to raise issues with dentistry services with reports of a 'dentistry crisis' with patients waiting longer for urgent and routine treatment, some taking measures into their own hands by pulling their own teeth out using medieval methods.

Whilst we do have some areas of good practice, overall the North East and North Cumbria is not immune to this void and across our region, we have a number of 'dental deserts' created as a result of an old contracting model which is not fit for purpose, market conditions that create an environment that favours private practice and a workforce model which is outdated with ongoing recruitment issues.

The absence of a comprehensive oral health and care strategy the North East and North Cumbria means we risk missing the opportunities for prevention and the benefits of proactivity around oral health across the whole system. This alongside the inconsistencies around fluoridation of water supplies means we must take action now to ensure we have an oral health and care strategy that delivers for our patients and tackles the chronic health inequalities that have plagued the North East and North Cumbria for too long.

3. Health Benefits of Good Oral Health

Good oral health can have so many wonderful life-changing benefits.

Research has found that the number of teeth we have is strongly linked to how long we will live. Those with 20 teeth or more at the age of 70 had a considerably higher chance of living longer than those with less than 20 teeth.

Tooth loss through dental decay and gum disease are almost entirely preventable and there's no reason why, with a good daily oral health routine, we cannot keep our teeth for life.

Good oral health also reduces the risk of disease. When citizens have gum disease, the bacteria from their mouth can get into the bloodstream. It then produces a protein which causes the blood to thicken. This means that clots are more likely to form, and the heart is not getting the nutrients and oxygen it needs, resulting in increased risk of a heart attack.

Similarly, gum disease can also cause inflammation of the blood vessels, blocking the blood supply to the brain, leading to a potential stroke.

New research has also shown that we are more likely to develop diabetes if we have gum disease.

By keeping our teeth and gums healthy we are more likely to reduce our risk of certain cancers, particularly in women, as well as some forms of dementia.

New research, which examined data from 65,000 post-menopausal women between the ages of 54 and 86, found those with a history of gum disease were 14% more likely to develop cancer. Of these, one in three developed breast cancer while there was also a highly-increased risk of lung cancer, oesophageal, gall bladder and skin cancers.

Those who have healthy gums are also 70 percent less likely to develop Alzheimer's disease than those who have suffered from gum disease over a long period of tim

(Source: Oral Health Foundation)

4. Fluoridation and Impact on Oral Health

Fluoride is a naturally occurring mineral found in soil, food and drink and also in drinking water supplies, in varying amounts. In some parts of England the level of fluoride in the public water supply already reaches the target concentration of water fluoridation schemes (one milligram per litre (1mg/l)), sometimes expressed as one part per million (1ppm)), as a result of the geology of the area. In other areas the fluoride concentration has been adjusted to reach this level as part of a fluoridation scheme.

The World Health Organisation recommends a maximum level of 1.5 milligrams of fluoride per litre of water (mg/l). This value is intended to maximise the oral health benefits, and be protective of public health.

Currently, around 6 million people in England live in areas with water fluoridation schemes, mainly in the West Midlands and the North East. Many schemes have been operating for over 50 years. However across the North East and North Cumbria we have a mix of areas that are naturally fluoridated, force fluoridation and areas with no fluoridation.

Dr Niger Carter, Oral Health Foundation said:

'We believe that water fluoridation is the single most effective public health measure there is for reducing oral health inequalities and tooth decay rates, especially amongst children. We welcome these proposals and believe they represent an opportunity to take a big step forward in not only improving this generation's oral health, but those for decades to come'.

5. Review Objectives

There is a clear need to review the current position across NENC with regard to oral health to inform a coherent strategy to manage the many challenges and opportunities outline above.

The objectives of this initial work will be:

- To bring together existing intelligence and to work with key partners across the North East and North Cumbria to develop an in-depth understanding of the current issues regarding the state of oral health and the commissioning and provision of oral health and care services. This is to include the views of our citizens and partners and an evaluation of current services.
- Make recommendations which are aligned to our Better Health and Wellbeing for All strategy confirming both the strategic ambition and key actions to be delivered to achieve this ambition.

- This is to include;
  - recommendations regarding fluoridation
  - priorities regarding oral health prevention and opportunities for public campaigning
  - learning from international best practice
  - a proposed workforce model and recruitment opportunities
  - considered market levers to increase access which includes recommendations to tackle the outdated contracting arrangements
  - consideration to be given regarding the impact of rurality on the provision of services
  - confirmation of the key deliverables that will create the desired impact
  - recommend how oversight of services will link into standard reporting mechanisms
  - recommend ways to ensure ongoing clinical leadership

6. Reporting

This review will report to the Executive Committee of the NENC Integrated Care Board the outcomes of which will inform future Board reporting.

7. Timeline

Review to be presented to Executive Committee no later than October 2023.

8. Next Steps

1. Confirm executive sponsor for this review
2. Appoint an independent specialist to complete this review
3. Independent specialist to convene a task and finish group to undertake the review within the set time frame
4. Giving the immediate challenges we will invest in a campaign to ensure the public are aware of how and where to get help alongside influencing more broadly public behaviours regarding oral health.

Name of Sponsoring Executive Director: David Gallagher

Date: 12 May 2023

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NHS
North East and North Cumbria

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

BOARD 30 May 2023	
Report Title:	**North East & North Cumbria (NENC) ICB: Integrated Delivery Report April 2023**

Purpose of report

The NENC Integrated Delivery Report provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provides an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report uses published performance and quality data covering February 2023 for most metrics and March 2023 for others, unless otherwise specified. Finance data is for March 23 (Month 12).

Key points

Executive summary

The executive summary of the report notes key changes from the previous report, other areas of note/risk and includes a dashboard that provides an overview of current objectives in 3 parts:

Part 1 - Recovering core services and improving productivity – national objectives 2023/24
Part 2 - NHS Long Term Plan and transformation – national objectives 2023/24
Part 3 – National safety metrics

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. This report includes a sub-set of those metrics, primarily focussed on the national objectives for 2023/24. Other metrics, not routinely included in this report, will be added by exception if there is significant improvement or deterioration or concern about progress. These will be escalated via programme or oversight routes.

System Oversight

This section provides an overview of the NHS Oversight Framework segmentation and CQC ratings for trusts and GP practices. Work is underway to include CQC ratings for social care to provide a broader system view of the position. An overview of ICB complaints and themes from Healthwatch is also included.

Item: 9.1

Delivery of objectives
This section provides an overview by programme area of key metrics, risks/actions, quality implications and recovery.

Finance, Performance and Investment Committee (4 May) – comments/actions
The committee noted that small numbers of patients in ophthalmology were experiencing long waits due to the limited availability of corneal tissue nationally.

Ongoing work in relation to a broader range of metrics was referenced. Progress against longer term objectives underpinning the Integrated Care Partnership Strategy and Joint Forward Plan will be reported via a separate report to Board, possibly on a six monthly basis and will incorporate the ICB's Better Health Fairer Health programme objectives.

ICB Executive Committee (9 May) – comments/actions
The committee received the report and agreed that further work was needed in two areas, infection prevention and control and learning disability services in relation to plans for transforming care.

Quality and Safety Committee (11 May) – comments/actions
The report was received for information and assurance; it was agreed that a detailed review, from a quality perspective, would be undertaken in one trust linked to C Difficile.

Risks and issues

- Please see above

Assurances

- Review by ICB Committees.
- Oversight framework being implemented across NENC.
- Actions being undertaken as highlighted in body of report.
- Further detailed actions available through local assurance processes.

Recommendation/action required

- The Committee is asked to receive this report for information and assurance. Actions are being undertaken at a local level or as part of the ICB strategic work programmes.
- The Committee is invited to note any observations or suggested actions including identifying any areas where a more detailed review of assurance would be helpful.
- The format and content of the report is currently under review and further development is planned, any suggestions in this regard are also welcome.

Acronyms and abbreviations explained

- **AMR** - Antimicrobial resistance
- **CAS** – Central Alerting System
- **C. Difficile** – Clostridium Difficile
- **CDDFT** – County Durham and Darlington NHS Foundation Trust
- **CNST** – Clinical Negligence Scheme for Trusts
- **CNTWFT** – Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
- **CQC** – Care Quality Commission – independent regulator of health and social care in England
- **CYPS** – Children and Young People Service
- **E.Coli** – Escherichia coli
- **FFT** - Friends and Family Test

- **FT** - Foundation Trust
- **GHFT** - Gateshead Health NHS Foundation Trust
- **GNBSI** – Gram-Negative bloodstream Infections
- **GP** - General Practitioner
- **HCAI** – Healthcare Associated Infections
- **IAPT** – Improving Access to psychological Therapies – NHS service designed to offer short term psychological therapies to people suffering from anxiety, depression and stress.
- **IPC** - Infection Prevention and Control
- **MRSA** – Methicillin-resistant Staphylococcus aureus
- **MSSA** – Methicillin-sensitive Staphylococcus aureus
- **NCICFT** – North Cumbria Integrated Care Foundation Trust
- **NEAS** – North East Ambulance Service Foundation Trust
- **NENC** - North East and North Cumbria
- **NHCFT** – Northumbria Healthcare NHS Foundation Trust
- **NHS LTP** – Long Term Plan – the plan sets out a number of priorities for healthcare over the next 10 years, published in 2019.
- **NHS OF** – NHS Oversight Framework which outlines NHSE`s approach to NHS Oversight and is aligned with the ambitions set in the NHS Long Term Plan
- **NTHFT** – North Tees and Hartlepool NHS Foundation Trust
- **NuTHFT** – Newcastle upon Tyne Hospitals NHS FT
- **SPC** – Statistical Process Control – An analytical technique which plots data over time, it helps us understand variation and in doing so guides us to take the most appropriate action.
- **STSFT** South Tyneside and Sunderland NHS FT
- **STHFT** – South Tees Hospitals NHS FT
- **TEWVFT** – Tees, Esk and Wear Valleys NHS FT
- **QIPP** – Quality, Innovation, Productivity and prevention – Large scale programme introduced across the NHS to ensure the NHS delivers more for the same funding
- **QRG** – Quality Review Groups
- **RCA** – Root Cause Analysis
- **SI** – Serious Incident
- **SIRMS** – Safeguard Incident Risk Management System
- **UEC** – Urgent and Emergency Care
- **YTD** – Year to date

Executive Committee Approval	09/05/2023
Sponsor/approving executive director	Jacqueline Myers, Executive Chief of Strategy and Operations
Date approved by executive director	17/05/2023
Report author	Coordinated by Claire Dovell, Performance and Planning Manager

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues

Item: 9.1

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?	N/A
Has there been/does there need to be appropriate clinical involvement?	N/A
Has there been/does there need to be any patient and public involvement?	N/A
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A

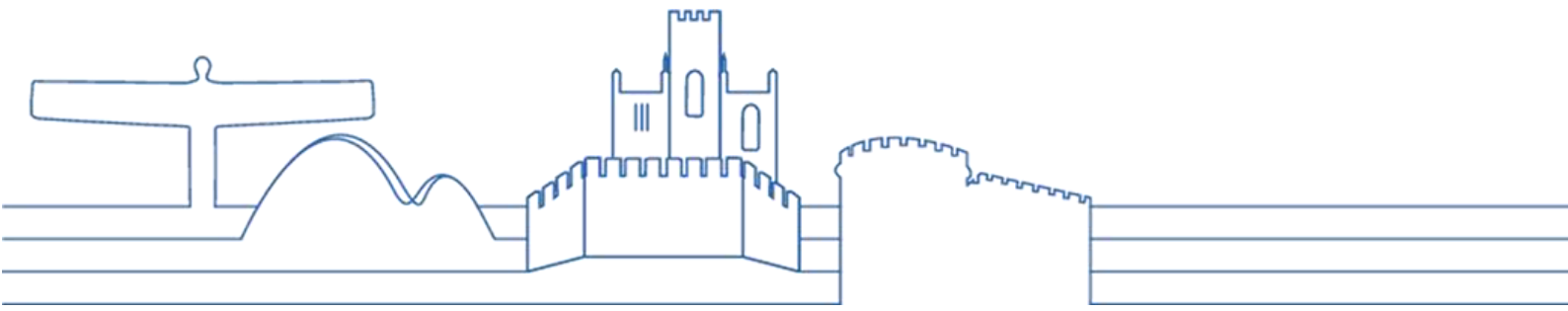
NHS
North East and North Cumbria

Integrated Delivery

Report

April 2023

(Reporting period February/March 2023)



Contents

Executive Summary

The NENC Integrated Delivery Report provides an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The report also provides an overview of the ICS position on the NHS Oversight Framework and CQC ratings of organisations.

The report focusses on the objectives specified within the 2023/24 operational planning requirements; this encompasses a wide range of recovery objectives as well as some NHS Long Term Plan (LTP) and NHS People Plan commitments. The report is discussed in detail at the Finance Performance and Investment Committee and the Quality and Safety Committee. The report is also received by the ICB Executive Committee and the NENC ICB Board.

Reporting period covered:
March 2023 – A&E metrics, bed occupancy, handover delays, ambulance response times, cancer 62 day backlog and metrics for learning disability and autism services.
February 2023 – all other standards unless otherwise specified.

Key changes from previous report

NHS E escalation

Two very positive changes in escalation in April:

CDDFT were initially placed in Tier 2 for elective care in January 2023 because the trust was significantly behind plan on eliminating 78 week waits (ww). The trust had a range of schemes in place and made significant progress to successfully deliver their plan of 0 at the end of March 2023. In addition, at the April Tier 2 meeting the trust outlined their plans to sustain the 78ww position for 23/24 and to eliminate 65 ww. The ICB and NHS E felt assured that the plan was deliverable, and the trust has subsequently been removed from Tier 2.

NUTH was placed in Tier 2 for cancer backlog in summer 2022, a significant amount of work has been undertaken since then and the trust successfully delivered within their plan at the end of March 2023. A cancer plan is in place for 2023/34 with support from the Northern Cancer Alliance and the trust has been removed from Tier 2 for cancer.

A&E 4 hour

Deterioration in ranking:
March 23 data shows A&E performance for England remained at 71.5%, however NENC performance dipped to 75.2% (from 76.7% last month). NENC continue to perform above the national position however the ICS rank position has deteriorated and NENC have moved from the top 25% to the upper middle 25%, ranking 14th (compared to 8th last month). March 23 saw 2 providers in NENC with performance below the England position – NCIC and South Tees. With the exception of NUTH and Gateshead all other providers saw a decrease in performance from Feb to March.

Cancer

As an Alliance/ICB the 28 day faster diagnosis (FDS) standard has been achieved in all 8 Trusts for the first time and as a system achieved over 80% (local ambition), also for the first time. NENC February performance is 81.9% against 75% nationally. In addition, the March 2023 cancer backlog plan has been delivered within plan. Both these metrics have an improving trend and benchmark positively with the national position.

78+ and 104+ waiters - achievement of March 23 plan	Significant improvement has been made at our Trusts in Q4 of 22/23 in the reduction of long waiters. Although the national ambition was not reached to eliminate 78+ and 104+ waiters within 22/23, NENC met the planned trajectories of 21 104+ waiters (30 plan) and 163 78+ waiters (180 plan) at the end of March 23. Plans are in place to eliminate all 78+ and 104 + throughout 23/24.
Finance	National capital resource has been identified to support delivery of the Urgent and Emergency Care Strategy. The ICB will submit proposals linked to areas of greatest need.

Other areas of note/risk

NHS E escalation – elective/ cancer	NUTH remains in Tier 1 for elective care. NCIC remain in Tier 2 for cancer with a plan to review this position at the end of April given the positive progress that has been made.
Industrial action	Industrial action continues to present a risk to delivery of safe staffing levels, activity and performance standards.
Finance	Material financial pressures in prescribing and Continuing Healthcare (CHC) and section 117 packages of care.
NHS E escalation – urgent and emergency care	NHS E is introducing a Tiering system for urgent and emergency care (UEC) similar to the existing system for elective care. However for UEC, ICBs will be allocated to Tiers rather than trusts. Like elective, Tier 1 involves national support and Tier 2 regional support from NHS E. NENC ICB has not been recommended for Tier 1 or 2 support.
ICB Annual assessment	NHS E is responsible for undertaking an annual assessment of ICBs to determine how well they have met their statutory duties. The 22/23 assessment will be completed largely using the ICB Annual Report and feedback from Health and Well Being Boards. The assessment does not result in a rating, but the ICB will receive a letter from NHS E providing some feedback. The letter is likely to be issued in July.

Comments and actions from Finance Performance and Investment Committee 6 April 2023

The Finance, Performance and Investment Committee noted the content of the report for assurance. Committee members FPIC requested a specific detailed update on access to children and young peoples' mental health services at a future meeting, likely to be June/July, to update on the work underway to improve access for children and young people in mental health services. A request was also made to progress work to include broader information regarding waiting lists and times for children and young people into mental health care services within the report.

Comments and actions from Quality and Safety Committee

The Committee meets bimonthly, no meeting scheduled during April.

Operational plan delivery - summary dashboard

A broad range of metrics are reviewed and monitored through strategic programmes and through ICB oversight and contracting arrangements. This supports the delivery of standards and improvement. Where appropriate this is underpinned using a Statistical Process Control (SPC) approach which is considered best practice to enable systems to understand where there is significant variation and most risk and therefore focus attention on those areas that require improvement support.

This report includes a sub-set of those metrics primarily focussed on the national objectives for 2023/24. The metrics are reported at ICB level, and narrative refers to place or organisations by exception. Other metrics, not routinely included in this report, will be added by exception if there is significant improvement or deterioration or concern about progress. These will be escalated via programme or oversight routes.

The dashboard is in three parts:

Part 1 - Recovering core services and improving productivity – national objectives 2023/24
These are the key metrics specified in the 2023/24 priorities and operational planning guidance for the NHS to support recovery of core services and improve productivity. They predominantly link to access or responsiveness of services and patient experience but some link to effectiveness/outcomes e.g., cancers diagnosed at an earlier stage are more likely to result in a better outcome. Others have a link to safety e.g., the maternity metrics. Use of resources is also included in this section given the importance of delivering a balanced net position to recovery and sustainability.

Part 2 - NHS Long Term Plan and transformation – national objectives 2023/24
These metrics are also specified in the 2023/24 priorities and operational planning guidance but link to commitments from the NHS Long Term Plan and service transformation. Many of these link to access to services, effectiveness, improving outcomes and personalisation.

Part 3 – National safety metrics
This includes important metrics/data linked to patient safety.

The dashboard Part 1 and 2 only include the metrics that are listed as objectives in the national planning guidance, however the delivery section later in the report also includes some additional metrics, either associated with the actions in the operational planning guidance or local priorities.

DASHBOARD KEY

National objective	Brief description of the national objective and associated timeframe, most aim for achievement by end of March and have a local month by month trajectory. Some objectives have a longer time frame. A full description of the objectives is included in Appendix 1.
Plan – March 2024	NENC's plan for end of March 2024 (Taken from the operational planning submission in April 2023, there is a further submission in May and possibility that there may be some changes).
Plan – month	This specifies the NENC operational planning trajectory or national required standard for the month that is reported against in the report. The reporting period varies between metrics e.g., UEC metrics have more recently published data than other metrics
Actual	The number represents the actual performance in the most recent reported month. In this report it is March data for Urgent and Emergency Care and learning disability and autism service metrics and February data for other standards unless otherwise specified. This may be monthly published data or where available more timely weekly data. The colour shading in the 'actual' column relates to whether or not the 'plan' was successfully met in that month. Met Not met
Trend	This indicates whether performance over time is **improving** or **worsening.** Where Statistical Process Control (SPC) is used the trend category relates to the variation output generated by SPC and therefore indicates significant improvement or deterioration. Where SPC is not appropriate a number of data points are used to ensure it reflects a trend rather than normal variation.
Benchmark	Where possible the NENC performance is compared with the England or North East and Yorkshire (NEY) position as a benchmark. The number represents the England position unless otherwise stated and the colour shading indicates: NENC compares favourably NENC does not compare favourably No comparative data available

Please note - this report has moved to the 2023/24 format for reporting but the reporting period for most metrics is February/March 22/23 and therefore not all metrics in the dashboard will have a planned performance noted. This will become more complete in the May and June reports. Also, data flow is not yet established against some of the new objectives and will be included as soon as possible.

Part 1 -Recovering core services and improving productivity – national objectives 2023/24

	National objective 2023/24	March 24 Plan	Plan (month)	Actual	Trend	Bench-mark
Urgent and emergency care	A&E waiting times within 4 hours (76% by March 2024)	80.8%		75.1%	Worsening	71.5%
	Category 2 ambulance response times (average of 30 minutes)	30 min		36.2m		6/11
	*Adult general and acute bed occupancy to 92% or below	92.1%	86.3%	91.5%	Worsening	
Community health services	2-hour urgent community response (standard 70%)	70%	70%	78%		
	Reduce unnecessary GP appointments: a) Direct referral from community optometrists and b) Self referral routes					
Primary care	a) GP practice appointments within two weeks and b) Urgent appointments the same or next day			83.5%		81.2%
				67%		66.2%
	More appointments in general practice by March 2024	1.57m	1.44m	1.47m		
	Additional Roles Reimbursement Scheme by March 2024	1526		1181		
	Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		Jan 23 77.6%	Improving	84.4%
Elective care	*Eliminate waits of over 65 weeks (by March 2024)	14		1143 w/e 9.4.23		
	Deliver 109% value weighted activity	109%				
Cancer	Reduce the number of patients waiting over 62 days	800	960	952	Improving	
	Cancer faster diagnosis standard 75% by March 2024	77.6%	75%	82%	Improving	75%
	Early diagnosis ambition 75% by 2028					
Diagnostics	Diagnostic test within six weeks 95% by March 2025	89.4%	95%	85.3%	Improving	74.9%
	Diagnostic activity levels to support recovery	109%	106%	97%		
Maternity	Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury					
	Still births per 1000 births			3.13	Improving	3.29
	Neonatal deaths per 1000 live births			1.5	Improving	1.5
	Increase fill rates for maternity staff					
Use of Resources	Deliver a balanced net system financial position for 2023/24	£0.00m	£0.00m	Mar 23 Forecast (£0.38)m		

*NENC Plan does not meet or exceed the national objective

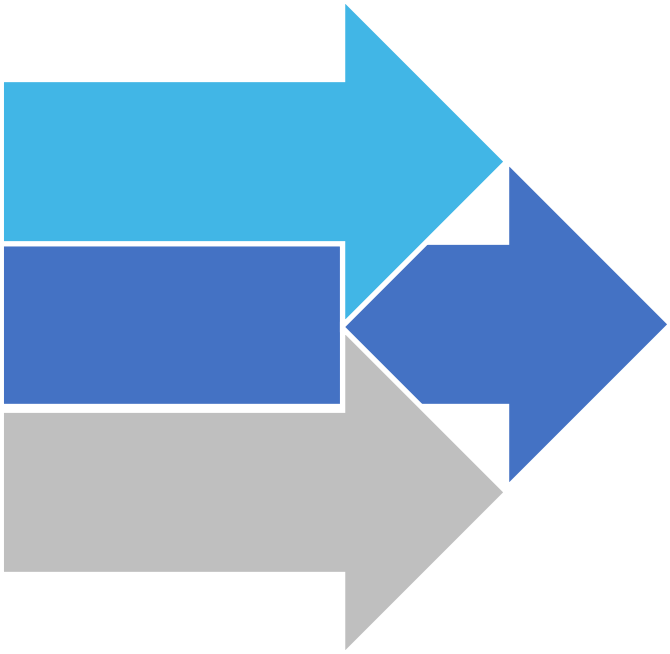
Part 2 - NHS Long Term Plan and transformation – national objectives 2023/24

	National objective 2023/24	March 24 plan	Plan	Actual	Trend	Bench mark
Workforce	Improve retention (turnover)	12.1%		12.8%		
	Improve staff attendance (sickness)	5.6%		5.9%		
Mental health	*Improve access to mental health support for CYP	53,245	53,341	53,565	Improving	
	Increase the number of people accessing IAPT	22,540	6607	5485		
	*Community mental health services (5% increase) 2+ contacts	34,855				
	*Out of area placements	147	0	405		
	Recover the dementia diagnosis rate to 66.7%	67%	66.1%	65.4%		
	Access to perinatal mental health services		3156	2195	Improving	
People with a learning disability and autistic people	Annual health check and plan for people on GP LD registers (75% March 2024) (Cumulative)	77%		68.7%	Improving	
	*Reduce reliance on inpatient care -adults (ICB)	52	57	83	Worsening	
	*Reduce reliance on inpatient care -adults (secure)	61	68	79	Worsening	
	Reduce reliance on inpatient care – under 18s	8	9	7		
Prevention and health inequalities **Adults Children & Young People (CYP)**	Hypertension (77% by March 2024)	77%		65.9%		
	Use of lipid lowering therapies (60%)	60%				
	Increase uptake of COIVD vaccines (Winter programme ended 12/2/23)			64.7%		
	Increase uptake of flu vaccines (Flu season programme ended 5/2/23)			63%		
	Increase uptake of pneumonia vaccines					
	Increase uptake of SMI health checks (Cumulative)		16325	14592	Improving	
	Ensure continuity of care for women from BAME communities and the most deprived groups					
	75% Cancers Diagnosed at stage 1&2 by 2028					
	CYP: Asthma – address over reliance of medications					
	CYP: Decrease the number of asthma attacks					
	CYP: Increase access to glucose monitors and insulin pumps					
	CYP: Proportion of diabetes patients receiving 8 NICE care processes for type 2			46.5%		46.7%
	CYP: Access to epilepsy specialist nurses					
	CYP: Reduce tooth extractions due to decay children admitted as IP in hospital aged +10					
	Improve access rates to CYP mental health service for 0-17 years		100%	94.6%		

*NENC Plan does not meet or exceed the national objective

Part 3 – Core safety metrics

	National objective	Mar 24 plan	Plan (YTD)	Actual Month	Actual YTD	Trend	Benchmark
Never events	Zero	**0**	0	4	18		
Serious incidents	Number of SIs reported			82	793		
	Proportion of SIs reported within 2 days	Range from 36.4% to 100% across our FTs					
Infection prevention control	MRSA	0	0	3	14	Worsening	
	C Diff		487	46	**615**	Worsening	
	E Coli		748	91	898		
Mortality		**All trusts are within expected range.**					



System oversight

NHS Oversight Framework (NHS OF) Summary

This section of the report provides an overview of the current oversight segmentation and support arrangements and the ICB position against the NHS Oversight Framework metrics.

NHS Oversight Framework Segmentation and CQC ratings

ICSs and trusts were allocated to one of four 'segments' in 2021/22. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4) and influences the oversight arrangements that are established. NHS England holds the responsibility to review and change segmentation, this is undertaken regularly by the North East and Yorkshire Regional Support Group. Oversight of trusts in segment 1 and 2 is led by the ICB and oversight of trusts in segment 3 or 4 is undertaken by NHS England in partnership with the ICB.

NENC ICB is in segment 2, the table below shows the trust level overview of segmentation, CQC rating and any other support/escalation in place.

Provider	NHS OF segment	Oversight arrangements	Additional escalation/support	CQC overall rating/recent warning notices. Other external reviews of significance.
County Durham and Darlington NHSFT	2	ICB led	Removed from Tier 2 Elective (12.4.23)	Good (2019)
Cumbria, Northumberland, Tyne and Wear NHSFT	1	ICB led	*Action plan monitored via the Quality Review Group.	Outstanding (2022) (Learning disability and autism services - requires improvement Aug 2022*)
Gateshead Health NHSFT	2	ICB led		Good (2019)
Newcastle Upon Tyne Hospital NHSFT	1	ICB led	Tier 1 – Elective Removed from Tier 2 Cancer Northern Cancer Alliance and GIRFT support in place.	Outstanding (2019) (Warning notice Dec 22 re healthcare provided to patients with a mental health need, learning disability or autism).
North Cumbria Integrated Care NHSFT	3	NHSE Quality Board	Tier 2 – Cancer (Inc. Northern Cancer Alliance support) NHS E Intensive Support Team input associated with segment 3.	Requires Improvement (2020)
North East Ambulance Service NHSFT	3	NHSE Quality Improvement Board	Range of support in development.	Requires improvement (2023) Awaiting outcome of independent review
North Tees and Hartlepool NHSFT	2	ICB led		Requires improvement (2022)
Northumbria Healthcare NHSFT	1	ICB led		Outstanding (2019)
South Tees NHSFT	3	NHSE/ICB oversight of finance	Quality - supported by ICB and NHSE	Requires Improvement (2019) Well Led inspection (Jan 23) – awaiting report
Sunderland and South Tyneside NHSFT	2	ICB led	Progress against CQC action plan provide through the Quality Review Group.	Requires Improvement (2023)
Tees, Esk and Wear Valleys NHSFT	3	NHSE Quality Board	Support and additional capacity from the wider NHS to progress programme of improvement work across services.	Requires Improvement (2021)

CQC Inspections for Adult Social Care, Primary Medical Care and Hospitals Services

The Care Quality Commission now publish a weekly report on services which have been inspected by specialist teams of inspectors. The report lists those inspections by CQC sector, i.e. Adult Social Care, Hospitals, and Primary Medical Care and include any additional detail in relation to enforcement. An overview of CQC ratings for General Practice is given below and future reports will aim to include adult social care to provide a system view.

General Practice CQC ratings overview

The table below shows the current range of CQC ratings for general practice by area. This is reported on the previous CCG footprints but hopefully will change to align with new ICB arrangements in time.

The picture is generally very positive with 34 practices rated as Outstanding, 311 as Good and only one rated as Inadequate and 5 as Requires Improvement. Support arrangements are in place for those rated as Inadequate or Requires Improvement.

	Outstanding	Good	Requires improvement	Inadequate
NHS Northumberland	5	32	0	0
NHS North Cumbria	8	27	0	0
NHS North Tyneside	3	19	0	0
NHS Newcastle Gateshead	4	52	1	0
NHS South Tyneside	1	20	0	0
NHS County Durham	6	52	2	1
NHS Sunderland	3	35	1	0
NHS Tees Valley	4	74	1	0
ICB total	**34**	**311**	**5**	**1**

Recent oversight meetings

An oversight meeting was held with South Tyneside and Sunderland NHS FT on 29 March, discussions were positive, and many areas of good practice recognised including reduction in long waits for elective care and health inequalities related work e.g. health literacy. The meeting attendees recognised the significant impact of the large volume of patients in hospital that are ready for discharge and reconfirmed system support to improve the position. Pressures in non-obstetric ultrasound were noted and the ICB committed to support work linked to referral criteria and mutual aid.

ICB position on oversight framework metrics

The NHS Oversight Framework includes a large number of metrics across the domains of preventing ill health and inequalities; people; and quality, access and outcomes. ICBs are ranked according to their performance on individual metrics and reported as being in the highest quartile, interquartile or lowest quartile range for each indicator. There is a large cross over between the oversight framework metrics and the objectives in the executive summary dashboards so individual metrics are not repeated here but the high-level summary in the table below outlines the distribution across the quartiles by domain and notes how many standards were met in this latest data period.

Domain (Total number of indicators)	Number of indicators in highest quartile	Number of indicators in Interquartile range	Number of indicators in lowest quartile	Number met against those with identified standard
Preventing ill health & reducing inequalities (11)	6	5	0	1 of 7
People (9)	4	4	1	0 of 0
Quality, access and outcomes (50)	10	32	6	12 of 30

Actions

Trust oversight meetings provide an important mechanism to discuss and understand challenges associated with delivery of oversight framework metrics as well as identify any common themes and actions. This mechanism will be extended as oversight meetings for strategic programmes and places are established in the coming months.

ICB Complaints

Numbers of complaints

The NECS Complaints Team handled a total of 171 new complaints/concerns and 16 compliments during January – March 2023 on behalf of the ICB:

Number of complaints/concerns	Action/outcome
131	complaints were referred to other organisations for investigation and response.
40	complaints/concerns related to ICB actions/decisions and were managed as ICB complaints.
21	ICB cases were managed as formal complaints, the remainder were addressed as informal enquiries or concerns.
19	formal complaints led by the ICB were responded to during the quarter. Of these, 11 were upheld/partially upheld and 6 were not upheld. 2 further complaints were withdrawn.

The main categories of ICB complaints/concerns were Continuing Healthcare (CHC) and Individual Funding Requests/eligibility criteria.

Learning from complaints

Examples of learning and service improvements identified from ICB complaints which were upheld/partially upheld in the quarter are noted below:

- CHC complaints resulted in learning in a range of areas such as appropriate representatives being asked to attend review meetings as well as initial meetings, review of outgoing letters, data protection training, clear rationale at beginning of CHC fast track process and importance of accuracy of recording of details to avoid delays.
- Concerns raised about access to mental health services has resulted in improvements in access to mental health practitioners and mental health wellbeing coaches in GP practices in Hartlepool.
- Commissioning of section 117 packages – following concerns being raised, team managers recommended to speak with social workers within their teams to advise that any significant change such as a move, should always involve close contact with the individual, their family, the provider, and appropriate clinical team to ensure that all planning remains on track, prior to any move to taking place.

Performance against key performance indicators for complaints management

- all new cases received during the quarter were acknowledged within the 3 working day target with the exception on one.
- The ICB aims to respond to single-agency complaints within 30 working days of receipt (or of receipt of consent or agreement of the complaint plan, where applicable). Where this cannot be met, a revised date is agreed with the complainant. This KPI was met for all complaints closed during the quarter.

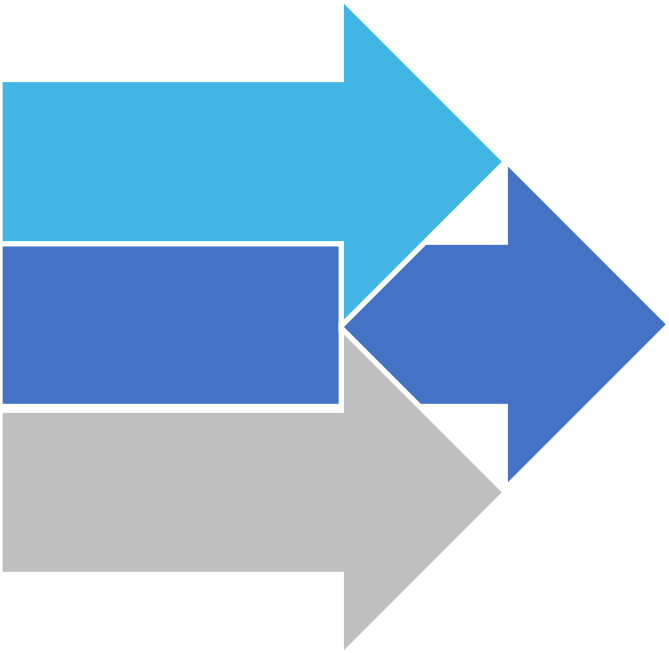
The transfer of accountability of primary care complaints from NHS England to ICBs was effective from 1 April 2023 and staff/resources will transfer on 1 July 2023. The ICB is working with NHS England to manage the transition between 1 April and 30 June 2023, including the process for managing the clinical review of complaints about clinical care.

Healthwatch themes and engagement work across NENC

The NHS NENC ICB is committed to collecting the views from a range of residents, including patients, the public, carers, and stakeholders from across the region. Healthwatch gives citizens and communities a stronger voice to influence and challenge how health and social care services are provided.

Current Healthwatch priorities across NENC include:

- Primary Care – GP access and enhanced access
- Dental – access
- Mental Health (community based) – access to services, inaccurate signposting within pathways leading to patients incurring longer waits when assigned to an inappropriate pathway), limited sessions
- Service for people with Learning Disability and/or Autism
- Discharge
- Young people (engagement through Youthwatch/mental health).



Delivery of 2023/24 objectives

Urgent and Emergency Care - March 23 (except *data w/e 1/4/23)

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
A&E waiting times < 4hrs	80.8%		75.1%	Worsening	71.5%
Cat2 ambulance response	30 min		36.2 m		6/11
Adult G&A bed occupancy	92.1%	86.3%	91.5%	Worsening	
Patients not meeting the criteria to reside*			8.3%	Improving	
Ambulance handovers >59mins:59s*	0	0	4.1%	Improving	
111 Call Abandonment*	3%	3%	13.5%	Improving	
Mean 999 call answering time*	<20s	<20s	5.8s	Improving	

Observations

- **A&E 4 hour** – 75.1% in NENC against 71.5% nationally and 72.1% across NEY. NENC ICS ranked 14/42. Whilst SPC highlights this metric as worsening since Q4 20/21, more recent trend over the past year show this to be relatively static.
- **Ambulance response times** – NEAS is ranked 1/11 for Cat 1 and Cat 4, 6/11 for Cat 2 and 2/11 for Cat 3.
- **% not meeting the criteria to reside –** at the beginning of April the proportion of acute adult beds occupied by patients who no longer meet the criteria to reside (CtR) was 8.3% in NENC (trust range from 5.4% to 22%).
- **Handover delays over 59:59** – improving position since new Standard Operating Procedure introduced on 1 Feb 2023 – but further work to do to reduce down to 15 minutes.

Actions/learning

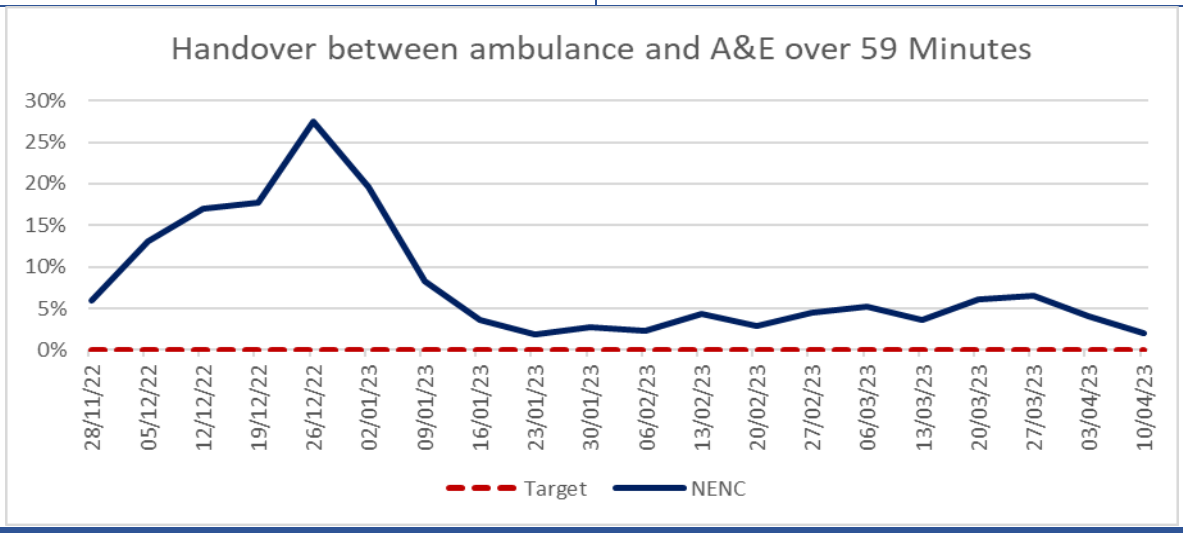
- **A&E 4 hour**-High level of variation across NENC (currently 68.4% to 89.3%). Work required to reduce variation and improve individual organisations' positions.
- **Category 2 responses –** the ability for NEAS to meet the 30 minute Cat 2 response relies on three other operating areas: creation of a triage process for Health Care Professional Calls to reduce the volume; ability of Trusts to manage handovers lower than currently; increased ambulance staff recruitment & improved sickness levels.
- Share best practice for discharge to reduce % of patients not meeting criteria to reside at trusts where CtR is > than 10%.
- Acute and community ward teams, from April, will record Discharge Ready Date for inpatients with a stay >1 night .

Quality implications

- Reduction in ambulance handover delays and the improvement in Cat 2 responses will significantly increase the quality and safety of care for patients.
- Reducing patients who no longer meet the CtR will reduce stranded patients in hospital and the harmful effects of long stays; whilst increasing system flow.

Recovery/delivery

- Handover delays work requires further focus to reduce to 15 minutes national target – working with three outlier Trusts to improve local positions.
- Discharge Summit actions – Improving data quality; engaging with partners on place-based issues; improving timeliness and quality of care delivery.



Primary and Community Care - Feb 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
2-hour urgent community response (UCR)	70%	70%	78%		Eng 79%
Reduce unnecessary GP appts: Direct referral community optometrists/Self referral					
Proportion of GP practice appointments within two weeks			83.5%		81.2%
More appointments in general practice by March 24	1.57m	1.44m	1.47m		
Additional Roles Reimbursement Scheme (ARRS)	1526		1181		
Improving units of dental activity (to pre-pandemic levels)	100% 2.13m		Jan 23 77.6%	Improving	84.4%
Proportion of appts the same or next day			67%		66.2%
2-hour UCR first care contacts delivered		4160	2515	Improving	

Observations

- GP appt numbers continue to increase following a reduction during pandemic and at pre-pandemic levels
- Large underspend for ARRS against 22/23 available funding
- Challenges due to dental contracting model leading to reduction in dental UDAs.
- UCR routinely exceeding the 70% threshold.
- UCR Activity remains under plan, but position improving.
- 100% coverage UCR in all nine clinical conditions, with exception of unpaid carer. One area reporting 2- hour response pathway commissioned via ASC with option to refer to UCR if further health care intervention identified.

Actions/learning

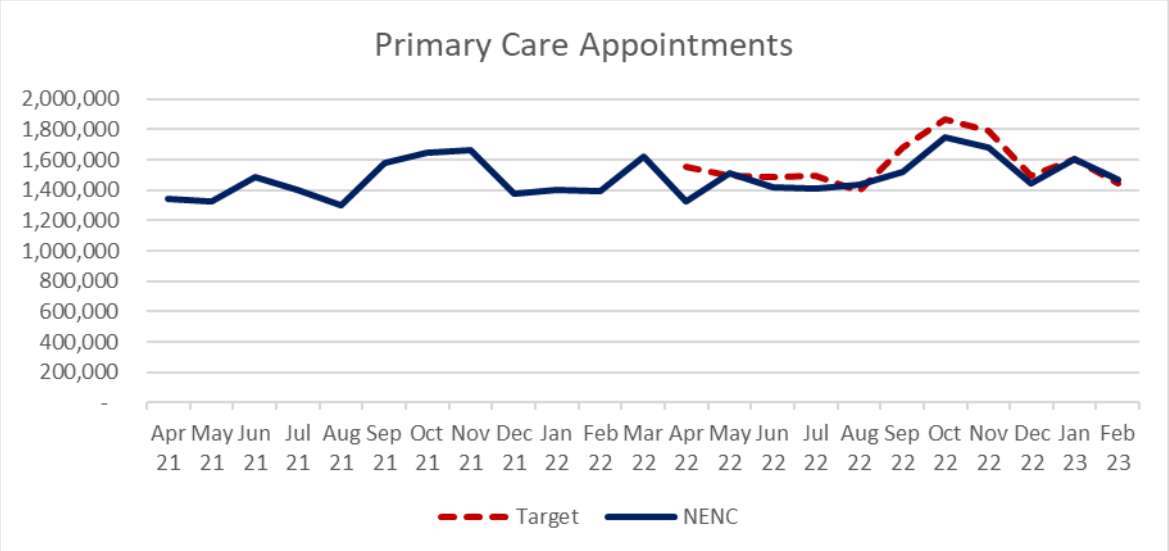
- Work to improve data quality of GP appt/UCR reporting
- Challenges to PCNs maximising use of funding including workforce, estates, on-costs, clincial supervision requirements, emplyment models.
- ICB took on delegated commissioning responsibility for dental from 1st April and engaging with national dental reform programme to improve usage.
- UCR Data Quality follow-ups with acute trusts have resulted in further increases in 2-hour UCR referrals.
- The gap between projections and dashboard data for UCR continues to be explained by service type / team codes (such as District Nursing code 12) not being included in scope by the national team.
- Expected National UCR policy will allow for all codes.

Quality implications

Project to develop standardised quality metrics in progress.

Recovery/delivery

- Work underway to understand and reduce barriers facing PCNS and increase employment in 23/24
- Focus on increasing UCR referrals from all sources, including 999/111, TEC responders and care homes.
- UCR trajectories for 23/24 forecast a 13% increase.



Elective care - Feb 23

Objective	Plan Mar24	Plan (Month)	Actual	Trend	Benchmark
65 week waits (0 by end of Mar24)	14		1143 (w/e 9/4/23)		
Value weighted Activity levels (109%)	109%				
78 week waits (0 by end Mar 23)	0	229	687	Improving	
104 week waits (0 by end of Mar 22)	0	33	36		
Reduce outpatient follow ups by 25%	75%	91%	97%		
FFT – outpatients (trust range)			94.7% - 100%		
FFT – inpatient care (trust range)			89.8% - 99%		

Observations

- Waiting lists continue to increase across NENC although more recently this trend is stabilising.
- NENC had 36 patients (Feb 23) waiting over 104 weeks (plan of 33), however more recent unpublished data demonstrates a further reduction to 21 at the end of March 23 which is within March planned levels (30).
- NENC had 687 patients (Feb 23) waiting over 78+ weeks, more recent data indicates improvement to 163 at the end of March, within plan.
- Individual trust position is variable, with specific pressures in Spinal, Orthopaedics, Dermatology and Ophthalmology, particularly at Newcastle upon Tyne Hospitals NHS FT (NUTH).

Actions/learning/risks

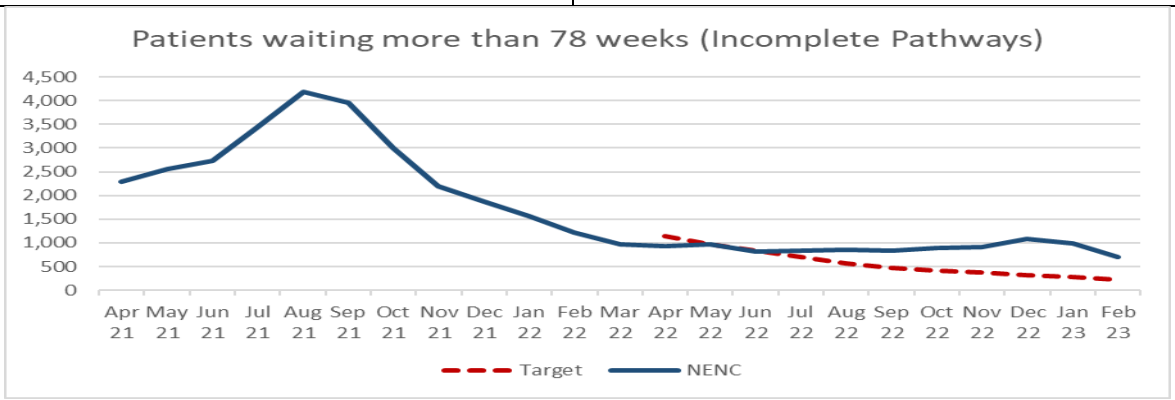
- **Specialty** based work delivery and improvement plans, and alliances are in place.
- Processes for short term mutual aid are being implemented and agreement with Trust CEOs on principles for a longer-term system wide approach.
- **NHS E s**upport and national work on Outpatients to identify improvements, eg to alleviate spinal service pressures and implement a single point of access.
- **Workforce and industrial action -** risk to elective activity managed by executive teams. Portability agreement implemented to allow staff to move between Trusts.
- **Finance -** finance drivers for elective work to limit adverse impact on systemwide collaboration.
- **Digital -** system working to ensure funding is secured, a consistent approach is applied and learning shared.

Quality implications

- All providers assess risk in the management of their waiting list
- Patient choice may result in treatment being deferred and impact on the ability to improve the overall waiting list position.
- Patient access policies to be agreed across the system which are inclusive and recognise potential Health Inequalities challenges; national steer expected on choice.
- NENC continues to minimise any inequity of waiting times where possible.

Recovery/delivery

- CDDFT has made significant progress and has now been removed from Tier 2 for elective care.
- NENC did not meet the national standard to eliminate 78+ waiters by the end of March 23, the agreed plan was met however, based on significant pressures in spines particularly, a national issue.
- Work continues through the Tier 1 elective meetings with NUTH to monitor trajectories to clear 78+ and 104+ waiters throughout 23/24. Reliance on mutual aid to support this.
- NENC is currently working towards the 23/24 ambition to eliminate 65+ week waiters.



Cancer and Diagnostics - Feb 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Reducing 62 Day Backlog (19/03/23)	861	960 (Mar23)	952	Improving	
Faster Diagnosis Standard (FDS)	77.6%	75%	81.9%	Improving	75%
Early Diagnosis ambition					
Monthly Cancer 62 Day Performance	85%	85%	60.3%	Worsening	58.2%
% Receiving diagnostic test < 6 weeks (by Mar25)	95% (Mar 25)	95%	85.3%	Improving	74.9%
Diagnostic activity against plan	109%	106%	97%	Stable	

Observations

- Cancer backlog remains above the 19/20 average.
- March 2022/23 target for backlog reduction achieved.
- Main specialities in cancer backlog are gastrointestinal patients (36%) and urology patients (33.11%).
- FDS Feb 23 achieved as a system, NENC at 81.9%, and across all trusts for the first time.
- NCA overall FDS performance is above the national average of 75% and ranked 1/21 alliances nationally.

Diagnostics

- Improved Feb position particularly in Endoscopy.
- Increasing backlogs noted in MRI and Echo.
- Variation in size of modality backlogs across NENC.

Actions/learning/Risk

- Significant provider effort in backlog recovery.
- Support from NCA and ICB and NHS England.
- Action plans in place for tiered organisations with targeted Cancer Alliance funding.
- Recovery needs to be sustained in to 2023/24.

FDS:

- Strong performance at provider level with 5 out of 8 providers routinely achieving FDS
- Challenges still exist at tumour level
- Share best practice amongst providers

Diagnostics

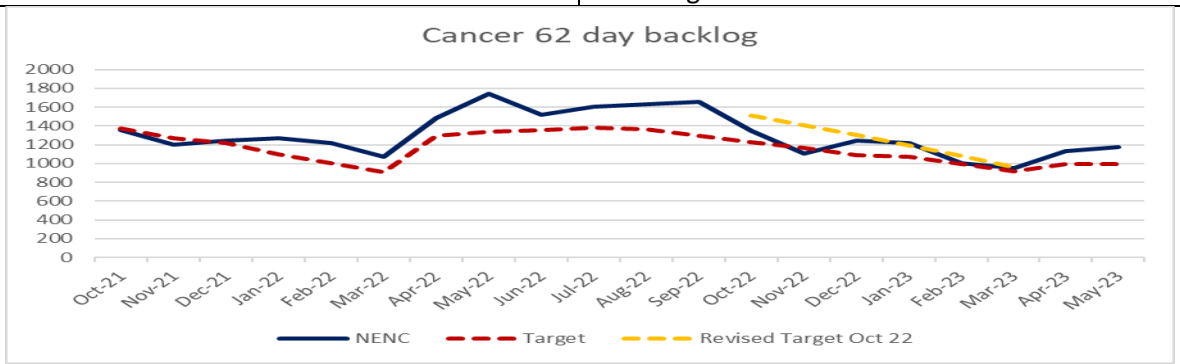
- Ultrasound task and finish group in place
- Continue to explore mutual aid and use of DMAS
- FT diagnostic recovery plans
- Ongoing workforce shortages
- Impact of junior doctor strikes in March

Quality implications

- Reducing long waits and the cancer backlog improves quality of life for patients.
- FDS provides a timely diagnosis and improves opportunity for treatments.
- Improved equity in access to diagnostic services.
- Availability of diagnostics impact on cancer waits and elective recovery.

Recovery/delivery

- Cancer backlog trajectory met in 2022/23
- FDS trajectory met between October 22 and Jan23
- Recovery expected Mar 25 for diagnostics standard
- Implementation of diagnostic workforce strategies, working with NEY region and HEE to identify new models of working and expansion in training
- Working with FTs, DOFs and CFOs to model the ongoing costs and agreement of local funding arrangements.



Maternity - Feb 23

Objective	Plan Mar24	Plan (month)	Actual	Trend	Benchmark
Reduce stillbirth, neonatal mortality, maternal mortality & serious intrapartum brain injury					
Still births per 1000 births			3.13	Improving	3.29
Neonatal deaths per 1000 live births			1.5	Improving	1.5
Increase fill rates for maternity staff					
Proportion of maternity settings offering tobacco dependence			50%	Improving	18.7%
FFT: Maternity services	Range from 63.6% to 96.6% who would recommend the service across our providers.				

Observations

The three year delivery plan for maternity and neonatal service aims to make care safer, more personalised and more equitable through the following deliverables:

- Listening to women and families
- Supporting our workforce
- Developing and sustaining a culture of safety
- Meeting and improving standards and structures

A NENC maternity dashboard populated with Maternity Services Data Set (MSDS) data is currently being improved in relation to the data quality and metrics within. Data above (NHS OF) is the mean average of performance of NENC providers therefore cannot be used as assurance in relation to individual trust performance which is ongoing through the LMNS.

Actions/Learning/risks

- Maternity plan seeks to implement the challenges and recommendations of the Ockenden and East Kent independent reviews of maternity services.
- Non-recurrent funding streams require continuous financial planning and modelling and flexible staff resources.
- Recruitment and retention of multi-disciplinary team (MDT) maternity staffing across our providers is a pressure – development and collaboration across NENC in workforce capacity underway.
- Strengthening of the NENC Maternity Suspension guidance and ensuring adherence to the guidance by our providers through collaboration.

Quality implications

- Continued focus on the quality and safety of maternity and neonatal services to provide safe and compassionate care of women and babies across NENC.
- Listening to women and their families, understanding, and acting will help improve maternity outcomes and experiences, improve safety, ensure personalised care and address health inequalities.
- NENC continues to utilise evidence from national reviews and reports to improve services and to support staff continuously to improve care that is delivered.
- Implementation of the NENC LMNS equity and equality plan to seek and ensure that Maternity Voices Partnerships and staff reflect the communities they serve.

Recovery/delivery

- LMNS Governance arrangements to continue, whilst undertaking a review of developing a wide maternity and neonatal alliance within the NENC ICB.
- Continue to the use the learning health system model to combine data, collaboration and quality improvement techniques towards collective improvement.
- Look to improve NENC maternity and neonatal services, evaluate projects using a research approach by working with the Academic Health Science Network and local universities.
- Work closely with the three LMNSs in Yorkshire and beyond.

Use of resources Data period M12 (March 23)

	March 23 plan	March 23 Forecast	YTD Plan	March 23 Outturn
Balanced overall ICS financial position for 2022/23	£0.00m	(£0.38)m		(£58.16)m
ICB surplus position	(£2.63m)	(£2.74m)		(£2.74m)
Running cost position	£46.06	£42.20m		£42.01m
Capital funding	£201.89m	£193.80m		£194.89m
QIPP/Efficiency savings	£248.83m	£245.91m		£244.16m
Mental health investment standard	6.68%	6.68%		6.68%

Observations

- As at 31 March 2023, the ICS is reporting an outturn surplus of £58.16m compared to a planned breakeven position.
- This predominantly relates to significant income received by a provider trust following settlement of a legal case in respect of building rectification work.
- The ICB is reporting an outturn surplus of £2.74m in line with previous forecasts, against a plan of £2.63m.
- Running costs - the ICB is reporting an underspend largely due to the impact of vacancies. This has effectively allowed additional funding to be spent on frontline healthcare services.
- An outturn underspend is being reported against the ICS capital allocation of £7.2m.
- The ICS is reporting efficiency savings of £244.16m which is slightly below original planned levels. The ICB has delivered efficiencies of £48.46m which is slightly higher than planned.
- The ICB has reported achievement of the MHIS target for 2022/23 (growth in spend of 6.68%).
- The monthly cash balance for March is within the target set by NHS England.
  The ICB met the Better Payments Practice Code standard for 95% of NHS and Non NHS invoices to be paid within 30 days.

Actions/risk

- The outturn financial position remains subject to audit with final accounts due to be signed in June 2023.
- A number of potential financial risks were identified for both the ICB and ICS as a whole, which have been successfully managed during the year.
- Two potential risks previously identified materialised during month 12 which were largely outside of the control of the ICS impacting the final outturn position. This included the receipt of material income by one provider following settlement of a court case, together with unfunded pressures arising from the additional non-consolidated pay-award offer which impacted the position of one provider within the ICS.
- The ICB running cost position remains a potential risk area on a recurring basis, particularly in light of the forthcoming 30% real terms reduction in funding.
- A number of significant potential risks have been identified as part of 2023/24 financial plans across the ICS.

Quality implications

Good financial management supports delivery of high quality services and reduction of health inequalities. All programme areas have a named finance to support programme delivery.

Recovery/delivery

The management of financial risks during 2022/23 reflects collaborative work across organisations to manage the system position and identify additional mitigations.

Work is continuing across the system to review potential risks for 2023/24 and develop appropriate financial recovery plans.

Workforce - November 2022

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Improve staff retention (turnover systemwide NENC Providers)	12.1%				
Improve staff attendance (sickness systemwide NENC Providers)	5.6%		6.2%		5.5%

Observations

Sickness

- Sickness absence across our providers remains above plan and has increased since the COVID-19 pandemic.
- NENC rate is higher than the national position and among the highest compared to other ICBs ranking 39/42.

Turnover

- National methodology has changed. Definition of turnover is leavers, plus other staff who remain in the NHS but who have changed profession or employer in the last 12 months.
- NENC ICB compares favourably to the national leaver rate (7/41 ICBs) although this has increased since the pandemic.

Actions/learning/risk

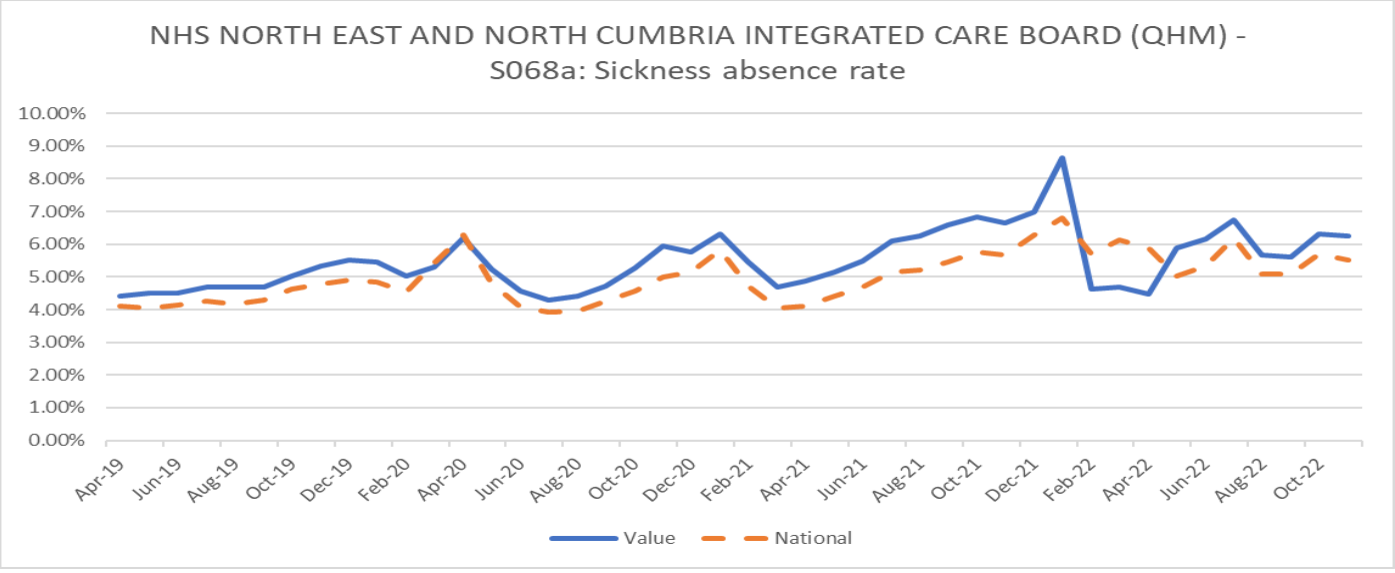
- Both sickness and turnover have been captured within the required data sets for the 2023/24 operational planning workforce submission.
- This is the first workforce planning submission since the inception of the ICB and there is a need to set up infrastructure that maintains focus on what the returns mean and the work needed to realise delivery of the plans.
- There is a risk if this work is not taken forward that plans will not be realised.
- There is also a risk that these areas have been difficult to achieve in the past and therefore the learning process is needed to understand how impact can be achieved.

Quality implications

- Higher levels of sickness affect quality as there less staff available to undertake their duties.
- Higher levels of staff turnover impact on quality as it takes time to induct new employees and it also means there are vacancies for periods of time which again means less staff available to undertake the required duties for optimal quality.

Recovery/delivery

- The operational planning round has indicated that overall, Trusts are aiming to achieve the following from March 23 to March 24:
  - to reduce sickness absence by 0.3%
  - to reduce turnover by 1.3%



Mental Health: Adults - Feb 23

Objective	Plan Mar 24	Plan (month)	Actual	Trend	Benchmark
IAPT access (Feb 23)	22,540	6607	5485		
Community mental health (CMH) 2+ contacts 5% increase	34,855				
Number of out of area (OOA) placements (Jan 23)	147		405		
Dementia diagnosis rate	66.7%	66.1%	65.4%		
Improve access to perinatal mental health services		3156	2195	Improving	

Observations

- **IAPT access** remain below plan and target. This is due to workforce pressures, demand lower than Long Term Plan (LTP) projections, increased acuity and investment/procurement challenges.
- **OOA placements -** Inappropriate bed days have seen a decrease in Jan, although these do not achieve the plan that was set, and numbers remain above the target of 0.
- **Dementia**- improvement throughout 22/23, remaining slightly below target.
- **Perinatal** below plan in NENC, recovery plan in place - demand lower than LTP projections and investment challenges. Further impacted by the inability to recruit.
- **CMH** – Data quality being explored NENC have not met the plan or target for community MH access in 22/23 to date.

Actions/learning

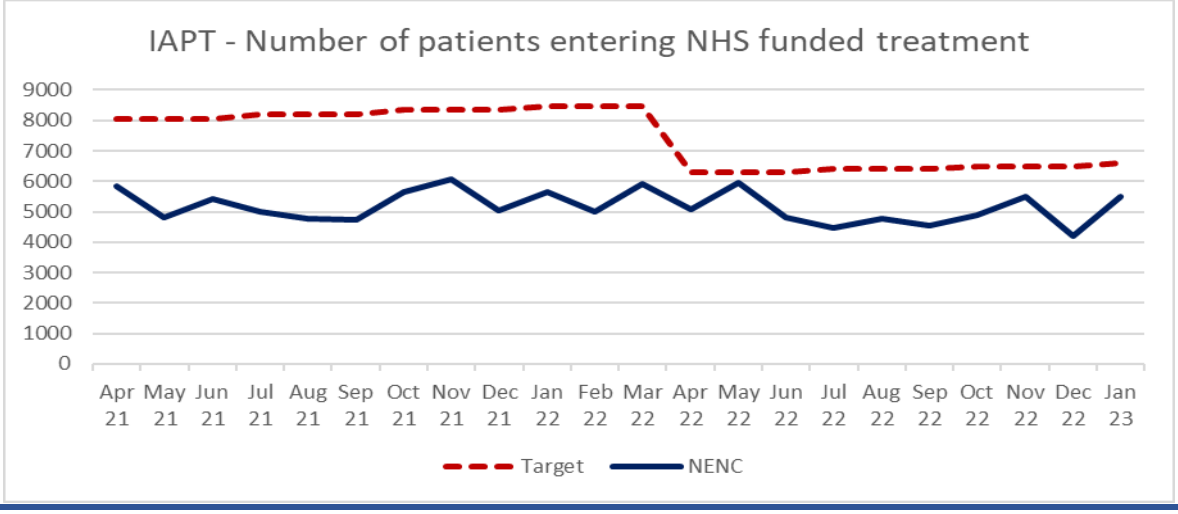
- **IAPT** - NENC ICS IAPT Delivery & Oversight Group for strategy and development in place.
- Aims to improve inclusivity and outcomes of people with mental health needs, sharing learning and driving innovation to improves access.
- Actions include: publicity, single point of access, ethnic minority workshops, waiting list and DNA initiatives and exploring recruitment opportunities.
- **CMH -** Access to community mental health services has increased and caseloads have been getting larger.
- Staffing pressures with vacancies and sickness have reduced community capacity.
- **OOA** Placements pressures within the adult acute pathways. Work currently with partners to facilitate discharges back into the community.
- **Perinatal** staffing pressures and DNAs are being reviewed.

Quality implications

- Increased waiting times have a negative impact on mental health conditions whilst they are waiting.
- Patients awaiting repatriation to their home area are less likely to receive frequent family visits due to distance.
- Resettlement/rehabilitation may not be as timely as when placed in home area.

Recovery/delivery

- Challenges in the delivery of key mental health ambitions in 22/23.
- The ICB is working hard to improve mental health pathways for our patients, as well as investing in extra support to meet emotional, mental health and wellbeing needs.
- The ICB is making progress in improving services, with further work underway to address any variation within the region.



Mental health: Children & Young People - Feb 23

Objective	Plan 24	Plan (month)	Actual	Trend	Benchmark
Improve access to mental health support for CYP	53,245	53,341	53,565		
CYP Eating disorders (ED) - urgent within 1 week (Dec 22 data)	95%	90%	89.9%		
CYP Eating disorders (ED) – routine within 4 weeks (Dec 22 data)	95%	91.1%	74.3%		

Observations

CYP Access

- Dec 22 shows the CYP access metric remain above operational plan trajectory but below Long Term Plan (LTP) target.
- NENC ICS submitted a recovery plan
- Demand has increased beyond LTP projections combined with an inability to recruit and retention of staff.
- Challenges in reporting accurate data is also noted.
- Services for CYP eating disorders are not meeting the 95% standard.
- Waiting times for children and young people entering treatment for mental health problems have shown an increase in NENC.
- This pressure has exacerbated since the pandemic, due to the increased demand and the shortage of qualified mental health staff in the region.

Actions/learning

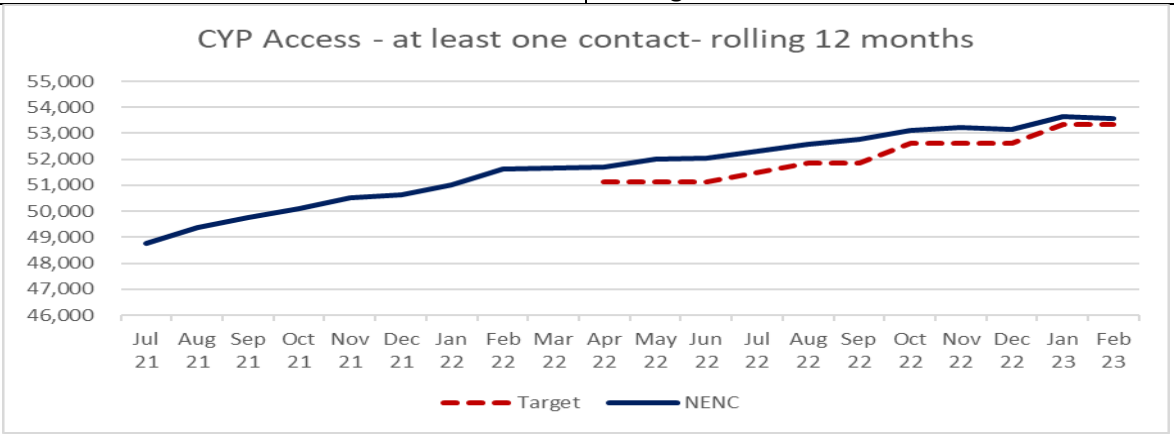
- Place based actions to review pressure points and determine need underway
- Specific actions include: waiting list initiative/recovery plans, commissioning additional support for particular presentations, single point of access evaluations.
- Alternative model implementation/pathway re-design, CYP mental health support teams in schools.
- Local initiatives to support the workforce including: recruitment and retention projects, working in a more integrated way (e.g. ARRs roles, increase in digital platforms).
- The ICS MH workforce group will share positive practice and drive initiatives to address workforce pressures.
- Baseline assessment underway in relation to dietetics for CYP.

Quality implications

Children, young people and families may experience exacerbation of difficulties/problems as they wait to start treatment.

Recovery/delivery

- 22/23 performance for CYP patients accessing services is currently exceeding planned operational plan trajectory for 22/23, however Long Term Plan trajectory will not be achieved.
- The ICB is working hard to improve the pathway for our patients, as well as investing in extra support to help children who have additional emotional, mental health and wellbeing needs. The ICB is making progress in improving services, with further work underway to address any variation within the region.



People with a learning disability and autistic people - March 23

Objective	Plan (Mar 24)	Plan (month)	Actual	Trend	Benchmark
Annual health check and plan for people on GP LD registers (Cumulative 75% March 24)	77%		68.7% (Feb 23)	Improving	
Reduce reliance on inpatient care adults (ICB) – *chart below*	52 (21.9 per/m)	57	83 Mar 23	Worsening	
Reduce reliance on inpatient care -adults (Secure)	61 (25.7 per/m)	68	79 Mar 23	Worsening	
Reduce reliance on inpatient care – under 18s	8 (13.6 per/m)	9	7 Mar 23		
Care and Treatment Reviews (adults)	Fully Compliant			Compliant all areas	
Care Education and Treatment Reviews (CYP)	Fully Compliant			Compliant all areas	
Learning from death review (LeDeR) compliance	Fully Compliant		96%	Compliant all areas	

Observations

- There were 19 admissions and 17 discharges in Q4 compared to 30 planned discharges in Q4.
- 20% (6) of discharges planned were achieved in Q4
- 11 additional discharges were achieved in Q4
- Continued admissions of autistic people into mental health beds
- Learning from death review (LeDeR) compliance 96%

Actions/learning

Case Management development sessions held to:

- Standardise approaches across the ICB.
- Implement the dynamic support register/care education and treatment review (CETR) revised process.

Quality implications

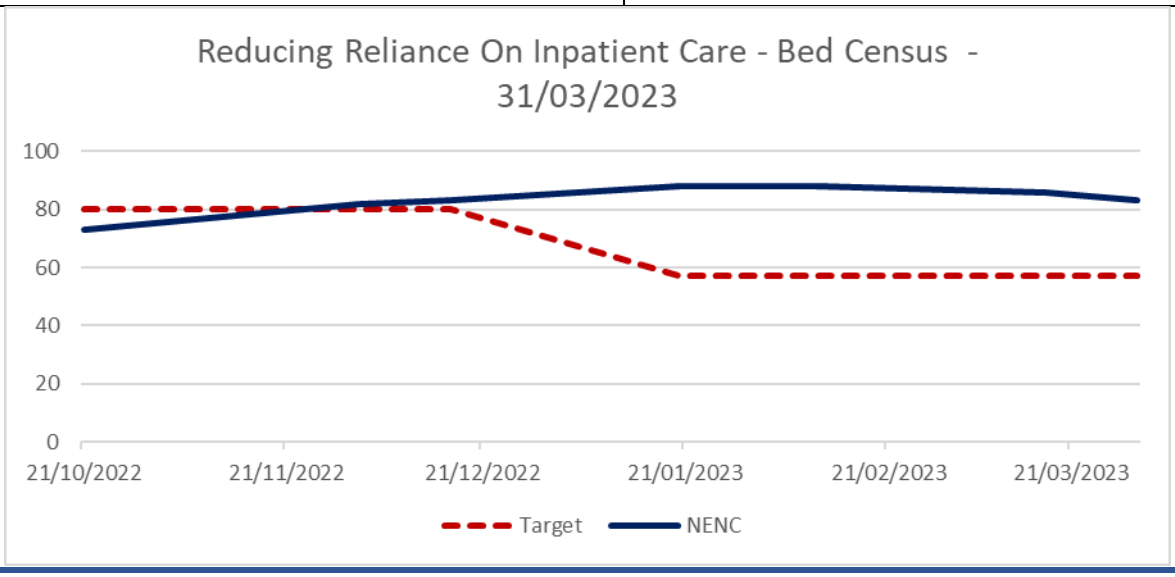
Commitment to improving support and care quality for autistic people:

- Staff training including Oliver McGowan Mandatory Training
- Peer support workers
- Consideration of Autism Framework and Operating Guidance
- Sensory friendly environments

Recovery/delivery

- Revised governance structure in development
- 3 Year Plan and Forward View plan complete including finance plan for 23-24
- Senior Intervenor support; 20 people identified who require external support to discharge

Mental Health and Learning Disability and Autism Quality Transformation Programme, next meeting 5th May.



Prevention and Health Inequalities including Core20+5: Adults - Feb 2023

Objective	Plan Mar 24	Plan (Month)	Actual	Trend	Benchmark
Hypertension (77% by March 2024)	77%		65.9%		
Use of lipid lowering therapies (60%)	60%				
60% SMI Health checks		16325	14592		
Increase uptake of COVID vaccines			64.7%		
Increase uptake of flu vaccines			63%		
Increase uptake of pneumonia vaccines					
Continuity of carer for women from BAME communities and most deprived groups					
75% cancers diagnosed at stage 1 or 2 by 2028					

Observations

- The development of a NENC Health Inequalities Dashboard which will cover a range of measures is underway
- Dashboard will support assessment against the national objectives – providing a broader context to key performance measures.
- The dashboard metrics will be used by both the workstreams and the overarching Healthier and Fairer Advisory Group to monitor progress against plans and support the development of approaches going forward.

Many of these objectives do not state specific dates or targets and therefore will require a NENC approach to develop a defined trajectory to measure the overarching programme against.

Actions/learning

- The Healthier and Fairer Advisory Group was formally established as a subcommittee of the ICB Executive Committee in November 2022.
- The programme integrates and coordinates the work of several pre-existing advisory structures dealing with population health and inequalities (Population Health and Prevention Board, Health Inequalities Advisory Group, Deep End Steering Group).
- Responsibility and accountability of many of the current NHSE national objectives aligned to the Healthier and Fairer programme sit currently with other parts of our system for example Clinical Networks.

Quality implications

Governance of the programme has now been developed with 3 key workstreams:

- Prevention,
- Healthcare Inequalities

NHS contribution to social and economic inequalities.

Recovery/delivery

Supporting the programme are 3 enabling workstreams:

- Population Health Management,
- Workforce
- Community Asset Based approaches.

Each of the workstreams have developed their five year plan and have identified key measures and metrics to monitor delivery against.

These broader plans have been incorporated into a single plan to inform the ICB Joint Forward Plan.

Prevention and Health Inequalities including Core20+5: Children

Objective	Plan 24	Actual	Trend	Benchmark
Asthma – address over reliance of medications				
Decrease the number of asthma attacks				
Increase access to glucose monitors and insulin pumps				
Proportion of diabetes patients (type 2) receiving 8 NICE care processes		46.5%		46.7%
Access to epilepsy specialist nurses				
Reduce tooth extractions due to decay for children admitted as IP in hospital aged <+10				
Improve access rates to children and young people`s mental health service for: 0-17 yr olds, certain ethnic groups, age, gender and deprivation.	100%	96.4%		

Observations See Prevention and Health Inequalities: Adults section	**Actions/learning** See Prevention and Health Inequalities: Adults section
Quality implications See Prevention and Health Inequalities: Adults section	**Recovery/delivery** See Prevention and Health Inequalities: Adults section

Safety - February 2023

	Plan Mar 24	Plan YTD	Actual (month)	Actual YTD	Trend	Benchmark
Never events	0	0	4	18		
Serious incidents (SIs)			82	793		
SIs reported within 2 days	Range from 36.4% to 100% across our FTs					
MRSA	0	0	4	14	Worsening	
C diff		487	46	615	Worsening	
E coli		748	91	898		
Mortality	All Trusts within expected range.					

Observations

- NENC is over trajectory for the key HCAI infections
- Despite good progress pre-pandemic, infection control management progress continues as a challenge with a deteriorating national picture.
- Increased demand on Trust estate and daily challenge to ensure patient flow through the hospitals adding to current pressures for infection control management
- No Trusts are currently an outlier for mortality
- 4 Never events reported across our trusts in February from 2 Trusts.
- Themes for SIs are monitored through the serious incident process

Actions/learning

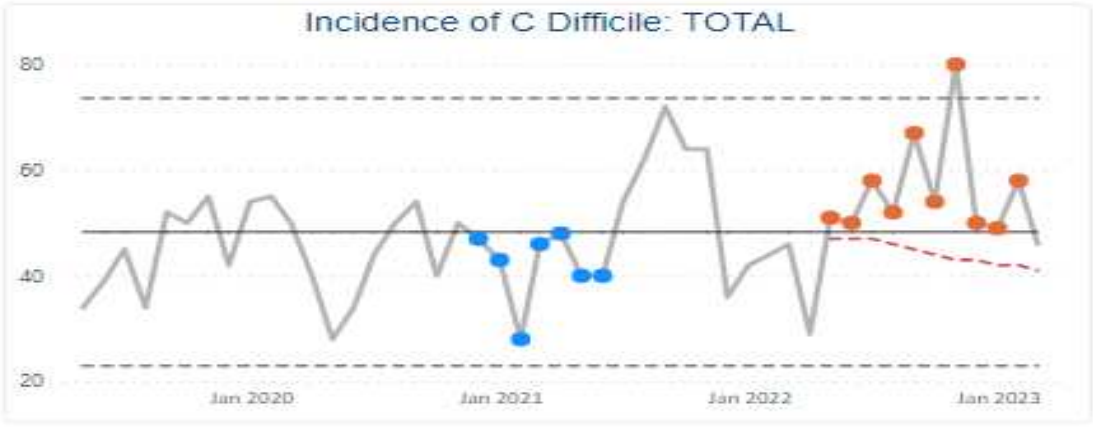
- Oversight across NENC through the AMR/HCAI subcommittee where learning and good practice is shared for discussion at place and local QRGs.
- HCAI and gram-negative improvement plans in place, with some areas looking to complete research
- Greater communication with patient flow teams and Infection control teams to ensure safe flow through patient pathways without unnecessarily compromising the cleaning standards.
- All our Trusts are raising the importance of the fundamental precautions such as improving hand hygiene and reducing the use of disposable gloves
- Work continues to review open caseloads of SIs and Never events across NENC and gain appropriate assurances to ensure learning has been identified and shared.

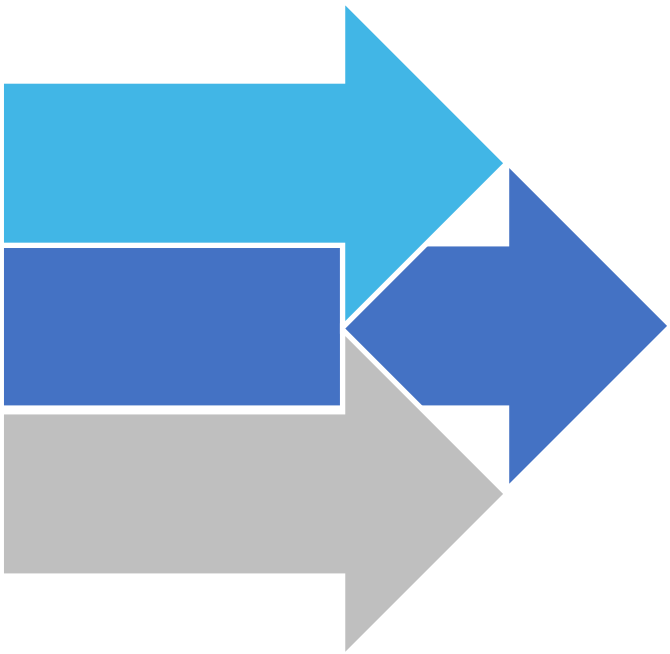
Quality implications

- MRSA cases have been subject to post infection review to explore any lapses in care and learning.
- Impact of increased infection risk on patient safety and length of stay in hospital
- Never event learning shared through established forums and clinical networks
- Mortality reviews undertaken with increased scrutiny through the medical examiner process

Recovery/delivery

- SIs & Never events – a NENC network meeting has been established supported by the Academic Health Science network
- Work continues to support providers with implementation of patient safety incident response framework (PSIRF)
- Sound risk assessments have been developed by our Trusts for management of HCAI.





Appendices

Appendix 1 – 2023/24 National objectives description

	Recovering core services and improving productivity
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals: Expand direct access and self-referral where GP involvement is not clinically necessary. By September 2023, systems are asked to put in place: • direct referral pathways from community optometrists to ophthalmology services for all urgent and elective eye consultations • self-referral routes to falls response services, musculoskeletal services, audiology-including hearing aid provision, weight management services, community podiatry, and wheelchair and community equipment services.
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of Resources	Deliver a balanced net system financial position for 2023/24

	NHS Long Term Plan and transformation
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	CORE 20PLUS5: Increase uptake of COIVD, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions
	Hypertension case finding and optimal management and lipid optimal management
	Asthma – address over reliance of medications
	Decrease the number of asthma attacks
	Increase access to real time continuous glucose monitors and insulin pumps across the most deprived quintiles and from ethnic backgrounds
	Increase proportion of those with type 2 diabetes receiving recommended NICE care processes
	Epilepsy – increase access to epilepsy specialist nurses and ensure access in the first year of care for those with LDA
	Reduce tooth extractions due to decay for children admitted as IP in hospital aged <+10
	Improve access rates to children and young people`s mental health service for 0-17 year olds, certain ethnic groups, age, gender and deprivation.

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NHS
North East and North Cumbria

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

BOARD 30 May 2023	
Report Title:	**NENC ICB and ICS Finance Report – M12**

Purpose of report

To provide the Board with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2022/23 for the period to 31 March 2023 ("month 12").

Key points

The full financial report for the period was reviewed in detail by the Finance, Performance and Investment Committee (FPIC) at its meeting on 4 May 2023. The report presented here provides a high level summary of the position.

ICB Revenue Position:

As at 31 March 2023 the ICB is reporting an outturn surplus of £2.7m for the period (consistent with forecast reported last month and in line with plan). This position remains subject to audit, with final accounts due to be signed in June 2023.

As reported previously, significant financial pressures have been seen during the year in respect of independent sector (IS) acute activity and in prescribing costs, predominantly linked to the impact of price concessions.

Additional elective recovery fund (ERF) monies have now been received from NHS England (NHSE) to offset the additional IS activity.

Pressures have also been experienced on continuing healthcare and section 117 packages of care.

All of these pressures have been offset through underspends on other budgets, non-recurring benefits and use of programme reserves to successfully manage the overall position in line with plan.

ICS Revenue Position:

From an ICS perspective the outturn position is a surplus of £58.2m, as shown in Table 2.

This is largely driven by significant income received by Northumbria Healthcare NHS Foundation Trust relating to the settlement of a court case in respect of building rectification work. This was highlighted as a risk previously, outwith the control of the ICS, and had been actively discussed with NHSE.

One other significant risk was highlighted in the previous meeting relating to the additional non-consolidated pay-award offer which was generating an unfunded pressure amounting to approx. £12m across the ICS. All organisations were able to manage this pressure within agreed positions apart from one provider trust whose position deteriorated by £1.4m.

With the exception of these two items which materialised late in the year and outside of the control of the ICS, the overall position would have been a small surplus.

ICB Running Costs:

An outturn underspend has been delivered on ICB running costs, largely due to the impact of vacancies in the current year. This has effectively allowed additional funding to be spent on frontline healthcare services. This remains a potential risk area on a recurring basis if vacancies are filled, particularly in light of the forthcoming 30% real terms reduction in running cost allowances.

ICS Capital Position:

The ICS is reporting an outturn underspend against the confirmed ICS capital departmental expenditure limit (CDEL) allocation of £7.2m, following receipt of additional funding for a specific development ('Cedars') at one provider trust.

Risks and issues

A number of potential financial risks were identified for both the ICB and ICS as a whole, which have been successfully managed during the year.

As noted above, two potential risks materialised during month 12 which were largely outside of the control of the ICS, resulting in the significant surplus position being reported as agreed with NHSE.

All other potential risks have been appropriately mitigated and managed.

The position reported here remains subject to audit but no significant changes are expected.

There are a number of material potential risks moving forward to 2023/24 which have been highlighted as part of the financial plans and continue to be reviewed across the system. These will continue to be reported as part of monthly reporting during 2023/24.

Assurances

ICB finance teams monitor and report monthly on the risks noted above.

The financial position of the ICB is reviewed monthly at Executive Committee including recommendations / actions being taken to mitigate risks.

The ICB Executive Director of Finance meets monthly with the ICS Directors of Finance to review the ICS finance position.

The financial position of both the ICB and the wider ICS are reviewed in detail on a monthly basis by the Finance, Investment and Performance Committee.

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Recommendation/action Required

The Board is asked to:

- note the outturn financial position for 2022/23.

Acronyms and abbreviations explained

BPPC – Better Payment Practice Code
CHC – Continuing Healthcare
ERF – Elective Recovery Fund
FT – NHS Provider Foundation Trust
ISFE – Integrated Single Financial Environment (financial ledger system)
MHIS – Mental Health Investment Standard
NHSE – NHS England
QIPP – Quality, Innovation, Productivity and Prevention
POD – Pharmacy, Ophthalmic and Dental

Executive Committee Approval	9 May 2023
Sponsor/approving executive director	D Chandler, Executive Director of Finance
Date approved by executive director	9 May 2023
Report author	R Henderson, Director of Finance (Corporate) A Thompson, Senior Finance Manager

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	
CA2: tackle inequalities in outcomes, experience, and access	
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	

Relevant legal/statutory issues

Health and Care Act 2022

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?	n/a
Has there been/does there need to be appropriate clinical involvement?	n/a

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Has there been/does there need to be any patient and public involvement?	n/a
Has there been/does there need to be partner and/or other stakeholder engagement?	Yes, engagement within the ICB and the wider ICS.

Version Control

Version	Date	Author	Update comments
1.0	09/05/2023	Richard Henderson	Updated from Exec Committee report
2.0	09/05/2023	David Chandler	**Final Approved**

NHS
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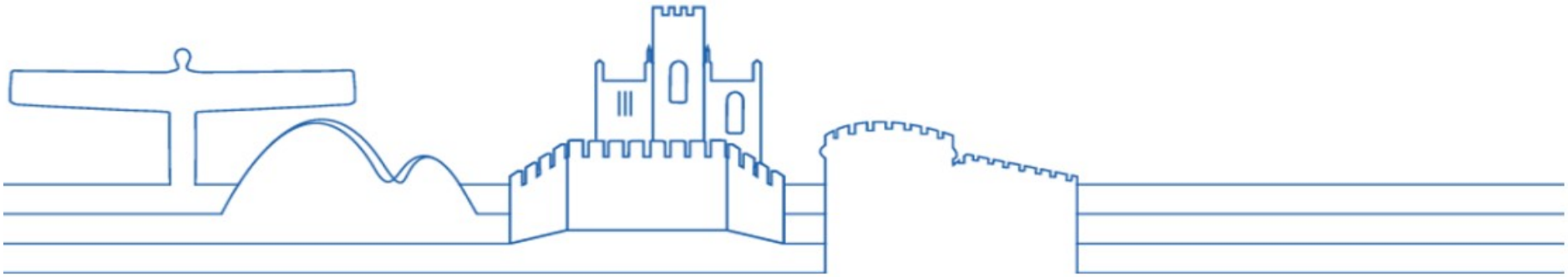
NENC ICB

Finance Report for the period ending 31 March 2023



Executive Summary

	M12 - March 2023		Outturn
Key Statutory Financial Duties	**Overall ICS 2022/23 In Year Financial Position - (Surplus) / Deficit**		
	For the financial year 2022/23 the ICS, including the Q1 position of the NENC CCGs, has delivered a surplus of £58.16m against the planned breakeven position	Plan	£0.00 m
		Actual	(£58.16) m
	Overall ICB 2022/23 In Year Financial Position - (Surplus) / Deficit		
	Overall ICB 2022/23 In Year Financial Position prior to retrospective funding - (Surplus) / Deficit	Plan	(£2.63) m
	The ICB has delivered a surplus of £2.74m against the planned £2.63m, a slight increase of £0.11m - Deficit / (Surplus)	Actual	(£2.74) m
	ICB Running Costs Position - July 2022 to March 2023		
	The ICB has delivered an outturn underspend of £5.42m, compared with the submitted financial plan	Plan	£47.43 m
		Actual	£42.01 m
		Variance	(£5.42) m
	Overall ICS 2022/23 Capital Funding		
	The ICS has reported an outturn underspend against the capital allocation of which £0.3m underspend for primary care and £6.71m under on provider capital.	Allocation	£201.89 m
		Actual	£194.89 m
		Variance	(£7.01) m
Other Financial Performance Metrics			
	Overall ICS 2022/23 QIPP/Efficiency	Plan	£248.83 m
	The ICS has reported QIPP savings of £244.16m with the ICB delivering £48.46m which is slightly over the submitted QIPP/Efficiency plan. Providers have delivered £195.7m of savings against target of £200.4m.	Actual	£244.16 m
		Variance	(£4.67) m
	Overall 2022/23 Mental Health Investment Standard (MHIS)		6.68%
	The ICB has achieved the MHIS target for 2022/23 (growth in spend of 6.68%), with an over-delivery of £0.54m.		
	Cash		<1.25%
	The ICB cash balance for March is 0.30% and within the target set by NHS England of <1.25% of the monthly cash drawdown.		
	BPPC		by value
	The BBPC target is for 95% of NHS and Non NHS invoices to be paid within 30 days	NHS	100.00%
		Non NHS	99.26%

Overview of the Financial Position

This report summarises the financial performance of the ICB and wider ICS in the financial year 2022/23 for the period to 31st March 2023.

The final position shows the ICB to have achieved its key financial targets, although it should be noted that these are draft financial figures which are still subject to audit.

The ICB has reported an outturn surplus of £2.74m, against a planned surplus of £2.63m. There is a favourable outturn variance across NHS providers of £58.1m which has resulted in an overall surplus for the ICS of £58.16m, this is almost entirely due to additional income received by one provider trust following settlement of a court case relating to building rectification work. This was highlighted as a potential risk previously, outside of the control of the ICS, and had been discussed and agreed with NHS England.

Significant elements to note within this position are:

- Overspend on Independent Sector provider acute activity, with additional Elective Recovery Fund (ERF) monies now received from NHS England,
- Prescribing overspend based on latest Prescription Pricing Data (M10) with significant cost pressure arising from impact of price concessions and Category M,
- Pressures experienced on continuing healthcare and s117 packages of care,
- Management of reserves and underspends on other budgets to balance overall ICB position, including release of non-recurring benefits across a number of budget areas
- Across the ICS a number of significant financial pressures and risks have been managed, including in particular unfunded pay award pressures and excess inflation costs

The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB has delivered this. Across the ICS, providers have delivered total efficiencies of £195.7m compared to a target of £200.4m.

The ICB has delivered the Mental Health Investment Standard with an over-delivery of £0.54m (this will be subject to an independent review as in previous years).

Table 1: ICB Financial Position

Month 12 - March 2023	2022/23 Annual Plan	2022/23 Outturn	2022/23 Variance
	£000s	£000s	£000s
Revenue Resource Limit	(5,191,335)		
Programme			
Acute Services	2,581,322	2,610,643	29,321
Mental Health Services	638,849	643,974	5,125
Community Health Services	527,590	521,740	(5,850)
Continuing Care	300,995	315,613	14,618
Prescribing	428,740	454,120	25,380
Primary Care	92,268	85,712	(6,556)
Primary Care Co-Commissioning	428,629	430,112	1,483
Other Programme Services	45,085	42,806	(2,279)
Other Commissioned Services	21,694	24,361	2,667
Programme Reserves	53,880	(0)	(53,880)
Contingency	4,725	0	(4,725)
Total ICB Programme Costs	**5,123,776**	**5,129,081**	**5,305**
Admin			
Running Costs	47,427	42,010	(5,417)
Total ICB Admin Costs	**47,427**	**42,010**	**(5,417)**
(Surplus) / Deficit	2,632	0	(2,632)
Total In Year ICB Financial Position	**5,173,835**	**5,171,091**	**(2,744)**
Cumulative Surplus Position for information:			
Historic (Surplus) / Deficit	17,500	0	(17,500)
Total Cumulative ICB Financial Position	**5,191,335**	**5,171,091**	**(20,244)**

Table 2: Overall ICS (Surplus) / Deficit

Month 12 - March 2023	Annual Plan (Surplus) / Deficit	Outturn (Surplus) / Deficit	Variance (Surplus) / Deficit
	£000s	£000s	£000s
NENC Commissioner (ICB)			
Q1 CCG	22,903	0	(22,903)
Q2-Q4 ICB	(25,536)	(2,744)	22,792
Total In Year ICB Position	**(2,633)**	**(2,744)**	**(111)**
NENC Providers	2,633	(55,419)	(58,052)
Total Provider Position	**2,633**	**(55,419)**	**(58,052)**
Total ICS Financial Position 2022/23	**0**	**(58,163)**	**(58,163)**

Table 3: ICS Efficiencies

Month 12 - March 2023	2022/23 Annual Plan	2022/23 Outturn	2022/23 Variance
	£000s	£000s	£000s
Acute	2,650	2,650	0
Community Healthcare	8,144	8,144	0
Primary Care (inc. Primary Co-Commissioning)	16,592	15,787	(805)
Continuing Healthcare	20,229	21,062	833
Other Programme Services	818	818	0
Total ICB Efficiencies	**48,433**	**48,461**	**28**
Of Which:			
Recurrent	17,280	18,115	835
Non Recurrent	31,153	30,346	(807)
Total ICB Efficiencies	**48,433**	**48,461**	**28**
Providers within system	200,396	195,699	(4,697)
Total Provider Efficiencies (within system)	**200,396**	**195,699**	**(4,697)**
Of Which:			
Recurrent	124,103	63,633	(60,470)
Non Recurrent	76,293	132,066	55,773
Total Provider Efficiencies (within system)	**200,396**	**195,699**	**(4,697)**
Total ICS Efficiencies	**248,829**	**244,160**	**(4,669)**
Of Which:			
Recurrent	141,383	81,748	(59,635)
Non Recurrent	107,446	162,412	54,966
Total ICS Efficiencies	**248,829**	**244,160**	**(4,669)**

ICS Efficiencies key points

The tables above shows the efficiency targets set out in the ICS plan. For the ICB this is by ISFE category and the ICB has slightly over-delivered against the efficiency target mainly due to CHC schemes partially offset by an under-delivery against prescribing schemes.

For providers within the system there is an under-delivery against target of £4.697m, of which recurrent efficiencies have under-achieved by £60.47m and is partly mitigated by an over delivery of non-recurrent schemes totalling £55.773m. The main reasons for under delivery include costs associated with COVID continuing longer than planned, continued use of agency staffing and delays in progressing development schemes.

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

BOARD 30 May 2023	
Report Title:	**ICB and ICS Financial Plan 2023/24**

Purpose of report

This paper presents the final financial plan for both the ICB and wider ICS for 2023/24, including a summary of changes made since the draft plan that was presented to the Board previously.

Following discussion and agreement at the Board Development session on 25 April 2023, delegated authority was given to the Executive Director of Finance and Chief Executive to make any final amendments to the plan as necessary. The final plan was submitted to NHS England on 4 May 2023 and is presented here for formal approval.

Key points

Financial and contracting guidance for 2023/24, together with financial allocations, were published by NHS England in January 2023. Draft financial plans were submitted in February 2023 with final plans originally due to be submitted by 30 March 2023. Given the significant financial gap shown in many plans, a further plan submission is now due by 4 May 2023.

Final plans must be signed off by the ICB and partner Foundation Trust boards. The Board is also required to approve financial budgets although this is not currently possible until NHS England accepts the planned financial position.

2023/24 financial allocations are summarised in the paper. Further detail around financial allocations were included in the paper to Board on 28 March 2023 and has not been replicated in full here. The NENC ICB receives the lowest percentage growth funding in England (5.03%) compared to a national average of 5.28%, due to being over target allocation and having a lower population growth. This equates to a reduction of £14m in growth funding.

The 2022/23 financial position across the ICS includes significant non-recurring benefits. The non recurrent nature of these savings, together with unfunded pressures and lower than average growth funding in NENC, contributes to a substantial financial challenge to develop balanced plans for 2023/24.

As in 2022/23, there are a number of key financial duties to comply with, including in particular:

- The ICB to deliver at least a breakeven revenue position overall and manage running costs within the running cost allowance
- A collective responsibility for the system to deliver a balanced revenue financial position
- A collective duty to manage capital spend within capital resource limits

The final submitted financial plan for the ICB for 2023/24 shows a surplus position of £32.4m. This includes non recurrent slippage on a number of allocations which then offsets a planned deficit on the FT side of the ICS. Achievement of this target includes a significant efficiency challenge and significant potential risks to delivery however these efficiencies are critical to the longer-term financial sustainability of the ICB.

The increase in the ICB surplus position since March 2023 includes anticipated benefits from SDF funding, further potential slippage on commissioning budgets and assumed additional Elective Recovery Funding (ERF) from NHSE based on planned activity levels.

The ICB position includes certain 'system adjustments' held at ICB level at present but further work will be required in due course to appropriately reflect funding/income in relevant organisations.

The ICB position includes significant unfunded pressures, including excess inflation costs over and above funded levels, of £55m. This largely relates to expected fee increases on continuing healthcare and s117 packages, prescribing cost concessions impact, a recurring deficit on delegated primary medical care allocations, and expected property charge increases.

These unfunded pressures, together with significant recurring pressures within the underlying 2022/23 position have been largely mitigated in the 2023/24 plan through a range of non-recurring measures and stretch efficiency targets. This will be extremely challenging to achieve and present a highly increased level of potential risk to delivery of the plan which is highlighted within the paper.

The ICB plan assumes efficiencies of £94.9m in total, which is materially higher than that delivered in 2022/23 (£48.5m). All contingency reserves and uncommitted budgets have been released resulting in limited potential mitigations at this time should risks materialise in year.

The final overall ICS position is a deficit plan of £49.9m (0.7% of funding).

This is a further material reduction from the plan submitted in March 2023, reflecting continued intensive work across the ICS to review organisational plans, supported by NHS England. The latest position includes a range of additional recurrent and non-recurring measures and actions to reduce the deficit as far as possible.

Actions taken include review and reduction of pay cost growth in line with NHS England expectation of a maximum of 2.1% growth, review of investments and non-recurring opportunities and further stretch efficiencies.

Whilst these actions have supported a material reduction in the planned deficit, they also add to the risk associated with delivery of the plan, both financial and non-financial.

Contributing to the deficit in the overall ICS plan are unfunded pressures totaling £116m. This includes the £55m ICB costs above, along with a further £60m of excess inflationary pressures in provider trusts, comprising energy costs, PFI costs and inflation uplifts on a number of other non-pay contracts which are significantly in excess of the NHS tariff cost uplift factor. Discussions continue with NHSE in relation to excess inflation pressures.

Total efficiencies included within the financial plan across provider trusts amount to £313.4m, with average efficiency of 4.5%, which is higher than that delivered in 2022/23 and represents a

potential financial risk to delivery of plans. For perspective - traditionally a level of up to 3% would be seen as realistic but challenging.

Total capital funding allocation for 2023/24 amounts to £213.9m (£208.4m provider capital and £5.5m ICB capital allocation). As in 2022/23 the provider capital allocation is effectively delegated to the Provider Collaborative to manage. The allocation of capital funding is included within the paper, in line with the total funding allocation. This has increased by £10m from the position presented on 28 March 2023 following an additional capital allocation relating to required remedial works at one provider trust building.

The financial plan was submitted to NHSE on 4 May 2023 following agreement by the Executive Director and Finance and Chief Executive under delegated authority.

Discussions have now commenced with partners across the ICS around the development of a medium term financial plan and strategy to address underlying recurring deficits across the system.

Risks and issues

The 2022/23 financial position across the ICS included significant non-recurring benefits, which will present a major financial challenge to develop a balanced plan for 2023/24.

The overall ICS net financial risk reported within the plan now amounts to £102.5m, however this also includes a large number of mitigations yet to be identified. Excluding these, total unmitigated risk amounts to just less than £252m. Risks and mitigations will continue to be reviewed across the system with an aim to reduce and further mitigate risks as far as possible during the year.

Total unmitigated risk in the plan submitted on 30 March 2023 amounted to £190m. The material increase in the latest figures reflects the additional risk introduced by actions taken to reduce the planned deficit.

Total risks in the plan include material potential risks around additional inflationary cost pressures together with risks around the delivery of required efficiency savings.

Timescales for updating the financial plans have been exceptionally challenging and a number of actions have been taken and assumptions made in order to materially change the overall deficit position. The scale of the movements leads to an inevitable increase in risk in delivery the plan and the pace of change at which this work is being undertaken further increases the potential level of risk.

Assurances

Significant work has been undertaken to review plans across the system with progress made in materially reducing the planned deficit since initial draft plans were developed.

The ICS NHS Directors of Finance have been meeting on at least a weekly basis to oversee production of draft plans, with at least weekly discussions with ICS Chief Executives.

Regular updates have been provided to the Finance, Performance and Investment Committee with the plans presented to Board prior to final submission. The final provider plans have also been approved by all provider trusts within the ICS.

Recommendation/action Required

The Board is asked to:

- approve the final ICB and ICS financial plan for 2023/24, including those contracts which are above £30m as per appendix 1.

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Acronyms and abbreviations explained
1. NENC ICB – NHS North East and North Cumbria Integrated Care Board 2. ICS – Integrated Care System 3. NHSE – NHS England 4. GDP – gross domestic product 5. SDF – service development funding 6. ERF – elective recovery fund 7. BCF – better care fund 8. UEC – urgent and emergency care 9. API – aligned payment and incentive 10. NHSPS – NHS payment scheme 11. LVA – low volume activity 12. GP – general practice 13. CYP – children and young people 14. IT – information technology 15. PDC – public dividend capital 16. RDEL – Resource Departmental Expenditure Limit 17. CDEL – Capital Departmental Expenditure Limit 18. DHSC – Department of Health and Social Care 19. CUF – cost uplift factor 20. CNST – clinical negligence scheme for trusts 21. AfC – agenda for change 22. VSM – very senior manager 23. PFI – private finance initiative 24. POD – Pharmacy, Ophthalmic and Dental 25. FT – NHS Foundation Trust

Sponsor/approving director	David Chandler, Executive Director of Finance
Date approved by executive director	17/05/2023
Report author	Richard Henderson, Director of Finance (Corporate)

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	
CA2: tackle inequalities in outcomes, experience, and access	
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	

Relevant legal/statutory issues						
Health and Care Act 2022						
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?	n/a
Has there been/does there need to be appropriate clinical involvement?	n/a
Has there been/does there need to be any patient and public involvement?	n/a
Has there been/does there need to be partner and/or other stakeholder engagement?	Yes, engagement within the ICB and the wider ICS.

Version Control

Version	Date	Author	Update comments
1.0	11/05/2023	Richard Henderson	Updated from April Board Development report
2.0	16/05/2023	Richard Henderson	Over £30m BCF values updated
3.0	17/05/2023	DC	Final Approved

NHS
North East and
North Cumbria

NHS North East and North Cumbria Integrated Care Board
Financial Plan and Budgets 2023/24

Purpose of paper

1. This paper provides a summary of the financial allocations for 2023/24 together with the latest updated financial plan for both the ICB and wider ICS for 2023/24, including key assumptions made and potential financial risks. The paper summarises changes to the plans since those presented to Board on 28 March 2023.

2. The structure of the paper is as follows:
    - PART A – Introduction and context
    - PART B – Revenue allocations
    - PART C – Finance business rules
    - PART D – Planning approach and key assumptions
    - PART E – ICB financial plan and budgets
    - PART F – ICS financial plan
    - PART G – Key financial risks
    - PART H – Capital plan
    - PART I – Next steps and timeline

PART A – Introduction and context

3. The draft financial plan and budgets 2023/24 paper to Board on 28 March 2023 provided a summary of the planning guidance and financial allocations for 2023/24, along with detail of the draft financial plan for the ICB and wider ICS.

4. The contextual information and full detail around financial allocations has not been replicated within this paper. A summary of revenue allocations is included in Part B and updates on the latest financial plan values and changes since the draft numbers presented on 28 March 2023 are included.

5. As a reminder to Board, it is important to highlight that the 2022/23 financial position includes significant non-recurring efficiencies and benefits across both the ICB and provider trusts, including additional non-recurring funding from NHS England.

6. As well as the additional non-recurring funding received during 2022/23, significant non-recurring benefits have been realised across the ICS which has helped to mitigate substantial recurring financial pressures. This includes both one-off benefits and non-recurring delivery of efficiency programmes for example. Latest

forecasts show 68% of total efficiency programmes across the ICS (£164m) have been delivered on a non-recurring basis.

7. The non-recurring nature of these savings contributes to a significant financial challenge to develop balanced plans for 2023/24.

PART B – Revenue allocations

North East and North Cumbria (NENC) ICB financial settlement

8. The majority of the NHS revenue allocations for ICBs for 2023/24 have been published. The table below summarises the latest total confirmed ICB revenue allocations for 2023/24:

Recurrent allocations	£m
Core programme	5,847.1
Delegated Primary Care	574.4
Running Costs	57.4
Covid Funding	24.8
Additional Discharge Allocation	14.2
Additional Physical and virtual capacity funding	17.8
Recurrent allocations	**6,535.6**

Non-recurrent allocations	£m
Elective Recovery Funding	140.2
COVID-19 Testing	8.7
Service Development Fund (SDF)	112.2
Ambulance capacity funding	8.6
UEC capacity funding	13.0
Total non-Recurrent allocation	**282.7**

Total NENC ICB Allocation	**6,818.4**
POD Delegation	344.5
Total Expected Allocation including Primary Pharmacy, Ophthalmic and Dental (POD) Budgets	**7,162.9**

9. Further detail around the make-up of the specific funding allocations was included in the paper presented on 28 March 2023 and this has not been replicated in full here.

10. There are three changes to the funding allocations shown above compared to those outlined previously:

- National Service Development Funding (SDF) allocation increased from £95.4m to £112.2. This is mainly additional notified SDF for Cancer and Long Covid,
- Ambulance capacity funding notified of £8.6m (indicative),
- Urgent Emergency Care (UEC) capacity funding notified of £13m (indicative).

11. As previously highlighted, NENC ICB is deemed to be receiving more funding than its target allocation. As a result, the ICB receives than lower growth funding than the national average (equating to a reduction in growth funding of c£14m) and a higher convergence adjustment. The convergence adjustment is intended to reduce overall resource consumption to funded levels and move ICBs towards a fair share funding distribution.

PART C – Finance Business Rules

ICB and System Finance Business Rules

12. The ICB and System finance business rules for 2023/24 are summarised in the table below:

Rule	ICB	System
Capital resource use		Collective duty to act with a view to ensuring that the capital resource use limit set by NHS England is not exceeded
Revenue resource use	Duty to meet the resource use requirement set by NHS England	Collective duty to act with a view to ensuring that the revenue resource use limit set by NHS England is not exceeded
Breakeven duties (achieve financial balance)	Duty to act with a view to ensuring its expenditure does not exceed the sums it receives	Objective to break even – that is, duty to seek to achieve system financial balance
Financial apportionment	Revenue and capital resources of all trusts apportioned exclusively to a principal ICB	
ICB administration costs	Duty not to exceed the ICB running cost allowance limit set by NHS England	
Risk management	Local contingency decision required to show how financial risks will be managed	
Prior year's under and overspends		Maintain as a cumulative position
Repayment of prior year's overspends		All overspends are subject to repayment
Mental Health Investment Standard	Comply with standard	
Better Care Fund	Comply with minimum contribution	

13. As in 2022/23, there is a key requirement for the ICB to deliver at least a breakeven position, and collectively for the system to break even. The ICB is also required not to exceed the running cost allowance limit.

PART D – Planning approach and key assumptions

Contracts

14. NHS Provider trust contract baselines have been rolled forward from 2022/23 adjusted for non-recurring funding to produce a recurrent 'exit' baseline for 2022/23. Contracts will continue to be largely a fixed, block amount, but with a variable element for activity within the scope of elective recovery funding (elective ordinary and day case, outpatient procedures, outpatient first attendances). The variable element will be transacted in-year with activity paid for at 100% of the NHSPS unit price.

Contract Uplifts

15. Provider contracts are expected to increase by a net tariff uplift of 1.8%. This is based on a tariff Cost Uplift Factor (CUF) of 2.9%, less a national efficiency ask of 1.1%. The 2.9% CUF is comprised of the following:

Cost	Estimate	Cost weight	Weighted estimate
Pay	2.1%	68.9%	1.5%
Drugs	1.3%	2.4%	0.0%
Capital	4.0%	7.1%	0.3%
Unallocated CNST	1.5%	2.2%	0.0%
Other	5.5%	19.3%	1.1%
Total			2.9%

16. It should be noted that the percentage values above are based on national averages, and often the actual impact across different cost groups can vary. Key elements to note are as follows:

    a) Pay – when the pay settlement is agreed for 2023/24, there may be a differential impact depending on grade of staff and whether staff groups are covered by Agenda for Change (AfC) pay-scales or others (e.g., VSM, medical social care, subsidiary companies, etc). In 2022/23 the differential approach to the pay award resulted in a significant pressure in NENC (c£20m) due to the fact there was a higher proportion of staff on AfC pay scales compared to the national average, and a higher proportion of staff in lower bands, which attracted a higher pay award. The Board should be aware of the potential impact of an award which has differential elements although based on latest information we expect this risk to be lower than last year. Additional funding will be received for the final 23/24 pay uplift settlements.

    b) Non-pay – this is likely to impact differentially on organisations depending on elements such as utility contracts and the extent to which some organisations have prices protected, and others don't, for example. It is also highly dependent on other issues such as whether a Trust or any provider of services has Public

Finance Initiative (PFI) contracts linked to the Retail Price Index, high energy needs and the mix of non-pay expenditure within their plans.

c) Clinical Negligence Scheme for Trusts (CNST) historically impacts different trusts in different measures depending on factors such as clinical risk, activity

Efficiency Requirement

17. The national efficiency 'ask' for 2023/24 built into the national tariff calculation is 1.1%. Notwithstanding this, the NHS England message is that there is an overall efficiency expectation of 2.2% in 2023/24 as there are a number of additional adjustments to allocations which together have the effect of increasing the total efficiency requirement for the system. These include:

a) Convergence – an allocation reduction has been applied to a number of different allocations based on Distance from Target calculations. Key reductions highlighted in this document include:

Allocation	2023/24
ICB Core Services	-0.71%
Primary Medical Care	-0.27%
Other Primary Care Allocations	-0.10%

b) A reduction in Covid funding from £126.5m to £24.8m

18. In addition, NHSE have highlighted the reduction in productivity across the NHS since the beginning of the Covid pandemic. On average, staffing numbers are higher and activity is lower than pre-pandemic levels, and as such there is an expectation inherent in delivery of financial plans that productivity gains are delivered.

19. The impact of all the above is a true efficiency ask which is far in excess of the 1.1% included in tariff, which together with adverse underlying positions going into 2023/24, make achieving a balanced plan significantly more challenging. Parts E and F highlight the total efficiency ask in the latest financial plans for both the ICB and partner provider trusts respectively.

Key planning assumptions

20. The following key planning assumptions have been applied in the ICB and wider ICS financial plan:

21. NHS provider contract values are based on:

- Rolled forward 2022/23 values adjusted for non-recurring funding and any agreed in-year recurrent changes,
- Convergence adjustment of 0.71% applied across all baseline contracts, based on relative share of top-up funding,

- 2023/24 inflationary uplift of 2.9% less efficiency rate of 1.1% to give an overall net uplift of 1.8% (see above),
- Covid funding applied at 0.6% for acute and mental health contracts and 1.2% for ambulance, as set out in financial planning guidance,
- Activity recovery support funding of 0.9% added to acute and ambulance contracts,
- Virtual wards funding allocated based on approved schemes,
- ERF funding allocated based on relative increase in activity targets in 2023/24 compared to 2019/20 baselines.

22. Spend on mental health is planned to increase in line with the Mental Health Investment Standard (6.7%).

23. Better Care Fund growth of 5.7% has been included in line with planning guidance.

24. Confirmed Service Development Funding included within the financial allocations has been protected and is planned to be spent in full less any slippage to meet in-year savings targets.

25. A 2.4% increase in prescribing costs has been assumed, prior to stretch efficiency assumptions.

26. A total of 12% growth has been included in respect of individual packages of care (continuing healthcare) to reflect expected fee increases and potential growth in package numbers, again prior to stretch efficiency assumptions. This is higher than the national estimate included within ICB allocation growth (total of 7.3%) and reflects latest expected position on fee increases (current proposed uplifts across majority of Local Authorities amount to 12% on average) and activity growth to meet demand and support discharges.

27. Total ICB efficiencies of £94.9m are included in the plan (compared to a forecast of £48.5m in 2022/23). Total planned efficiencies across provider trusts within the ICS amount to 4.5% of provider turnover overall (compared to around 3.2% delivered in 2022/23).

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PART E – ICB financial plan and budgets

28. The ICB financial plan for 2023/24 is shown below:

ICB Financial Plan and Budgets 2023/24	Annual Plan 2023/24 £'000		Annual Plan Dental, Opthalmic and Pharmacy 2023/24 £'000
ICB Allocation	**6,818,425**		**344,532**
ICB Expenditure:			
Acute Service Expenditure	-3,423,214		
Mental Health Service Expenditure	-865,217		
Community Health Service Expenditure	-660,703		
All-age Continuing Care Service Expenditure	-451,690		
Primary Care Service Expenditure	-670,061		
Other Programme Service Expenditure	-46,613		
Other Commissioned Service Expenditure	-10,175		
Primary Medical Services Expenditure	-593,615		
Delegated Primary Care Expenditure			-344,532
Total ICB Commissioning Service Expenditure	**-6,721,288**		**-344,532**
Running Costs	-57,406		
Reserves/Contingencies	-7,327		
Total ICB Expenditure	**-6,786,021**		**-344,532**
Total ICB Net Position Surplus / (Deficit)	**32,404**		**0**

29. Movements in the overall ICB surplus position since that presented to Board on 28 March 2023 are shown below:

ICB Financial Plan Position 2023/24	Presented to Board 28 March 2023 £'000		Submitted in financial plan 30 March 2023 £'000		Final plan submitted 4 May 2023 £'000
ICB Surplus / (Deficit) Position	12,407		5,851		32,404
Movement			*-6,556*		*26,553*

30. The overall net ICB position reported to Board on 28 March 2023 was a surplus of £12.4m. This included various 'system adjustments' including anticipated income which was reflected in the ICB position. Excluding those adjustments, the actual ICB position was breakeven.

31. The plan submitted on 30 March 2023 included an amendment to those 'system adjustments' with the remaining ICB position continuing to be breakeven.

32. The movements in the latest ICB surplus position compared to that submitted in March include the following:

    - 'System Adjustment' to allocate depreciation funding, -£15m (reduction in surplus)
    - Assumed benefit from uncommitted SDF, £10m
    - Anticipation of additional unplanned slippage on budgets / reduction in investments, £13.5m
    - Assumed benefit from ERF funding on Independent Sector Activity (currently planning to over-deliver against target), £15m

33. The latest surplus position helps to offset deficits in the provider position, as shown in Part F. The system adjustments are held at ICB level at present, but further work will be required in due course to appropriately reflect funding/income in relevant organisations. This may result in changes to individual organisational positions but with no net impact on the ICS as a whole.

34. This position includes an extremely challenging efficiency requirement and presents substantial potential risks to delivery.

35. As referenced in Part A, whilst a balanced financial plan has been delivered in 2022/23, this included a number of significant recurring financial pressures which have been mitigated on a non-recurring basis in-year. The recurring 2022/23 exit run rate of the ICB has been estimated at a deficit of over £97m. This includes in particular:

    - Pressure arising from prescribing price concessions and Category M drugs in 2022/23 (£17.5m),
    - Increased independent sector acute activity (£21m),
    - Recurring financial pressure on delegated primary medical care (£15m),
    - Other non-recurring efficiencies delivered in the 2022/23 plan (£43.6m)

36. This underlying recurring position from 2022/23 gives some context to the ICB financial plan position for 2023/24. The draft ICB financial plan position in February 2023 was a deficit of just over £67m. This was reduced to a breakeven position via the following adjustments:

    - Review and reduction of growth assumptions (in particular around Continuing Healthcare packages of Care (CHC))
    - Release of uncommitted budgets and any contingency reserves
    - 1% additional efficiency included on prescribing and CHC (c£10m)
    - Additional stretch efficiencies and non-recurring measures totalling £32.9m

37. Further benefits have now been assumed relating to uncommitted SDF and further anticipated slippage, along with benefits on ERF funding, as noted in para. 32 above to achieve the latest position of a surplus of £32.4m.

38. Total ICB efficiencies included within the latest plan amount to almost £95m as shown below. This is almost double the actual efficiencies delivered in 2022/23 (£48.5m) and just over 50% of the planned efficiencies are expected to be non-recurring.

	£000's	£000's	£000's
Area	**Total**	**Recurrent**	**Non Recurrent**
CHC	17,128	17,128	
Prescribing	23,904	23,904	
Other Non NHS	5,409	5,409	
Non-recurring savings	48,503		48,503
Total Efficiency	**94,944**	**46,441**	**48,503**
Percentage		**48.9%**	**51.1%**

Efficiencies delivered in 2022/23	48,461	
Increase required	*46,483*	*96%*

39. The additional stretch efficiencies included within the figures above (£32.9m) in particular present a real significant increased risk to delivery of the plan (reflected in the financial risks in Part G).

40. All contingency reserves and uncommitted budgets have been removed from the plan to deliver the current position, leaving limited options for mitigation of any risks that materialise within the year.

41. Included within the ICB plan are significant unfunded pressures, including excess inflationary pressures (over and above the inflation estimate included within funding allocations) totalling £55m. This includes:

    - Price inflation pressures totalling £29m on CHC and s117 packages of care where fee negotiations with providers and local authorities are demonstrating increases significantly in excess of national assumptions,
    - £18m relating to the value of cost concessions within prescribing budgets which are significantly higher than national assumptions,
    - £4m additional pressure on delegated primary medical care budgets where allocation uplifts are insufficient to meet expected costs,
    - £4m pressure on expected property charges.

42. These additional unfunded pressures have been partially mitigated within the current plan largely through a range of non-recurring measures.

43. Included within the ICB plan are a number of contracts/agreements with values in excess of £30m, which are listed in appendix 1. These comprise contracts with local NHS Foundation Trusts (within the ICS), together with certain section 75 agreements with local authorities which are above £30m.

44. These have all been agreed by Executive Committee as part of wider contract mandate approvals, but those contracts above £30m are required to be approved by the Board in line with ICB delegated financial limits.

45. Better Care Fund agreements are still to be finalised for 2023/24 however approval of expected values is requested to support initial payments on account being made. Further detail of the content of Better Care Fund and other section agreements with local authorities will be presented back through Executive Committee in due course.

PART F – ICS financial plan

46. The overall ICS position for 2023/24 is showing a net deficit of £49.9m:

ICS Financial Plan 2023/24	Annual Plan Surplus/(deficit) 2023/24 £'000
ICB net surplus / (deficit)	32,404
Provider trust net surplus / (deficit)	-82,277
Overall ICS surplus / (deficit)	**-49,873**

47. Movements in the overall ICB surplus position since that presented to Board on 28 March 2023 are shown below:

ICS Financial Plan 2023/24 Overall Surplus / (Deficit)	Presented to Board 28 March 2023 £'000	Submitted in financial plan 30 March 2023 £'000	Final plan submitted 4 May 2023 £'000
ICB net surplus / (deficit)	12,407	5,851	32,404
Provider trust net surplus / (deficit)	-207,107	-172,436	-82,277
Overall ICS surplus / (deficit)	**-194,700**	**-166,585**	**-49,873**
Movement		*28,115*	*116,712*

48. Significant work has continued since initial draft plan submissions, led by the Executive Director of Finance working closely with ICS Directors of Finance and Chief Executives to review organisational positions, potential pressures and seek to reduce the deficit position.

49. Initial draft financial plans showed an overall deficit position of over £630m in total. Following intensive work to review positions, including ICB led reviews with individual provider trusts, the draft financial plan submitted on 23 February showed an overall deficit position of £410m in total (just over 6% of turnover).

50. Further work was undertaken with ICS Directors of Finance to review and peer challenge plans to result in the plans submitted in March 2023. This included reviewing all residual funding allocations, reviewing and challenging (where appropriate) cost assumptions, and inclusion of additional stretch efficiencies. These actions helped to reduce the overall deficit, but it should be noted this also contributes to additional potential financial risks to the plan which are summarised further below.

51. Since the financial plan submission in March 2023, further focused work has taken place across the system and with NHS England to identify additional actions to reduce the deficit. This has included the following:

    - Review and reduction of planned growth in pay costs in line with NHSE expectation of 2.1%,
    - Additional stretch efficiencies with all providers now planning to deliver in excess of 4% efficiencies (and 4.6% on average),
    - Review of planned investments and potential non-recurring opportunities,
    - Review of potential opportunities identified from NHSE review of two provider trusts,
    - Improved productivity on elective activity,
    - 'System adjustments' identified within the ICB plan (see para 32 above)

52. The net impact of these actions has been a total improvement in the overall ICS deficit position of almost £117m compared to the plan submitted on 30 March 2023.

53. The position presented to Board on 25 April 2023 was an overall planned deficit of £75.2m. Subsequently, a further improvement of £2.2m in the ICS position was agreed, across three FTs, with £18m of additional funding and £5m of other benefits then agreed with NHSE to reduce the overall deficit down to £49.9m.

54. All but three FTs within the ICS are now reporting at least a break-even plan position.

55. The actions taken to reduce the planned deficit all contribute to a material increase in unmitigated financial risks, see Part G. In addition to potential financial risks, there are significant potential risks to operational delivery arising from some of the actions, including the increased efficiencies required and potential impact on staffing levels for example.

56. Key issues across the ICS that are driving the planned deficit include:

    - NR measures used across the system to balance in 22/23 of **£100m,**
    - Convergence funding reduction over 2 years (22/23 and 23/24) of **£100m,**
    - 22/23 planned surpluses used to offset planned deficits of **£60m** not sustainable,
    - Lower levels of 23/24 growth **£19m** but all national requirements planned (e.g., MHIS, BCF growth),
    - IS Growth in 22/23 **£25m,**

- "Pick-up" funding previous supported centrally; Community Diagnostic Centres **£11m,** Virtual Wards **£8m,** 111 **£3m,**
- Necessary recurrent investment of **£20m i**nto Ambulance services to achieve performance targets and access national ambulance recovery funding (**£8m**),
- Historic Shortfall in delegated primary care budgets **£19m**

57. Included within the deficit are also significant excess inflationary pressures (over and above the inflation estimate included within funding allocations and contract uplifts) which have been estimated at £116m across the ICS (note – this has been adjusted by NHSE to remove certain costs not considered to be excess inflation costs in 23/24). This includes the £55m already highlighted within the ICB plan, together with a further £60m of unfunded pressures within NHS provider trusts.

58. This includes additional energy costs, PFI costs and a range of other non-pay contracts (e.g., catering, laundry, telecoms etc) which are being inflated in line with national inflation rates (RPI/CPI) which are materially higher than the assumed growth included within the NHS tariff cost uplift factor.

59. Total efficiencies included within provider plans now amount to £313.4m (4.5%). This is higher than achieved in 2022/23 and represents a significant potential risk to delivery of plans.

PART G – Key financial risks

60. There are a number of potential financial risks associated with both the ICB financial plan and wider ICS plan, which have increased as a result of the actions taken to reduce the planned deficit. The latest position is summarised below:

Risks and Mitigations in Financial Plan	ICB 2023/24 £'000	Provider Trusts 2023/24 £'000	Total ICS 2023/24 £'000
(Risks)/(Offsets to benefits):			
Additional cost risk (capacity, pressures, winter)	(28,460)	(76,621)	(105,081)
Additional cost risk (inflation)	(8,460)	(52,302)	(60,762)
COVID risk		(4,500)	(4,500)
Efficiency risk	(24,785)	(142,327)	(167,112)
Income risk (excl. ERF)		(60,722)	(60,722)
Total Risks	**(61,705)**	**(336,472)**	**(398,177)**
Mitigations/benefits:			
Additional cost control or income (excl. ERF)		69,412	69,412
Transformational / Pathway changes		0	0
Efficiency mitigation	10,000	58,078	68,078
Unmitigated: COVID		8,752	8,752
Mitigations not yet identified	24,785	124,672	149,457
Total Mitigations	**34,785**	**260,914**	**295,699**
Total Net Risk (excluding ERF)	**(26,920)**	**(75,558)**	**(102,478)**
Total Unmitigated Net Risk	**(51,705)**	**(200,230)**	**(251,935)**

61. The overall net risk position expected to be reflected in the plan is £102.5m, however this also includes significant mitigations not yet identified. Total unmitigated net risk amounts to almost £252m (3.7%).

62. Total unmitigated risk in the plan submitted on 30 March 2023 amounted to £189.9m. The significant increase in the latest figures reflects the additional risk introduced by the actions taken to reduce the planned deficit.

63. Risks will continue to be reviewed across the system with a view to reducing or mitigating as far as possible.

64. Within the ICB, the main risks relate to potential growth in prescribing costs, particularly linked to cost concessions, as well as growth in continuing healthcare costs. There is also a risk of additional activity on acute independent sector contracts although this should be funded via elective recovery fund.

65. Across the wider ICS there are significant risks relating to excess inflation cost pressures and additional costs associated with capacity pressures. There is also a significant risk around the delivery of required efficiency savings included within the plan, which are significantly higher than efficiencies delivered in 2022/23.

66. The net risk of non-delivery of efficiency plans amounts to c£100m, with total efficiency plans across the ICS amounting to 6% of funding allocation.

67. There are a range of associated non-financial risks which are impacted by the financial plans and actions taken to reduce the deficit. This includes risks around workforce and capacity, delivery of planned activity levels, quality impact arising from efficiency plans and delivery of performance targets including Cat 2.

PART H – NENC Capital Plan

68. In total, capital allocations amount to £213.8m across the ICS. This includes baseline allocations (including funding for Asceptics and UEC Ambulance) as well as £17.1m representing the ICS share of £300m additional national funding allocated to systems based on delivery of a balanced financial position in 2022/23:

	2023/24
Capital Allocations	**£m**
Providers:	
Baseline allocation (incl. Asceptics and UEC ambulance)	181.9
Additional allocation	17.1
5% tolerance	9.4
Total provider capital allocation	**208.4**
ICB capital allocation	5.5
Total ICS Capital Allocation	**213.8**

69. As in 2022/23, the provider capital allocation is effectively delegated to the Provider Collaborative to manage, with the allocation of funding shown below:

	2023/24
Allocation of capital funding	**£m**
Providers:	
South Tyneside and Sunderland NHS Foundation Trust	18.9
North Cumbria Integrated Care NHS Foundation Trust	12.1
Gateshead Health NHS Foundation Trust	9.5
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	37.4
Northumbria Healthcare NHS Foundation Trust	52.6
South Tees Hospitals NHS Foundation Trust	11.9
North Tees and Hartlepool NHS Foundation Trust	17.3
Tees, Esk and Wear Valleys NHS Foundation Trust	13.9
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	8.8
North East Ambulance Service NHS Foundation Trust	10.6
County Durham and Darlington NHS Foundation Trust	15.4
Total provider capital allocation	**208.4**
ICB:	
GPIT	4.9
Improvement grants	0.5
Total ICB capital allocation	**5.4**
Total provider capital allocation	**213.8**

70. The provider figures above include a number of pre-commitments, totalling £21.5m relating to specific Asceptics, Maternity and UEC Ambulance capital funding (including the re-provision of funding received in 2022/23).

PART I – Next steps and timelines

71. Following discussion at the Board development session on 25 April 2023, the financial plan was submitted to NHSE on 4 May 2023.

72. Discussions have commenced with partners across the ICS around the development of a medium-term financial plan and strategy to address underlying recurring deficits across the system.

73. Work will continue to review plans for 2023/24 and monitor delivery during the year, via the Finance, Performance and Investment Committee with regular updates to Board.

Recommendations

74. The Board is asked to:

a) approve the final ICB and ICS financial plan for 2023/24, including those contracts which are above £30m as per appendix 1.

Appendix 1 – contracts with an annual value of £30m or above

NHS Foundation Trusts

Provider Name	Service Description	Previous Contract End Date	Expected Annual Contract Value £'000s	Recommendation for 2023/24	Notes
County Durham and Darlington NHS FT	Acute	31/03/2023	£526,514	Propose new 12 month contract	See note 1 below
County Durham and Darlington NHS FT	Community	31/09/2023	Value included in Acute line	Not applicable	Contract contains an option to extend for up to 5 years. Proposal to extend will be the subject of a separate committee paper.
Gateshead Health NHS FT	Acute	31/03/2023	£255,367	Propose new 12 month contract	See note 1 below
Gateshead Health NHS FT	Community	31/09/2024	Value included in line above	Not applicable	Contract not expiring as previously extended to 31/09/24
The Newcastle Upon Tyne Hospitals NHS FT	Acute & Community	31/03/2023	£612,848	Propose new 12 month contract	See note 1 below
Northumbria Healthcare NHS FT	Acute & Community	31/03/2023	£497,445	Propose new 12 month contract	See note 1 below
South Tyneside and Sunderland NHS FT	Acute & Community	31/03/2023	£559,531	Propose new 12 month contract	See note 1 below
North Tees and Hartlepool NHS FT	Acute & Community	31/03/2023	£324,330	Propose new 12 month contract	See note 1 below
South Tees Hospitals NHS FT	Acute & Community	31/03/2023	£402,729	Propose new 12 month contract	See note 1 below
North Cumbria Integrated Care NHS FT	Acute & Community	31/03/2023	£382,375	Propose new 12 month contract	See note 1 below

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Provider Name	Service Description	Previous Contract End Date	Expected Annual Contract Value £'000s	Recommendation for 2023/24	Notes
Tees, Esk and Wear Valleys NHS FT	Acute & Community	31/03/2023	£247,285	Propose new 12 month contract	See note 1 below
Cumbria, Northumberland, Tyne and Wear NHS FT	Acute & Community	31/03/2023	£342,053	Propose new 12 month contract	See note 1 below
North East Ambulance Service NHS FT	Ambulance	31/03/2023	£198,703	Propose new 12 month contract	See note 1 below

Note 1:
In accordance with the procurement policy, formal tendering procedures have been waived as it would not be practicable for these services. In line with Regulation 32 (b) of the Public Contracts Regulations, it is considered that competition is absent for technical reasons, i.e. there is only one supplier with the expertise to do the work, provide the service or with capacity to complete on the scale required. This is on the basis that re-procuring a full suite of interrelated hospital services is not practicable or reasonable. For most of these services patient choice also applies, meaning any potential procurement exercise would be of limited benefit.

North of England Commissioning Support (NECS)

Provider Name	Provider type	Service Description	Annual Contract Value £'000s
NECS	Commissioning Support Unit	Admin, programme and GPIT services	£34,450

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Section Agreements with Local Authorities

Provider Name	Provider type	Service Description	Previous Contract End Date	Expected Annual Contract Value £'000s	Recommendation for 2023/24
Northumberland County Council	Local Authority Section 75 / 117 Agreement	Continuing Healthcare (CHC)	Until Terminated	£61,619	Propose new 12 month contract
Sunderland City Council	Local Authority	S75 - BCF (This is an element of the S75 relating to services from Sunderland City Council and Sunderland Care and Support)	31/03/2023	£58,682	Propose new 12 month contract
Durham County Council	Local Authority	Section 75 – BCF	31/03/2023	£53,104	Propose 12 month contract
Newcastle City Council	Local Authority	Section 75 - Better Care Fund	31/03/2023	£51,885	Propose new 12 month contract
Gateshead Metropolitan Borough Council	Local Authority	Section 75 - Better Care Fund	31/03/2023	£35,904	Propose new 12 month contract
Northumberland County Council	Local Authority Section 75 Agreement	Better Care Fund	31/03/2023	£48,520	Propose new 12 month contract

Note 2:
BCF funding may not universally go to LAs to spend, as they are pooled budgets and funding is used differently by Places. A significant proportion of BCF funding is instructed to be transferred for use by the LA's however.

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

BOARD 30 MAY 2023	
Report Title:	Board Assurance Framework 2023/24

Purpose of report

To present the Board with an updated Board Assurance Framework (BAF) for 2023/24.

Key points

The Board has overall responsibility for ensuring systems and controls are in place and sufficient to mitigate any significant risks which may threaten the achievement of the ICB's strategic aims and objectives. The Board achieves this primarily through the work of its committees, through use of audit, independent inspections and by systematic collection and scrutiny of performance data.

The Board Assurance Framework (BAF) is used to provide assurance on the management of key risks to the delivery of the ICB's strategic aims and objectives. The BAF is intended to provide a visible strategic risk summary, supported by the full detail of the corporate risk register.

The BAF has been updated to reflect the current position for the ICB, along with further alignment of the identified risks to the ICP Strategy as well as the ICB's four main aims. The BAF was reviewed by the Audit Committee at its meeting held on 13 April 2023 and the Committee was assured by its progress to date.

The BAF was also reviewed by the Executive Committee at its meeting held on 9 May 2023. As a result of the discussion at this meeting, the format of the BAF is being revised to help provide a more transparent and visual overview of the ICB's current position.

Further work is also being undertaken to continue to develop and embed the ICB's risk management approach and establish the ICB's overall risk appetite as well as individual appetites for each of the four main goals of the ICP strategy. This work, along with work on the format, will continue over the coming months and a further updated BAF will be brought back to the Board in September.

The following documents are attached:

- Updated BAF - Appendix 1
- Corporate risk register – Appendix 2

Risks and issues

The ICB's current strategic risks are detailed in appendix 2.

Assurances

Risks have been mapped to the goals identified in the North East and North Cumbria Health and Care Partnership strategy 'Better health and wellbeing for all'.
The BAF process has been updated to include a review by the Executive Committee to enable a collective discussion with all Executive Directors and ensure a more robust management approach.

Recommendation/action required

The Board is asked to:

- Receive the updated BAF for 2023/24;
- Satisfy itself that the BAF accurately reflects the strategic risks to achieving our objectives.

Acronyms and abbreviations explained

BAF – Board Assurance Framework
ICP – Integrated care Partnership

Sponsor/approving executive director	Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement
Date approved by executive director	19 May 2023
Date reviewed by Executive Committee	9 May 2023
Reviewed by	Deborah Cornell, Director of Corporate Governance
Report author	Neil Hawkins, Head of Corporate Affairs Wendy Marley, NECS Governance and Assurance Manager

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience, and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

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**	✓

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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?	N/A					
Has there been/does there need to be appropriate clinical involvement?	N/A					
Has there been/does there need to be any patient and public involvement?	N/A					
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A					

NHS
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Board Assurance Framework 2023/24

1. Introduction

The Board has overall responsibility for ensuring systems and controls are in place, sufficient to mitigate any significant risks which may threaten the achievement of the ICB's strategic aims and objectives. Evidence may be gained from a wide range of sources, but it should be systematic, supported by evidence, independently verified, and incorporated within a robust governance process. The Board achieves this primarily through the work of its committees, through use of audit, independent inspections and by systematic collection and scrutiny of performance data.

2. Board Assurance Framework process

The ICB manages risk across five levels with the principal risks to achieving the ICB's objectives forming the Board Assurance Framework:

1. Place
2. Area
3. Directorate
4. Executive directors (corporate risks)
5. Board Assurance Framework

Risks are considered at their corresponding committees to provide the Board with assurance that risks are reviewed individually by risk owners and collectively by an oversight committee.

Further to the publication of the North East and North Cumbria Health and Care Partnership's strategy, the ICB's risks have been assessed to determine their impact on achieving the vision and goals of the strategy and these have been aligned to the BAF for 2023/24.

At first glance some of the ICB's risks may appear only to have a tenuous link to the four goals, however the statutory compliance, effectiveness, and financial viability of the ICB underpins the strategy's vision and therefore these risks have been considered when determining the risks to the strategy.

Goal 1 – Longer and healthier lives for all
Goal 2 – Fairer health outcomes for all
Goal 3 – Best start in life for children and young people
Goal 4 – Improving health and care services

The updated BAF for 2023/24 shows the key risks being managed at place which are linked to the ICB's principal risks.

A copy of the BAF is attached at **Appendix 1**.

All risks are reviewed by an oversight committee. Table 1 sets out which committee consider which risks:

Table 1 risk oversight

Committee name	Remit of the committee	Frequency	Risk reports
Audit Committee	Responsible for oversight and assurance of the effectiveness of risk.	Quarterly	Corporate risk register Assurance Framework (6 monthly)
Executive Committee	Responsible for day to day running of the ICB (operational and strategic)	Bi- monthly	Executive Committee risk register Full risk register Place-based directorate risk register (extreme risks) Assurance Framework (6 monthly)
Finance, performance, and investment committee	Specific responsibility for financial risks	Quarterly	FPIC risk register
Quality and Safety Committee	Risks specific to quality, safety, patient care etc.	Bi- monthly	Quality and safety risk register
Board	Overall accountable for the delivery of the ICB's strategic priorities.	Six monthly	Assurance Framework Corporate risk register

2.1 Corporate risks

A risk is determined to be a corporate risk if it has a residual (current) score of 12 and above. A total of 26 risks currently have a residual score of 12 and above compared with 16 in the previous period.

The corporate risk register is available at **Appendix 2** and shows risks in descending order of residual score.

All risks are reviewed to establish overarching controls and assurances and to ensure that any gaps in controls or assurances are documented.

The risk review considers any gaps in controls or assurances identified and this is considered when the overall risk to the achievement of the strategic objective is assessed. In addition to the review of the risks' residual (current) rating, consideration is also given to the inherent risk assessment as this gives an indication of the impact of the risk should controls fail.

2.2 Risk monitoring

The Board Assurance Framework is monitored through the Audit and Executive Committees to give oversight to the controls.

3. Recommendations

The Board is asked to:

- Receive the updated BAF for 2023/24 for assurance;
- Satisfy itself that the BAF accurately reflects the strategic risks to achieving our objectives, and
- Approve the BAF for 2023/24.

Name of Sponsoring Executive Director:	Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement
Reviewed by:	D Cornell, Director of Corporate Governance
Name of Author(s):	N Hawkins, Head of Corporate Affairs W Marley, NECS Governance and Assurance Manager
Date:	15 May 2023

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Appendix 1

NHS North East and North Cumbria

Board Assurance Framework 2023-24

Background

As the statutory body, the ICB is accountable for delivery of its priorities but responsibility for delivery has been delegated to nine places: Tees Valley, County Durham, South Tyneside, Sunderland, Gateshead, Newcastle, North Tyneside, Northumberland and North Cumbria. Risks associated with delivery at Place will be managed at Place unless it has been agreed to be managed centrally.

The Board Assurance Framework has been completed in line with the ICB's risk management strategy which can be accessed here https://northeastnorthcumbria.nhs.uk/media/gdfbshss/icbp037-risk-management-strategy-2-23-24.pdf

Risks at both ICB and Place are grouped by the level of control or influence that the ICB can exert over depending on the source and type of risks. Some risks can be largely mitigated or eliminated, however not all types of risk can be adequately or effectively dealt with in this manner. The risk management process is therefore tailored to different risks depending on the perceived level of control.

The Board Assurance Framework summarises the way the Board knows that the controls it has in place are managing the ICB's principal risks, focusing on risks that are in partial or limited control of the ICB (i.e. strategic and external risks) with a current score of 12 A (high) and risks in the full control of the ICB that have a score of 16 A (high) which are operational risks that may have a significant impact on the ability of the ICB to achieve its goals.

The ICB Risk Management Strategy sets out the categories of control are set out in Table 1 below:

Table 1 levels of control

Risk category	Description
Category A: Full control	Preventable internal risks that can be controlled by the ICB (e.g. Health and Safety or payment processing)
Category B: Partial control	Strategic risks taken on by the organisation to achieve its corporate objectives. These risks may be partially within the control of the ICB (e.g. the risk associated with transformational change, or from investment in new sector improvement initiatives).
Category C: Limited or no control	External risk events and/or system-wide risks largely beyond the sole control or influence of the ICB. Examples may be the increasing risk of political uncertainty (i.e. EU Exit), a terrorist event or natural disaster; or from risk interdependencies across the wider health and social care system.

Risk assessment

Risks are rated using a 5 x 5 matrix (consequence x likelihood) and this determines whether the risk is low, moderate, high or extreme. The consequence (impact) of risks is determined using eight descriptors as set out in Table 2 below:

Table 2 risk consequence descriptors

Descriptor	1 Very low	2. Low	3. Moderate	4. High	5. Very high
A. Injury	Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed.	RIDDOR / Agency reportable	Major injuries or long-term incapacity / disability	Death or major permanent incapacity
B. Patient experience	Unsatisfactory patient experience not directly related to patient care	Unsatisfactory patient experience - readily resolvable	Mismanagement of patient care	Serious mismanagement of patient care	Totally unsatisfactory patient outcome or experience
C. Service / business interruption	Loss / interruption >1 hour	Loss / interruption >8 hours	Loss / interruption > 1 day	Loss / interruption > 1 week	Prolonged loss of service or facility

D.	**Staffing and skill mix**	Short term low staffing level temporarily reducing service quality <1 day.	Ongoing low staffing level reducing service quality.	Late delivery of key objective/service due to lack of staff. Ongoing unsafe staffing.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
E.	**Financial**	Funded/partially funded between £0 and £10k. Unfunded between £50 and £10k	Funded/partially funded between £10k and £50k. Unfunded between £10k and £25k	Funded/partially funded between £50k and £100k. Unfunded between £25k and £50k	Funded/partially funded between £100k and £1m. Unfunded between £50k and £500k	Funded/partially funded over £1m. Unfunded over £500k
F.	**Inspectional / Audit**	Minor Recommendations Minor non-compliance with standard and/or policies	Recommendations given Non-compliance with standards and/or policies.	Reduced rating. Challenging recommendations. Non-compliance with core standards and/or policies	Enforcement action Critical report and low rating Major non-compliance with core standard and/or policies.	Prosecution. Zero Rating. Severely critical report.
G.	**Adverse publicity / reputation**	Rumours	Short term damage with stakeholders. Minor effect on staff morale	Longer term damage with individual stakeholders Significant effect on staff morale	Widespread stakeholder damage. Local media > 3 days	National adverse media coverage > 3 days. Sustained and widespread stakeholder damage.
H.	**Data Security and Protection**	There is absolute certainty that no adverse effect can arise from the breach	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be: i. The cancellation of a procedure but does not involve any additional suffering. ii. Disruption to those who need the data to do their job.	An adverse effect may be: i. Release of confidential information into the public domain leading to embarrassment. ii. Unavailability of information leading to the cancellation of a procedure that has the potential of prolonging suffering but does not lead to a decline in health. iii. Prevention of someone doing their job such as cancelling a procedure that has the potential of prolonging suffering but does not lead to a decline in health.	Potential pain and suffering / financial loss: Reported suffering and decline in health arising from the breach. Some financial detriment occurred. Loss of bank details leading to loss of funds. Loss of employment.	Death / catastrophic event: A person dies or suffers a catastrophic occurrence.

The likelihood of risks is determined using a frequency based score set out in Table 3:

Table 3 Likelihood score

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency: How often might it/does it happen?	Only occurs in exceptional circumstances, > 5-year period	Could occur at sometime within 1 to 5 years	Could occur in the next 12 months	Will probably occur in the next 6 months	Expected to occur in the next 3 – 6 months

The overall risk scoring matrix is set out in Table 4 below:

Table 4 risk scoring matrix

	Likelihood				
	1	**2**	**3**	**4**	**5**
Consequence	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
5 Catastrophic	**5**	**10**	**15**	**20**	**25**
4 Major	**4**	**8**	**12**	**16**	**20**
3 Moderate	**3**	**6**	**9**	**12**	**15**
2 Minor	**2**	**4**	**6**	**8**	**10**
1 Low	**1**	**2**	**3**	**4**	**5**

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Appendix 1

NHS North East and North Cumbria – Board Assurance Framework 2023-24 – risk summary

Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
Goal 1 Longer and healthier lives for all	NENC/0025	If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience. Inadequate workforce will also mean that it will be difficult to implement the actions identified in the Ockenden report and could lead to poor CQC inspections. This could lead to the ICB failing to commission safe services with consequent damage to reputation and potential loss of public confidence in wider NHS service delivery.	6	16	David Purdue	Quality and Safety Committee	Partial
	NENC/0029	Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract. There is a risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections	9	12	Neil O'Brien	Quality and Safety Committee	Partial
	NENC/0009	As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of ongoing continuity of care. This could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.	6	12	Jacqueline Myers	Quality and Safety Committee	Limited
	NENC/0024	Quality of commissioned services: a structured and co-ordinated process of assurance is not in place for commissioned services (including acute, mental health, learning disability and community services), meaning that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.	8	16	David Purdue	Quality and Safety Committee	Partial

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0043	As a result of the lack of clarity on the availability of NHSE clinical staff who currently support the POD Commissioning and Contracting and Quality (e.g. serious incidents) functions, there is a risk that the ICB will not have sufficient access to the clinical support post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement.	6	15	David Gallagher	Executive Committee	Partial
	NENC/0001	There is a risk that a lack of robust planning for surges, business continuity incidents and outbreaks, mean that urgent and emergency care pressures increase, resulting in rises in A&E activity and multiple demands on ambulance, community, acute and primary care services, and an inability to deliver core services.	6	15	Jacqueline Myers	Executive Committee	Full
Goal 2 Fairer health outcomes for all	NENC/0006	There is a risk that people do not receive the right treatment and access to adult mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes. This would result in patients having poor access to timely and effective treatment or escalate to crisis.	8	12	David Purdue	Quality and Safety Committee	Partial
	NENC/0028	There are widespread challenges to recruitment nationally and particularly of clinical and social care staff. This will impact on the delivery of safe services and could lead to lack of access to specific services, drive up waiting times leading to poorer outcomes for patients. This will cause further workload pressures on existing staff which could cause retention issues and potentially lead to staff ill health.	6	20	David Purdue	Quality and Safety Committee	Partial
	NENC/0033	The increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of appropriate provision. An increase in demand will impact on sustainability of services, increase health inequalities and there is also a risk to the reputation of the ICB if adequate and appropriate services are not commissioned.	12	16	Jacqueline Myers	Quality and Safety Committee	Limited

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0004	There is a risk that the ICB does not meet its statutory financial duties. For 2022/23, the ICB has achieved a surplus in line with plan and a surplus has been delivered across the ICS, although this position is still subject to audit. For 2023/24, the risk around agreement of a balanced financial plan is covered by risk NENC/0035. Once the 23/24 plan is agreed, this risk will be updated accordingly	6	12	David (ICB) Chandler	Finance, Performance & Investment Committee	Partial
Goal 3 Best start in life for children and young people	NENC/0026	Funding allocation for Local Maternity and Neonatal System (LMNS) is not yet agreed for future years. If funding is not available or reduced for 23/24 and onwards the ICB will be faced with a decision to fund LMNS from internal funding or look to reduce the service. Some of the funding is already targeted and therefore any reduction in this funding would have a serious impact on delivery of services and could lead to patient harm.	4	12	David Purdue	Quality and Safety Committee	Partial
	NENC/0027	As a result of unclear mental health pathways for children and young people, alongside service pressures and capacity, increased demand and inconsistencies in treatment threshold there is a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people and their families. This could also lead to damage to the ICB's reputation and there is a potential for legal challenge.	9	16	David Purdue	Quality and Safety Committee	Partial
Goal 4 Improving health and care services	NENC/0038	As a result of a lack of clarity regarding existing contracts for software packages and licenses that need to transfer over to the ICB, there is a risk that the POD staff will not have access to the necessary packages they require to function in their role post-transfer	12	20	David Gallagher	Executive Committee	Partial
	NENC/0039	As a result of the number of vacancies in the current NHSE team managing POD at present, there is a risk that the ICB does not have sufficient staff post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement which will result in the ICB not being able to provide assurance to NHSE	12	16	David Gallagher	Executive Committee	Partial
	NENC/0023	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow. There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.	4	20	David Purdue	Quality and Safety Committee	Partial

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0007	There is a risk of failure to achieve NHS Constitutional Standards for our patients. Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times. Any failure to deliver the standards has the potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.	4	16	Jacqueline Myers	Finance, Performance & Investment Committee	Partial
	NENC/0034	Recurrent implications of non-recurring funding. There is a risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	6	12	David (ICB) Chandler	Finance, Performance & Investment Committee	Partial
	NENC/0035	Financial Planning 2023/24. There is a risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures across the system.	8	20	David (ICB) Chandler	Finance, Performance & Investment Committee	Full
	NENC/0032	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation. An underspend is expected in 2022/23 due to vacancies but this remains a significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26	6	16	David (ICB) Chandler	Finance, Performance & Investment Committee	Full
	NENC/0036	No single system across ICB footprint to record incidents that occur in Pharmacy, Dentistry and Optometry services resulting in lack of governance oversight and learning from incidents.	8	12	David Gallagher	Executive Committee	Partial

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NHS North East and North Cumbria – Board Assurance Framework 2023-24 – Place risk heatmap

ICB principal risks to achievement of goals			Tees Valley		Co Durham		South Tyneside		Sunderland		Gateshead		Newcastle		North Tyneside		Northumberland		North Cumbria	
Goal	**Risk ref**	**Risk**	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score
Goal 1 Longer and healthier lives for all	NENC/0025	If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience.					9	12	9	12										
	NENC/0029	Risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections																		
	NENC/0009	Risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of									8	16	8	16	6	8				
	NENC/0024	Quality of commissioned services: a structured and co-ordinated process of assurance is not in place for commissioned services meaning that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.	8	12							8	12	8	12			8	12	8	16
	NENC/0043	There is a risk that the ICB will not have sufficient access to NHSE clinical support post-transfer and therefore cannot adequately fulfil the requirements of the POD delegation agreement.	**Managed at ICB level**																	
	NENC/0001	Risk that a lack of robust planning for surges, business continuity incidents and outbreaks, mean that urgent and emergency care pressures increase, leading to increased demands services, and inability to deliver core services.																		
Goal 2 Fairer health outcomes for all	NENC/0006	Risk that people do not receive the right treatment and access to mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes.					6	9			8	12	8	12						
	NENC/0028	Widespread challenges to recruitment nationally and particularly of clinical and social care staff which could impact on the delivery of					6	20											9	12
	NENC/0033	Increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of																	12	16
	NENC/0004	Risk that the ICB does not meet its statutory financial duties.	**Managed at ICB level**																	
Goal 3 Best start in life for children and young people	NENC/0026	Funding allocation for Local Maternity and Neonatal System (LMNS) is guaranteed up to 22/23 but not yet agreed for future years.																		
	NENC/0027	As a result of unclear mental health pathways for children and young people, alongside service pressures and capacity, increased demand and inconsistencies in treatment threshold there is a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people					6	9			8	16	8	16						

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ICB principal risks to achievement of goals

Goal	Risk ref	Risk	Tees Valley		Co Durham		South Tyneside		Sunderland		Gateshead		Newcastle		North Tyneside		Northumberland		North Cumbria	
			Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score
Goal 4 Improving health and care services	NENC/0038	Lack of clarity regarding existing contracts for software packages and licenses resulting in POD staff not having access to the necessary packages	**Managed at ICB level**																	
	NENC/0039	Vacancies in the current NHSE team managing POD at present, there is a risk that the ICB does not have sufficient staff post-transfer and therefore cannot adequately fulfil the requirements of																		
	NENC/0023	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow. There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.															10	15	8	8
	NENC/0007	Risk of failure to achieve NHS Constitutional Standards for our patients. Any failure to deliver the standards has the potential to adversely impact on patient care, as well as a reputational risk for			6	9											9	12	6	16
	NENC/0034	Risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	**Managed at ICB level**																	
	NENC/0035	Risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures																		
	NENC/0032	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation.																		
	NENC/0036	No single system across ICB footprint to record incidents that occur in Pharmacy, Dentistry and Optometry services resulting in lack of governance oversight and learning from incidents.																		

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<table>
<tr><td colspan="5">NENC Board Assurance Framework 2023-24</td><td colspan="3">Version: 1</td><td>Date: 11 May 2023</td></tr>
<tr><td colspan="2">Goal 1</td><td colspan="3">Longer and healthier lives for all</td><td>Lead director</td><td colspan="2">David Purdue</td></tr>
<tr><td colspan="2">Principal risk</td><td colspan="3">NENC/0025 Significant workforce pressures in maternity services across the system leading to patient safety risks</td><td>Lead Committee</td><td colspan="2">Quality and Safety Committee</td></tr>
<tr><td colspan="2">Level of ICB control</td><td colspan="3">Partial</td><td colspan="3">Rationale for current score</td></tr>
<tr><td colspan="5">Risk scores</td><td colspan="3" rowspan="3">Inadequate workforce means it will be difficult to implement actions identified in the Ockenden report and could lead to poor CQC inspections.</td></tr>
<tr><td colspan="3">Target</td><td colspan="2">Current</td></tr>
<tr><td>Consequence</td><td>3</td><td rowspan="2">6</td><td>Consequence</td><td>4</td><td rowspan="2">16</td></tr>
<tr><td>Likelihood</td><td>2</td><td>Likelihood</td><td>4</td></tr>
<tr><td colspan="5">Key controls</td><td colspan="3">Mitigating actions</td></tr>
<tr><td colspan="5">Workforce steering group with membership from providers and NHS England</td><td colspan="3">Task and Finish Group to bring together key people</td></tr>
<tr><td colspan="5">LMNS Leads and LMNS Coordinators work with providers</td><td colspan="3"></td></tr>
<tr><td colspan="5">Regional maternity transformation team support with workforce</td><td colspan="3"></td></tr>
<tr><td colspan="5">Assurance</td><td colspan="3">Linked Place risks</td></tr>
<tr><td colspan="5">Terms of reference; meeting notes and action plans</td><td>Place</td><td>Ref</td><td>Description</td><td>Score</td></tr>
<tr><td colspan="5">Regional Maternity Transformation Board oversight
Regional Perinatal Quality Oversight Board</td><td>South Tyneside</td><td>Place/0017</td><td rowspan="2">Risk of ineffective and unsafe care being delivered across South Tyneside and Sunderland FT maternity services due to workforce/capacity</td><td>12</td></tr>
<tr><td colspan="5">National tool - Birth Rate Plus in place with providers</td><td>Sunderland</td><td>Place/0018</td><td>12</td></tr>
</table>

<table>
<tr><td>Goal 1</td><td colspan="6">Longer and healthier lives for all</td><td>Lead director</td><td colspan="2">Neil O'Brien</td></tr>
<tr><td>Principal risk</td><td colspan="6">NENC/0029 Risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections</td><td>Lead Committee</td><td colspan="2">Quality and Safety Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="6">Partial</td><td colspan="3">Rationale for current score</td></tr>
<tr><td colspan="7">Risk scores</td><td colspan="3" rowspan="3">Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract.</td></tr>
<tr><td colspan="3">Target</td><td colspan="4">Current</td></tr>
<tr><td>Consequence</td><td>3</td><td rowspan="2">9</td><td>Consequence</td><td>4</td><td rowspan="2">12</td></tr>
<tr><td>Likelihood</td><td>2</td><td>Likelihood</td><td>3</td></tr>
<tr><td colspan="7">Key controls (What helps us mitigate the risk?)</td><td colspan="3">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="7">National guidance and supporting education are available and accessible to all prescribers.</td><td colspan="3">NENC ICB is still an outlier, with all our places and all but one of our FTs failing to meet the standards set</td></tr>
<tr><td colspan="7">All places have a group overseeing antimicrobial prescribing and local action plans</td><td colspan="3"></td></tr>
<tr><td colspan="7">ICB wide antimicrobial stewardship group reports directly in to the HCAI board</td><td colspan="3"></td></tr>
<tr><td colspan="7">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="3">Linked Place risks</td></tr>
<tr><td colspan="7">Local action plans</td><td>Place</td><td>Ref</td><td>Description</td><td>Score</td></tr>
<tr><td colspan="7">HCAI board meeting notes and action plans</td><td colspan="4" rowspan="2">No Place risks</td></tr>
<tr><td colspan="7">Compliance against external targets including trust CQUINs, and inclusion in primary care incentive and quality schemes</td></tr>
</table>

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Goal 1	Longer and healthier lives for all	**Lead director**	Jacqueline Myers
Principal risk	**NENC/0009** Risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of ongoing continuity of care	**Lead Committee**	Quality and Safety Committee
Level of ICB control	Limited	**Rationale for current score**	

Risk scores					
Target			**Current**		
Consequence	3	**6**	Consequence	4	**12**
Likelihood	2		Likelihood	3	

Risk could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Workforce pressures are monitored via the Strategic Data Collection Service (SDCS) reporting system	
Primary Care Network (PCN) transformation agenda linked to Long Term Plan	
Practices now report OPEL status via UEC-RAIDR App	

Assurance (What evidence is there to demonstrate that the controls work?)
Strategic Data Collection Service (SDCS) reporting
NHS Long Term Plan
Monitored at Place Based Delivery primary care commissioning groups and Place Based Delivery primary care teams provide reactive support to practices

Linked Place risks

Place	Ref	Description	Score
Newcastle / Gateshead	PLACE/0051	Sustainability of primary care	**16**
	PLACE/0052	Implementation of PCNs	**12**
North Tyneside	PLACE/0006	Risk of closure of GP practice due to premises issues	**8**

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Goal 1	Longer and healthier lives for all	**Lead director**	David Purdue
Principal risk	**NENC/0024** Risk that a structured and co-ordinated process of assurance is not in place for commissioned services	**Lead Committee**	Quality and Safety Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores					
Target			**Current**		
Consequence	4	**8**	Consequence	4	**16**
Likelihood	2		Likelihood	4	

Without an adequate assurance process there is a risk that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Main provider contracts contain clear performance expectations	
All large providers on NHS standard contract therefore have CQUIN schemes	
ICB has designated posts to drive quality agenda	

Assurance (What evidence is there to demonstrate that the controls work?)
Quality and Safety Committee agenda and minutes
ICB Board agenda and minutes
CQC inspection reports

Linked Place risks

Place	Ref	Description	Score
Tees Valley	PLACE/0062	GP practices receiving inadequate rating from CQC	**12**
Newcastle Gateshead	PLACE/0047	Underperformance against contracts	**8**
Northumberland	PLACE/0023	Providers fail to meet key performance outcomes	**12**
North Cumbria	PLACE/0016	NCIC Strengthening Families Services is in business continuity and not fulfilling statutory duties	**16**

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<table>
<tr><td>Goal 1</td><td colspan="5">Longer and healthier lives for all</td><td>Lead director</td><td>David Gallagher</td></tr>
<tr><td>Principal risk</td><td colspan="5">NENC/0043 Lack of clarity around NHSE clinical staff availability to support Pharmacy, Optometry and Dental (POD) commissioning and contracting and quality functions</td><td>Lead Committee</td><td>Executive Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="5">Partial</td><td colspan="2">Rationale for current score</td></tr>
<tr><td colspan="6" rowspan="4">Risk scores
Target | Consequence 3 | Likelihood 2 | 6
Current | Consequence 3 | Likelihood 5 | 15</td><td colspan="2" rowspan="4">With insufficient access to the clinical support post-transfer the ICB will be unable to adequately fulfil the requirements of the delegation agreement.</td></tr>
<tr></tr><tr></tr><tr></tr>
<tr><td colspan="6">Key controls (What helps us mitigate the risk?)</td><td colspan="2">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="6">NHS England recognises the requirement for the support functions to continue post transfer</td><td colspan="2" rowspan="3">Discussions are ongoing. A memorandum of understanding detailing support.</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="2">Linked Place risks</td></tr>
<tr><td colspan="6">MOU developed</td><td colspan="2" rowspan="3">Managed at ICB level</td></tr>
<tr><td colspan="6">Contracts with specific individuals extended until 30 June 2023</td></tr>
<tr><td colspan="6"></td></tr>
</table>

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<table>
<tr><td>Goal 1</td><td colspan="3">Longer and healthier lives for all</td><td colspan="2">Lead director</td><td>Jacqueline Myers</td></tr>
<tr><td>Principal risk</td><td colspan="3">NENC/0001 Risk that a lack of robust planning for surges, business continuity incidents and outbreaks, means that urgent and emergency care pressures increase leading to an inability to deliver core services.</td><td colspan="2">Lead Committee</td><td>Executive Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="3">Partial</td><td colspan="3">Rationale for current score</td></tr>
<tr><td colspan="4">Risk scores</td><td colspan="3" rowspan="3">Potential impact on system resilience</td></tr>
<tr><td colspan="2">Target</td><td colspan="2">Current</td></tr>
<tr><td>Consequence 3
Likelihood 2</td><td>6</td><td>Consequence 5
Likelihood 3</td><td>15</td></tr>
<tr><td colspan="4">Key controls (What helps us mitigate the risk?)</td><td colspan="3">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="4">System-wide surge and escalation plan agreed between all stakeholders</td><td colspan="3" rowspan="3">ICB escalation process for Place Based Delivery UEC groups to be developed</td></tr>
<tr><td colspan="4">Emergency Planning, Resilience and Response (EPRR) compliance</td></tr>
<tr><td colspan="4">Requirement for providers to notify ICB if OPEL status is escalated</td></tr>
<tr><td colspan="4">Place Based Delivery Urgent and Emergency Care groups</td><td colspan="3"></td></tr>
<tr><td colspan="4">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="3">Linked Place risks</td></tr>
<tr><td colspan="4">Plan reviewed and regularly tested</td><td colspan="3" rowspan="3">Managed at ICB level</td></tr>
<tr><td colspan="4">Annual assurance undertaken by NHSE/I</td></tr>
<tr><td colspan="4">Addressed in contract meetings if OPEL status is repeatedly escalated</td></tr>
</table>

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Goal 2	Fairer health outcomes for all	**Lead director**	David Purdue
Principal risk	**NENC/0006** Risk that people do not receive the right treatment and access to adult mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes.	**Lead Committee**	Quality and Safety Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores					
Target			**Current**		
Consequence	4	**8**	Consequence	4	**12**
Likelihood	3		Likelihood	3	

Increased demand for services and additional service pressures where workforce capacity is reduced contribute to the risk. This would lead to poor access to timely and effective treatment or escalate to crisis.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Standard NHS contracts in place with two main providers	
Regional ICS mental health workstream	
OPEL status	

Assurance (What evidence is there to demonstrate that the controls work?)
Contract and performance management processes
NHSE quarterly assurance meetings
Minutes and actions from workstream meetings

Linked Place risks

Place	Ref	Description	Score
Newcastle	PLACE/0043	Requirements of Mental Health Five Year Forward View	**12**
Newcastle	PLACE/0045	Provision of IAPT services	**12**
Gateshead	PLACE/0058	Failure to deliver the requirements of community mental health transformation	**12**
South Tyneside	PLACE/0035	Implementation of lessons from LeDeR programme	6

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<table>
<tr><td>Goal 2</td><td colspan="5">Fairer health outcomes for all</td><td>Lead director</td><td colspan="3">David Purdue</td></tr>
<tr><td>Principal risk</td><td colspan="5">NENC/0028 Widespread challenges to recruitment nationally and particularly of clinical and social care staff which could impact on the delivery of safe services.</td><td>Lead Committee</td><td colspan="3">Quality and Safety Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="5">Partial</td><td colspan="4">Rationale for current score</td></tr>
<tr><td colspan="6" rowspan="4">Risk scores
Target
Consequence 5
Likelihood 2
6
Current
Consequence 5
Likelihood 4
20</td><td colspan="4" rowspan="4">The impact on the delivery of safe services and could lead to lack of access to specific services, driving up waiting times leading to poorer outcomes for patients. This will cause further workload pressures on existing staff which could cause retention issues and potentially lead to staff ill health.</td></tr>
<tr><td colspan="6">Key controls (What helps us mitigate the risk?)</td></tr>
<tr><td colspan="6">Workforce steering group</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6"></td><td colspan="4">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="6"></td><td colspan="4">Work is underway to understand the impact on the ICB with NHSE staff transferring to the ICB as part of the POD delegations from April 2023. Regular meetings with NHSE in the lead up to transfer taking place.</td></tr>
<tr><td colspan="6">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="4">Linked Place risks</td></tr>
<tr><td colspan="6">Terms of reference, meeting notes, action plans</td><td>Place</td><td>Ref</td><td>Description</td><td>Score</td></tr>
<tr><td colspan="6"></td><td>South Tyneside</td><td>PLACE/0080</td><td>Failure to achieve patient flow through the system</td><td>20</td></tr>
<tr><td colspan="6"></td><td>North Cumbria</td><td>PLACE/0021</td><td>Recruitment and retention leading to risk that patient access to primary care will be impacted</td><td>12</td></tr>
</table>

<table>
<tr><td>Goal 2</td><td colspan="3">Fairer health outcomes for all</td><td>Lead director</td><td colspan="2">Jacqueline Myers</td></tr>
<tr><td>Principal risk</td><td colspan="3">NENC/0033 Increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of appropriate provision. An increase in demand will impact on sustainability of services and increase health inequalities</td><td>Lead Committee</td><td colspan="2">Quality and Safety Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="3">Limited</td><td colspan="3">Rationale for current score</td></tr>
<tr><td colspan="4" rowspan="4">Risk scores
Target / Current
Consequence 4 — Likelihood 3 — 12
Consequence 4 — Likelihood 4 — 16</td><td colspan="3" rowspan="4">This population group has complex needs and the risk is compounded by providers not having a clear understanding of the entitlement of this group as well as refugees and asylum seekers themselves not knowing their entitlements and how to access services.</td></tr>
<tr><td colspan="4">Key controls (What helps us mitigate the risk?)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="3">Linked Place risks</td></tr>
<tr><td colspan="4"></td><td>Place</td><td>Ref</td><td>Description</td><td>Score</td></tr>
<tr><td colspan="4"></td><td>North Cumbria</td><td>PLACE/0020</td><td>Introduction of asylum seeker hotel in Carlisle and potential for further refugee contingency accommodation</td><td>12</td></tr>
</table>

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<table>
<tr><td>Goal 2</td><td colspan="5">Fairer health outcomes for all</td><td>Lead director</td><td>David Chandler</td></tr>
<tr><td>Principal risk</td><td colspan="5">NENC/0004 Achievement of economy, efficiency, probity and accountability in the use of resources</td><td>Lead Committee</td><td>Finance, Performance & Investment Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="5">Partial</td><td colspan="2">Rationale for current score</td></tr>
<tr><td colspan="6">Risk scores</td><td colspan="2" rowspan="3">There is a risk that the ICB does not meet its statutory financial duties. 2023/24 financial plan to be agreed</td></tr>
<tr><td colspan="3">Target</td><td colspan="3">Current</td></tr>
<tr><td>Consequence</td><td>3</td><td rowspan="2">6</td><td>Consequence</td><td>4</td><td rowspan="2">12</td></tr>
<tr><td>Likelihood</td><td>2</td><td>Likelihood</td><td>3</td></tr>
<tr><td colspan="6">Key controls (What helps us mitigate the risk?)</td><td colspan="2">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="6">Financial plan</td><td colspan="2" rowspan="6">For 2022/23, the ICB has achieved a surplus in line with plan and a surplus has been delivered across the ICS</td></tr>
<tr><td colspan="6">QIPP plan in place</td></tr>
<tr><td colspan="6">Financial reporting and monitoring process</td></tr>
<tr><td colspan="6">Mechanism to monitor and identify CHC packages of care</td></tr>
<tr><td colspan="6">Financial governance arrangements, financial policies and scheme of delegation</td></tr>
<tr><td colspan="6">Monthly forecasting and variance reporting and plan to date</td></tr>
<tr><td colspan="6">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="2">Linked Place risks</td></tr>
<tr><td colspan="6">Audit committee review</td><td colspan="2" rowspan="4">Managed at ICB level</td></tr>
<tr><td colspan="6">QIPP delivery included in monthly finance reports and reported to NHSE</td></tr>
<tr><td colspan="6">Process for approving packages of care in place at each Place.</td></tr>
<tr><td colspan="6">Scheme of Delegation approved annually. Financial policies reviewed and updated annually.</td></tr>
</table>

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<table>
<tr><td>Goal 3</td><td colspan="5">Best start in life for children and young people</td><td>Lead director</td><td>David Purdue</td></tr>
<tr><td>Principal risk</td><td colspan="5">NENC/0026 If Local Maternity and Neonatal System (LMNS) funding is not available or reduced for 23/24 and onwards the ICB will be faced with a decision to fund from internal funding or look to reduce the service.</td><td>Lead Committee</td><td>Quality and Safety Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="5">Partial</td><td colspan="2">Rationale for current score</td></tr>
<tr><td colspan="6" rowspan="3">Risk scores
Target | Consequence 2 | Likelihood 2 | 4
Current | Consequence 4 | Likelihood 3 | 12</td><td colspan="2" rowspan="3">Some of the funding is already targeted and therefore any reduction in this funding would have a serious impact on delivery of services and could lead to patient harm.</td></tr>
<tr></tr>
<tr></tr>
<tr><td colspan="6">Key controls (What helps us mitigate the risk?)</td><td colspan="2">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="6">Indication that funding will continue for 2023/24</td><td colspan="2" rowspan="3"></td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6"></td></tr>
<tr><td colspan="6">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="2">Linked Place risks</td></tr>
<tr><td colspan="6">Robust financial reporting</td><td colspan="2" rowspan="2">Managed at ICB level</td></tr>
<tr><td colspan="6">Financial reporting feeds into Regional Maternity Transformation team</td></tr>
</table>

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Goal 3	Best start in life for children and young people	**Lead director**	David Purdue
Principal risk	**NENC/0027** Unclear mental health pathways for children and young people, service pressures and capacity, increased demand and inconsistencies in treatment threshold lead to a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people and their families.	**Lead Committee**	Quality and Safety Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores					
Target			**Current**		
Consequence	3	**9**	Consequence	4	**16**
Likelihood	3		Likelihood	4	

As well as potentially damaging to the ICB's reputation, there is also a potential for legal challenge

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
CAMHS Partnership Board in place	Further work to be done on joint commissioning arrangements
Contract review meetings with main foundation trusts	
Joint commissioning with local authorities	

Assurance (What evidence is there to demonstrate that the controls work?)
Performance updates to ICB
Contract and performance management processes

Linked Place risks

Place	Ref	Description	Score
South Tyneside	PLACE/0034	Children's mental health	9
Gateshead	PLACE/0057	Access to children and young people's mental health services	16
Newcastle	PLACE/0040	Access to children and young people's mental health services	16

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<table>
<tr><td>Goal 4</td><td colspan="3">Improving health and care services</td><td colspan="2">Lead director</td><td>David Gallagher</td></tr>
<tr><td>Principal risk</td><td colspan="3">Risk that the ICB will be unable to fulfil requirements of the delegated POD functions</td><td colspan="2">Lead Committee</td><td>Executive Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="3">Partial</td><td colspan="3">Rationale for current score</td></tr>
<tr><td colspan="4">Risk scores</td><td colspan="3" rowspan="3">Risks NENC/0036; NENC/0038; NENC/0039</td></tr>
<tr><td colspan="3">Target</td><td colspan="2">Current</td></tr>
<tr><td>Consequence 4
Likelihood 3</td><td>12</td><td>Consequence 4
Likelihood 5</td><td>20</td></tr>
<tr><td colspan="4">Key controls (What helps us mitigate the risk?)</td><td colspan="3">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="4">Utilise existing reporting systems for those contractor groups until a single solution can be sought
ICB Operational POD groups</td><td colspan="3" rowspan="2">ICB resource implications for reporting, entering and validating incidents centrally and further resource implications for licensing of a single system.

Develop formal recruitment plan to fill vacancies in POD teams one identified.</td></tr>
<tr><td colspan="4">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="3">Linked Place risks</td></tr>
<tr><td colspan="4">Discussions ongoing between NHSE and ICB regarding incident reporting arrangements
Operational POD groups project plans</td><td colspan="3">Managed at ICB level</td></tr>
</table>

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Goal 4	Improving health and care services	**Lead director**	David Purdue
Principal risk	**NENC/0023** Risk that delayed ambulance handovers impact negatively on patient safety and patient flow.	**Lead Committee**	Quality and Safety Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores

Target			Current		
Consequence	4	4	Consequence	4	20
Likelihood	1		Likelihood	5	

There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Local A&E Delivery Boards at place	
ICB winter plan and surge plan	

Assurance (What evidence is there to demonstrate that the controls work?)
Terms of reference, minutes and actions from LAEDBs
System SitReps during surge periods
System-wide Surge exercise

Linked Place risks

Place	Ref	Description	Score
Northumberland	PLACE/0015	Risk of NEAS contract underperformance	15
North Cumbria	PLACE/0019	North Cumbria Place currently part of North West patient transport arrangements	8

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Goal 4	Improving health and care services	**Lead director**	Jacqueline Myers
Principal risk	**NENC/0007** Risk of failure to achieve NHS Constitutional Standards for our patients with potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.	**Lead Committee**	Finance, Performance & Investment Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores

Target			Current		
Consequence	4	**4**	Consequence	4	**16**
Likelihood	1		Likelihood	4	

Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Contract management processes in place to manage delivery of constitutional standards.	
Performance management processes in place	
Elective recovery plans have been developed with main providers.	

Assurance (What evidence is there to demonstrate that the controls work?)
Performance monitored by Executive Committee
Performance monitored by ICB
Activity monitored by ICB

Linked Place risks

Place	Ref	Description	Score
County Durham	PLACE/0008	Long term sustainability of local health services	**9**
Northumberland	PLACE/0027	Overactivity on contracts	**12**
North Cumbria	PLACE/0026	Quality of commissioned services	**15**

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Goal 4	Improving health and care services	**Lead director**	Jacqueline Myers
Principal risk	**NENC/0007** Risk of failure to achieve NHS Constitutional Standards for our patients with potential to adverse impact on patient care, as well as posing a reputational risk for the ICB.	**Lead Committee**	Finance, Performance & Investment Committee
Level of ICB control	Partial	**Rationale for current score**	

Risk scores					
Target			**Current**		
Consequence	4	**4**	Consequence	4	**16**
Likelihood	1		Likelihood	4	

Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times.

Key controls (What helps us mitigate the risk?)	**Mitigating actions** (What more are we or should we be doing?)
Contract management processes in place to manage delivery of constitutional standards.	
Performance management processes in place	
Elective recovery plans have been developed with main providers.	

Assurance (What evidence is there to demonstrate that the controls work?)
Performance monitored by Executive Committee
Performance monitored by ICB
Activity monitored by ICB

Linked Place risks

Place	Ref	Description	Score
County Durham	PLACE/0008	Long term sustainability of local health services	9
Northumberland	PLACE/0027	Overactivity on contracts	12
North Cumbria	PLACE/0026	Quality of commissioned services	15

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<table>
<tr><td>Goal 4</td><td colspan="3">Improving health and care services</td><td>Lead director</td><td>David Chandler</td></tr>
<tr><td>Principal risk</td><td colspan="3">There is a risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24</td><td>Lead Committee</td><td>Finance, Performance & Investment Committee</td></tr>
<tr><td>Level of ICB control</td><td colspan="3">Full</td><td colspan="2">Rationale for current score</td></tr>
<tr><td colspan="4">Risk scores
Target / Current
Consequence 4 — Likelihood 2 — 8
Consequence 5 — Likelihood 4 — 20</td><td colspan="2">Risks NENC/0032; NENC 0035
Underlying recurring pressures across the system.

Significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26</td></tr>
<tr><td colspan="4">Key controls (What helps us mitigate the risk?)</td><td colspan="2">Mitigating actions (What more are we or should we be doing?)</td></tr>
<tr><td colspan="4">Financial plan including running costs</td><td colspan="2" rowspan="4">Work programme established to oversee the transformation required to manage the 30% reduction in running costs

Weekly running cost working group in place with transformation group being established

ICB financial sustainability group established</td></tr>
<tr><td colspan="4">Financial reporting and monitoring process, including forecasting and variance reporting</td></tr>
<tr><td colspan="4">Staffing establishment control process to manage staffing establishment and recruitment freeze implemented for all but essential posts</td></tr>
<tr><td colspan="4">Review of funding allocations</td></tr>
<tr><td colspan="4">NHS Provider FT efficiency plans</td><td colspan="2"></td></tr>
<tr><td colspan="4">Assurance (What evidence is there to demonstrate that the controls work?)</td><td colspan="2">Linked Place risks</td></tr>
<tr><td colspan="4">Financial plan to show breakeven position</td><td colspan="2" rowspan="4">Managed at ICB level</td></tr>
<tr><td colspan="4">Monthly finance reports showing running cost position. Reported to FPI Committee</td></tr>
<tr><td colspan="4">Process in place with appropriate approval required for any staffing establishment changes</td></tr>
<tr><td colspan="4">Allocations task and finish groups reporting to FPI Committee</td></tr>
</table>

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

15/05/2023

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NHS North East & North Cumbria

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
3. Enhance Productivity And Value For Money	NENC/0038	08/02/2023 David Gallagher Graham Evans	NENC POD Delegation NENC ICB Partial Control 1. NENC Executive Committee	Existing contracts for software packages and licenses that need to transfer over to the ICB As a result of a lack of clarity regarding existing contracts for software packages and licenses that need to transfer over to the ICB, there is a risk that the POD staff will not have access to the necessary packages they require to function in their role post-transfer	4	5	20							4	5	20	(3). Monthly **08/02/2023** Risk added to risk register	4	3	12
1, Improve Outcomes In Population Health And Healthcare	NENC/0023	06/09/2022 David Purdue David Purdue	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.	4	5	20	Local A&E Delivery Boards at place ICB winter plan and surge plan		System SitReps during surge periods System-wide Surge exercise				4	5	20	(3). Monthly **16/02/2023** Updated risk owner	4	1	4
3. Enhance Productivity And Value For Money	NENC/0035	18/01/2023 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	Financial Planning 2023/24 There is a risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures across the system.	5	4	20	Financial planning process agreed across ICS to develop draft plans Review of funding allocations In-year financial reporting and monitoring process ICB financial sustainability group established NHS Provider FT efficiency plans		Draft financial plans Updates to FPI Committee and Board Allocations task and finish groups reporting to FPI Committee Monthly finance reports demonstrating expected balanced ICS position in 2022/23 Financial sustainability group in place	NHSE Review process NHS Provider FT finance committees	Financial plan for 2023/24 to be finalised and agreed Underlying financial position work illustrates significant potential financial pressures Unmitigated risk on efficiency plans.		5	4	20	(5). Quarterly **28/04/2023** Richard Henderson No change to overall score. Minor updates to assurances.	4	2	8
2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0028	21/10/2022 David Purdue David Purdue	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Clinical and social care workforce across the region There are widespread challenges to recruitment nationally and particularly of clinical and social care staff as a result of many factors including EU exit, COVID and post COVID burnout, ageing workforce. This will impact on the delivery of safe services and could lead to lack of access to specific services, drive up waiting times leading to poorer outcomes for patients. This will cause further workload pressures on existing staff which could cause retention issues and potentially lead to staff ill health.	5	4	20	Workforce steering group Health Education England (HEE) - HEE will be merged into NHSE in April 2023 which could disrupt existing programmes of work. Work is underway to understand the impact on the ICB with NHSE/HEE staff transferring to the ICB as part of the POD delegations from April 2023. Regular meetings with NHSE/HEE in the lead up to transfer taking place.	None None	Terms of reference, meeting notes, action plans. Meeting notes and reports		None None.		5	4	20	(5). Quarterly **11/05/2023** Neil Hawkins Review of update frequency.	5	2	10
2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0027	21/10/2022 David Purdue David Purdue	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	There is a risk that children and young people are unable to access mental health services they need in a timely manner. As a result of unclear mental health pathways for children and young people (CYPS, CAMHS, neurodisability), alongside service pressures and capacity, increased demand and inconsistencies in treatment threshold there is a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people and their families. This could also lead to damage to the ICB's reputation and there is a potential for legal challenge.	4	4	16	CAMHS Partnership Board in place Contract review meetings with main foundation trusts Joint commissioning with local authorities		Performance updates to ICB TBC				4	4	16	(5). Quarterly **21/10/2022** Risk disaggregated from NENC/0006 at the request of the QSC	3	3	9

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

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NHS North East & North Cumbria

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
2. Tackle Inequalities In Outcomes, Experience And Access	NENC/ 0033	15/12/2022 Jacqueline Myers Marc Hopkinson	NENC Strategy And System Oversight NENC ICB Limited Control 3. NENC Quality And Safety Committee	Meeting needs of refugees and asylum seekers The increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of appropriate provision. This population group has complex needs, including untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs. The risk is compounded by providers not having a clear understanding of the entitlement of this group as well as refugees and asylum seekers themselves not knowing their entitlements and how to access services. An increase in demand will impact on sustainability of services, increase health inequalities and there is also a risk to the reputation of the ICB if adequate and appropriate services are not commissioned.	4	4	16							4	4	16	(5). Quarterly **15/12/2022** New risk added following discussion at Executive Committee	4	3	12
1, Improve Outcomes In Population Health And Healthcare	NENC/ 0024	01/07/2022 David Purdue David Purdue	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk. Quality of commissioned services: a structured and co-ordinated process of assurance is not in place for commissioned services (including acute, mental health, learning disability and community services), meaning that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.	5	4	20	Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and therefore have CQUIN schemes. ICB designated posts to drive quality agenda with further support from NECS. CQC inspections		1. Quality and Safety committee agenda and minutes. 2. ICB Board agenda and minutes. 3. Audit Committee agenda and minutes. 4. Executive Committee agenda and minutes	CQC inspection reports			4	4	16	(5). Quarterly **25/01/2023** David Purdue Reviewed owner. To stay with David until Jenna starts	4	2	8
3. Enhance Productivity And Value For Money	NENC/ 0039	08/02/2022 David Gallagher Leanne Furnell	NENC POD Delegation NENC ICB Partial Control 1. NENC Executive Committee	Vacancies and NHSE team managing POD at present As a result of the number of vacancies in the current NHSE team managing POD at present, there is a risk that the ICB does not have sufficient staff post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement which will result in the ICB not being able to provide assurance to NHSE	4	5	20	Require authority to recruit to vacancies held in those teams due to transfer	Support for recruitment Recruitment may not result in the filling of vacancies. A date in time where recruitment passes to the ICB needs to be identified.	ICB Operational POD groups			Leanne Furnell Develop formal recruitment plan to fill vacancies once identified 08/02/2023 - 31/03/2023	4	4	16	(3). Monthly **08/02/2023** Risk transferred.	4	3	12
2. Tackle Inequalities In Outcomes, Experience And Access	NENC/ 0007	06/07/2022 Jacqueline Myers Lucy Topping	NENC Strategy And System Oversight NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	Delivery of NHS Constitutional Standards. There is a risk of failure to achieve NHS Constitutional Standards for our patients. Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times. Any failure to deliver the standards has the potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.	4	5	20	Contract management processes in place to manage delivery of constitutional standards. Performance management processes in place Elective recovery plans have been developed with main providers.		Performance monitored by Executive Committee (ICB TBC) Performance monitored by ICB Activity monitored by ICB (TBC)				4	4	16	(5). Quarterly **21/02/2023** Risk owner updated	2	2	4
3. Enhance Productivity And Value For Money	NENC/ 0032	16/11/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	Management of ICB running costs position There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation. An underspend is expected in 2022/23 due to vacancies but this remains a significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26	4	3	12	Financial plan including running costs Financial reporting and monitoring process, including forecasting and variance reporting Staffing establishment control process to manage staffing establishment. Recruitment freeze implemented for all but essential posts Work programme		Financial plan to show breakeven position Monthly finance reports showing running cost position. Reported to FPI Committee Process in place with appropriate approval required for any staffing establishment changes Weekly running cost				4	4	16	(5). Quarterly **28/04/2023** Richard Henderson	3	2	6

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

15/05/2023

NHS North East & North Cumbria

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
								established to oversee the transformation required to manage the 30% reduction in running costs		working group in place with transformation group being established										
1, Improve Outcomes In Population Health And Healthcare	NENC/0025	19/10/2022 David Purdue Nicola Jackson	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Significant workforce pressures in maternity services across the system If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience. Inadequate workforce will also mean that it will be difficult to implement the actions identified in the Ockenden report and could lead to poor CQC inspections. This could lead to the ICB failing to commission safe services with consequent damage to reputation and potential loss of public confidence in wider NHS service delivery.	4	4	16	Workforce steering group with membership from providers and NHS England LMNS Leads and LMNS Coordinators will work with providers to identify alternative ways of working and looking at sharing good practice Health Education England and regional maternity transformation team support with workforce	Workforce lead role currently being recruited to No implementation plan in place and therefore no clear measures in place	Terms of reference Meeting notes and action plans Workforce vacancy rates received by LMNS team Meeting notes and reports	Regional Maternity Transformation Board oversight Regional Perinatal Quality Oversight Board National tool - Birth Rate Plus in place with providers	Fragmentation within ICB around workforce planning means that information is not always fed into LMNS	Nicola Jackson Task and Finish Group to bring together key people to be convened with first piece of work to be completed by 31/12/2022 19/10/2022 - 31/12/2022	4	4	16	(5). Quarterly **12/05/2023** Nicola Jackson Risk reviewed - no changes	3	2	6
1, Improve Outcomes In Population Health And Healthcare	NENC/0043	16/02/2023 David Gallagher David Gallagher	NENC POD Delegation NENC ICB Partial Control 1. NENC Executive Committee	NHSE clinical support to POD As a result of the lack of clarity on the availability of NHSE clinical staff who currently support the POD Commissioning and Contracting and Quality (e.g. serious incidents) functions, there is a risk that the ICB will not have sufficient access to the clinical support post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement.	5	5	25	NHSE recognises that the clinical staff currently supporting the function will be required post transfer, discussions are ongoing.		MOU developed detailing support from existing NHSE clinical teams for specific functions. Contracts with specific individuals extended until 30 June 2023. Discussions underway regarding support within ICB from 01 July 2023				3	5	15	(3). Monthly **04/05/2023** David Gallagher Risk updated and internal assurance updated on control.	3	2	6
1, Improve Outcomes In Population Health And Healthcare	NENC/0001	06/07/2022 Jacqueline Myers Marc Hopkinson	NENC Strategy And System Oversight NENC ICB Full Control 1. NENC Executive Committee	System Resilience and Escalation Planning, business continuity and outbreak management There is a risk that a lack of robust planning for surges, business continuity incidents and outbreaks, mean that urgent and emergency care pressures increase, resulting in rises in A&E activity and multiple demands on ambulance, community, acute and primary care services, and an inability to deliver core services.	5	4	20	System-wide surge and escalation plan agreed between all stakeholders NENC ICB Business Continuity Plan Emergency Planning, Resilience and Response (EPRR) compliance Requirement for providers to notify ICB if OPEL status is escalated Place Based Delivery Urgent and Emergency Care groups		Plan reviewed and regularly tested Annual business continuity cycle Refresh BCP Annual EPRR self-assessment signed off by ICB ICB requires written report if OPEL status is escalated. Addressed in contract meetings if OPEL status is repeatedly escalated ICB escalation process (TBC)	Annual assurance undertaken by NHSE/I EPRR submission to NHSE/I			5	3	15	(5). Quarterly **21/02/2023** Risk owner updated	3	2	6
3. Enhance Productivity And Value For Money	NENC/0012	06/07/2022 Annie Laverty Annie Laverty	NENC People Directorate NENC ICB Full Control 1. NENC Executive Committee	Organisational development If organisational planning fails to address the need for robust leadership, engagement, partnership working and workforce development this will lead to a poorly led organisation that is unable to deliver its strategy	4	4	16	Assurance framework Staff appraisal process Statutory and mandatory training Board development sessions		Six monthly review of the assurance framework Assurance framework approved by Board Appraisal programme Personal development plans Training reports highlight non compliance CSU manages statutory and mandatory training through ESR CSU IG team arranges specialist training for Caldicott Guardian and SIRO Programme of development sessions to be devised	NHS National staff survey	Delivery of training reports to committee/groups to be agreed		4	3	12	(5). Quarterly **06/07/2022** Risk added	4	2	8

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

15/05/2023

NHS North East & North Cumbria

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
1, Improve Outcomes In Population Health And Healthcare	NENC/ 0026	19/10/2022 David Purdue Nicola Jackson	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Funding allocation for Local Maternity and Neonatal System (LMNS) Funding allocation for 2023/24 has been received, however there is a risk that from 24/25 and onwards the ICB will be faced with a decision to fund LMNS from internal funding or look to reduce the service. Some of the funding is already targeted and therefore any reduction in this funding would have a serious impact on delivery of services and could lead to patient harm.	4	3	12	Funding allocation agreed for 22/23 and although indication is that this will continue for 23/24 this has not been guaranteed.	Nationally there is uncertainty about funding for public services including the NHS leading to concerns that there could be cuts to this funding	Robust financial reporting	Financial reporting feeds into Regional Maternity Transformation team			4	3	12	(6). 6 Monthly **12/05/2023** Nicola Jackson Risk description updated to reflect new period. Funding allocation received for 23/24 and slightly increased	2	2	4
2. Tackle Inequalities In Outcomes, Experience And Access	NENC/ 0006	06/07/2022 David Purdue Kate O'Brien	NENC Chief Nurse Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Access to adult mental health services There is a risk that people do not receive the right treatment and access to services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes. Increased demand for services as a result of the pandemic and additional service pressures where workforce capacity is reduced contributes to the risk. This would result in patients having poor access to timely and effective treatment, or escalate to crisis. There is an an additional risk of damage to reputation damage to the ICB.	4	4	16	Standard NHS contracts in place with two main providers: Cumbria, Northumberland, Tyne and Wear (CNTW) FT and Tees Esk and Wear Valleys (TEWV) FT Regional ICS mental health workstream		Contract management process Performance management process OPEL status Minutes and actions from workstream meetings	NHS England quarterly assurance meeting Workforce planning from NHS E and providers			4	3	12	(5). Quarterly **25/01/2023** David Purdue Updated risk owner	4	2	8
1, Improve Outcomes In Population Health And Healthcare	NENC/ 0009	06/07/2022 Jacqueline Myers Joseph Chandy	NENC Strategy And System Oversight NENC ICB Limited Control 3. NENC Quality And Safety Committee	Primary care services As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of ongoing continuity of care. This could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.	4	4	16	Workforce pressures are monitored via the Strategic Data Collection Service (SDCS) reporting system Primary Care Network (PCN) transformation agenda linked to Long Term Plan Practices now report OPEL status via UEC-RAIDR App		Monitored at Place Based Delivery primary care commissioning groups Placed based delivery primary care teams provide reactive support to practices	Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan			4	3	12	(5). Quarterly **06/01/2023** Neil O'Brien Updated risk owner.	3	2	6
1, Improve Outcomes In Population Health And Healthcare	NENC/ 0014	06/07/2022 David Purdue Louise Mason-Lodge	NENC Chief Nurse Directorate NENC ICB Full Control 3. NENC Quality And Safety Committee	Safeguarding duties Failure to comply with good clinical practice, policies and procedures, would mean that the ICB is not able to manage safeguarding duties appropriately, including deprivation of liberty safeguards, liberty protection safeguards and delivery of the learning disabilities transformation programme. This could result in the safety of vulnerable adults, young people and children being compromised, a derogation of patient care, and legal challenge resulting in both reputational and financial damage to the ICB.	4	4	16	Quality and Safety Committee Place based partnerships work with Local Safeguarding Children Boards and Local Safeguarding Adults Boards Designated and Named professions in post across Place Based Partnerships Robust Safeguarding Children/Adult Policies and Procedures in place in the ICB, provider organisations and other agencies.		Minutes from Quality and Safety Committee Minutes from LSCBs and SABs				4	3	12	(5). Quarterly **25/01/2023** David Purdue Updated Risk owner	2	2	4
3. Enhance Productivity And Value For Money	NENC/ 0030	11/11/2022 Claire Riley Deborah Cornell	NENC Corp Gov, Comms And Involvement NENC ICB Full Control 1. NENC Executive Committee	Records Management No single records management system or process is used within ICB. There are potentially inconsistent versioning, templates, or documents being used. This could lead to non-conformity of the Records Management: NHS Code of Practice 2021 and consequently the Data Security and Protection Toolkit.	3	4	12	Records Management project underway to unify ICB records from former CCGs Broadcare system in place for CHC records in Newcastle Gateshead, Sunderland and the areas where NECS provides the service (Durham, Tees		Records management structure being developed, with some directorates already going live with their new structures and transitioning of documents. Ongoing review of the system and supporting processes		Not all directorates yet have an agreed records storage structure.		3	4	12	(5). Quarterly **20/02/2023** Deborah Cornell Controls and assurances updated	3	3	9

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
								Valley and North Cumbria)												
4. Help The NHS Support Broader Social And Economic Development	NENC/ 0013	06/07/2022 Claire Riley Deborah Cornell	NENC Corp Gov, Comms And Involvement NENC ICB Full Control 3. NENC Quality And Safety Committee	Effective Patient and Public Involvement As a result of a lack of effective engagement with partners, stakeholders and members of the public there is a risk of reduced input and buy-in for key service changes and population health management initiatives from across the system. This may result in sub-optimal service design and delivery and poor patient experience.	4	4	**16**	Board approved Involving People and Communities Strategy Agreed protocol in place with Healthwatch to work with the ICB on delivery of involvement activities to support the developing infrastructure around involvement.	Reporting mechanisms under development to include an agreed action plan for delivery/progress of activities.	1. Quality and Safety Committee oversight and regular reporting 2. Involvement network 3. Strategy implementation plan	Regular progress meetings in place with Healthwatch		Deborah Cornell Action plan to be finalised and signed-off by the ICb and Healthwatch 19/02/2023 - 31/03/2023	4	3	**12**	(5). Quarterly **20/02/2023** Deborah Cornell Risk updated to reflect ICB position and identification of additional controls, assurances and actions.	3	2	**6**
3. Enhance Productivity And Value For Money	NENC/ 0045	15/02/2023 Graham Evans Graham Evans	NENC Digital And Information Directorate NENC ICB Full Control 1. NENC Executive Committee	There is a risk that some ICB corporate mobile devices may not have sufficient data security capabilities All 'corporate' mobile devices, laptops, tablets/Smartphones etc. now need to have a facility to be centrally managed in order to; (a) deploy the latest security updates/patches and (b) be remotely wiped in the event of device theft/loss. The technology to do this is called Mobile Device Management (MDM). In order to achieve this, smartphones in particular will need to be within agreed manufacturers 'warranted' timescales (basically, beyond these timescale they are not protected), this allows the device and its operating system to be updated on demand, normally when bugs are identified and/or times of heighten security threat. MDM essentially pushes software updates to each end user device in a controlled manner. As the ICB is an amalgam of the eight former CCG's, each CCG traditionally managed their smartphone estate and phone service contracts independently, many of these contracts have now come to an end and are being rolled-over on an on-going monthly basis, this clearly cannot continue, and as such there is a benefit in converging all of the existing legacy contacts into one singular ICB contract as soon as possible, (however there may be some process and procurement challenges with this). What we have so far identified is, approximately 60% of the ICB phone estate (333 mobile phones) are of an age that cannot be managed by MDM and as a result we will not be DSPT compliant.	3	4	**12**	Replace some/all if the existing unsecure devices, in a one-off or phased manner, however, we need to also consider, of the 333 phones that need to be upgraded (at a significant cost), we need to know who has these phones and if they need to continue to have the benefit of an ICB provided device, if not, the numbers could be reduced, we will need to alert ICB staff that we need to collect some information and I will need Communications team, help with this. We are planning to send out an electronic form to capture the data and get a better picture of the situation, then confirm the mitigation plan/actions.	Age of devices unable to support MDM	As part of the Data Security Protection Toolkit (DSPT), all 'corporate' mobile devices, laptops, tablets/Smartphones etc. now need to have a facility to be centrally managed in order to; (a) deploy the latest security updates/patches and (b) be remotely wiped in the event of device theft/loss. The technology to do this is called Mobile Device Management (MDM).		Previously Mobile phone contracts managed by CCGs meaning we have 8 contracts to review.	Graham Evans we need to know who has these phones and if they need to continue to have the benefit of an ICB provided device, if not, the numbers could be reduced, we will need to alert ICB staff that we need to collect some information 15/02/2023 - 01/04/2023	3	4	**12**	(5). Quarterly **15/02/2023** Marc Rice New risk identified	2	2	**4**
3. Enhance Productivity And Value For Money	NENC/ 0004	06/07/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment	Achievement of economy, efficiency, probity and accountability in the use of resources There is a risk that the ICB does not meet its statutory financial duties. For 2022/23, the ICB has achieved a surplus in line with plan and a surplus has been delivered across the ICS, although this position is still subject to audit. For 2023/24, the risk around	4	4	**16**	Financial plan QIPP plan in place Financial reporting and monitoring process Mechanism to monitor and identify CHC packages of care, including backdated, current and future forecasted impact.		Financial plan to show breakeven position QIPP delivery included in monthly finance reports. Monthly finance reports Process for approving packages of care in place at each Place.	Reported to NHSE each month. Review of position with NHSE/I			4	3	**12**	(5). Quarterly **28/04/2023** Richard Henderson Updated risk description to reflect latest 22/23 position and reference the financial plan risk	3	2	**6**

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

15/05/2023

NHS North East & North Cumbria

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
			Commit	agreement of a balanced financial plan is covered by risk NENC/0035. Once the 23/24 plan is agreed, this risk will be updated accordingly				Financial governance arrangements, financial policies and scheme of delegation Monthly forecasting and variance reporting and plan to date		Scheme of Delegation approved annually Financial policies reviewed and update annually Audit committee review Reported to Finance, Performance and Investment committee.							for 23/24 No proposed change to remainder of risk or score for now. This will be updated for 23/24 once the plan is approved			
3. Enhance Productivity And Value For Money	NENC/0034	18/01/2023 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	Recurrent implications of non-recurring funding. There is a risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	4	4	16	Financial plan, including QIPP plan. Register of recurring commitments to incorporate into future financial plan Financial reporting and monitoring process ICB investment / business case policy to manage ongoing investments / commitments Financial governance arrangements, financial policies and scheme of delegation Monthly forecasting and variance reporting and plan to date		Financial plan to show breakeven position. Investments budgeted for on recurring basis Monthly finance reports Investment / business case policy Scheme of Delegation approved annually Financial policies reviewed and update annually Audit committee review Reported to finance, performance and investment committee		Financial plan for 2023/24 to be finalised and agreed Financial plan for 2023/24 to be finalised and agreed		4	3	12	(5). Quarterly **28/04/2023** Richard Henderson No change to overall score.Minor update to gap in assurances.	3	2	6
3. Enhance Productivity And Value For Money	NENC/0031	16/11/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation. There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation. For 2022/23, final capital spend was within the agreed ICS capital allocation. For 2023/24, capital plans have been agreed in line with the capital allocation however this is a signficant reduction to original plans with a potential risk of overspends in-year.	4	5	20	Capital plan Monthly financial reporting and forecasting against capital plans and funding allocation Provider collaborative process for managing capital spend		Agreed ICS capital plan with variance reported monthly Monthly finance reports, reported to FPI Committee Updates to monthly ICS Directors of Finance group	Agreed capital plan is in excess of confirmed funding allocation	Assurance process and arrangements with provider collaborative to finalise		3	4	12	(5). Quarterly **28/04/2023** Richard Henderson Propose to increase risk from 9 to 12 (relating to 23/24). Amended risk description to reflect 22/23 outturn and 23/24 risk. Added gap in assurance around provider collab assurance process	3	2	6
1, Improve Outcomes In Population Health And Healthcare	NENC/0036	08/02/2023 David Gallagher Christopher Piercy	NENC POD Delegation NENC ICB Partial Control 1. NENC Executive Committee	No single system across ICB footprint to record incidents that occur in Pharmacy, Dentistry and Optometry services As a result of there being no single system across the ICB footprint to report incidents that occur in those settings will not be consistency reported resulting in lack of governance oversight and learning from incidents.	4	4	16	Utilise existing reporting systems for those contractor groups until a single solution can be sought	Independent, smaller contractors may not have existing processes or systems for reporting incidents to NRLS (to be replaced by LFPSE (Learn From Patient Safety Events) ICB resource implications for reporting, entering and validating incidents centrally ICB resource implications for licensing of a single system	IT compatibility with existing reporting processes such as SIRMS Discussions ongoing between NHSE and ICB regarding reporting arrangements				4	3	12	(3). Monthly **04/05/2023** David Gallagher Risk updated, internal assurances updated and new risk owner added. Risk transferred from programme.	4	2	8

Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Start date - target date Progress	Residual C	Residual L	Residual Score	Reviews	Target C	Target L	Target Score
									Chain contractors (e.g. Boots, Specsavers) may have business-specific reporting system used internally											
1, Improve Outcomes In Population Health And Healthcare	NENC/0029	03/11/2022 Neil O'Brien Ewan Maule	NENC Medical Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Antimicrobial stewardship Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract. There is a risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections	4	3	**12**	National guidance and supporting education are available and accessible to all prescribers. All places have a group overseeing antimicrobial prescribing and local action plans ICB wide antimicrobial stewardship group reports directly in to the HCAI board Focussed secondary care and primary care sub-groups of AMS group have been established to further scrutinise data and identify areas of concern	Implementation at a practice/provider level may vary Local groups are usually secondary care led but with primary care input	Local action plans	compliance against external targets including trust CQUINs, and inclusion in primary care incentive and quality schemes	NENC ICB is still an outlier, with all our places and all but one of our FTs failing to meet the standards set		4	3	**12**	(5). Quarterly **12/05/2023** Ewan Maule Risk reviewed - no changes	3	3	**9**

NHS
North East and North Cumbria

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

BOARD 30 May 2023	
Report Title:	Updated Governance Handbook (Issue 6)

Purpose of report

To request approval from the Board on the proposed amendments to documents held and published in the ICB's Governance Handbook, including the Scheme of Reservation and Delegation, and committee, subcommittee and joint committee terms of reference.

Key points

NHS North East and North Cumbria Integrated Care Board (the ICB) is the statutory decision-making body of the North East and North Cumbria Integrated Care System. The ICB is responsible for the commissioning of health services and effective stewardship of NHS spending for all the people living in the North East and North Cumbria (NENC).

The ICB's Constitution and supporting documents create the framework for the ICB to delegate decision-making authority, functions and resources to ensure it meets the diverse needs of our citizens and communities. The Constitution sets out the functions that the ICB will undertake and is supported by the governance handbook.

The handbook includes several key documents including a functions and decisions map, scheme of reservation and delegation, financial limits and committee terms of reference. The documents were approved by the Board on 1 July 2022 (issue 1), with further amendments to one or more documents approved by Board on 27 September 2022 (issue 2); 29 November 2022 (issue 3); 31 January 2023 (issue 4); and 28 March (issue 5).

As part of a process of ongoing review of the documents within the Governance Handbook, further amendments have been identified to ensure the documents remain fit for purpose. The amended documents are attached with changes highlighted or tracked and summarised below:

Material Changes to the Scheme of Reservation and Delegation (SORD) - Appendix 1

- Page 13 – inclusion of the ICB's serious violence duties through the Police, Crime, Sentencing and Courts (PCSC) Act 2022. The ICB is a 'specified authority' and responsible for delivering the Duty.
- Page 19 – inserted the requirement for the Board to approve the capital plan for the ICB and partner NHS Foundation Trusts across the ICS
- Pages 20 and 21 – approval of the ICB's non-programme budgets and approval of variations to non-programme costs – changed to Executive Committee recommending this to Board for approval (previously allocated to Finance, Performance and Investment Committee)
- Page 38 - Appendix 1 - updated list of committees, Subcommittees and Joint committees
- Page 40 – Appendix 2 - minor amends to wording: changing 'Primary Medical Services' to 'Primary Care Services' relating to delegations of primary care services.

Quality and Safety Committee Terms of Reference

The terms of reference for Quality and Safety Committee were reviewed at the meeting of the Quality and Safety Committee in May and are now being brought to Board for approval. The main changes concern changes to the membership of the Committee and clarifying the Committee's responsibility for public and patient involvement.

The terms of reference are attached at Appendix 2 for consideration and approval.

Finance, Performance and Investment Committee Terms of Reference

Minor amends have been made to the Finance, Performance and Investment Committee terms of reference to reflect the Committee's responsibility to 'review and prioritise any relevant investment proposals in line with the ICB Investment Business Case Policy'.

Please note that this is the only amendment to the committee terms of reference and therefore they have not been included on this occasion due to the minor change.

Mental Health, Learning Disabilities and Autism Subcommittee

The Constitution requires the Board to formally approve the establishment of all subcommittees and the need for further subcommittees to be established to support the function of the Executive and Quality and Safety Committees.

The Mental Health and Learning Disabilities and Autism (MHLDA) Subcommittee is to be a subcommittee of the Executive Committee and, if approved, will be responsible for providing leadership and direction in relation to the delivery and commissioning of all NHS mental health and learning disability services across the life course, including young people, adults and older adults across the North East and North Cumbria.

The terms of reference are attached at Appendix 3 and were considered and recommended for approval by Executive Committee at its meeting held on 9 May 2023. The Board is asked to

approve the formal establishment of the Mental Health, Learning Disabilities and Autism Subcommittee and its terms of reference.

Risks and issues

There is a risk the ICB does not have a robust and clear control environment in relation to the effective stewardship and management of public funds and levels of delegation may not support local decision-making.

Assurances

The SORD, and terms of reference have been reviewed to ensure they remain fit for purpose and are in line with statutory guidance.
Parent committees have reviewed the proposed subcommittee terms of reference.

Recommendation/action required

The Board is asked to note the proposed changes to the governance documents described above and to approve the updated versions for insertion into the Governance Handbook (issue 6), as follows:

- Scheme of Reservation and Delegation **(Appendix 1)** – version 4-0
- Approve the updated terms of reference for Quality and Safety Committee **(Appendix 2)** – version 3-0
- Approve the minor amendment to the terms of reference for Finance, Performance and Investment Committee
- Approve the establishment of the Mental Health, Learning Disabilities and Autism Subcommittee and associated terms of reference at **Appendix 3** version 1-0.

Acronyms and abbreviations explained

SORD - Scheme of Reservation and Delegation
NENC – North East and North Cumbria
SOP - Standard Operating Procedures
IFR - Individual Funding Request
ICP - Integrated Care Partnership

Sponsor/approving executive director	Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement
Date approved by executive director	19 May 2023
Reviewed by	Deborah Cornell, Director of Corporate Governance and Involvement
Report author	Neil Hawkins, Head of Corporate Affairs

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	
CA2: tackle inequalities in outcomes, experience and access	
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	

Relevant legal/statutory issues

Note any relevant Acts, regulations, national guidelines etc

Item: 10.2

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?	n/a
Has there been/does there need to be appropriate clinical involvement?	n/a
Has there been/does there need to be any patient and public involvement?	n/a
Has there been/does there need to be partner and/or other stakeholder engagement?	n/a

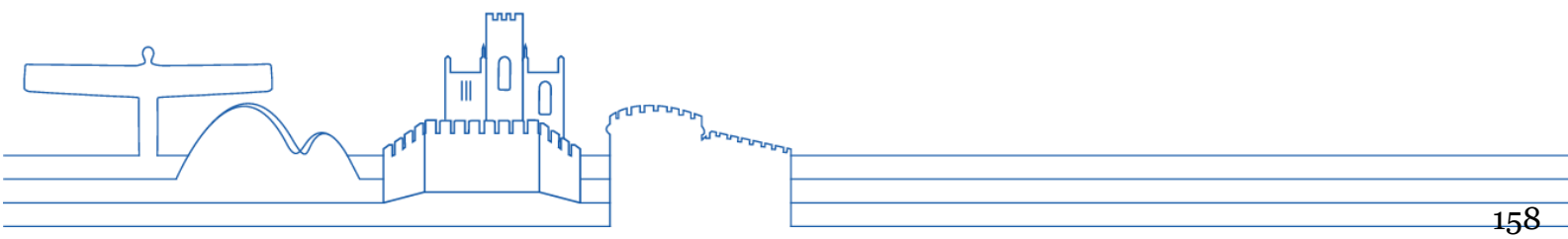
Item: 10.2
Appendix 1

NHS North East and North Cumbria

NHS North East and North Cumbria

Scheme of Reservation and Delegation

Version 4-0, approved tbc



Schedule of Matter Reserved to NHS North East and North Cumbria and Scheme of Delegation

Introduction

The arrangements made by the North East and North Cumbria, hereafter referred to as the Integrated Care Board (ICB) for the reservation and delegation of decisions are set out in this scheme of reservation and delegation.

The ICB remains accountable for all its functions, including any that it has delegated.

Table of Contents

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Regulation and Control						
Constitution 1.6	Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's constitution, including arrangements for taking urgent decisions, and standing orders	✓ Approval of proposed changes		✓ Chair and/or Chief Executive may periodically propose amendments to the constitution		
Constitution 1.6.2	Approve Constitution (including Standing Orders)	✓ Approves (subject to NHS England approval)			✓ NHS England	
Constitution 4.4.2	Approve the ICB scheme of reservation and delegation (SoRD) and amendments to the SoRD	✓ Approves	✓ Audit Committee (Recommends)	✓ Chief Executive (Prepares)		
Constitution Appendix 2, Section 5	Suspension of Standing Orders			✓ Chair in discussion with at		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
				least two other members		
Constitution Appendix 2, 4.9.4	Urgent Decisions			✓ Chair and Chief Executive (or relevant lead director in the case of committees)		In the first instance, every attempt will be made for the Board to meet virtually. Where this is not possible, the delegation to the Chair and Chief Executive (or relevant lead director in the case of committees) applies. The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the Audit Committee for oversight
	Establish governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.	✓				

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Constitution 4.6	Establish ICB Committees, Subcommittees, and Joint Committees	✓ Board approves the establishment of ICB Committees. Board approves ICB Committees terms of reference. Board and partners approve the establishment of Joint Committees and their terms of reference.	✓ Parent Committees approve the establishment of subcommittees and their terms of reference ~~following Board approval to establish ICB subcommittee/s~~			Definition: A Committee is established by and accountable to the ICB Board. A Subcommittee is established by the relevant parent Committee ~~Board~~ and accountable to its parent Committee. Parent Committees Audit Committee; Finance, Performance and Investment Committee; Quality and Safety Committee; Remuneration Committee; and Executive Committee
	Approve the ICB operating framework	✓ (Approves)		✓ Chief Executive (Recommends)		
	Approve the ICB operating structure	✓ (Approves)		✓ Chief Executive (Recommends)		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Constitution 1.4 Health and Care Act 14Z32 to 14Z44 and 14Z49	Approve the arrangements for discharging the ICB's functions including but not limited to: a) Having regard to and acting in a way that promotes the NHS Constitution (14Z32) b) Exercising its functions effectively, efficiently, and economically (14Z33) c) Securing continuous improvement in the quality of services (14Z34) d) Reducing inequalities (14Z35) e) Promote involvement of each patient (14Z36) f) Patient choice (14Z37) g) Obtaining appropriate advice (14Z38) h) Promote innovation (14Z39)	✓				

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	j) Research (14Z40) k) Education and training (14Z41) l) Promote integration (14Z42) m) Duty to have regard to effect of decisions (14Z43) n) Duties as to climate change etc (14Z44) o) Duty to keep experience of members under review (14Z49)					
Constitution 1.4.5 c-g	Approve the arrangements for discharging the ICB's statutory duties, including but not limited to: c) Duties in relation to children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014) d) Adult safeguarding and carers (the Care Act 2014)	✓				

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000), and g) Provisions of the Civil Contingencies Act 2004 h) Serious violence duty through the Police, Crime, Sentencing and Courts (PCSC) Act 2022. The ICB is a 'specified authority'					See section 11 of, and Schedule 1 to, the Police, Crime, Sentencing and Courts Act 2022 for the definition of specified authorities - for the health sector these are Integrated Care Boards in England
Constitution 3.3.1	Appointment of ICB Chair				✓ NHS England, with the approval of the Secretary of State	

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Constitution 3.4.1 and 3.4.2	Appointment of ICB Chief Executive			✓ Appointed by ICB Chair in accordance with any guidance issued by NHS England*		*Appointment subject to approval of NHS England in accordance with any procedure published by NHS England
	Exercise or delegation of those functions of the ICB which have not been retained as reserved by the ICB Board, delegated to a committee or sub-committee or specified individual			✓ ICB Chief Executive		
Constitution 3.5.4, 3.6.5, 3.7.4	Appointment of Partner Member/s: • Trusts • Primary Medical Services • Eligible Local Authorities			✓ Approval ICB Chair*		*Supported by an Appointment Panel

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Constitution 3.8.3, 3.9.3, 3.10.3, 3.12.3	Appointment of: • Executive Medical Director • Executive Chief Nurse • Executive Director of Finance • Other Executive Board Members			✓ Appointed by ICB Chief Executive* ✓ Approval ICB Chair		*Supported by an Appointment Panel
Constitution 3.11.2	Appointment of Independent Non-Executive Member/s			✓ Approved by ICB Chair*		*Supported by an Appointment Panel
	Approve the System Collaboration and Financial Management Agreement	✓ (Approves)	✓ Finance, Performance and Investment Committee (Recommends)			In consultation with partners
Constitution 1.7.3 (c)	Approve Standing Financial Instructions (SFIs), Financial Delegations and Financial Limits	✓ (Approves)	✓ Audit Committee (Recommends)	✓ Executive Director of Finance (Prepares)		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approval of individual funding requests in accordance with the ICB policy		✓ IFR Panels[2]		✓ Individual members appointed as decision makers (as approved by the Executive Medical Director) to make decisions on behalf of the ICB relating to individual funding requests, in line with ICB Policy[1]	[1]Appointed decision makers may make decisions not reserved to the IFR Panels. [2]The IFR Panels are subcommittees of the Executive Committee
Standing Orders, Section 6	Set out who can execute a document by signature / use of the seal	✓ In approving Standing Orders		✓ Authorised to authenticate the use of the seal by their signature: - ICB Chair - Chief Executive - Executive Director of Finance		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Appoint ICB: • Caldicott Guardian • Conflicts of Interest Guardian • Senior Information Risk Officer • Data Protection Officer • Chief Information Officer • EPRR Accountable Emergency Officer			✓ ICB Chief Executive		
	Approve Patient Group Directions			✓ ICB Medical Director, following review by the Quality and Safety Committee		
Strategy and Planning						
	Agree the vision, values, and overall strategic direction of the ICB	✓				
	Approving the strategy for improving population health and reducing health inequalities	✓				Having regard to the Integrated Care Partnership, Integrated Care Strategy

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve the Commissioning Strategy	✓ (Approves)	✓ Executive Committee (Recommends)			
Health and Social Care Act 2022,14Z52	Agree a system plan [with partner trusts] to meet the health and healthcare needs of the population within the North East and North Cumbria	✓ (Approves)	✓ Executive Committee* (Recommends)			*The Executive Committee will consult the Finance, Performance and Investment Committee in the development of the plan
	Complementary to the System Plan, agree a plan to meet the health and healthcare needs of the population within each place	✓ (Approves)		✓ Executive Area Director (Recommends)		
	Approval of the ICB's non-programme budgets	✓ (Approves)	✓ ~~Finance, Performance Investment~~ Executive Committee (Recommends)			
	Approval of the ICB's programme budgets	✓ (Approves)	✓			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
			Executive Committee (Recommends)			
	Approval of the capital plan for the ICB and partner NHS Foundation Trusts across the ICS	✓ (Approves)		✓ Executive Director of Finance (Recommends)		Finance, Performance and Investment Committee will seek assurance around the development and delivery of the capital plan
	Develop an approach to distribute ICB resources through commissioning and direct allocation to drive agreed change based on the ICB strategy	✓ (Approves)	✓ Finance, Performance and Investment Committee (Recommends)			
	Approve all ICB programme costs	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Executive Committee*	✓ Refer to financial delegations*		*Contracts will be approved by either the ICB Board, Executive Committee, or relevant individual in accordance with the financial delegations and financial limits

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve all ICB non-programme costs	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ ~~Finance, Performance and Investment~~ Executive Committee*	✓ Refer to financial delegations*		* Non-programme contracts will be approved by either the ICB Board, ~~Finance, Performance and Investment~~ Executive Committee, or relevant individual in accordance with the financial delegations and financial limits.
	Approve the strategic financial framework of the ICB, and manage overall resources, manage financial risk, monitor system financial performance and report material exceptions to the Board	✓ (Approves the strategic financial framework)	✓ Finance, Performance and Investment Committee (Recommends)			
	Approve a Performance and Outcomes Framework for Providers	✓ (Approves)	✓ Executive Committee (Recommends)			
	Monitor provider performance against contract and report material exceptions to the Board		✓ Executive Committee			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Agree arrangements regarding the System Oversight Framework		✓ Executive Committee			
	Approval of variations to annual planned budgets	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Finance, Performance and Investment Committee*	✓ Refer to financial delegations*		*Variations to budgets will be approved by the Board, or Finance, Performance and Investment Committee, or an individual, in accordance with financial delegations and financial limits.
	Approval of variations to non-programme contracts	✓ Approved by the Board or as delegated in accordance with financial delegations and limits	✓ ~~Finance, Performance and Investment~~ Executive Committee*	✓ Executive Director*		*Variations to non-programme contracts will be approved by the Board, or ~~Finance, Performance and Investment~~Executive Committee, or an Executive Director, in accordance with financial delegations and financial limits.
	Approval of variations to programme contracts	✓ Approved by the Board or as delegated in accordance with	✓ Executive Committee*	✓ Executive Director*		*Variations to programme contracts will be approved by the Board, or Executive Committee, or an Executive Director, in

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
		financial delegations and limits				accordance with financial delegations and financial limits
	In accordance with ICB policy, lead significant service reconfiguration programmes to achieve agreed outcomes	✓ (Approves)	✓ Executive Committee (Assurance)	✓ Executive Director (Recommends)		In leading service reconfiguration, the ICB will work with providers at scale and place
	Planning and commissioning of services (to include procurement and evaluation strategies and recommended bidder reports).	✓ Approved by the Board or as delegated in accordance with financial delegations and limits	✓ Executive Committee*	✓ Executive Director*		* Approval by the Board, or Executive Committee, or an Executive Director. in accordance with financial delegations and financial limits
Delegation agreement	Specialist Commissioning delegation from NHS England Approve decisions on the review, planning and procurement of specialist commissioned services (consistent with the terms of the		✓ Executive Committee			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	delegation agreement with NHS England)					
Delegation agreement	Primary Care Services delegation from NHS England Approve decisions on the review, planning and procurement of primary care services (consistent with the terms of the delegation agreement with NHS England)	✓ Primary Care Services Approval of strategies as shown in Appendix **2b**	✓ Primary Care Services Delegation to the Primary Care Strategy and Delivery Sub Committee as shown in Appendix **2c (1-4 and 6)** ✓ Primary Medical Services Delegation to the to ICB sub committees at Place as shown in Appendix **2d**	✓ Primary Medical Services - delegation to ICB Chief Executive or Executive Director of Finance or ICB Chair as shown in Appendix **2a**		Primary Care Services consists of: • Primary Medical Services • Pharmacy • Optometry • Dentistry

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Delegation Agreement	Pharmaceutical Services delegation from NHS England Determination of applications submitted under the NHS (Pharmaceutical Services) Regulations 2005 (as amended), which fall to be determined by virtue of the transitional provisions set out in the Pharmacy Manual, Version 2, 10 February 2023*		✓ Primary Care Services Delegation to the Pharmaceutical Services Regulations (sub) Committee as shown in Appendix **2c(5)***			*The Pharmacy Manual complements the Regulations and any Directions issued by the Secretary of State for Health and Social Care and should be read alongside them (and not in place of them). Where any discrepancy or contradiction between the content of this manual and the Regulations/Directions is identified, the legal underpinning documents (i.e., regulations/directions, etc) are to take precedence
	Primary Care Services – Urgent Decisions			✓ ICB Senior Responsible Officer (SRO) for Primary Care Services or his/her named deputy		See Appendix 2

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Primacy Medical Services – Special Allocation Scheme, decisions on reviews and commissioner instigated removals			✓ ICB Medical Director		
	Workforce planning		✓ Executive Committee			
	Agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce' including through closer collaboration across the health and care sector, with local government, the Voluntary and Community Sector (VCS) and volunteers.	✓ (Approves strategy)	✓ Executive Committee (Monitors)	✓ Executive Director Lead for People (System leadership)		
	Agree system-wide strategy and action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services .	✓ (Approves strategy)	✓ Executive Committee (Monitors)	✓ Executive Chief Digital and Information Officer		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
				(System leadership)		
	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability	✓ (Approves strategy)	✓ Finance Committee	✓ Executive Director (System leadership)		
Annual Report and Accounts						
	Approval of the ICB's annual report and annual accounts	✓ (Approves)	✓ Audit Committee (Assurance)			
Human Resources						
	Code of Conduct for staff (titled: Standards of Business Conduct Policy and Declarations of Interest policy and procedures)	✓ Approves	✓ Executive Committee (Recommends)			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Constitution3.14	Approve the arrangements for determining the terms and conditions, remuneration and travelling or other allowances for Board members, employees and others who provide services to the ICB, including pensions and gratuities.	✓ In approving Terms of reference of Remuneration Committee			✓ NHS England (Terms of appointment of the Chair will be determined by NHS England)	
Constitution 3.14	Approve the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities (subject to Prime Minister limit)	✓ (The Panel of the Board determines Remuneration for Non-Executive Members)	✓ ICB Remuneration Committee (Approves all except those delegated to the Panel of the Board or NHS England)		✓ NHS England (Remuneration for the Chair will be set by NHS England)	The Panel of the Board comprises the Chair, Chief Executive and Executive Director Lead for People
	Approve the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and to other persons providing services to the ICB		✓ ICB Remuneration Committee			
	Approve arrangements for staff appointments		✓ Executive Committee (Approves)	✓ Executive Director Lead for People (Prepares)		

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Changes to staffing establishment, Tier 1			✓ Director (Approves)		Tier 1 Definition Exact like-for-like replacement of a leaver or any changes to post, grade or WTE with positive financial implications (i.e., a reduction in cost). This can be approved by the relevant place-based or corporate Director (i.e., a director who reports to an executive director)
	Changes to staffing establishment, Tier 2			✓ Executive Director (Approves)		Tier 2 Definition Backfill for maternity, secondments or sickness absence; temporary acting up where funding is already available; and hosted/seconded-in posts where funding is already available. These can be approved

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
						by the relevant Executive Director
	Changes to staffing establishment, Tier 3		✓ Executive Team (Approves)			Tier 3 Definition Any changes to post, grade or WTE with negative financial implications (i.e., an increase in cost); permanent re-gradings; agency workers; and any other changes not covered in Tiers 1 or 2. Changes of this type can only be approved by the Executive Team.
Quality and Safety						
	Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes		✓ Quality and Safety Committee			
	Provide the ICB with assurance that it is delivering its functions in a way that delivers high quality safe patient care in commissioned services and secures continuous improvement in the quality of services		✓ Quality and Safety Committee (assures the Board)			Quality and Safety Area Sub Committees will review quality and safety issues and escalate any concerns

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
						or issues to the Quality and Safety Committee.
Operational and Risk Management						
	Approve the appointment of Internal Auditors		✓ Audit Committee (Approves)	✓ Executive Director of Finance (Recommends)		
	Approve the appointment of External Auditors	✓ (Approves)	✓ Auditor Panel (Recommends)			Note: the Auditor Panel is made up wholly of Audit Committee members (see Audit Committee Terms of Reference)
	Approve the ICB's counter fraud and security management arrangements	✓ (Approves)	✓ Audit Committee (Recommends)			
	Approve the ICB's risk management arrangements	✓ (Approves)	✓ Executive Committee (Recommends)			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve the ICB's arrangements for managing conflicts of interest	✓				In proposing ICB Constitution to NHS England
	Establish a comprehensive system of internal control across the ICB		✓ Executive Committee			
	Approve arrangements for action on litigation against or on behalf of the ICB		✓ Executive Committee			
	Approve arrangements for planning, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England		✓ Executive Committee			
	Approve the ICB's arrangements for handling complaints		✓ Executive Committee			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve arrangements for ensuring the ICB has an integrated approach to the management standards of health and safety and has appropriate strategy and policies in place		✓ Executive Committee			
	Approve arrangements for complying with the NHS Provider Selection Regime		✓ Executive Committee			
	Approve Communications and Engagement Strategy	✓ (Approves)	✓ Executive Committee (recommends)			
	Approve and implement the ICB's information governance policies, including handling Freedom of Information requests, ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data		✓ Executive Committee			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
Policies						
	Approve human resources policies for employees and for other persons working on behalf of the ICB	✓ (Approves)	✓ Executive Committee (Recommends)	✓ Executive Director Lead for People (Prepares)		
	Approve clinical, quality and safety policies		✓ Quality and Safety Committee			
	Approve corporate policies (unless specified elsewhere)		✓ Executive Committee			
	Approve ICB standard operating procedures (SOPs)			✓ Directors, as relevant to their function		
	Approve the risk management strategy		✓ Executive Committee			
	Determine the ICB pay policy		✓			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	(including the adoption of pay frameworks such as Agenda for Change)		Remuneration Committee			
	Approve the complaint's policy		✓ Executive Committee			
	Approve health and safety policies		✓ Executive Committee			
	Approve information governance policies		✓ Executive Committee			
	Approve the value based commissioning policy		✓ Executive Committee			
Partnership Working						
Integrated care boards Guide to developing a	Approve arrangements for coordinating supra* commissioning arrangements with other ICBs or with local authorities, where appropriate	✓ (Approves)	✓ Executive Committee (Recommends)			*Where one service provider spans more than one ICB

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
SoRD, page 9						
Constitution 4.3.2 – 4.3.3 and 4.7	Authorisation of arrangements made under section 65Z5 or section 75 of the 2006 Act	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Executive Committee*	✓ Refer to financial delegations*		*Arrangements will be approved by either the ICB Board, Executive Committee, or relevant individual in accordance with the financial delegations and financial limits See Table 1
	Approve decisions that individual members or employees of the ICB participating in joint arrangements on behalf of the ICB can make	✓				Such delegated decisions must be disclosed in this scheme of reservation and delegation

Table 1: Key legislative mechanisms for collaborative working

Mechanism for collaboration	Organisations	Description of mechanism
Section 65Z5 delegation	NHS England, ICBs, NHS trusts and foundation trusts	This is a voluntary arrangement whereby NHS organisations listed under s65Z5 delegate responsibility for carrying out specific functions to other listed NHS organisations and/or to local authorities (LAs) and/or to combined authorities (Cas). There are some constraints on what functions can be delegated and how these delegations are

Mechanism for collaboration	Organisations	Description of mechanism
		made, which are set out in the 2022 Regulations and in Annex E of the statutory guidance. NHS organisations cannot delegate their functions to non- statutory, non-public organisations (that is, independent or voluntary sector providers). LAs and CAs cannot delegate their functions to statutory NHS organisations using this mechanism – although they can receive delegated responsibility for the functions of NHS organisations under s65Z5 arrangements. For delegation of LA functions, see s75 arrangements below.
Sections 65Z5 and 65Z6 joint exercise arrangements	NHS England, ICBs, NHS trusts and foundation trusts	Two or more NHS organisations within the scope of s65Z5 can choose to come together (including via a joint committee) to make legally binding decisions and pool funds across agreed functions. Any constraints on how these arrangements are made and which functions can be part of them are set out in the 2022 Regulations and in Annex E of the statutory guidance. LAs and CAs can be part of these arrangements – but they cannot include their own functions in any joint decision- making using this mechanism. Joint working between Las and NHS organisations, including for LA functions, can be achieved using s75 and s65Z5 arrangements.
Section 75 partnership arrangements	NHS England and/or ICBs with LAs and/or CAs NHS trusts and/or foundation trusts with LAs and/or CAs	Section 75 partnership arrangements are a longstanding collaboration mechanism under the 2006 Act. These enable collaborative working between at least one NHS organisation (NHS England/ICB **or** NHS trust/foundation trust) and at least one LA to exercise or delegate a range of the NHS organisation's functions and the LA's health-related functions. Any delegation/joint exercise of health-related LA functions to/with NHS organisations will continue to be achieved using the powers in s75 of the 2006 Act and the associated partnership arrangement regulations. The 2022 Act requires ICPs to consider the use of section 75 arrangements in preparing their strategy for their system.
Conferral of discretions	NHS England, ICBs, NHS trusts and foundation trusts	This provision has been included to make clear the lawful scope of contractual arrangements between commissioners and providers. It confirms that a commissioner can lawfully give providers a wide degree of latitude as to the services they provide under a contract, both in terms of which

Mechanism for collaboration	Organisations	Description of mechanism
		services are delivered and how they are delivered, so as to resolve any doubt on this issue. The commissioner will still set the broad scope of what the provider is expected to achieve (clinical outcomes, for example) under a contract. A contract that confers discretion on a provider in respect of some or all services under the contract may be a useful alternative or precursor to delegation to trusts or foundation trusts under s65Z6.

[Extract from publication reference PR1560 - Statutory guidance: Arrangements for delegation and joint exercise of statutory functions, Guidance for integrated care boards, NHS trusts and foundation trusts (September 2022)]

Appendix 1

Committees and Sub Committees of NHS North East and North Cumbria Integrated Care Board (ICB)

1. Committees

The ICB has established the following Committees

- Audit Committee
- Remuneration Committee
- Finance, Performance, and Investment Committee
- Quality and Safety Committee
- Executive Committee

2. Subcommittees

The ICB has established the following subcommittees:

- Healthier and Fairer Advisory Group (subcommittee)
- Individual Funding Requests Panel (subcommittee) x 2
- ICB subcommittees at place
- Primary Care Strategy and Delivery
- Medicines
- Safeguarding
- Quality and Safety (Area) x 4
- Pharmaceutical Services Regulatory [sub] Committee
- Antimicrobial Resistance and Healthcare Associated Infection
- Mental Health, Learning Disabilities and Autism

3. Joint Committees

The ICB and Partners have established the following joint committees:

North East and North Cumbria Integrated Care Partnership (ICP), and the following Area ICPs:

- **North Area** Integrated Care Partnership (ICP)
- **Central Area** Integrated Care Partnership (ICP)
- **Tees Valley Area** Integrated Care Partnership (ICP)
- **North Cumbria Area** Integrated Care Partnership (ICP)

Appendix 2

Primary Care Services: Allocation of Roles and Responsibilities within the ICB

Delegation of Primary Care Services from NHS England (NHSE) to NHS North East and North Cumbria Integrated Care Board (the ICB)

These tables set out how the ICB has delegated responsibilities within the organisation.

Accountability for Pharmacy, Optometry, and Dentistry was delegated to the ICB from 1 April 2023.

The Primary Care Services delegation is from NHS England to NHS North East and North Cumbria ICB. The ICB has not delegated decisions outside of the ICB (see Primary Care Delegation Agreement Frequently Asked Questions 29 July 2022 – Version 2, Publication reference: PR1749).

For the period 1 April 2023 to 30 June 2023, NHS England staff supporting pharmacy, optometry, and dentistry on behalf of the ICB may not make decisions and instead must make recommendations to the Primary Care Strategy and Delivery Subcommittee or the Pharmaceutical Services Regulations [Sub] Committee (as appropriate) for decision.

Where a decision is urgent, the Board has determined that the Senior Responsible Officer (SRO) for primary care services or his/her named deputy may make primary care services urgent decisions for reporting to Primary Care Strategy and Delivery Subcommittee or the Pharmaceutical Services Regulations [Sub] Committee (as appropriate), or formal ratification by the Executive Committee in line with financial limits.

Appendix 2a

Primary ~~Medical~~ Care Services - delegation to ICB Chief Executive or Executive Director of Finance or ICB Chair

Reference	Delegation	NHS England Approval
1	Taking any step or action in relation to the settlement of a Claim, where the value of the settlement exceeds £100,000	NHS England Head of Legal Services and Local NHS England Team Director or Director of Finance
2	Any matter in relation to the primary care Delegated Functions which is novel, contentious or repercussive	Local NHS England Team Director or Director of Finance or NHS England Region Director or Director of Finance or NHS England Chief Executive or Chief Financial Officer
3	The entering into of any Primary ~~Medical~~ Care Services Contract which has or is capable of having a term which exceeds five (5) years	Local NHS England Team Director or Director of Finance

Appendix 2b

Primary Care Services – reserved to ICB Board

Reference	Delegation
1	Approval of strategies

Appendix 2c(1)

Primary Care Services - delegation of Primary Care Services to Primary Care Strategy and Delivery Subcommittee: **GENERIC**
(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Occupational health contract commissioning and management
2	Escalation of disputes
3	Forward plans for all functions
4	Enabler plans for all functions including estates, workforce and digital
5	Local professional network proposals (for decision)
6	Decisions in respect of Quality Assurance Frameworks
7	Commissioning needs analysis and commissioning of ad-hoc primary care services
8	Decisions in respect of investigations (commencement and outcome excluding Primary Medical Care Services)
9	Clinical Waste contract commissioning and management

Appendix 2c(2)

Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee - **OPTOMETRY**
(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Primary Care Audits - Assurance Framework outcome
2	Optometry National and Local Enhanced Services commissioning and contracting
3	New optometry contracts
4	Variations decisions affecting existing contracts

Appendix 2c(3)

Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee - **DENTISTRY**

(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Commissioning needs analysis for dental services
2	Primary Care Audits - Assurance Framework
3	Dental National and Local Enhanced Services commissioning and contracting
4	New dental contracts
5	Variations decisions affecting existing contracts

Appendix 2c(4)

Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee – **PHARMACY**

(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Primary Care Audits- Community Pharmaceutical Assurance Framework (CPAF)
2	Community Pharmacy National and Local Enhanced Services commissioning and contracting
3	Pharmacy Integration Fund decisions

Appendix 2c(5)

Pharmaceutical Services - Delegation to the Pharmaceutical Services Regulations [Sub] Committee - **PRSC**

(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Determination of applications (current and future)
2	Determination of controlled localities including 'serious difficulty' applications
3	Contract commissioning, performance, and management decisions
4	Designation, review, and cancellations relating to LPS areas
5	Fitness to practice
6	Disputes and appeals

Please refer to the NHS Pharmacy Manual 2023 for full detail breakdown on regulations

Appendix 2c(6)

Primary Medical Services - delegation to Primary Care Strategy and Delivery Subcommittee:

(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Decision to procure a new Primary Medical Services contract[1]
2	Decision to award (following procurement) of a new Primary Medical Services contract[1]
3	Interface and management of assurance to the ICB Executive Committee - ICB wide strategy development and delivery oversight
4	Govern and manage assurance of delegated commissioning from Place to ensure the ICB meets its duties in relation to delegation
5	Strategic oversight of Place operational planning, delivery and management in respect of Primary Medical Services
6	Interface and management of assurance to NHS England North East and Yorkshire region
7	Clinical waste contract oversight (General Practice)
8	National funding scheme development and oversight
9	Quality on Outcomes Framework (QOF) annual sign off of scheme and approval of payments

Reference	Delegation
10	Manage the design (where applicable) and commissioning of any regional services, including re-commissioning these services annually where appropriate
11	Decision making and budget management regarding primary care estates strategies and overarching revenue consequences
12	Decision making and budget management regarding primary care GPIT
13	Revenue decisions relating to premises (affecting more than one Place)
14	Decisions escalated from Place where it exceeds financial limits and risk

Notes
[1] For contracts which have or are capable of having a term which exceeds five (5) years, see Appendix 2a.

General Note
Any matter in relation to the primary medical delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a)

Appendix 2d

Primary Medical Services - ICB subcommittee at place

(decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Management of delegated funds in relation to Primary Medical Services
2	Assessing quality and outcomes (including clinical effectiveness, patient experience, patient safety and addressing inequalities) in collaboration with others in the ICB with responsibility for quality and safety
3	Take decisions relating to dispersing the patient lists of Primary Medical Services Providers at place
4	Approving Primary Medical Services closures including branch closures[1]
5	Manage the Primary Medical Services Contracts and perform all NHSE's obligations under each of the Primary Medical Services Contracts
6	Planning Primary Medical Services including carrying out needs assessments[1]
7	Undertaking reviews of Primary Medical Services
8	APMS contract management

Reference	Delegation
9	Actively manage each of the relevant Primary Medical Services Contracts including agreeing local prices, managing agreements or proposals for local variations and local modifications
10	Commissioning Needs Analysis for Primary Medical Services contracting[1]
11	Disputes
12	Estates (Primary Care)[1]
13	General Practice investigations (for sanctions see Appendix 2a)
14	Home Office Resettlement Schemes
15	Local Resilience Schemes/Support for General Practice Contractors
16	Mergers, boundary changes, list closures, incorporations[1]
17	Patient list management and allocations
18	Primary Care Network (PCN) contracting and commissioning[1]
19	Local Primary Care workforce plans[1]
20	Collation of General Practice data/information; performance management and quality assurance of General Practice
21	Management of Quality and Outcomes Framework (QOF)[2]
22	Winter pressures – primary care
23	Operational Plan
24	Access
25	Manage the design (where applicable) and commissioning of any Local Enhanced Services, including re-commissioning these services annually where appropriate
26	Design and offer Local Incentive Schemes for Primary Medical Services Providers, sensitive to the differing needs of their particular communities. This includes in addition to or as an alternative to the national contractual frameworks (including as an alternative to QOF or Enhanced Services), provided that such schemes are voluntary, and the ICB continues to offer the national schemes.
27	Make decisions on Discretionary Payments or Support at place (subject to available budget)
28	Manage Primary Medical Services Providers providing inadequate standards of patient care at place
29	Revenue decisions relating to premises[1]
30	General Practice sanctions
31	Decision to extend an existing Primary Medical Services contract in accordance with contract terms

Notes

[1] Must be escalated for action or decision to the Primary Care Strategy and Delivery Subcommittee where the action/decision would impact across more than one place.
[2] For authorisation of QOF annual scheme and approval of payments see Appendix 2c(2)

General Note
Any matter in relation to the primary care delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a) via the Primary Care Strategy and Delivery Subcommittee and the Executive Committee.

Appendix 3

Delegation Summaries

NHS North East and North Cumbria has entered into the following delegation agreements from NHS England:

Delegated Functions	Schedule	Effective Date of Delegation
Primary Medical Services Functions	Schedule 2A –	1 July 2022
Primary Dental Services and Prescribed Dental Services Functions	Schedule 2B –	1 April 2023
Primary Ophthalmic Services Functions	Schedule 2C –	1 April 2023
Pharmaceutical Services and Local Pharmaceutical Services Functions	Schedule 2D –	1 April 2023

NHS North East and North Cumbria has not delegated any of its functions to other organisations.

Appendix 4

REMUNERATION GUIDANCE

Introduction

This statement summarises NHS North East and North Cumbria Integrated Care Board's (the ICB) approach to staff remuneration.

The ICB Chair is appointed by NHS England with the approval of the Secretary of State. The ICB Chief Executive is appointed by the ICB Chair subject to approval of NHS England.

The ICB Chair approves the appointment of Board members.

Governance

The ICB has established a Remuneration Committee (made up wholly of non-executive director members) responsible for:

- Approving the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and other persons providing services to the ICB. The ICB is guided by Agenda for Change.

- Approving the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities, except for the following:

- A Panel of the Board (comprising the Chair, Chief Executive and Executive Director lead for people ~~of People~~) determines remuneration for non-executive members of the Board

- Remuneration for the ICB Chair is set by NHS England.

Where a conflict arises then the Chair will remove conflicted parties from the meeting.

GLOSSARY

2006 Act	National Health Service Act 2006
2012 Act	Health and Social Care Act 2012 (this Act amends the 2006 Act)

Chief Executive	An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the ICB:
	• complies with its obligations under:
	  ○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),
	  ○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),
	  ○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and
	  ○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose.
	• exercises its functions in a way which provides good value for money.

Area	The geographical area that the ICB has responsibility for, as defined in Chapter 2 of the Constitution
Audit Committee	A committee of the Board
Board	The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that an ICB has made appropriate arrangements for ensuring that it complies with: • its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and • such generally accepted principles of good governance as are relevant to it.
Board Member	Any member appointed to the Board of the ICB
Budget	A resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any, or all of the functions of the ICB.
Budget Holder	The director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
C***hair of the Board***	The individual appointed by the ICB to act as chair of the Board

Executive Director of Finance	The qualified accountant employed by the ICB with responsibility for financial strategy, financial management and financial governance
Commissioning	The process for determining the need for and for obtaining the supply of healthcare and related services by the ICB within available resources.
Committee	A committee created and approved by the ICB Board
Sub-Committee	A sub-committee created by ICB Board or a committee of the ICB Board, and approved by the Board
Committee Members	Persons formally appointed by the Board to sit on or specific committees.
Constitution	A Constitution is the set of principles and rules by which an organisation is governed and managed.
Board Secretary	A person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the ICB's compliance with the law, Standing Orders, and Department of Health guidance.
Contracting and Procurement	The systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
Director of Public Health	A health care professional who is a specialist in Public Health or a Consultant in Public Health medicine who may hold the post of Director of Public Health.
Financial Directions	Any and all Directions made by the Secretary of State from time to time which relate to financial entitlements and or requirements.
Financial Year	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when an ICB is established until the following 31 March.
Health and Wellbeing Board	The role of the Health and Wellbeing Board is to bring together the Local Authority, Voluntary Sector, Local Healthwatch, NHS and Public health to work together to improve the health and wellbeing of local people.
Health and Wellbeing Strategy	A strategy developed with Local Authorities for the purpose of purpose of advancing the health and wellbeing of the people in its area and implemented by the Health and Wellbeing Board

Healthcare Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Integrated Care System (ICS)	The ICS is a geographical partnership that brings together providers and commissioners of NHS services across the North East and North Cumbria.
Non – Executive Members	Independent members of the Board.
NHS England	NHS England (operating as the National Health Service Commissioning Board Authority prior to its formal establishment as a non-departmental public body).
Officer	Employee of the ICB or any other person holding a paid appointment or office with the ICB.
Officer Member	A member of the ICB who is either an officer of the ICB or is to be treated as an officer (i.e., the Chair of the ICB, or any person nominated by such a committee for appointment as an ICB member).
Registers of Interests	Registers an ICB is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: • the members of the ICB. • the members of its Board. • the members of its committees or sub-committees and committees or sub-committees of its Board; and • its employees.
Remuneration Committee	A Committee of the Board
Scheme of Reservation and Delegation	Delegates powers and authority to the various elements of the ICB.
Standing Orders	The standing orders of the ICB
Standing Financial Instructions	They are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions. They define the purpose, responsibilities, legal framework, and operating environment of the ICB.
Vice-Chair	The non-officer member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

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Appendix 2

NHS
North East and
North Cumbria

Quality and Safety Committee
Terms of Reference

Table of Contents

1. Establishment

The Quality and Safety Committee (the Committee) is established by the North East and North Cumbria Integrated Care Board (ICB) as a Committee of the Board in accordance with its Constitution. These terms of reference (ToR), which form part of the ICB's Governance Handbook, 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 terms of reference are published in the Governance Handbook which is accessible on the ICB's website.

The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

1.1 Purpose

The Committee is responsible for ensuring the appropriate governance systems and processes are in place to commission, monitor and ensure delivery of high quality, safe patient care in services commissioned by the ICB.

In achieving this, the Committee will seek to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience to provide assurance to the Board on the quality, safety and risks of services being commissioned that may impact on the delivery of statutory duties, agreed organisational strategic and operational plans as a result.

2. Roles and responsibilities

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

a. Be assured that there are robust processes in place for the effective management of quality and safety.

b. Scrutinise structures in place to support quality, clinical effectiveness, and safety; planning, control and improvement programmes, to be assured that the structures operate effectively, and timely action is taken to address areas of concern.

c. 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.

d. Oversee and monitor delivery of key statutory requirements in relation to quality, safety and clinical effectiveness.

e. Review and monitor those risks on the board assurance framework and corporate risk register which relate to quality, and high-risk operational risks which could impact on care. Ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.

f. Oversee and scrutinise the ICB’s response to all relevant (as applicable to quality) directives, regulations, national standard, policies, reports, reviews, and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies/external agencies (e.g., Care Quality Commission, National Institute for Clinical Excellence) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

g. Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the Board that these are disseminated and implemented across all sites.

h. Oversee and seek assurance on the effective and sustained delivery of the quality improvement programmes.

i. Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by NHS and independent contractors and place.

j. Receive assurance, including through the Patient Safety Incident Response Framework, that the ICB identifies lessons learned from all relevant sources, including, serious untoward incidents requiring investigation (SIs), never events, safety alerts, complaints and claims and ensures that learning is disseminated and embedded.

k. Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and associated metrics, and that it learns from trusts' learning from deaths reports (including coronial inquests).

l. To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities.

m. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.

n. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for promoting the health and wellbeing of looked after children.

o. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.

p. 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.

q. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines safety and controlled drugs.

r. Scrutinise the robustness of the arrangements and assure compliance with the ICB's statutory duties for patient and public involvement o ensure that the views of patients are properly reflected throughout the commissioning cycle of services commissioned by health development

s. Receive and act upon reports in relation to patient experience to ensure that the views of patients are properly reflected in the development and implementation of ICB quality and safety policies and plans

t. To oversee the development and implementation of a structured and planned approach to the collection and use of patient reported experience in both provider management processes and commissioning decisions, including feedback rom individual consultation in practice and the NHS complaints procedure.

u. Have oversight of and approve the terms of reference and work programmes for the groups reporting into the Committee (e.g., system quality groups, infection prevention

and control, NENC local maternity and neonatal system, safeguarding partnerships/hubs, clinical reference groups etc)

v. Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

w. Approve clinical, quality and safety policies.

2.1 Authority

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any relevant procedures put in place for obtaining professional advice.
Create sub-groups/sub-committees	Create task and finish sub-groups for specific programmes of work. Determine the terms of reference of task and finish sub-groups, in accordance with the ICB Standing Orders and SoRD – but no decisions may be delegated to these groups. Any sub-committees would need to be formally approved by the Board.

2.2 Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation
The Committee is a formal committee of the Board. 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 Board.

2.3 Accountability and reporting

Accountabilities	Description
Draft minutes and reports	The Committee is directly accountable to the Board. The minutes of meetings shall be formally recorded and submitted to the Board, in

	private or public as appropriate. The Secretary formally records the minutes of each meeting. 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 receive scheduled assurance reports from its delegated subgroups and subcommittees. Any subcommittees would need to be formally approved by the Board.
Monitor attendance	Attendance is monitored and profiled as part of the agenda at each Committee meeting. Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand.
Draft annual work plans	The Committee produces an annual work plan in consultation with the Board.
Conduct annual self-assessment	The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference. Any resulting proposed changes to the terms of reference are submitted for approval by the Board. The Committee utilises a continuous improvement approach in its delegation.
Annual Report	The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report includes: • A summary of the business conducted • Frequency of meetings, membership attendance, and quoracy • The committee's self-assessment

3. Committee meetings

3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
Chair	The Committee will be chaired by an Independent Non-Executive Member of the Board.
Deputy Chair	Committee members may appoint a vice chair from amongst the other ICB independent non-executive members.
Absence of Chair or	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number to Chair the meeting.

Composition/ quoracy	Description of expectations
Vice Chair	If the 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.
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 independent non-executive members of the Board. 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 membership of the Committee will be as follows: • Non-Executive Member (**Chair**) • Non-Executive Member (**Vice Chair**) • Executive Medical Director • Executive Chief Nurse • Executive Director of Corporate Governance, Communications and Involvement • 1 x Area Executive Director • 1 x Partner Member, NHS Foundation Trusts • 1 x Partner Member, Primary Medical Care • Director of Public Health or Partner Member, Local Authority • 2 x Director of Nursing (North and North Cumbria) • 2 x Director of Nursing (South and Central) • Director of Midwifery • Director of Allied Health Professions • Director of Medicines • Patient Safety partner Members may ask the Chair to agree a deputy. Those deputies agreed by the Chair will have the same rights and responsibilities as members, and where applicable will form part of the quoracy.
Attendees and procedure for absence	Only members of the Committee have the right to attend Committee meetings, however the Committee may also invite other appropriate individuals to attend all or part of the Committee meetings to provide advice or support particular discussion(s). In addition to the core members, the Committee has nominated the following as attendees: • Director of North East Quality Observatory (NEQOS)

Composition/ quoracy	Description of expectations
	• Healthwatch representative In addition to the core membership and nominated individuals, the Chair may co-opt additional members as appropriate for specific agenda items. 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. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter. **Procedure for absence:** Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.
Quoracy and Procedure for Inquoracy	No business shall be transacted at a meeting unless at least half of the whole number of core members is present and must include: • At least one Non-Executive Member • Either the Executive Medical Director or Executive Chief Nurse and at least one other additional clinician. In the event that a meeting of the Committee is not quorate, the Chair can decide that the meeting will progress, but where decisions are required, they will be deferred to the next meeting when the committee is quorate. **Disqualification:** If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.

3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	The Committee will meet in private and shall meet at least 6 times a year. Arrangements and notice for calling meetings are set out in the ICB's Standing Orders. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.
Open vs closed	Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole

Frequency/ format	Description
	committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information. External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Committee.
Virtual meetings and extra-ordinary meetings	In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.
Conflicts of interest	**Declarations:** All members, and those in attendance, must declare any actual or potential conflicts of interest. This is recorded in the minutes. **Exclusions:** The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.
Decision-making	**Decisions:** 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.
Conduct	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 and Declaration's of Interest Policy.

4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing reports for the Board. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

5. Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V3.0	30.05.23	Board	Annually	Amendments to membership

Review date: May 2024
Contact:

Document control
The controlled copy of this document is maintained by xxx. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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Appendix 3

NHS
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Mental Health, Learning Disabilities and Autism Subcommittee

Terms of Reference

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Establishment

The Mental Health and Learning Disabilities and Autism (MHLDA) sub-committee is a sub-committee of the Executive Committee as established by the North East and North Cumbria Integrated Care Board, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

Terms of reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in the SOP (Establishing Sub Committees).

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

Purpose

The Mental Health, Learning Disabilities and Autism sub-committee is responsible for providing leadership and direction in relation to the delivery and commissioning of all NHS mental health and learning disability services across the life course, including Young People, Adults and Older adults across North East and North Cumbria. This includes:

- North Cumbria
- Northumberland
- North Tyneside
- Newcastle
- Gateshead
- South Tyneside
- Sunderland
- County Durham
- Darlington
- Stockton-on-Tees
- Middlesborough
- Redcar and Cleveland
- Hartlepool

The Mental Health and learning Disabilities and Autism sub-committee is a sub-committee of the North East and North Cumbria (NENC) ICB Executive Committee and will be a decision-making body with executive representation and delegated authority from NENC ICB (see membership & quoracy).

Working through the North and South Partnerships, the Mental Health / Learning Disabilities and Autism sub-committee will ensure strong place-based partnership arrangements in each area to ensure that as a NENC system we:

- Are guided by a clear and coherent strategy, that is evidence based, informed by national priorities and drivers whilst driven and anchored at place.
- Build on system connectivity from neighbourhood and place to the NENC Region.
- Reduce complexity, duplication and unwarranted variation.

- Strengthen representation and co-production with people with lived experience and their carers.
- Continually strengthen and improve service delivery.
- Make the best use of financial resources, to ensure that they are used efficiently and targeted at the areas of the greatest need.

Roles and responsibilities

The MHLDA sub-committee will perform the following roles:

- Provide strategic leadership and direction to meet the agreed objectives of the ICB and wider system as recommended by the Integrated Care Partnership (ICP) with regard to Mental Health, Learning Disabilities and Autism services
- Provide executive oversight of the structures to ensure robust quality governance, quality improvement, and operational performance delivery of Services across NENC ICB
- Ensure the development and delivery of effective implementation plans.
- Ensure that any risks are promptly and rigorously identified and mitigated.
- Oversee financial and contracting models
- To provide executive oversight against the NHS Long Term Plan, including delivery against the mental health investment standard (MHIS) and Learning Disability and Autism Transformation priorities
- To manage any conflicts of interest and issues as they occur.

The MHLDA sub-committee will be responsible for the oversight, development and delivery of integrated commissioning, ensuring the adoption and incorporation of the principles for managing investment and expenditure for the integrated community framework for mental health as outlined in NENC ICS Mental Health Collaborative planning framework.

The Sub-committee will:

- Provide visible leadership, direction, and commitment across the Mental Health, Learning Disabilities and Autism Strategic Partnership.
- Promote effective communication of the Mental Health, Learning Disabilities and Autism Strategic Partnership's goals and progress to all relevant stakeholders.
- In consultation with the Executive Director of Corporate Governance, Communications and Involvement, oversee local stakeholder involvement, engagement and consultation on those areas that may represent any significant service change within each placed based area of responsibility, and
- Receive regular progress reports from the Mental Health, Learning Disabilities and Autism Task and Finish Groups, reference groups and programme workstreams

Duties

The MHLDA sub-committee will ensure the ongoing development of a partnership approach with NHS, Local Authorities, VCSE and Independent Providers to ensure strong oversight, development and delivery of an approach to mental health which addresses population needs, reduces health inequalities, and create a voice that will influence, challenge and support transformation to meet population need.

The MHLDA sub-committee members will seek to reach consensus in providing advice and steer from and to place-based systems and strategic governance structures. Where consensus cannot be reached, views that oppose the majority will be recorded and presented with reports/advice to the MHLDA sub-committee to ensure balanced and transparent reporting. Notwithstanding that there may be views recorded that oppose the majority, all decisions will be made by the members which make up the quoracy (as described below).

The sub-committee members are expected to act as ambassadors for the MHLDA and engage their organisations in the development of the programme of work. Where an organisation's Board raises concerns about the recommendations or progress of the agreed programme, the respective senior representative will manage and address the concerns and report back to the Executive and/or Board of their individual organisations.

Where there is an opportunity of new funding allocated by NHS England for mental health, the MHLDA sub-committee will investigate opportunities for collaborative programmes where appropriate and beneficial for our population. The MHLD will make recommendations to the Executive Committee for decision, to ensure conflicts of interest are appropriately managed.

The MHLDA sub-committee will support the delivery of the North East and North Cumbria (NENC ICS) Mental Health, Learning Disability and Autism Strategic Delivery Plans and local priorities across the geographical footprint of the Northern Region.

The MHLDA sub-committee will develop and agree an annual workplan and support any associated task and finish groups. The MHLDA sub-committee will receive regular progress reports from the MHLDA Task and Finish Groups regarding plans, risks and issues. This will include the appraisal of programme deliverables and any variation to time, cost and quality

The MHLDA sub-committee will recognise the need to do things differently due to:

- the need to transform care and support within the community
- the financial and reputation risks to the health economy of the current model of delivery
- achievement of parity of esteem
- delivery of high-quality services
- delivery of person-centred care, and
- better value from each pound of investment

Authority

The sub-committee is authorised to instigate any activity within its terms of reference and to seek information as necessary ensuring delivery within agreed budgets and governance arrangements.

The sub committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.

The sub committee is authorised to:	
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Investigate	Commission reports required to help fulfil its obligations from the ICB or its support organisation NECS. Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Executive Director of Finance. Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the sub committee.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the sub committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Groups	Groups may be established by the sub committee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation
Decision on areas of priority relating to MHLD system transformation, that are aligned to NHSE, ICB, Place strategic drivers and population health and wellbeing. Decisions on financial investment relating to MHIS, SDF and other adhoc funding where quoracy is confirmed and within financial limits of the ICB Executives present at the meeting/s and as set out in the ICB's Financial Limits and Financial Delegations. Where the ICB Executive's financial limits are exceeded then decisions must be referred to the ICB Executive Committee.

Accountability and reporting

The sub committee is accountable to its parent committee and reports to its parent committee on how it discharges its responsibilities.

The sub-committee will report on progress to the various organisations' executive management Boards.

The agenda and notes of meetings will be agreed by the Chair and circulated to all members for approval and ratification.

The sub-committee will secure the attendance or advice of such persons, including individuals with relevant experience and expertise, as it considers necessary.

In addition:

Accountabilities	Description
Draft minutes and reports	The secretary formally records the minutes of each meeting. The chair of the sub committee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.
Monitor Attendance	Attendance is monitored and profiled as part of the agenda at each sub committee meeting. Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.
Draft annual work plans	The sub committee produces an annual work plan in consultation with its parent committee.
Conduct annual self-assessment	The sub committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference. Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Sub Committees' SoP. The sub committee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.
Annual Report	The sub committee provides its parent committee with an annual report, timed to support finalisation of the accounts and the governance statement. The report includes: • The governance cycle • A summary of the business conducted, • Frequency of meetings, membership attendance, and quoracy • The committee's self-assessment

Committee meetings

This section sets out meeting:

- Composition and quoracy

- Frequency and formats
- Procedures

Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Where the Chair has determined, and has given two weeks' notice to the Board, that a key item will be discussed, members (or their deputies proxies) of all organisations that the Chair determines should be present unless that organisation has instead chosen to make a written submission.

Composition/ quoracy	Description of expectations
Chair	Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board)
Deputy Chair	Sub committee members may appoint a vice chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
Membership	The membership will include the following or their deputies as agreed with the Chair: • ICB Executive Area Director North **Chair** • ICB Executive Chief of Strategy and System Oversight • ICB Director of Transformation Mental Health, Learning Disabilities and Autism • ICB Finance Director • ICB Finance Deputy Director • ICB Nursing Director • ICB Medical Director • ICB Mental Health Programme Lead • ICB Learning Disabilities and Autism Programme Lead • ICB Primary Care Representative • ICB Director of Place South representative • CNTW CEO • TEWV CEO • CNTW Medical Director or Director of Nursing • TEWV Medical Director or Director of Nursing • CNTW COO **Non voting member** • TEWV COO **Non voting member** • CNTW DOF • TEWV DOF • Lived Experience Representative Mental Health

Composition/ quoracy	Description of expectations
	• Lived Experience Representative Learning Disabilities • Lived Experience Representative Autism • DASS Local Authority Representative • DCSS Local Authority Representative • DPH Local Authority Representative • ICS lead for Data and Digital – **Non Voting member** Deputies as agreed by the Chair have the same voting rights as those that they are deputising for. **EDI:** When determining the membership of the group, consideration will be given to diversity and equality. **Involvement:** In determining membership consideration will be given to the need for a patient and public involvement member. **ICS:** Membership may be from across the Integrated Care System. However, the balance of membership must sit with the ICB. **Conflicts**: Consideration must be given to material conflicts in the appointment of members.
Attendees and procedure for absence	Only members have the right to attend meetings. Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so. **Procedure for absence:** Where a member or any regular attendee of the sub committee is unable to attend a meeting, a suitable alternative may be agreed with the chair. The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.
Quoracy and Procedure for Inquoracy	**Threshold:** A minimum of half the membership and where the ICB members present exceeds the other members present. **Absence:** Where members are unable to attend, they should agree this with the chair. **Disqualification:** If any member of the sub committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum. **Inquoracy:** If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.

Frequency and formats

This section on Sub Committee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	The sub committee will meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the sub committee chair. The parent committee chair may ask the sub committee to convene further meetings to discuss particular issues on which they want the sub committee's advice.
Public vs closed	Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole sub-committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information. External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the sub committee.
Virtual meetings and extra-ordinary meetings	In accordance with the Standing Orders, the sub committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Procedures

Procedure	Description of rules and expectations:
Agenda	The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.
Conflicts of interest	**Declarations:** All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes. **Exclusions:** The sub committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.
Decision-making	**Decisions:** Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.

Conduct	The sub committee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

Secretariat and administration

This section describes the functions of the secretariat whose role is to support the sub committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the sub committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for sub committee members

Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	17/01/23	Scott Vigurs	First Issue

V 1.1	12/2/2023	Kate OBrien	Second Issue
V0-3	11/4/2023	Irene Walker	Third draft

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
V1.0	30.05.23	Board	N	

Review date: May 2024

Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Item: 10.3

NHS
North East and North Cumbria

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

BOARD 30 May 2023	
Report Title:	**Constitution of the NHS North East and North Cumbria Integrated Care Board**

Purpose of report

To present the Board with an updated Constitution for the North East and North Cumbria Integrated Care Board (the ICB).

Key points

The Health and Care Act 2022 (the Act) established integrated care boards as part of integrated care systems on 1 July 2022. The aim of the Act was to bring health and care organisations together to provide greater opportunities for collaboration and a shared responsibility for health of local populations in the planning and delivery of services to tackle health inequality and improve quality and outcomes.

The NHS North East and North Cumbria Integrated Care Board (the ICB) is the statutory decision-making body for the commissioning of health services and responsible for the effective stewardship of NHS spending for all the people living in the North East and North Cumbria.

The Constitution and supporting documents set out the framework for the ICB to delegate decision-making authority, functions and resources. The Constitution is fully compliant with NHS England requirements and was formally approved by NHS England on 27 May 2022. It has subsequently been updated on by the Board at its meeting on 29 November 2022 and approved by NHS England on 22 December 2022.

A further update it now required following the constitutional changes to the establishment of the two unitary Local Authorities, Cumberland, Westmorland and Furness as from the 1 April 2023. The revision of the Constitution document reflects this change along with a small number of other minor amendments needed.

These are summarised below and highlighted within the attached Constitution for ease of reference:

All hyperlinks within the constitution document that refer to published documentation have been revised to reflect the correct website link: "North East and North Cumbria ICB".

- Section 1.3.1 – Area Covered by the Integrated Care Board – updated the unitary councils to 'Cumberland' and 'part of Westmorland and Furness (the former Eden District Council area)'
- Section 2.2.2 – Reference to (a) 'In addition' to the statutory minimum of two Non-Executive Members, replace the number (2) to (3) to take account of the geographical size and complexity of the ICS area
- Section 2.2.2 – Reference to (b) the executive role title: One 'Executive Chief People Officer' – updated to 'One Executive Director of Improvement and Experience'
- Section 2.2.2 – Reference to (b) the executive role title: One 'Executive Director of Strategy and System Oversight' – updated to 'One Executive Chief of Strategy and Operations'
- Section 2.2.2 – Reference to (b) the executive role title: 'Two Executive Directors of Place Based Delivery' – updated to 'Two Executive Area Directors'.
- Section 2.2.3 – Reference to (j) 'One Executive Chief People Officer' – updated to 'One Executive of Improvement and Experience'
- Section 2.2.3 – Reference to (l) 'One Executive Director of Strategy and System Oversight' – updated to 'One Executive Chief Strategy and Operations'
- Section 2.2.3 – Reference to (m) 'Two Executive Directors of Place Based Delivery' – updated to 'Two Executive Area Directors'
- Section 2.3.2 – Participants - addition of 'subject to the selection and appointment process as set out in section 3 for partner members to b) and c)
- Section 3.7.1 – Partner Member(s) – Eligible Local Authorities. Replace (a) Cumbria County Council with 'Cumberland Council'. Insert (d) to read 'Furness and Westmorland Council'
- Section 3.7.2 – Partner Member(s) – eligibility criteria updated to include' one member must also fulfil a leadership role of either chief executive or council leader within the respective local authority area'
- Section 3.8 – Wording amendment from "Medical Director" to read "Executive Medical Director".
- Section 3.11.1 – Wording amendment to the ICB will appoint four "Non-Executive Members" changed to five.
- Section 4.6.1 – Wording amendment from 'appoint' to read 'establish' subcommittees.
- Section 4.6.3 – Remove context wording 'For the avoidance of doubt, committees may not establish subcommittees without Board approval'.

The updated Constitution is attached at **Appendix 1.**

Risks and issues

The Constitution is a key governance document and will require to be kept under review to ensure any changes reflect current legislation, guidance and the ICB's Operating Model.

Assurances

The Constitution changes reflect the two newly established Local Authorities within the ICB area as from 1 April 2023.
The Constitution is fully compliant with NHS England requirements.

Recommendation/action required

Item: 10.3

The Board is asked to: • Approve the amendments as set out in the summary above. • Agree for the Constitution to be submitted to NHS England for formal approval.
Acronyms and abbreviations explained
All abbreviations and acronyms have been explained within this document.

Sponsor/approving executive director	Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Date approved by executive director	Insert date
Reviewed by	D Cornell, Director of Corporate Governance and Involvement
Report author	L Hutchinson, Senior Corporate Governance Lead

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues						
Health and Care Act 2022						
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
Has there been/does there need to be appropriate clinical involvement?	Not applicable
Has there been/does there need to be any patient and public involvement?	Not applicable (original Constitution was subject to wide engagement)
Has there been/does there need to be partner and/or other stakeholder engagement?	Not applicable (original Constitution was subject to wide engagement)

NHS
North East and
North Cumbria

NHS North East and North Cumbria Integrated Care Board

CONSTITUTION

Version	Changes	Date approval recommended by the ICB	Date Approved by NHS England	Effective date
V1.0	First version	N/A	27 May 2022	1 July 2022
V1.1	Incorporating technical amendments required by NHSE (all ICBs)	November 2022	20 December 2022	20 December 2022
V2.0	Amendments as follows: All hyperlinks within the constitution document that refer to published documentation have been revised to reflect the correct website link: "North East and North Cumbria ICB". **1.3 Areas of ICB** • 1.3.1 - The establishment of two unitary local authorities, Cumberland and Westmorland and Furness from 01 April 2023. **2.2 - Board Membership** • 2.2.2 – (a) replaced two non-executive members to three to cover geographical size. • 2.2.2 – (b) Executive role titles revised. • 2.2.3 – Change in Executive role titles **3. Appointments Process for the Board** **3.7 – Partner Member(s) – Eligible Local Authorities** • 3.7.1 – Changes to two local authority names. • 3.8 – Medical Director title changed to "Executive Medical Director". **3.11 – Four Non-Executive Members** • 3.11.1 – Replace the ICB will appoint four Non-Executive Members to five. **4.6 Committees and Subcommittees** • 4.6.1 - Removal of non required context. • 4.6.3 – Removal of non required context.	May 2023	xxxx	xxxx

CONTENTS

1. Introduction

1.1 Background/ Foreword

NHS England has set out the following as the four core purposes of ICSs:

a) improve outcomes in population health and healthcare
b) tackle inequalities in outcomes, experience and access
c) enhance productivity and value for money
d) help the NHS support broader social and economic development.

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible

NHS North East and North Cumbria Integrated Care Board (the ICB) is the statutory decision-making body of the North East and North Cumbria Integrated Care System (ICS). The ICB is responsible for the commissioning of health services and the effective stewardship of NHS spending for all people who live in the North East and North Cumbria.

We are the largest ICS in the country, with a population of 3 million people spread across large conurbations and some of the most rural and isolated parts of England. Our ICS covers thirteen locality areas and all of these places are rightly proud of their history and are ambitious for their future so we are determined to play our part in improving the health of all our communities, ensuring the health and care services they receive are of the highest quality, and contributing to their development.

The North East and North Cumbria has much to be proud of with some of the most accessible primary care services and best performing emergency care in the country. We are known for innovation with a track record of ground-breaking surgery, pioneering new treatments and research programmes, world-class facilities and national centres of excellence. We have also made huge progress to improve the health of our communities in some key areas such as stroke, heart attacks, the prevalence of smoking in adults and teenage pregnancies.

However, overall public health in our region is still amongst the worst in the country and we face some of the starkest health inequalities. Our ambition is

to change that. We want our ICB to be the leading system in England for people in terms of their experience of care and their outcomes of care. We don't just want to add years to people's lives and life expectancy, we also want to improve our population's quality of life from birth through to living well and ageing well.

In consultation with local partners, the ICB will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. In developing this plan and carrying out our work, the ICB must have regard to the Integrated Care Strategy set by our Integrated Care Partnership (ICP) – a statutory committee of the ICB and the thirteen local authorities in the North East and North Cumbria – which in turn will be informed by the joint health and wellbeing strategies published by each of the health and wellbeing boards in our area.

As a system we recognise that there are significant benefits in working together at scale and that local plans need to be complemented with a common vision and shared strategy for the North East and North Cumbria as a whole, so that we strive to deliver the very best healthcare, accelerate innovation and ensure the NHS – as a network of 'anchor institutions' in each of our communities – plays its part in the wider economic development of our region.

However, this constitution and its supporting documents also creates the framework for the ICB to delegate decision-making authority, functions and resources to our 14 places to ensure that we meet the diverse needs of our citizens and communities. These place-based partnerships, overseen by health and wellbeing boards, and including councils, health and care providers, the voluntary community and social enterprise sector and Healthwatch, are key to achieving the ambitious improvements we want to see.

The ICB is committed to meaningful conversations with the communities it serves and highly values the feedback that people share with us. We recognise too that effective approaches to equality, diversity and inclusion leads to improved health delivery and greater staff and patient experiences of the NHS. We want to ensure that everyone working and learning in our ICS can develop and thrive in an inclusive environment that embraces diversity helping us to tackle health inequalities through a whole systems approach.

Effective public involvement, particularly with those with lived experience and who are seldom heard, ensures that we make the right decisions together about our health and care services, and that is why we have included as participants on our Board both the ICS HealthWatch Network and the ICS Voluntary Sector Partnership to ensure that the voice of our citizens, service-users and communities of interest are at the heart of our health and care

system. These conversations will be a key part of our journey over the months and years ahead.

This document – our constitution – sets out how we will organise ourselves to meet these ambitions to provide the best health and care, ensuring that our decisions are always taken in the interest of the patients and populations that we are proud to serve.

1.2 Name

1.2.1 The name of this Integrated Care Board is NHS North East and North Cumbria Integrated Care Board ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB comprises the following fourteen unitary councils: -

- County Durham
- Cumberland (excluding the following Lower Layer Super Output Areas (LSOAs): E01019283, E01019289, E01019290, E01019293, E01019298, and E01019299)
- Darlington
- Gateshead
- Hartlepool
- Middlesbrough
- Newcastle upon Tyne
- North Tyneside
- Northumberland
- Redcar and Cleveland
- South Tyneside
- Stockton-on-Tees
- Sunderland

and

Part of Westmorland and Furness (the former Eden District Council area)

1.4 Statutory Framework

1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its constitution (section 14Z29). This Constitution is published at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
c) Duties in relation to children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
d) Adult safeguarding and carers (the Care Act 2014)
e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35);
f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000), and
g) Provisions of the Civil Contingencies Act 2004

1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under:

a) section 14Z34 (improvement in quality of services),
b) section 14Z35 (reducing inequalities),
c) section 14Z38 (obtaining appropriate advice)
d) section 14Z40 (duty in respect of research),
e) section 14Z43 (duty to have regard to effect of decisions)
f) section 14Z45 (public involvement and consultation),
g) sections 223GB to 223N (financial duties), and
h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).

1.5 Status of this Constitution

1.5.1 The ICB was established on 1 July 2022 by *[name and reference of establishment order when received]*, which made provision for its Constitution by reference to this document.

1.5.2 This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

1.5.3 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure[6] and that application is approved; and

b) where NHS England varies the Constitution on its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the Constitution is as follows:

c) The Chair and/or Chief Executive may periodically propose amendments to the Constitution, which shall be submitted to the Board for approval. Agreed proposed changes will then be submitted to NHS England for approval

d) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

1.7.1 This Constitution is also supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

1.7.2. The following are appended to the constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a Constitution:

a) **Standing orders–** which set out the arrangements and procedures to be used for meetings and the selection and the processes to appoint the ICB committees.

1.7.3 The following do not form part of the Constitution but are required to be published.

a) **The Scheme of Reservation and Delegation (SoRD) –** sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

b) **Functions and Decision Map –** a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).

c) **Standing Financial Instructions –** which set out the arrangements for managing the ICB's financial affairs.

d) **The ICB Governance Handbook –** This brings together all the ICB's governance documents so it is easy for interested people to navigate. It includes:

- The above documents a) – c)
- Terms of reference for all committees and sub-committees of the Board that exercise ICB functions.
- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- The up-to-date list of eligible providers of primary medical services under clause 3.6.2
- Committee structure
- Remuneration Guidance

e) **Key policy documents –** which should also be included in the Governance Handbook or linked to it including, but not limited to:
- Standards of Business Conduct and Declarations of Interest Policy
- Communities and People Involvement and Engagement Strategy for the North East and North Cumbria.

2. Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section 3.

2.1.2 Further information about the individuals who fulfil these roles can be found on our website at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as "the Board" and members of the ICB are referred to as "Board Members") consists of:

a) A Chair
b) A Chief Executive
c) At least three Ordinary Members.

2.1.4 The membership of the ICB (the Board) shall meet as a unitary Board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England Policy, requires the ICB to appoint the following additional Ordinary Members:

a) three Executive Members, namely:
   - Director of Finance
   - Medical Director
   - Director of Nursing

b) At least two independent non-executive members.

2.1.6. The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in section 3**:**

- NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description
- the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
- the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.

While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The Board has eight Partner Members:

a) Two Partner Members – NHS and Foundation Trusts
b) Two Partner Members – Primary medical services
c) Four Partner Members – Local Authorities

This is in order to take account of the geographical size and complexity of the ICS area.

2.2.2 The ICB has also appointed the following further Ordinary Members to the Board:

a) In addition to the statutory minimum of two Non Executive Members, a further ~~two~~ three are added in order to take account of the geographical size and complexity of the ICS area and the need for independent leadership of key committees.

b) In addition to the statutory minimum executive roles (Medical Director, Director of Nursing, Director of Finance – which in our ICB will be called the Executive Medical Director, Executive Chief Nurse, and Executive Finance Director), a further seven member director roles will be created. The precise portfolios of these additional roles will be at the discretion of the Chair and Chief Executive. These will be:

- One Executive ~~Chief People Officer~~ Director of Improvement & Experience
- One Executive Chief Digital & Information Officer
- One Executive Director of Innovation
- One Executive Director of Corporate Governance, Communications and Involvement
- One Executive ~~Director of Strategy and System Oversight~~ Chief of Strategy & Operations
- Two Executive Area Directors ~~of at Place Based Delivery~~ – one covering the 'North' (North: Gateshead, Newcastle upon Tyne, North Tyneside and Northumberland) and North Cumbria; and one covering the 'Central' and 'South': (Central: County Durham, South Tyneside and Sunderland; South: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, Stockton-on-Tees).

2.2.3 The Board is therefore composed of the following members:

a) Chair
b) Chief Executive
c) Two Partner member(s) NHS and Foundation Trusts
d) Two Partner member(s) Primary medical services
e) Four Partner member(s) Local Authorities
f) Four Non Executive Members
g) One Executive Finance Director
h) One Executive Medical Director
i) One Executive Chief Nurse
j) One Executive ~~Chief People Officer~~ Director of Improvement & Experience
k) One Executive Chief Digital & Information Officer
l) One Executive ~~Director of Strategy and System Oversight~~ Chief of Strategy & Operations
m) Two Executive Area Directors ~~of Place Based Delivery~~ – North and North Cumbria and Central and South
n) One Executive Director of Innovation
o) One Executive Director of Corporate Governance, Communications and Involvement

Other Board-level Director roles of the ICB (attending as participants rather than voting members) will be at the discretion of the Chair and Chief Executive.

2.2.4 The Chair will exercise their function to approve the appointment of the ordinary members with a view to ensuring that at least one of the Ordinary or Partner Board Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

2.2.5 The Board will keep under review the skills, knowledge, and experience that it considers necessary for members of the Board to possess (when taken together) in order for the Board effectively to carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

2.3.1 The Board may invite specified individuals to be Participants or Observers at some of its meetings (or parts of its meetings) in order to inform its decision-making and the discharge of its functions as it sees fit. Participants will receive advanced copies of the notice, agenda and papers for Board

meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

2.3.2 Participants will include:

a) ICB directors with specific portfolio areas
b) Representative from North East and North Cumbria ICS Healthwatch Network(subject to the selection and appointment process as set out in section 3 for partners members)
c) Representative from the North East and North Cumbria Voluntary, Community and Social Enterprise Partnership (subject to the selection and appointment process as set out in section 3 for partner members)
d) Any other person identified by the Chair

2.3.3 Observers will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

2.3.4 Participants and / or observers may be asked to leave the meeting by the Chair in the event that the Board passes a resolution to exclude the public as per the Standing Orders.

3. Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership

3.1.1 Each member of the ICB must:

a) Comply with the criteria of the “fit and proper person test”
b) Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles)
c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.2 Disqualification Criteria for Board Membership

3.2.1 A Member of Parliament

3.2.2 A person whose appointment as a Board member (“the candidate”) is considered by the person making the appointment as one which could

reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted –

a) in the United Kingdom of any offence, or
b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.7 A health care professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated
b) the person's erasure from such a register, where the person has not been restored to the register
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:
a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under –

a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

3.3.1 The Chair is to be appointed by NHS England, with the approval of the Secretary of State.

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria

a) The Chair will be independent.
b) Any other criteria as may be set out in any NHS England guidance

3.3.3 Individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area.
b) Any of the disqualification criteria set out in 3.2 apply

3.3.4 The term of office for the Chair will be three years and the total number of terms a Chair may serve is three.

3.4 Chief Executive

3.4.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

3.4.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England.

3.4.3 The Chief Executive must fulfil the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Meets the Person Specification for the role
c) No further local criteria proposed
d) Any other criteria as may be set out in any NHS England guidance

3.4.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) Subject to clause 3.4.3(a), they hold any other employment or executive role.

3.5 Partner Member(s) – NHS Trusts and Foundation Trusts

3.5.1 These Partner Members are jointly nominated by the NHS trusts and/or foundation trusts which provide services for the purposes of the health service within the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the 20evel of services provided condition.

3.1. County Durham and Darlington NHS Foundation Trust
3.2. Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust
3.3. Gateshead Health NHS Foundation Trust

3.4. Newcastle upon Tyne Hospitals NHS Foundation Trust
3.5. North Cumbria Integrated Care NHS Foundation Trust
3.6. North East Ambulance Service NHS Foundation Trust
3.7. North Tees and Hartlepool NHS Foundation Trust
3.8. North West Ambulance Service
3.9. Northumbria Healthcare NHS Foundation Trust
3.10. South Tees Hospitals NHS Foundation Trust
3.11. South Tyneside and Sunderland NHS Foundation Trust
3.12. Tees, Esk and Wear Valleys NHS Foundation Trust

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be the Chief Executive or an Executive Director of one of the NHS Trusts or Foundation Trusts within the ICB's area
b) Fulfil any other criteria as may be set out in NHS England guidance
c) Declare themselves willing to serve as a full member of a unitary Board, *inter alia* responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions even where these may be unpopular or attract criticism.
d) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.

3.5.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHS England guidance applies.
c) They cannot provide unequivocal assurances in relation to the criteria in 3.5.2 c) or d).

3.5.4 These members will be approved by the ICB Chair, supported by an Appointments Panel. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process to increase diversity on the Board. The appointment process will include both nomination and selection elements.

3.5.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.5.1.a will be invited to make nominations.

- Eligible organisations may nominate individuals from their own organisation or another organisation
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive or ICB Chair.
- The panel will assess the suitability of the nominees against the requirements of the role and will include ensuring that equality, diversity and inclusion is taken into account at each stage of the selection and appointment process to increase diversity on the Board. We will also look to ensure a breadth of perspectives from across our whole ICS geography
- The role requirements will be published before the nomination process is initiated and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.5.6 The term of office for these Partner Members will be up to four years. Their service will be limited to two terms but at the end of each term of office, the sector will be asked if there are alternative nominations for this role. Should there be more eligible nominations than positions available, then the appointments process will be followed. If no additional nominations are received and the incumbent postholder remains eligible in line with the criteria outlined at 3.1 and 3.5.3, then they will be considered for reappointment to the role.

3.5.7 On first appointment to the role, the ICB may stagger the end date of the length of the term of office to avoid all terms of office expiring at the same time.

3.6 Partner Member(s) – Providers of Primary Medical Services.

3.6.1 These Partner Members are jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.6.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this Constitution.

3.6.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be a provider of primary medical services within the ICB's area
b) Fulfil any other criteria as may be set out in NHS England guidance
c) Declare themselves willing to serve as a full member of a unitary Board, *inter alia* responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions even where these may be unpopular or attract criticism.
d) Agree that they will bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from any part of that sector.

3.6.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHSE guidance apply
c) They cannot provide unequivocal assurances in relation to the criteria in 3.6.3 c) or d).

3.6.5 This member will be approved by the ICB Chair, supported by an Appointments Panel.

3.6.6 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation described at 3.6.1 and listed in the Governance Handbook will be invited to make nominations.
- Eligible organisations may nominate individuals from their own organisation or another organisation
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive or Chair.
- The panel will assess the suitability of the nominees against the requirements of the role and will include ensuring that equality, diversity and inclusion is taken into account at each stage of the selection and appointment process to increase diversity on the Board. We will also look to ensure a breadth of perspectives from across our whole ICS geography
- The role requirements will be published before the nomination process is initiated and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.6.7 The term of office for this Partner Member will be up to four years. Their service will be limited to two terms but at the end of each term of office, the sector will be asked if there are alternative nominations for this role. Should there be more eligible nominations than positions available, then the appointments process will be followed. If no additional nominations are received and the incumbent postholder remains eligible in line with 3.1 and 3.5.3 above, then they will be considered for reappointment to the role.

3.6.8 On first appointment to the role, the ICB may stagger the end date of the length of the term of office to avoid all terms of office expiring at the same time.

3.7 Partner Member(s) – eligible local authorities

3.7.1 These Partner Members are jointly nominated by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) ~~Cumbria County Council~~Cumberland Council
b) Darlington Borough Council
c) Durham County Council
~~c)~~d) Furness & Westmorland Council
~~d)~~e) Gateshead Council
~~e)~~f) Hartlepool Borough Council
~~f)~~g) Middlesbrough Council
~~g)~~h) Newcastle upon Tyne City Council
~~h)~~i) North Tyneside Council
~~i)~~j) Northumberland County Council
~~j)~~k) Redcar & Cleveland Borough Council
~~k)~~l) South Tyneside Council
~~l)~~m) Stockton-on-Tees Borough Council
~~m)~~n) Sunderland City Council

3.7.2 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Fulfil any other criteria as may be set out in NHS England guidance

b) Declare themselves willing to serve as a full member of a unitary Board, *inter alia* responsible for stewardship of NHS funds and be bound by individual and collective accountability for decisions even where these may be unpopular or attract criticism

c) Agree that they will bring knowledge and perspective from their sectors but not be delegates or carry agreed mandates from any part of that sector.

d) One member must also fulfil a leadership role as either chief executive or council leader within their respective local authority area

3.7.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHSE guidance applies
c) They cannot provide unequivocal assurances in relation to the criteria in 3.7.2 b) or c).

3.7.4 This member will be approved by the ICB Chair, supported by an Appointments Panel.

3.7.5 The appointment process will be as follows:

a) Partner members will be nominated jointly by their respective sector in line with the requirements of the Act and related Guidance.

b) Nominated individuals who meet the criteria outlined at 3.1 and 3.5.3 will complete an application process against a published role specification.

c) Selection and appointment processes will be designed to take account of equality, diversity and inclusion at each stage of the process to increase diversity on the Board. We will also look to ensure a breadth of perspectives from across our whole ICS geography, with members that bring expertise from key professional backgrounds including adults' services, children's services, and public health.

3.7.6 **a) Joint Nomination:**

- When a vacancy arises, each eligible organisation listed at 3.7.1.will be invited to make nominations.
- Eligible organisations may nominate individuals from their own organisation or another organisation
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive
- The panel will assess the suitability of the nominees against the requirements of the role and will include ensuring that equality, diversity and inclusion is taken into account at each stage of the selection and appointment process to increase diversity on the Board. The role requirements will be published before the nomination process is initiated and will confirm that nominees meet the requirements set out in clause 3.7.2 and 3.7.3
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.7.7 The term of office for this Partner Member will be up to four years. Their service will be limited to two terms but at the end of each term of office, the sector will be asked if there are alternative nominations for this role. Should there be more eligible nominations than positions available, then the appointments process will be followed. If no additional nominations are received and the incumbent postholder remains eligible in line with 3.1 and 3.5.3 above, then they will be considered for reappointment to the role.

3.7.8 On first appointment to the role, the ICB may stagger the end date of the length of the term of office to avoid all terms of office expiring at the same time.

3.8 Executive Medical Director

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Medical Practitioner

3.8.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHS England guidance applies.

3.8.3 This member will be appointed by the Chief Executive supported by an Appointments Panel headed by the Chair or Non-Executive Member of the Board and the recommended appointment will be subject to the approval of the Chair. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process.

3.9 Executive Chief Nurse

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Nurse
c) Any other criteria set out by NHS England's guidance.

3.9.2 Individuals will not be eligible if:
a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHS England guidance applies.

3.9.3 This member will be appointed by the Chief Executive supported by an Appointments Panel headed by the Chair or Non-Executive Member of the Board and the recommended appointment will be subject to the approval of the Chair. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process.

3.10 Executive Finance Director

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Full membership of a recognised professional Chartered Accountancy Body.
c) Any other criteria set out by NHS England's guidance

3.10.2 Individuals will not be eligible if:
a) Any of the disqualification criteria set out in 3.2 apply

b) Any other exclusion criteria set out in NHS England guidance applies.

3.10.3 This member will be appointed by the Chief Executive supported by an Appointments Panel headed by the Chair or Non-Executive Member of the Board and the recommended appointment will be subject to the approval of the Chair. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process.

3.11 Non-Executive Members

3.11.1 The ICB will appoint five ~~four~~ Non-Executive Members.

3.11.2 These members will be approved by the ICB chair, supported by an Appointments Panel.

3.11.3 The appointments will be made following an openly advertised application. A panel will be established and chaired by the ICB Chair to assess the applications and interview suitable applicants. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process to increase diversity on the Board.

3.11.4 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Not be employee of the ICB or a person seconded to the ICB
b) Not hold a role in another health and care organisation in the ICB area
c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
d) One should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee
e) One should have specific knowledge, skills and experience that makes them suitable to express an informed view about the ICB's duty in relation to patient and public involvement
f) One to undertake the role of Senior Independent Non-Executive Member
g) Will be living in, or have a connection to, the area covered by the ICB (as described at 1.3.1)
h) Any other criteria set out by NHS England.

3.11.5 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

b) They hold a role in another health and care organisation within the ICB area
c) any additional criteria set out in NHS England guidance applies
d) any additional criteria proposed by the ICB applies.

3.11.6 The term of office for a Non-Executive Member will be up to three years and the total number of terms an individual may serve is three terms after which they will no longer be eligible for re-appointment.

3.11.7 Initial appointments may be for a shorter period in order to avoid all non-executive members leaving office at once.

3.11.8 Subject to satisfactory appraisal and the support of the Chief Executive, the Chair may approve the re-appointment of a Non-Executive Member up to the maximum number of terms permitted for their role.

3.12 Other Board Members

3.12.1 Additional Board members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

b) Any other criteria set out by NHS England's guidance

3.12.2 Individuals will not be eligible if:
a) Any of the disqualification criteria set out in 3.2 apply
b) Any other exclusion criteria set out in NHS England guidance applies.

3.12.3 Additional Executive Board Members (listed at 2.2.2(b) will be appointed by the Chief Executive supported by an Appointments Panel headed by the Chair or Non-Executive Member of the Board and the recommended appointment will be subject to the approval of the Chair. Recruitment and selection processes will be designed to take account of equality, diversity and inclusion at each stage of the process.

3.13 Board Members: Removal from Office

3.13.1 Arrangements for the removal from office of Executive Members of the Board is subject to the terms of appointment, and application of the relevant ICB policies and procedures.

3.13.2 With the exception of the Chair, Board members shall be removed from office if any of the following occurs:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance
b) Fail to attend 50% of the ICB meetings (unless there are extenuating circumstances). This is at the Chair's discretion;
c) If they are deemed to not meet the expected standards of performance at their annual appraisal
d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICB (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise: gross misconduct.
e) Are deemed to have failed to uphold the Nolan Principles of Public Life
f) Persistently fail to conform to the principles of a unitary Board.
g) Are subject to disciplinary proceedings by a regulator or professional body that has resulted in a decision by the Regulatory Body which had the effect of preventing the person from practising the profession in question, where that decision hasnot been superseded, or had the effect of imposing conditions on the person's practice, where those conditions have not been lifted.

3.13.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.13.2 apply.

3.13.4 Executive Directors (including the Chief Executive) will cease to be Board members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.13.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

3.13.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

a) Terminate the appointment of the ICB's Chief Executive; and

b) Direct the Chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.14 Terms of Appointment of Board Members

3.14.1 With the exception of the Chair and Non-executive members, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published in the Governance Handbook on the ICB's website and any guidance issued by NHS England or other relevant body.

3.14.2 Remuneration for the Chair will be set by NHS England.

3.14.3 Remuneration for Non-Executive Members will be set by a Panel, which will include the Chair, Chief Executive and Executive Chief People Officer.

3.14.4 Other terms of appointment will be determined by the Remuneration Committee.

3.14.5 Terms of appointment of the Chair will be determined by NHS England.

3.15 Specific arrangements for appointment of Ordinary Members made at establishment

3.15.1 Individuals may be identified as "designate ordinary members" prior to the ICB being established.

3.15.2 Relevant nomination procedures for partner members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5 – 3.7.

3.15.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate ordinary members should follow, as far as possible, the processes set out in section 3.5 – 3.12 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.

3.15.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and Executive Chief People Officer will appoint the Ordinary Members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.

3.15.5 For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial ordinary members and all appointments post-establishment will be made in accordance with clauses 3.5 to 3.12.

3.16 Review of Board Size and Composition

3.16.1 In view of the necessity to create additional Board membership to address the size and complexity of the ICS jurisdiction, an annual review of the Board size and composition will be carried out to ensure that it is fit for purpose in meeting good governance standards. Any necessary changes will be proposed thereafter.

4. Arrangements for the Exercise of Functions

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Nolan Principles of Public Life and any governance guidance issued by NHS England.

4.1.2 The ICB's Standards of Business Conduct and Declarations of Interest Policy sets out the expected behaviours that members of the Board and its committees will uphold and guide decision making whilst undertaking ICB business. It also includes a set of principles that will guide decision making in the ICB. This Policy is published in the Governance Handbook and is available on the Website at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

4.2 General

4.2.1 The ICB will:

a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) comply with directions issued by the Secretary of State for Health and Social Care
c) comply with directions issued by NHS England;
d) have regard to statutory guidance including that issued by NHS England;
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England, and

f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area.

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with (a)-(f) above, documenting them as necessary in this Constitution, its governance handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) any of its members or employees
b) a committee or sub-committee of the ICB

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the Board must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full as part of the Governance Handbook at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

4.4.2 Only the Board may agree the SoRD and amendments to the SoRD may only be approved by the Board

4.4.3 The SoRD sets out:

a) those functions that are reserved to the Board;
b) those functions that have been delegated to an individual or to committees and sub committees;
c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act

4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Board for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.

4.5.2 The Functions and Decision Map is published in the Governance Handbook at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

4.5.3 The map includes:

a) Key functions reserved to the Board of the ICB
b) Commissioning functions delegated to committees and individuals.
c) Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body;
d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may ~~appoint~~ establish sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.

4.6.2 All committees and sub-committees are listed in the Scheme of Reservatoin and Delegation.

4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference. All terms of reference are published in the Governance Handbook. ~~For the avoidance of doubt, committees may not establish sub-committees without Board approval~~ .

4.6.4 The Board remains accountable for all functions, including those that it has delegated to committees and sub-committees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to:

a) Submit to the ICB Board a decision and assurance report following each Committee meeting, summarising key decisions. In the case of sub-committees, these will be submitted to their Parent Committee;

b) Submit their confirmed Minutes to the ICB Board for assurance. In the case of sub-committees, these will be submitted to their Parent Committee

c) Comply with agreed internal audit findings and committee effectiveness reviews

d) Demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity

e) Members will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

4.6.7 All members of committees and sub-committees are required to act in accordance with this constitution, including the standing orders as well as the SFIs and any other relevant ICB policy.

4.6.8 The following committees will be maintained:

a) **Audit Committee:** This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by a non-executive member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration Committee:** This committee is accountable to the Board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration Committee will be chaired by a non-executive member other than the Chair or the Chair of Audit Committee.

4.6.9 The terms of reference for each of the above committees are published in the Governance Handbook.

4.6.10 The Board has also established a number of other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including terms of reference, are published in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2, the ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement which sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the Board.

4.7.4 The Board remains accountable for all the ICB's functions, including those that it has delegated and therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the Governance Handbook.

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5. Procedures for Making Decisions

5.1 Standing Orders

5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the ICB
- the procedures to be followed during meetings; and
- the process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in terms of reference which have been agreed by the Board.

5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

5.2 Standing Financial Instructions (SFIs)

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFIs is published in the Governance Handbook.

6. Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1. Conflicts of Interest

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest. These are contained within the Standards of Business Conduct and Declarations of Interest Policy which is published on the website.

6.1.3 All Board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 The ICB will, as a minimum, publish the registers of conflicts of interest and gifts and hospitality in line with the Standards of Business Conduct and Declarations of Interest Policy at least annually on the ICB website and make them available at our headquarters upon request.

6.1.5 All delegation arrangements made by the ICB under Section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.6 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this constitution, the Standards of Business Conduct and Declarations of Interest Policy.

6.1.7 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles

6.2.1 In discharging its functions the ICB will abide by the following principles:

a) Safeguard system-led commissioning, whilst ensuring objective investment decisions;
b) Act in a way that demonstrates that they are acting fairly and transparently and in the best interests of their patients and ICB population;
c) Act in a way that upholds confidence and trust in the NHS and system partners;
d) Recognition that the ICB requires a diversity of perspectives in order for it to make good decisions; therefore interests will be managed sensibly and proportionately in line with NHSE Guidance and the ICB's Standards of Business Conduct and Declarations of Interest Policy.
e) Decision making will be made with a regard to the Triple Aim: considering the effects of the decisions on: the health and wellbeing of the people of England; the quality of services provided or arranged by both the ICB and other relevant bodies and the sustainable and efficient use of resources by the ICB and other relevant bodies.

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

a) Members of the ICB
b) Members of the Board's committees and subcommittees
c) Its employees.

6.3.2 In accordance with section 14Z30(2) of the 2006 Act, registers of interest are published on the ICB website and are available on request from the ICB

6.3.2 All relevant persons as per 6.1.3 and 6.1.6 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.3 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.3.4 All declarations will be entered in the registers as per 6.3.1

6.3.5 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.6 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

6.3.7 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.4 Standards of Business Conduct

6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the ICB;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the ICB Standards of Business Conduct and Declarations of Interest Policy.

6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct and Declarations of Interest policy.

7. Arrangements for ensuring Accountability and Transparency

7.1 Demonstrating Accountability

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 12(2) of Schedule 1B to the 2006 Act.

7.2 Principles

7.2.1 Create an organisational culture that encourages and enables transparency and involvement.

7.2.1 Be inclusive and proactive in resolving barriers to effective involvement and participation.

7.2.2 Make clear the purpose of involvement and the extent to which people can expect their views to influence development of local health services.

7.2.3 Recognise the importance of providing feedback to people who have made their views known.

7.2.4 Work in partnership with other agencies.

7.2.5 Build upon best practice and be open to innovative and proven approaches from within and outwith the NHS.

7.2.6 Provide support and training to staff to equip them for this role.

7.2.7 Provide information that is clear and easy to understand, free of jargon and in plain language.

7.3 Meetings and publications

7.3.1 Board meetings, and committees composed entirely of Board members or which include all Board members, will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

7.3.2 Papers and minutes of all meetings held in public will be published.

7.3.3 Annual accounts will be externally audited and published.

7.3.4 A clear complaints process will be published.

7.3.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.3.6 Information will be provided to NHS England as required.

7.3.7 The Constitution and Governance Handbook will be published including and supported by other key documents, including but not limited to:

a) Standards of Business Conduct and Declarations of Interest Policy
b) Registers of interests
c) Key policies
d) Functions and Decision Map
e) Scheme of Reservation and Delegation
f) Standing Financial Instructions
g) Committee Structure
h) Remuneration Guidance
i) Delegation Agreement Summaries

7.3.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

- Sections 14Z34 to 14Z45 (general duties of integrated care Boards), and
- Sections 223GB and 223N (financial duties).
  and
- Proposed steps to implement the joint local health and wellbeing strategies for the population covered by the ICB.

7.4 Scrutiny and Decision Making

7.4.1 At least three Non-Executive Members will be appointed to the Board including the Chair; and all of the Board and Committee members will comply

with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

7.4.1 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.4.2 The ICB will comply with the requirements of the NHS Provider Selection Regime, including: complying with existing procurement rules until the provider selection regime comes into effect.

7.4.3 The ICB will comply with local authority health overview and scrutiny requirements.

7.5 Annual Report

7.5.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and which sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:

a) Explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care Boards)

b) Review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)

c) Review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and

d) Review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8. Arrangements for Determining the Terms and Conditions of Employees

8.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.2 The Board has established a Remuneration Committee which is chaired by a Non-Executive member other than the Chair or Audit Chair.

8.3 The membership of the Remuneration Committee is determined by the Board. No employees may be a member of the Remuneration Committee but the Board ensures that the Remuneration Committee has access to appropriate advice by:

a) Ensuring that HR advisers are in attendance as appropriate
b) Other officers, employees or advisors may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion as appropriate
c) Receiving benchmarking information where available and appropriate

8.4 The Board may appoint independent members or advisers to the Remuneration Committee who are not members of the Board.

8.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the Board are published in the Governance Handbook on the ICB's website.

8.6 The duties of the Remuneration Committee include the following (full details are set out in the Committee's terms of reference):

a) For the Chief Executive, Directors and other Very Senior Managers:

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars;
- Determine arrangements for termination of employment and other contractual terms and non-contractual terms.

b) For all staff:

- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);

- Oversee contractual arrangements;
- Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

c) Oversee the arrangements for the performance review for directors/senior managers;

d) Receive assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and Proper Person Regulation (FPPR).

8.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9. Arrangements for Public Involvement

9.1 In line with section 14Z45(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the ICB;
b) the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them, and
c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.2 In line with section 14Z54 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plan:

a) The ICB will engage or consult, as appropriate, with its population on its system plan and will have regard to NHS Guidance on consultation and engagement and the ICB's Communities and People Involvement and Engagement Strategy for the North East and North Cumbria. This will include the involvement of each relevant Health and Wellbeing Board.

b) The ten principles set out by NHS England, and described at section 9.1.3 will apply

9.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities.

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions.

c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.

d) Reach out to and build relationships with excluded groups – especially those affected by inequalities.

e) Work with Healthwatch and the voluntary, community and social enterprise sector as key partners.

f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust.

g) Use community development approaches that empower people and communities, making connections to social action.

h) Use co-production, insight and engagement to achieve accountable health and care services.

i) Co-produce and redesign services and tackle system priorities in partnership with people and communities.

j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.5 These arrangements, include:

a) The Communities and People Involvement and Engagement Strategy for the North East and North Cumbria.
b) Ensuring sufficient resources and training are available to support effective engagement
c) Arranging system-wide or place-based public events
d) Appointment of a Non Executive Member with a specific role to seek assurance on the ICB's arrangements for discharging its duties in relation to patient and public involvement.

Appendix 1: Definitions of terms used in this Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
ICB Board	Members of the ICB
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution
Committee	A committee created and appointed by the ICB Board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Executive Chief Nurse	Fulfils the role of the Director of Nursing as required in the Act
Executive Finance Director	Fulfils the role of the Director of Finance as required in the Act.
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a

	perspective from their sectors and are and appointed in accordance with the procedures set out in Section 3 having been nominated by the following: • NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description • the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description • the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

Appendix 2: Standing Orders

1. Introduction

1.1. These Standing Orders have been drawn up to regulate the proceedings of the NHS North East and North Cumbria Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's constitution.

2. Amendment and review

2.1. The Standing Orders are effective from 1 July 2022.

2.2. Standing Orders will be reviewed on an annual basis or sooner if required.

2.3. Amendments to these Standing Orders will be made as per Clause 1.6 of the Constitution.

2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

3. Interpretation, application and compliance

3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2. These standing orders apply to all meetings of the Board, including its committees and sub-committees unless otherwise stated. All references to Board are inclusive of committees and sub-committees unless otherwise stated.

3.3. All members of the Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the Executive Director of Corporate

Governance, Communications and Involvement will provide a settled view which shall be final.

3.5. All members of the Board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Board for action or ratification and the Audit Committee for review.

4. Meetings of the Integrated Care Board

4.1 Calling Board Meetings

4.1.1 Meetings of the Board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.

4.1.2 In normal circumstances, each member of the Board will be given not less than one month's notice in writing of any meeting to be held. However:

a) the Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing

b) one third of the members of the Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Board specifying the matters to be considered at the meeting

c) In emergency situations the Chair may call a meeting with 24 hours notice by setting out the reason for the urgency and the decision to be taken.

4.1.3 A public notice of the time and place of the meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4 The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting that is not likely to be open to the public.

4.2 Chair of a meeting

4.2.1 The Chair of the ICB shall preside over meetings of the Board.

4.2.2 If the Chair is absent or is disqualified from participating by a conflict of interest the ICB Chair will nominate a deputy, which will normally be the Senior Independent Non-Executive Member. If the nominated deputy is not present at a meeting, then the assembled members may appoint a deputy from the remaining Non-Executive Members.

4.2.3 The Board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent. The appointed Chair will be accountable to the Chair of the ICB.

4.3 Agenda, supporting papers and business to be transacted

4.3.1 The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

4.3.2 Except where the emergency provisions apply, supporting papers for all items must be submitted at least ten working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Board at least five calendar days before the meeting.

4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at ~~Home | North East and North Cumbria ICS~~Home | North East and North Cumbria ICB

Field Code Changed

4.4 Petitions

4.4.1 Where a valid petition has been received by the ICB it shall be managed in accordance with the ICB Policy as published in the Governance Handbook.

4.5 Nominated Deputies

4.5.1 With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the Board may nominate a deputy to attend a meeting of the Board that they are unable to attend. The deputy may speak and vote on their behalf.

4.5.2 The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6 Virtual attendance at meetings

4.6.1 The Board of the ICB and its committees and sub-committees may meet virtually using telephone, video and other electronic means when necessary, unless the terms of reference prohibit this.

4.7 Quorum

4.7.1 The quorum for meetings of the Board will be 50% of the members, including:

a) Chair or Deputy Chair (or Non-Executive member presiding over the meeting as in 4.2.2)
b) Either the Chief Executive or the Executive Finance Director
c) Either the Executive Medical Director or the Executive Chief Nurse
d) At least one Non-Executive member
e) At least one Partner Member

4.7.2 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum
b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.7.3 For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.7.4 In the event that the quorum cannot be achieved due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with the constitution.

In these circumstances, an alternative quoracy of one third of the non-conflicted members will apply. This must include at least one Non Executive Member and the Chief Executive or Executive Finance Director and one other member of the Board.

4.8 Vacancies and defects in appointment

4.8.1 The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member.

4.8.2 In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

- Where temporary arrangements have been put in place to fill the vacancy or defect, then this individual will count towards the quoracy, including if they are temporarily acting in the roles of those members specifically listed in quoracy requirements (eg. Executive Chief Nurse, Executive Finance Director);
- Where temporary arrangements have not been put in place, a reduced quoracy will be proposed to the Board by the Chair and Chief Executive in conjunction with the Chair of the Audit Committee.

4.9 Decision making

4.9.1 The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2 Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:

a) All members of the Board who are present at the meeting will be eligible to cast one vote each

b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so

c) For the sake of clarity, any additional Participants and Observers (as detailed within paragraph 2.3 of the constitution) will not have voting rights

d) A resolution will be passed if more votes are cast for the resolution than against it

e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote

f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3 Where helpful, the Board may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.

Urgent decisions

4.9.4 In the case urgent decisions and extraordinary circumstances, every attempt will be made for the Board to meet virtually. Where this is not possible the following will apply.

4.9.5 The powers which are reserved or delegated to the Board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having made to consult with as many members as possible in the given circumstances.

4.9.6 The exercise of such powers shall be reported to the next formal meeting of the Board for formal ratification and the Audit Committee for oversight.

4.10 Minutes

4.10.1 The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2 The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4 Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11 Admission of public and the press

4.11.1 In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the Board and all meetings of committees which are comprised entirely of Board members or are all Board members, at which public functions are exercised will be open to the public.

4.11.2 The Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3 The person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Board's business shall be conducted without interruption and disruption.

4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Board.

5. Suspension of Standing Orders

5.1 In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least two other members.

5.2 A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents.

6.1 The ICB may have a seal for executing documents where necessary. The seal will be kept securely in a locked facility. The following are authorised to authenticate its use by their signature:

- The Chief Executive
- The Chair of the ICB
- The Executive Finance Director

-- Ends --

Item: 10.4.1

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

BOARD 30 MAY 2023	
Report Title:	**Highlight report and minutes from the Executive Committee meetings held on 14 March and 11 April 2023**

Purpose of report

To provide the Board with an overview of the discussions and decisions at the Executive Committee meetings in March and April 2023.

Key points

The key points from the meetings include the following:

- Complex Care Packages
- Specialised Commissioning Joint Working arrangements
- Primary Care Workforce Underspend for 2022/23
- 2023/24 Operational Plan Submission
- Diagnostics Programme Allocation to the ICB
- Medicines Recommendations from the February 2023 (Shadow) Medicines Sub-Committee Meeting
- Triangulation of Patient Voice
- Contract Group Update and Terms of Reference
- Risk Management Strategy
- People Group Terms of Reference
- Voluntary, Community and Social Enterprise Sector (VCSE) Engagement & Infrastructure Review

The confirmed minutes from the meetings held on 14 March and 11 April 2023 are attached as Appendix 1 and Appendix 2 respectively.

The Committee also undertook an annual review of its effectiveness against its terms of reference to ensure delivery of the committees required roles and responsibilities for the period 1 July 2022 – 31 March 2023 and this is attached as Appendix 3. The report includes a review of attendance and any key issues to highlight to the Board and will be used to inform the accountability report within the ICB annual report for 2022-23.

Risks and issues

- The Committee discussed the NENC ICB and ICS finance report, noting there are several financial risks across the system still to be managed
- The Committee acknowledged that there are risks associated with the delegation of specialised commissioning joint working arrangements
- The Committee discussed the ICB risk register, noting the existing risks and the mitigating actions being put in place to address these.

Assurances

The Committee also received several items for assurance, and these included:

- ICB programme plan – an update on progress against key deliverables
- NENC ICB and ICS finance report – an update on the financial performance of the ICB and ICS
- An integrated delivery report – a high level overview of the key metrics across the system and internal to the ICB, covering access, experience, outcomes, people and finance
- Executive area directors reports (Tees Valley and Central, and North and North Cumbria) – an information and assurance summary report of business within respective areas
- A risk management report – a position statement on the ICB's current risks
- The committee cycle of business for 2022/23.

Recommendation/action required

The Board is asked to receive the highlight report and confirmed minutes for the Executive Committee meetings held on 14 March and 11 April 2023 for information and assurance.

Acronyms and abbreviations explained

NENC – North East and North Cumbria
ICB - Integrated Care Board
ICS – Integrated Care System
NHSE – NHS England
MOU – Memorandum of Understanding

Executive Committee Approval	N/A
Sponsor/approving executive director	Samantha Allen, Chief Executive
Date approved by executive director	22 May 2023
Reviewed by	Deb Cornell, Director of Corporate Governance
Report author	Jane Leighton, Senior Corporate Governance Lead

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Item: 10.4.1

Relevant legal/statutory issues						
Health and Care Act 2022						
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?	Identified as part of the committee minutes.
Has there been/does there need to be appropriate clinical involvement?	Yes, as part of the Executive Committee membership.
Has there been/does there need to be any patient and public involvement?	Not applicable as highlight report only.
Has there been/does there need to be partner and/or other stakeholder engagement?	Not applicable as highlight report only.

Item: 10.4.1

Executive Committee Highlight Report

Introduction

The principal purpose of the Executive Committee is to support the Board by:

- Overseeing the day-to-day operational management and performance of the Integrated Care Board (ICB) in support of the Chief Executive in the delivery of her duties and responsibilities to the Board
- Provide a forum to inform ICB strategies and plans and in particular, the Committee will undertake any commissioning and planning activity on behalf of the Board, helping to secure continuous improvement of the quality of services
- Implementation of the approved ICB strategies and plans.

The Committee will contribute to the overall delivery of the ICB objectives by delivering its remit as set out in its terms of reference.

Summary report

The Executive Committee, chaired by Samantha Allen, Chief Executive, met on 14 March and 11 April 2023.

The key points to bring to Board's attention from each meeting are set out below.

14 March 2023

- **Complex Care Packages:** the Committee received a report which outlined the current ICB arrangements for complex care and approved the recommendations for future arrangements aligned to the portfolio of the Executive Chief Nurse. The Committee was assured that close working relationships would be retained through a programme structure to influence transforming care workstreams.

- **Specialised Commissioning Joint Working arrangements:** the Committee approved the Joint Working Agreement for use between NHS England (NHSE) and ICBs in relation to the establishment of joint working arrangements for specialised commissioning which will enable the ICB to be party to decisions made during 2023/24 in anticipation of formal delegation of specialised commissioning to the ICB in 2024/25.

- **Primary Care Workforce Underspend for 2022/23:** a report was introduced which provided information to the committee regarding the System Development Funding (SDF) underspend for 2022/23 and consideration of the proposed schemes across the ICB to utilise the underspend. The Committee was advised that several bids had been reviewed and supported by the Primary Care Transformation Team. The Committee approved the resilience and workforce schemes.

- **2023/24 Operational Plan Submission:** The Committee received a presentation outlining a summary of the ICB's position against the standards based on the draft plans submitted on 16 February 2023. Concern was expressed around the national target for reducing the reliance on inpatient care for adults with a learning disability and it was acknowledged that significant work was to be undertaken around this priority to ensure a compliant plan for this standard.

- **Diagnostics Programme Allocation to the ICB:** a proposal was submitted for use of SDF funding for programme resources. The Committee was advised that NHSE had allocated £820K per year for 2023/24 and 2024/25 to be used for programme infrastructure to support the delivery of the NENC ICS diagnostic workstream. The funding was made available on the submission of a plan to region for approval. The Committee approved the proposals outlined in the report.

- **Triangulation of Patient Voice:** a report was received for consideration regarding the formation of a Patient Voice Subgroup of the Quality Committee to triangulate multiple sources of service user feedback to better inform the work of the ICB. The proposals outlined in the report were put forward to assure the ICB that all sources of patient and service user feedback are identified, analysed and acted upon where appropriate. The Committee approved the approach and establishment of a subgroup of the Quality Committee.

11 April 2023

- **Contract Group Update and Terms of Reference:** The Committee was asked to approve the formal establishment of the Contract Group and associated terms of reference. The Committee agreed appropriate representation on the Group which would be reviewed in 12 months. A set of core principles into the roles and responsibilities of the Group will be developed.

- **Risk Management Strategy:** a report was received for approval which provided the Committee with an updated risk management strategy for 2023/24. A further review has been undertaken to ensure the strategy reflects the current guidance from NHSE. Committee members were asked to review the risk log and ensure that the risk register was updated accordingly.

- **Voluntary, Community and Social Enterprise Sector (VCSE) Engagement & Infrastructure Review:** the Committee received a report which provided the rationale to implement a review of the ICS VCSE partnership arrangements. The signing of the Memorandum of Understanding (MOU) between the VCSE sector and the ICB was approved, and a full review of the current ICS VCSE partnership arrangements will commence to ensure an effective VCSE infrastructure is in place across the North East and North Cumbria.

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North East and North Cumbria Integrated Care Board

Executive Committee (Public)

Minutes of the meeting held on Tuesday 14 March 2023, 10:30hrs in the Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland

Present:
Neil O'Brien, Executive Medical Director (Chair)
David Chandler, Interim Executive Director of Finance
Graham Evans, Executive Chief Digital, and Information Officer
David Gallagher, Executive Area Director (Tees Valley & Central)
Annie Laverty, Executive Chief People Officer
Rachel Mitcheson, Director of Place (Northumberland)
Jacqueline Myers, Executive Chief of Strategy and System Oversight
David Purdue, Executive Chief Nurse
Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement
Aejaz Zahid, Executive Director of Innovation

In attendance:
Rebecca Herron, Governance Manager (minutes)
Jane Leighton, Business Manager to the Chair and Senior Governance Lead

EC/2023/175	**Agenda Item 1 - Welcome and introductions** The Chair welcomed all those present to the meeting.
EC/2023/176	**Agenda Item 2 - Apologies for absence** Apologies for absence were received from Samantha Allen, Chief Executive; Nicola Bailey, Interim Executive Area Director (North) who was represented by Rachel Mitcheson, Director of Place (Northumberland).
EC/2023/177	**Agenda Item 3 - Declarations of interest** There were no declarations of interest made at this point in the meeting.
EC/2023/178	**Agenda Item 4 - Minutes of the previous meeting held on 14 February 2023** A typographical error within the first sentence of paragraph six, minute number EC/2023/161 (Primary Care Operating Framework) was highlighted.

	The sentence read " *Work had also commenced with the Provider Care Collaborative where this proposal would be presented no later than week ending 17 February 2023*." This would be amended to read " *Work had also commenced with the Primary Care Collaborative where this proposal would be presented no later than week ending 17 February 2023*." **RESOLVED:** **The Executive Committee AGREED that the minutes from the meeting held on 14 February 2023, with the amendment noted above, were a true and accurate record.**
EC/2023/179	**Agenda Item 5 - Matters arising from the minutes and action log** Item number 26 (minute reference EC/2022/81) Ongoing support to NENC ICB COVID-19 Vaccination programme – options papers The Director of Corporate Governance and Involvement provided an update which confirmed that this action was now part of the Governance Handbook. Item complete. Item number 30 (minute reference EC/2022/87) NHSE Clinical Network Staff Transfer to the NENC ICB The Executive Chief Nurse provided an update regarding the current position advising that this work is currently paused; meetings are taking place next week to progress. A further update will be provided in April 2023. Item number 33 (minute reference EC/2022/111) Any Other Business - Hospital Discharge £500m The Executive Chief Nurse confirmed that this item was now complete. Item complete. Item number 36 (minute reference EC/2023/129) Place Based Delivery Report (North and North Cumbria) - Ophthalmology & Audiology The Executive Chief of Strategy and Operations advised that work was still ongoing through a contracting group. A further update would be provided in April 2023. Item number 41 (minute reference EC/2023/161) Primary Care Operating Framework The Executive Director of Corporate Governance, Communications, and Involvement confirmed that work still needs to be progressed with the Director of Transformation (Primary Care). An update would be provided in April 23.

	Item number 42 (minute reference EC/2023/167) Community Pharmacy Services in North East & North Cumbria - pilot schemes The Chair confirmed that this action had been completed; an update will be circulated to the committee via email. Item complete. Item number 44 (minute reference EC/2023/169) Risk Management Report The Director of Corporate Governance and Involvement confirmed that the table has been amended to clearly show the responsibility for risk review and will be included in the next risk report. Item complete.
EC/2023/180	**Agenda Item 6 - Notification of urgent items of any other business** No items of any urgent business had been received.
EC/2023/181	**Agenda Item 7.1 - Executive Area Directors Update Report March 2023 (North and North Cumbria)** The Director of Place (Northumberland) provided a brief summary of the report. The report was submitted to the committee for information which included updates on North Cumbria's impact of discharge funding initiatives, new Councils senior leaders' appointments and how the placed-based sub-committees were progressing. The Chair noted that BBC News had acknowledged that over the past 10 years there are now around 20 fewer GP practices in Northumberland. The Director of Place (Northumberland) informed the committee that the Health and Wellbeing Board had requested an update on GP access and confirmed the number of practices had reduced due to work being conducted around single-handed GP practices. The Executive Chief Nurse remarked that item 11 referred to North West Leicestershire Ambulance Services and not North West Ambulance Services. **RESOLVED:** **The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**
EC/2023/182	**Agenda Item 7.1 - Executive Area Directors Update Report March 2023 (Tees Valley & Central)** The Executive Area Director (Tees Valley & Central) provided a brief summary of the report. The report was submitted to the committee for information. The Executive Area Director (Tees Valley & Central) notified the committee that the two Area ICP's have been established and that the first meetings

	are scheduled for the end of March 2023. Updates on place-based working and South Tyneside Better Care Fund were also included within the report. **RESOLVED:** **The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**
EC/2023/183	**Agenda Item 8.1 - ICB Programme Plan Update** The Executive Chief of Strategy and Operations introduced the report which provided the committee with visibility of the current ICB programme plan and provided assurance on progress against key deliverables. The Executive Chief of Strategy and Operations sought approval from the committee to close the programme plan at the end of March 2023 and transfer any existing priority actions through the operational planning monitoring process. All actions were updated. By exception there are two outstanding red actions which had been discussed regarding the long-term financial strategy and the completion of the contracting round for 2023/24. The Executive Chief of Strategy and Operations noted action 39 from the action log 'to review the 15 priority areas giving consideration to additional or changing priorities' and requested clarity around this action. The Executive Chief of Strategy and Operations informed the committee a broader piece of work was being carried out around strategy deployment and how programmes of work are monitored and reviewed. **ACTION:** **The Executive Chief of Strategy and Operations to link with the Chief Executive to clarify action 39 (EC/2023/160) and what is needed for 2023/24.** The Executive Chief of Strategy and Operations conveyed to the committee there had been concerns whilst establishing the Project Management Office (PMO) around the scope of work. The Executive Chief of Strategy and Operations elaborated certain staff are accustomed to working in a different way, more governance focussed, tracking the day-to-day objectives and advised the committee that focus will be on delivering the strategic programmes. The Executive Chief People Officer suggested a training and development programme for those staff member. The Executive Chief of Strategy and Operations confirmed discussions were ongoing regarding training. **RESOLVED:** **1) The Committee NOTED the content of the report.** **2) The Committee APPROVED the action to close the ICB Programme Plan at the end of March and transfer relevant actions through the operational planning process monitoring.**

EC/2023/184	**Agenda Item 8.2.1 - Complex Care Packages** The Executive Chief of Strategy and Operations introduced the report which outlined the current ICB arrangements for complex care and recommendations for future arrangements aligned to the portfolio of the ICB Chief Executive Nurse. Discussion have taken place between the Executive Chief of Strategy and Operations, Executive Chief Nurse, and the Director of Transformation (Learning Disabilities, Autism and Mental Health) around the complex case managers for learning disabilities and autism. The staff are currently placed within the transformation team, aligned the Director of Transformation (Learning Disabilities, Autism and Mental Health). Due to this the Director of Transformation (Learning Disabilities, Autism and Mental Health) has been managing individual cases and is unable to progress any transformational priorities. It was highlighted that as one organisation it is recognised that two separate case management functions are not necessary and that there is a benefit in developing and implementing an integrated case management infrastructure for the ICB. The Executive Chief of Strategy and Operations assured the committee that close working relationships would be retained through a programme structure to influence transforming care workstreams. **RESOLVED:** **The Committee APPROVED the realignment of the place based complex case managers to the clinical divisions / directorates with line of accountability to ICB Chief Executive Nurse.**
EC/2023/185	**Agenda Item 9.1 - NENC ICB and ICS Finance Report (M10)** The Interim Executive Director or Finance introduced the report which provided the committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2022/23 for the period to 31 January 2023. The Interim Executive Director of Finance assured the committee the ICB, and ICS are on track to deliver the financial plan for 2022/23. Approval is sought from the committee for the transfer of pressure funding to various Foundation Trusts totalling £31.763m which was outlined within the report. **RESOLVED:** **1) The Committee RECEIVED the report and NOTED the latest year to date and forecast financial position for 2022/23.** **2) The Committee NOTED there are a number of financial risks across the system still to be managed.**

	3) The Committee APPROVED the additional non-recurring funding adjustments of £24.763m and surge funding of £7m totalling £31.763m. **4) The Committee SUPPORTED that 2023/24 funding for growth, SDF, MHIS, BCF is focused on supporting existing core services as far as possible, given current financial challenges.**
EC/2023/186	**Agenda Item 10.1 - Integrated Delivery Report** The Executive Chief of Strategy and Operations introduced the report which provided the committee with an ICS overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The Executive Chief of Strategy and Operations informed the committee that the report format had been in transition and going forward will be presented in a different format. There will be a further iteration of the format brought to the Executive Committee in May. The Executive Chief of Strategy and Operations noted the key points and changes from the last report and advised the committee that South Tyneside and Sunderland NHS Foundation Trust has received an overall CQC rating of 'requires improvement'. North East Ambulance Service (NEAS) has also received an overall CQC rating of 'requires improvement' and the well-led domain was rated as 'inadequate'; it was noted that a monthly quality review group has been established with ICB involvement. The Executive Chief of Strategy and Operations advised that the NEAS national independent enquiry report has not been received thus far. The Executive Director of Corporate Governance, Communications and Involvement notified the committee that the publication of the report had been pushed back to May 2023 due to purdah. The Executive Chief People Officer commented that the NEAS staff experience survey results have declined quite dramatically from 2020. The Executive Chief of Strategy and Operations communicated to the committee that in terms of performance handover delays and 12-hour delays from decision to admit to getting to bed have improved significantly, including response times. It was acknowledged that there had been significant improvement over the last 8-weeks and progress is also being made regarding 78 week waits. However, diagnostic waiting times have increased with 20% of patients waiting 6 weeks for tests. The Interim Executive Director of Finance enquired as to whether any mechanisms have been put in place to reduce unwarranted demand. The Executive Chief of Strategy and Operations confirmed the advice and guidance mechanisms were being utilised well to reduce unwarranted referrals but noted that further oversight on advice and guidance is

	needed. There are also more opportunities to redesign pathways to remove follow up steps. During discussion the Executive Chief of Strategy and Operations shared thoughts on the debates around the 2023/24 Elective Recovery Fund, expressing a preference for a system wide plan to clarify the prioritisation of activity and the development of a targeted plan. The Executive Director of Corporate Governance, Communications, and Involvement referenced a discussion from a previous meeting regarding how the GP position is included and what the timeline is to incorporate this information. The Executive Chief of Strategy and Operations confirmed that a work programme is being developed with primary care noted as a priority; a plan is also being developed to broaden the indicators. It was noted that the ICB needs to be ahead of current thinking regarding the publication of this information to distinguish the ICBs own narrative and process for this. The Executive Chief Nurse detailed a rapid review of three ligature deaths and three unexplained deaths in February 2023 at Tees, Esk, Wear Valley Foundation Trust. It was noted that the governance report is due for publication on 22 March 2023. The Executive Area Director (Tees Valley & Central) welcomed the new format of the report and asked the committee to note the Special Educational Needs and Disability inspection report from Hartlepool is due for publication on Friday 17 March - learning from the report would be shared across the ICB. **ACTION:** **The Executive Chief of Strategy and Operations to link with the Executive Chief Nurse to agree the content of the rapid review update for the ICB Board report.** **RESOLVED:** **The Committee RECEIVED the report for information and assurance.**
EC/2023/187	**Agenda Item 11.1 - Specialised Commissioning Joint Working Arrangements** The Executive Chief of Strategy and Operations introduced the agenda item, which described the draft Joint Working Agreement for use between NHS England and ICBs in relation to the establishment of joint working arrangements for Specialised Commissioning. The Executive Chief of Strategy and Operations clarified to the committee that this paper outlined a set of joint working arrangements to enable the ICB to be party to decisions made during 2023/24 in anticipation of formal delegation of specialised commissioning to the ICB in 2024/25. The

	Director of Corporate Governance and Deputy Director of Strategic Commissioning have been involved in the development of this document. It was noted that there are risks associated with this delegation, namely: • The stated aim to shift the allocation policy from a historical spend basis to a population need basis and we are yet to see any analysis of what that will mean for our population and if we will be better or worse off. • There is no proposition to delegate any ability to vary any service specifications. Support for adoption of the approach for forthcoming year was sought from the committee. Following discussions, there was support from the committee to adopt the approach for the forthcoming year. **RESOLVED:** **1) The Committee NOTED the update provided.** ***2)*** **The Committee APPROVED the Joint Working Arrangement Agreement.**
EC/2023/188	**Agenda Item 11.2 - Primary Care Workforce Underspend for 2022/23** The Executive Area Director (Tees Valley & Central) introduced the report which provided information to the committee regarding the System Development Funding (SDF) underspend for 2022/23 and consideration of the proposed schemes across NENC ICB to utilise the underspend. The Executive Area Director (Tees Valley & Central) notified the committee that a process is in place by means of a group chaired by the Director of Transformation (Primary Care) and that work had progressed since the report was submitted and the supported bids had increased from nine to 11. The Executive Area Director (Tees Valley & Central) informed the committee that the funding for the 11 bids had been agreed, based on: • the level of delegation • the funding is not within our budget • there were only six weeks remaining until the end of 2022/23. The Executive Area Director (Tees Valley & Central) informed the committee that at a recent group session it was highlighted that there would be £50,000 remaining from the SDF and suggested that this funding could be allocated to the Primary Care Provider Collaborative. The Executive Area Director (Tees Valley & Central) advised that further discussions are required around the allocation of this funding.

	It was noted by the committee that going forward this funding will flow through Primary Care Committee. Retrospective approval was sought from the committee. **RESOLVED:** **The Committee retrospectively APPROVED the resilience and workforce schemes.** *At 11.15am, the Chair left the meeting.* *At 11.20am, the Executive Director of Corporate Governance, Communications and Involvement and the Executive Chief People Officer left the meeting.*
EC/2023/189	**Agenda Item 12.1 - Operational Plan 23/24 (Presentation)** The Executive Chief of Strategy and Operations gave a presentation on the 2023/24 operational plan submission. *At 11.24am, Executive Chief People Officer returned to the meeting.* It was reported that the 11 Foundation Trusts are required to complete an activity and performance spreadsheet, which details activity plans and plans against performance metrics which are set out in the operational planning guidance document. There is a workforce template, finance template, a separate ambulance capacity submission and additional capacity fund of £13.5m which is aimed at supporting or adding general and acute beds or bed equivalents. In terms of narrative requirements there is a limited template of specific boxes focussing on: • Efficiency • Diagnostic and Elective Care • Cancer • Urgent and Emergency Care The deadline for the submission of the draft plan was 16 February 2023, with a further national deadline for submission of an ICB approved plan on 30 March 2023. The Executive Chief of Strategy and Operations communicated a summary of the standards the ICB do and do not meet based on the draft plans submitted on 16 February 2023. *At 11.29am, the Chair and the Executive Director of Corporate Governance, Communications and Involvement retuned to the meeting.* The Executive Chief of Strategy and Operations expressed a concern around the national target for reducing the reliance on inpatient care for adults with a learning disability. The standard is no more than 30 people per million to be in an inpatient bed, the ICB draft plan has set a target of 47.2 people per million, which is more than 50% above the target. This

	does reflect the current position. It was accepted by the committee that there is significant work to be undertaken around this priority and therefore the ICB may not be in the position to submit a compliant plan for this standard. The Executive Chief of Strategy and Operations conveyed that Newcastle Upon Tyne Hospitals (NuTH) biggest single risk is the 65 week waits for Dermatology. The Executive Chief of Strategy and Operations confirmed that discussions had taken place at the Elective Recovery Board. The committee noted that there are only two providers of dermatology within the ICB footprint, County Durham and Darlington Foundation Trust and noted that NuTH additional resource into the elective recovery programme has been agreed. **ACTION:** **1) The Executive Chief of Strategy and Operations to clarify if James Cook Hospital provides a dermatology service.** **2) The Executive Chief of Strategy and Operations to circulate the presentation slides to the committee members.** **RESOLVED:** **That the presentation and update be NOTED**
EC/2023/190	**Agenda Item 12.2 - Diagnostics Programme Allocation to the ICB** The Executive Chief of Strategy and Operations introduced the report which provided a proposal for use of SDF funding for programme resources. Colleagues were advised that a letter had been received to inform the ICB that NHSE have allocated £820K per year for 2023/24 and 2024/25 to be used for programme infrastructure to support the delivery of the NENC ICS diagnostic workstream. The funding is available on the submission of a plan to region for approval. It was noted that this is a pre-existing programme which has been running for the past few years. The paper set out the proposed plans in which to allocate the funding to. **RESOLVED:** **The Committee APPROVED all proposals within the report.**
EC/2023/191	**Agenda Item 13.1 - Executive Committee Terms of Reference and Establishment of Sub Committees** The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided an update to the committee on the proposed changes to the Executive Committee Terms of Reference and the establishment of sub-committees.

	In addition, it was explained that a complex governance map has been developed, which will evolve over time, but provided the committee with an understanding of how governance links together and why there is a requirement to be stringent regarding the establishment of committees and groups. The Executive Area Director (Tees Valley & Central) welcomed the veterans explicitly noted within the Terms of Reference and will feed this into the veteran's reference group when it next meets. **RESOLVED:** **1) The Executive Committee APPROVED the minor amendment to the Executive Committee Terms of Reference to include commissioning for veterans and their families;** **2) The Executive Committee APPROVED the Terms of Reference for the Medicines sub-committee and will RECOMMEND its establishment to the Board;** **3) The Executive Committee will RECOMMEND to the Board the establishment of the Place sub-committees.**
EC/2023/192	**Agenda Item 13.2 - Governance Map** **RESOLVED:** **The Committee NOTED the governance map for information purposes.**
EC/2023/193	**Agenda Item 13.3 - Medicines Recommendations from the February 2023 (Shadow) Medicines Sub-Committee Meeting** The Chair introduced the report which provided an update to the committee of the recommendations made from the February 2023 Medicines sub-committee. The Chair communicated that new medications have been reviewed by the expert members of the Medicines sub-committee; the Executive Committee was asked to review and approve the recommendations within the report. The Interim Executive Director of Finance suggested that the Medicines sub-committee include a summary of the recommendations and the financial impact of those recommendations within the report cover sheet to ensure these are not lost within the lengthier report. **ACTION:** **The Chair to link with the Director of Medicines and Pharmacy to include a summary of the recommendations and financial impact within the report cover sheet going forward.**

	RESOLVED: **The Committee APPROVED all recommendations from the February 2023 Medicines sub-committee.**
EC/2023/194	**Agenda Item 13.4 - Committee Cycle of Business** Noted for information only. **RESOLVED:** **The Committee NOTED the committee cycle of business.**
EC/2023/195	**Agenda Item 14.1 - Triangulation of Patient Voice** The Executive Director of Corporate Governance, Communications, and Involvement introduced the report for consideration of the formation of a Patient Voice subcommittee of the Quality Committee. The meeting was reminded that a paper in relation to complaints was discussed at a previous meeting and generated consideration regarding how the organisation can triangulate the information received, determine key themes, and ensure appropriate reporting to the relevant committees. The Executive Chief of Strategy and Operations suggested the flow of information is routed through the integrated performance report with involvement of the Director of Performance and Improvement. This was supported and a request was made to link with the Director of Performance and Improvement to ensure this is actioned. The Executive Chief Digital and Information Officer requested the research environment are made part of this process – assurance was given that this would be implemented. The Executive Chief People Officer highlighted that there is an opportunity to lead the way nationally on integration metrics from a patient perspective. The Executive Area Director (Tees Valley & Central) enquired if the membership should be expanded to include further representation of patient voice. The Executive Director of Corporate Governance, Communications, and Involvement noted the concern and advised Healthwatch had made the decision to have one representative for the region. **ACTION:** **All Executive Directors to send representative nominations for sub-committee membership to the Executive Director of Corporate Governance, Communications, and Involvement**

	RESOLVED: **The Committee APPROVED the approach and establishment of a sub-committee of the Quality Committee.**
EC/2023/196	**Agenda Item 15.1.1 - Incident Reporting and Management Policy** The Executive Director of Corporate Governance, Communications and Involvement reminded the committee this was linked to the organisations commitment to review the polices committed to on the 1 July 2022. **RESOLVED:** **The Executive Committee APPROVED the Incident Reporting and Management Policy.**
EC/2023/197	**Agenda Item 15.1.2 - Standards of Business and Declarations of Interest Policy** **RESOLVED:** **The Executive Committee APPROVED the Standards of Business and Declarations of Interest Policy.**
EC/2023/198	**Agenda Item 15.1.3 - Value Based Clinical Commissioning (VBCC) Policy** **RESOLVED:** **The Executive Committee APPROVED the Value Based Clinical Commissioning (VBCC) Policy.**
EC/2023/199	**Agenda Item 15.2.1 - Working Time Directive Policy** The Executive Chief People Officer informed the committee there is work ongoing to update the people policies. There is intention to decrease the 40 people policies to 20 policies by 30 June 2023. **RESOLVED:** **The Executive Committee APPROVED the Working Time Directive Policy.**
EC/2023/200	**Agenda Item 15.2.2 - Volunteers Policy** **RESOLVED:** **The Executive Committee APPROVED the Volunteers Policy.**
EC/2023/201	**Agenda Item 15.2.3 - Pay Protection Policy** The Executive Chief People Officer confirmed this policy will only apply to new employees.

	The Interim Director of Finance enquired if this updated policy would be communicated to the organisation. The Executive Chief People Officer confirmed the timing would need to be handled sensitively. **ACTION:** **The Executive Director of Corporate Governance, Communications, and Involvement to consider the content and timing of the Pay Protection Policy communication to the organisation.** **RESOLVED:** **The Executive Committee APPROVED the Pay Protection Policy.**
EC/2023/202	**Agenda Item 16 Any Other Business** There were no items of any other business for consideration.
EC/2023/203	**Agenda Item 17 CLOSE** The meeting was closed at 12noon.
	Date and Time of Next Meeting Tuesday 11 April 2023 10.30am

Signed: **Sam Allen**

Position: **Chief Executive (Chair)**

Date: **11 April 2023**

NHS
North East and
North Cumbria

North East and North Cumbria Integrated Care Board

Executive Committee (Public)

Minutes of the meeting held on Tuesday 11 April 2023, 10:20hrs in the Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland

Present:
Samantha Allen, Chief Executive (Chair)
Dr Neil O'Brien, Executive Medical Director
David Chandler, Executive Director of Finance
Graham Evans, Executive Chief Digital and Information Officer
David Gallagher, Executive Area Director (Tees Valley & Central)
Rachel Mitcheson, Director of Place (Northumberland)
Siobhan Brown, Director of Transformation (System)
David Purdue, Executive Chief Nurse
Claire Riley, Executive Director of Corporate Governance, Communications, and Involvement
Annie Laverty, Executive Chief People Officer

In attendance:
Rebecca Herron, Governance Manager (minutes)
Deb Cornell, Director of Corporate Governance, and Involvement

EC/2023-24/01	**Agenda Item 1 - Welcome and introductions** The Chair welcomed all those present to the meeting.
EC/2023-24/02	**Agenda Item 2 - Apologies for absence** Apologies for absence were received from Jacqueline Myers, Executive Chief of Strategy and Operations who was represented by Siobhan Brown, Director of Transformation (System); Aejaz Zahid, Executive Director of Innovation.
EC/2023-24/03	**Agenda Item 3 - Declarations of interest** There were no declarations of interest made at this point in the meeting.

EC/2023-24/04	**Agenda Item 4 - Minutes of the previous meeting held on 14 March 2023** **RESOLVED:** **The Executive Committee AGREED that the minutes from the meeting held on 14 March 2023 were a true and accurate record.**
EC/2023-24/05	**Agenda Item 4.1 - Amendment of Minutes from 14 February 2023** The Director of Corporate Governance and Involvement advised the committee that there had been an amendment requested to the minutes from 14 February 2023, minute reference EC/2023/158, South Tees Integrated Urgent Care. The committee was asked to agree the addition of 'decision making can be taken at a local level to avoid delays in procurement'. The Committee supported the amendment to the minutes of 14 February 2023. **RESOLVED:** **Addition to minute reference EC/2023/158, South Tees Integrated Urgent Care, to be noted as 'The Committee APPROVED a decision can be taken at a local level to avoid delays in procurement'.** **ACTION:** **The Committee secretary to amend minute reference EC/2023/158 with agreed amendment**
EC/2023-24/06	**Agenda Item 5 - Matters arising from the minutes and action log** Item number 51 (minute reference EC/2023/195) Triangulation of Patient Voice The Director of Corporate Governance and Involvement confirmed that nominations have been received. The nominations had been taken to the Executive Team meeting for approval. Item complete. Item number 52 (minute reference EC/2023/201) Pay Protection Policy The Director of Corporate Governance and Involvement confirmed that the communication had been disseminated to staff and the policy had been uploaded to the intranet. Item complete.
EC/2023-24/07	**Agenda Item 6 - Notification of urgent items of any other business** No items of any urgent business had been received.
EC/2023-24/08	**Agenda Item 7.1 - Executive Area Directors Update Report April 2023 (North and North Cumbria)**

	The Director of Place (Northumberland) provided a brief summary of the report. The report was submitted to the committee for information which included updates on North Cumbria GP mergers, retention schemes, estates issues, investments into the voluntary sector. It was noted that investment has been made into the Newcastle Recovery Collage. All contract mandates have been implemented. It was noted the covid spring booster programme is problematic as it has been implemented through the national booking system but is not available via the local appointments system as vaccine supply has not been received. It was noted that MPs are raising concerns regarding the system difficulties. The North Area ICP meeting has taken place which proved to be positive and noted that North Cumbria is scheduled to take place on 11 April. Following the first round of Area ICPs meetings, sessions are being arranged with the ICP Chairs to gather feedback and plan for the forthcoming meetings. It was noted that Northumberland place have not provided an update due to new governance arrangements and meetings needing to be re-scheduled. The Executive Medical Director confirmed that care home residents were being vaccinated at present and a communications is plan ready to be disseminated from the 14 April 2023. Over 75's will be contacted directly via a letter or contact directly from their GP Practice. The Executive Director of Corporate Governance, Communications, and Involvement noted that the new funding for the community voluntary sector in North Cumbria was agreed for a 2-year period. The committee was asked to note that there is a paper further on in the agenda with regards to VONNE and seeking final approval to implement a full review of the voluntary sector partnerships. The Executive Director of Corporate Governance, Communications, and Involvement requested any place-based work with the voluntary sector is discussed with the Director of Policy, Public Affairs and Stakeholder Affairs. The Executive Director of Corporate Governance, Communications, and Involvement enquired regarding the work of Integrated Care Communities in North Cumbria. The Director of Place (Northumberland) confirmed Integrated Care Communities in North Cumbria is the Primary Care and Community Services model. It was noted it is a particularly good model and one of the most advanced for integrating care. The Executive Chief Nurse informed the committee that places were currently reviewing what was effective around hospital discharges last year to inform reinvestment plans for this year.

	The Chair enquired as to how the ICB can be assured in terms of how effective the covid spring booster campaign is. The Executive Medical Director assured the committee that weekly meetings with the System Vaccine Operations Centre (SVOC) were continuing and that performance information has been requested. It was noted that it will interesting to understand how many people do come forward for a vaccination. The Executive Director of Corporate Governance, Communications, and Involvement suggested a proactive approach of communicating the plans for the covid spring vaccination programme to MPs which will hopefully help manage enquiries. **ACTION:** **1) The Executive Area Directors to disseminate to the Directors of Place that any place-based work with the voluntary sector should be discussed with the Director of Policy, Public Affairs and Stakeholder Affairs.** **2) The Executive Director of Corporate Governance, Communications and Involvement to link with the Executive Medical Director to agree the content of the covid vaccination programme plans communication to MPs** **RESOLVED:** **The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**
EC/2023-24/09	**Agenda Item 7.1 - Executive Area Directors Update Report April 2023 (South)** The Executive Area Director (Tees Valley & Central) provided a brief summary of the report which was submitted to the committee for information purposes. The Executive Area Director (Tees Valley & Central) notified the committee that the two Area ICP's have held their first meetings and were well received. It was noted that there has been a new Interim Chief Executive appointed at Middlesbrough Council. The Executive Area Director (Tees Valley & Central) informed the committee that a meeting had been scheduled with the new Interim Chief Executive, the Director of Place (Middlesborough) and the Executive Area Director (Tees Valley & Central) imminently. The Executive Area Director (Tees Valley & Central) informed the committee that there was some positive work being undertaken in County Durham namely 'Growing Up in County Durham'. The committee members were encouraged to view a video that young people from Durham had helped create – https://youtu.be/VUfZZcL8Lhw

	It was reported that the County Durham Care Partnership had recruited a lay member for engagement. In South Tyneside work has been progressing to ensure autistic adults have access to a yearly health check. In Sunderland, the Quality Premium Scheme for 2023/24 has been finalised and agreed at the Area Directors meeting - this is documented within an appendix of the report. The Children's Commissioner report was discussed at Sunderland's Scrutiny Committee. There were some areas noted for improvement including long waits. However, the report identified a number of positive areas of practise in Sunderland, including ranking (the former CCG) in the Top 20 'best performing' places in the country. The Executive Area Director (Tees Valley & Central) informed the committee that within the Tees Valley area, Cleveland's Unit for the Reduction of Violence (CURV) was being established. It is one of 20 national pilot areas. It was noted that there are many requests for ICB representation on numerous groups. The Executive Area Director (Tees Valley & Central) has agreed to becoming a representative on the assurance group. The Executive Area Director (Tees Valley & Central) noted there was a request for match funding of £130,000 which the Executive Area Director (Tees Valley & Central) will discuss with the Executive Director of Finance. It was noted that this may be a replicated request to all places through local police forces. There has also been a request to incorporate CURV information on the ICB website. The Executive Director of Corporate Governance, Communications, and Involvement spoke of the Integrated Care Partnerships (ICP) and the importance of involving the police, fire and rescue, and education services within the ICPs and a review of the ICP Terms of Reference will be required. There was strong support from the committee to involve the referenced services within the ICPs. It was noted that the Hartlepool Community Hubs have been highly successful. The Executive Area Director (Tees Valley & Central) informed the committee discussions have taken place with the four hospices in Tees Valley around end-of-life care. The Executive Area Director (Tees Valley & Central) assured the committee expectations are being managed on what can and cannot be funded and what support can be given. It was noted that the hospices are under pressure from other areas in addition to the NHS funding cuts.

	The Executive Director of Finance suggested it would be good practice to communicate the National Children's Commissioner Report with the Board. The Chair referred to the ICB Integrated Delivery Report and suggested consideration be given around how the ICB can benchmark against the best performers. **ACTION:** **1) The Executive Area Director (Tees Valley & Central) to link with the Executive Director of Finance to discuss match funding relating to CURV.** **2) The Executive Area Director (Tees Valley & Central) to link with the Executive Director of Corporate Governance, Communications and Involvement regarding the request for the ICB website to incorporate information relating to CURV.** **3) The Executive Director of Corporate Governance, Communications and Involvement to review the ICP Terms of Reference and consider how to incorporate police, fire and rescue, and education into the memberships.** **4) The Executive Area Director (Tees Valley & Central) to link with the Executive Chief of Strategy and Operations around the National Children's Commissioner report and how this will be communicated to the Board.** **RESOLVED:** **The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**
EC/2023-24/10	**Agenda Item 8 - ICB Delivery** No update was required for this item.
EC/2023-24/11	**Agenda Item 9.1 - NENC ICB and ICS Finance Report (M11)** The Executive Director or Finance introduced the report which provided the committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) for the financial year 2022/23 - for the period to 28 February 2023. The Executive Director of Finance assured the committee the ICB finance teams are currently closing the year 2022/23. The ICB is on track to deliver the required duties for both the ICB & ICS. The committee was informed of an issue in Northumbria Healthcare Foundation Trust where they have received an income of £66m from a legal court case and work is ongoing with NHSE to determine how this can be deferred into future years. There is a risk that the ICS may need to report a technical £66m surplus due to this.

	The Executive Director of Finance highlighted that the report refers to the agreement made at the Executive Committee meeting held on 14 March 2023 regarding the transfer of pressure funding to various organisations. The committee wished to formally record thanks to the finance team for the work carried out. **RESOLVED:** **1) The Committee RECEIVED the report and NOTED the latest year to date and forecast financial position for 2022/23.** **2) The Committee NOTED there are a number of financial risks across the system still to be managed.**
EC/2023-24/12	**Agenda Item 10.1 - Integrated Delivery Report** The Director of Transformation (System) introduced the report which provided the committee with an ICS overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions. The Director of Transformation (System) informed the committee that this will be the last report in this format. There will be a further iteration of the format brought to the Executive Committee in May which will include benchmarking and insights. The Director of Transformation (System) drew the committees attention to the key points, changes, and key risks/issues from the last report. The Director of Transformation (System) communicated to the committee that in terms of performance handover delays and 12-hour delays from decision to admit to actual admission, improvements have continued. Improvement has also been made regarding ambulance response times as well as 78 week waits and 62-day cancer referrals. The Director of Transformation (System) asked the committee to note the table on appendix 4 which provided good primary care metrics. The Executive Chief Digital and Information Officer raised the issue regarding St Cuthberts IT outage which was referred to as an updated IT Business Continuity Plan, this being incorrect and should be referred to as a Continuity Plan only. The Executive Chief Digital and Information Officer enquired as to whether support, advice, and guidance would be welcomed to help develop their Business Continuity Plan. The Executive Director of Corporate Governance, Communications, and Involvement enquired as to the position of obtaining the data on a monthly basis to forward plan the communications. The Director of Transformation (System) will link with the Director of Performance and Improvement to develop a rolling plan. The Executive Chief Digital and Information Officer

	offered support if needed. The Executive Area Director (Tees Valley & Central) advised the committee that the first informal response to the Hartlepool SEND inspection has been received. Conversations are ongoing with County Durham and Darlington Foundation Trust (CDDFT) around the Tier 2 electives, noting that the target of 78-day waits has been achieved. The Executive Area Director (Tees Valley & Central) noted that the new primary care data within the Integrated Delivery Report will need to include the Pharmacy, Optometry and Dentistry data going forward to encompass the whole of primary care. The Executive Chief Nurse updated the committee that specialist medical transport had been rated as inadequate and their licence had been removed. This decision was overturned at a Tribunal, noting that the final report is pending however they can now operate. Newcastle Hospitals response to the Section 29A warning has been submitted to the Care Quality Commission (CQC). CDDFT has undergone an inspection of their maternity services and are required to provide additional information. TEWV has received a responsive inspection, it was noted that there was an improved position from the previous visit however there was an issue noted around staffing. In response to a question raised from a CQC reporting perspective regarding whether the ICB has line of sight of the standards across all care homes at present; the Executive Chief Nurse confirmed that this data is available and can be included within the report going forward. The Chair questioned if we have the right resources and approach for LeDeR. The Executive Chief Nurse assured the committee that there was ongoing work to implement a standardised process going forward. The Executive Medical Director enquired as to whether providers are set trajectories. It was confirmed that these are set but noted that this information is not readily available. The Director of Transformation (System) suggested the levels of assurance and trajectories requested from providers could be explored whilst working through the mental health priorities paper. The Chair confirmed the improvement trajectories and overall approach will need to be reported to improve accuracy in our assurances. It was noted by the Chair that this report continues to be under development and review. **ACTION:** **1) The Executive Chief Digital and Information Officer to link with the Executive Chief Nurse to offer support to St Cuthbert's regarding the development of their business continuity plan.** **2) The Director of Transformation (System) to link with the Director of Performance and Improvement to develop a rolling**

	plan for the monthly data releases and the content for the communications. **3) The Executive Chief Nurse and Executive Area Director (Tees Valley & Central) to link with the Director of Performance and Improvement to include care home CQC standards within the Integrated Delivery Report.** **4) The Executive Chief Nurse to link with the Director of Performance and Improvement to include the LeDeR and Children's and Young People's Mental Health trajectories within the Integrated Delivery Report.** **<u>RESOLVED:</u>** **The Committee RECEIVED the report for information and assurance.**
EC/2023-24/13	**Agenda Item 11.1 - Contract Group Update and Terms of Reference** The Director of Transformation (System) introduced the report, which requested approval from the committee of the formal establishment of the Contract Group and associated terms of reference. The Director of Transformation (System) confirmed that a single tender waiver approval was not within the remit of the group and anything over £250,000 would be referred through the single tender wavier process. The Chair thanked colleagues for the work which had been undertaken on this. The Executive Chief Digital and Information Officer noted that an element of digital input would be beneficial to encompass the digital contracts. The Executive Director of Corporate Governance, Communications and Involvement requested that the representation of the group be reviewed to ensure it was correct to align with the plans to review the voluntary sector contracts and performance framework. It was noted the contract management process will need to ensure there is a corporate social responsibility angle and the ICB values are embedded within all the contracts. The Executive Director of Corporate Governance, Communications and Involvement requested a representative from the corporate governance, communications and involvement directorate be included within the group membership. The Director of Corporate Governance and Involvement noted the Terms of Reference needs to be more specific regarding quoracy to enable decision making. The Executive Medical Director enquired as to whether clinical involvement is needed within the group. The Director of Transformation (System) confirmed that there has been clinical input when setting of the commissioning and contracting round of 2023/24.

	The Executive Area Director (Tees Valley & Central) requested whoever is successful in acquiring the role of Deputy Director of Primary Care to be included within the membership of the Contracts Group. The Executive Director of Corporate Governance, Communications and Involvement recommended the agreement of a set of core principles around sustainability and social responsibility which are aligned to every contract signed, and for those linked to operational and/or management costs, that the 30% reduction is to be included within the principles. It was AGREED for this to be incorporated into the roles and responsibilities for the contract group to develop the principles proposal and submit to the committee for approval. It was AGREED the suggested representatives will be invited to attend the contract group and a one-year review date be added to the Terms of Reference. **ACTION:** **1) The Director of Corporate Governance and Involvement to review the quoracy needed for the group to ensure decision making is enabled.** **2) The Deputy Director of Strategic Commissioning to revise the membership of the contracts group to include the agreed additions of digital, clinical, corporate governance, communications and involvement directorate and Deputy Director of Primary Care representation.** **3) The Deputy Director of Strategic Commissioning to incorporate the development of core principles into the roles and responsibilities of the contract group.** **4) The Deputy Director of Strategic Commissioning to resubmit the Contract Group Terms of Reference to the committee following amendment with the inclusion of the agreed 1-year review date.** **RESOLVED:** **The Committee APPROVED the establishment of the contracts group with the agreed amendments to the Terms of Reference.**
EC/2023-24/14	**Agenda Item 12.1 - Risk Management Strategy** The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided the committee with an updated risk management strategy for 2023-24. The Committee were reminded that the Board approved the strategy at its first meeting on 1 July 2022 and a further refreshed version in October 2022. A further review has been undertaken in quarter 4 in readiness for the next financial year. The strategy reflects the current guidance from NHSE - all changes to the strategy were described on page 159 of the

	documents. The committee was asked to approve the refreshed risk management strategy for 2023-24. The Executive Chief Digital and Information Officer noted within Appendix 1, Schedule of Duties and Responsibilities that the Senior Information Risk Officer is not detailed. It was AGREED to amend appendix 1 to include the Senior Information Risk Officer. The Chair noted the training implications and suggested that this be a part of the corporate induction, particularly for managers. It was AGREED to develop an implementation plan which includes arranging training for managers and incorporating into corporate inductions. The Executive Medical Director enquired if the processes for reviewing the risk logs are robustly followed. The Executive Director of Corporate Governance, Communications and Involvement assured the committee that processes are in place and emphasised to colleagues that respective directorate risks must reviewed on a regular basis. The Chair suggested that committee members to take time to review the risk log and AGREED that all risk owners will be instructed to review the risk register and update accordingly. **ACTION:** **1) The Executive Director of Corporate Governance, Communications and Involvement to incorporate the Senior Information Risk Officer into Appendix 1 Schedule of Duties and Responsibilities.** **2) The Executive Director of Corporate Governance, Communications and Involvement to link with the Executive Chief People Officer to develop an implementation plan for risk training and corporate inductions.** **3) The committee secretary to circulate the risk log to committee members and all committee members and risk owners to review and update the risk log.** **RESOLVED:** **The Committee APPROVED the Risk Management Strategy with the agreed amendments.**
EC/2023-24/15	**Agenda Item 13.1 - Risk Management Report** The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided the committee with an updated position on the risks facing the organisation for the period 27 January 2023 to 21 March 2023. The committee was asked to receive and review the ICB risk register for

	assurance, review the area risk registers to determine whether any Place risks should be managed at a corporate level and to note the profile of the risks as at 21 March 2023 and discuss whether this accurately reflects the organisation's risk profile. The Executive Director of Corporate Governance, Communications and Involvement noted the discussions from the Risk Management Strategy item and asked how it is ensured that place directors have a full understanding of the risks, which are detailed within the report, on a regular basis. The Chair noted two outstanding risks for which the residual score of 20 had not been mitigated. The Director of Place (Northumberland) will update the risk register for the Northumberland access target diagnostics and treatment risk. The Executive Area Director (Tees Valley & Central) noted it was unusual for only South Tyneside to be noted on this risk and will investigate further. The Executive Area Director (Tees Valley & Central) advised the committee it would be difficult to ensure risks at place are assessed equally. The Executive Director of Corporate Governance, Communications and Involvement suggested that risk is covered at the Directors of Place meeting to initiate those conversations. Following discussion, the committee AGREED to a standing agenda item for all committees to reduce risks and for any new risks to be considered. This will ensure there is an extract around the key risks within the minutes from every committee meeting. The Chair requested that members commence conversations with their respective teams to clarify the identification and management of risks. The Chair requested a policy on a page diagram be produced to support those conversations. **ACTION:** **1) The Executive Area Director (Tees Valley & Central) and the Director of Place (Northumberland) to investigate the highlighted place risks to mitigate the residual risk score.** **2) The Committee Chair's to add a standing agenda item of Key Risks to each committee agenda.** **3) The Director of Corporate Governance and Involvement to produce a policy on a page diagram.** **4) All Executive Directors to communicate with their teams regarding the process for the identification and management of risks.** **RESOLVED:**

	1) **The Committee RECEIVED the ICB risk register for assurance.** 2) **The Committee REVIEWED the Area risk registers.** 3) **The Committee NOTED the profile of the risks as at 21 March 2023.**
EC/2023-24/16	**Agenda Item 13.2 - People Group Terms of Reference** *At 11:11am the Executive Chief People Officer joined the meeting via Microsoft Teams.* The Executive Chief People Officer introduced the report which requested the committee to approve the establishment of the People Group as a subgroup of the ICB Executive Committee and approve the Terms of Reference. The Executive Chief People Officer informed the committee the first meeting had taken place in January 2023, it was noted that the meeting schedule will be bi-monthly. The Executive Chief Digital and Information Officer noted the description of the Strategic Head nomination from the digital team is very generic and suggested that it needs to be specific to the nominated individual. **ACTION:** **The Executive Chief Digital and Information Officer to email a specific description of the Strategic Head to the Executive Chief People Officer.** **RESOLVED:** 1) **The Committee APPROVED the establishment of the People Group.** 2) **The Committee APPROVED the People Group Terms of Reference with the agreed amendments.**
EC/2023-24/17	**Agenda Item 13.3 - Voluntary, Community and Social Enterprise Sector (VCSE) Engagement & Infrastructure Review** The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided the committee with the rationale to implement a review of the ICS VCSE partnership arrangements. The Executive Director of Corporate Governance, Communications and Involvement requested the committee approve the signing of the Memorandum of Understanding (MOU) between the VCSE sector and the ICB and to commence a full review of the voluntary sector. It was noted an update would be provided in September 2023. **ACTION:**

	The committee secretary to add Voluntary, Community and Social Enterprise Sector (VCSE) Engagement & Infrastructure Review Update to the committee cycle for business for September 2023. **RESOLVED:** **1) The Committee APPROVED the signing of the MOU between the VCSE sector and the ICB.** **2) The Committee APPROVED the commencement of a full review of the current ICS VCSE Partnership arrangements.**
EC/2023-24/18	**Agenda Item 13.4 - Governance Map** Noted for information only. **RESOLVED:** **The Committee NOTED the governance map for information purposes.**
EC/2023-24/19	**Agenda Item 13.4 - Committee Cycle of Business** Noted for information only. **RESOLVED:** **The Committee NOTED the committee cycle of business.**
EC/2023-24/20	**Agenda Item 14.1.1 - Commercial Sponsorship and Joint Working with Pharmaceutical Industry Policy** The Executive Director of Corporate Governance, Communications and Involvement reminded the committee this was linked to the organisations commitment to review the polices committed to on the 1 July 2022. **RESOLVED:** **The Executive Committee APPROVED the Commercial Sponsorship and Joint Working with Pharmaceutical Industry Policy.**
EC/2023-242/21	**Agenda Item 14.1.2 - Policy for Development and Approval of Policy** **RESOLVED:** **The Executive Committee APPROVED the Policy for Development and Approval of Policy.**
EC/2023-24/22	**Agenda Item 14.1.3 - Decommissioning Policy** **RESOLVED:** **The Executive Committee APPROVED the Decommissioning Policy**
EC/2023-24/23	**Agenda Item 14.1.4 - Receipt Acceptance and Management Petitions Policy**

	RESOLVED: **The Executive Committee APPROVED the Receipt Acceptance and Management Petitions Policy.**
EC/2023-24/24	**Agenda Item 14.2.1 - Job Evaluation Policy** **RESOLVED:** **The Executive Committee APPROVED the Job Evaluation Policy.**
EC/2023-24/25	**Agenda Item 15.2.3 - Professional Registration Policy** The Executive Area Director (Tees Valley & Central) stated that the policy was only focused on clinical registration and will need to include all professional registration. The Executive Medical Director highlighted that the ICB has clinicians who only work for the ICB and therefore does there need to be a section included on responsible officers. Following discussion, it was AGREED to extend the policy to include all professional registration and include a section identifying the organisations responsible officers and their responsibilities. **ACTION:** **The Executive Chief People Officer to amend the Professional Registration Policy to include all professional registration and responsible officer responsibilities and designated responsible officer details.** **RESOLVED:** **The Executive Committee APPROVED the Professional Registration Policy with the approved amendments.**
EC/2023-24/26	**Agenda Item - 16 Any Other Business** 1) The Executive Director of Corporate Governance, Communications and Involvement advised colleagues that the organisation had been shortlisted for four awards. 2) The Chair noted new requirements were recently received from NHSE around Better Care Fund (BCF) and flagged that an assurance process for all BCF's may need to be implemented to demonstrate how metrics are tracked at place level. A report will be presented to the Board in September 2023 to demonstrate each BCF plan has been reviewed. 3) The Executive Chief People Officer noted objective setting on ESR has had very little recording. There will be a prompt to staff in Pulse.

	It was AGREED corporate level objectives would be the focus of the next Executive Team Meeting. **ACTION:** **4) The Executive Area Directors and the Executive Chief Nurse to review the NHSE guidance and develop a robust BCF assurance process.** **5) The Executive Area Directors and the Executive Chief Nurse to submit a report on BCF assurance to the Board in September 2023.** **6) The next Executive Team Meeting focus to be corporate level objective setting.**
EC/2023-24/27	**Agenda Item 17 - CLOSE** The meeting was closed at 12noon.
	Date and Time of Next Meeting Tuesday 9 May 2023 10.30am

Signed: **Sam Allen**

Position: **Chief Executive (Chair)**

Date: **9 May 2023**

Item: 10.4.1
Appendix 3

NHS
North East and North Cumbria

ANNUAL REVIEW OF THE EXECUTIVE COMMITTEE

In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board.

Review period	1 July 2022 to 31 March 2023		
Number of Meetings	8 (no meeting scheduled in August 2022)		
Members	**Number of meetings eligible to attend:**	**Number of meetings attended by members:**	**Number of meetings deputy attended: (*n/a – no deputy)**
Chief Executive (Chair)	8	7	1
Executive Director of Finance (or nominated deputy)	8	6	2
Executive Medical Director (Vice Chair) (or nominated deputy)	8	7	1
Executive Chief Nurse (or nominated deputy)	8	5	3
Executive Area Director - North (or nominated deputy)	8	6	2
Executive Area Director – South and Central (or nominated deputy)	8	6	2
Executive Chief Digital and Information Officer (or nominated deputy)	8	7	n/a
Executive Director of Innovation (or nominated deputy)	8	6	n/a
Executive for Improvement and Experience (or nominated deputy)	8	4	1
Executive Chief of Strategy and Operations (or nominated deputy)	8	7	1
Executive Director of Corporate Governance, Communications and Involvement (or nominated deputy)	8	7	1

Role and responsibilities of the Committee

The Executive Committee (the Committee) operates as a formal committee of the Board. The principal purpose of the Executive Committee is to support the Board by overseeing the day-to-day operational management and performance of the ICB in support of the Chief Executive in the delivery of her duties and responsibilities to the Board.

The Committee provides a forum to inform the ICB's strategies and plans and in particular undertakes any commissioning and planning activity on behalf of the Board, helping to secure continuous improvement of the quality of services and implementation of the approved ICB strategies and plans. The Committee contributes to the overall delivery of the ICB objectives by delivering its remit as set out in its terms of reference. The Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation (SoRD) and specified in its terms of reference.

Details of main work areas

The Committee's main areas of work are:

Commissioning

- The commissioning of acute services, primary care services and some specialised services
- Oversight of significant service reconfiguration
- Developing system working and strategic planning whilst promoting collaborative working across all providers
- Performance monitoring of provider services
- Provide assurance to the Board on the delivery of performance and outcomes
- Review of ICB performance against the NHS System Oversight Framework
- Recommendations to the Board regarding ICB programme budgets
- Oversight of the development of an annual system plan in conjunction with partner trusts
- Establish population health management approaches and address health inequalities
- Establish place-based working
- Ensure that commissioning activities are underpinned and informed through communications and involvement with partners and that public and key stakeholder engagement is aligned in the development and implementation of ICB strategies and plans

Corporate

- Ensure the ICB fulfils its functions, duties and responsibilities as set out in the organisations Constitution, ensuring a comprehensive system of internal control and the effective operational management of the ICB
- Ensuring the Board is sighted on any emerging strategic issues and risks and that adequate arrangements are in place in relation to the System Oversight Framework
- Delivery of the People Plan and People Promise, workforce planning and sustainability
- Approval of staff recruitment, retention and development, supporting staff to develop new skills for collaborative working, and ensuring that the Board is advised on compliance with its statutory duties and performance relating to employment
- Advise the Board on compliance with its statutory duties relating to duty in respect of research
- Recommendation of HR policies to the Board for approval
- Approval of corporate, health and safety and information governance policies
- Development and implementation of ICB strategies (e.g., data and digital, communications and engagement and equality and diversity

- Approve and implement the ICB's arrangements for planning, responding to and leading recovery from incidents (emergency planning, resilience and response framework)
- Oversee compliance with the management of conflicts of interest as stated in the Constitution and the Standards of Business Conduct Policy and Declarations of Interest Policy
- Approve and implement the ICB's risk management policy and supporting processes.

Main achievements and assurances

This Annual Report summarises the activities of the Executive Committee (the Committee) from its formation. The Committee was consistent in reporting to the Board, providing highlight reports from July 2022 to March 2023, to demonstrate the extent to which the Committee has met its terms of reference and providing assurance regarding key priorities since the establishment of the North East and North Cumbria Integrated Care Board (the ICB).

The Executive Committee held its first formal meeting on 12 July 2022 and agreed that meetings would take place monthly to focus on business delivery. The meeting agendas were split into confidential and non-confidential items to ensure appropriate reporting through to the Board meeting held in public or private.

This report had been informed by a review of the papers presented to the Committee against the responsibilities set out in its terms of reference and priorities outlined in the cycle of business. Some of the main achievements and assurances received by the Committee are summarised below (further details can be found in the individual highlight reports from each meeting):

<u>12 July 2022</u>

- Children's immunisations Quality Outcomes Framework for Newcastle and Gateshead
- Updated NICE guidelines for Type 2 diabetes
- Community diagnostics overview
- Review of ICB priority areas/workstreams
- Virtual wards funding.

<u>13 September 2022</u>

- Tees Valley integrated urgent care case for change
- National cyber event update
- Revised governance model for urgent and emergency care Network
- Health 50-64yr old flu vaccination options paper
- Building a learning and improvement community for North East and North Cumbria
- Primary Care Collaborative business case proposal

<u>11 October 2022</u>

- Place-based delivery reports for North and North Cumbria and Central and Tees Valley areas
- Detailed winter plan
- Covid Medicine Delivery Unit proposal
- Review of health inequalities arrangements and proposal for the health inequalities targeted funding allocation
- Learning disabilities and autism update – building the right support.

<u>15 November 2022</u>

- Redesign of the involvement and engagement model in County Durham

- Establishment of integrated care partnerships (ICPs) in North and North Cumbria
- Update on developing a learning and improvement system
- Winter plan for system resilience.

13 December 2022

- Update on the NECS strategic partnership and delivery plan
- Future support for asylum seekers in North Cumbria
- Hospital discharge funding.

10 January 2023

- Review of ophthalmology waits in Northumberland, Newcastle and Gateshead
- Early cancer diagnosis work in County Durham
- NICE technology appraised treatments and future plans
- Update on the development of Community Diagnostic Centres in the region
- Next Step on Place Based Working.

14 February 2023

- Clinical interventions in special schools in Newcastle
- Acute Respiratory Infection (ARI) Hubs in County Durham
- System priorities for children and young people in Tees Valley
- Update on the South Tees Integrated Urgent Care project
- Proposed operating framework for delegated primary care services from NHS England from April 2023
- Community Pharmacy Services in North East and North Cumbria pilot review.

14 March 2023

- Arrangements for complex care packages
- Specialised commissioning joint working arrangements
- Primary care workforce underspend for 2022/23
- 2023/24 Operational Plan Submission
- Diagnostics Programme Allocation from SDF funding
- Recommendations from the February 2023 (shadow) Medicines Subcommittee
- Triangulation of the patient voice - proposed subcommittee

Governance and Assurance

The Committee also received assurance reports on the following items:

- Integrated delivery - a high level overview of the key metrics covering access, experience, outcomes, people and finance across the ICB and wider system
- Financial position , including a review of the financial sustainability checklist
- Risk management position
- Corporate governance (statutory duties)
- Information governance, including the Data security and Protection
- A review of the financial sustainability checklist
- Transfer of staff in the NHS England Clinical Network to the ICB
- Programme plan progress
- Research and Evidence
- NICE Compliance Report
- Policy management (review of policies).

Details of main challenges faced by the Committee during the year
There were several challenges faced by the Committee including: • Continued transition from CCG to ICB ways of working • Geographical size and interaction with place-based working • System performance • Winter pressures • Financial pressures • Workforce pressures • Continuing healthcare packages and support for care homes • Discharges • Procurement timescales • Management of agendas (number and timescales of items being received) and committee support The Committee monitored these areas closely and put mitigating actions in place wherever possible (in line with national and internal requirements). The Board was provided with assurance on these via the Committee's minutes, detailed reports, and presentations at formal Board meetings as well as in-depth reviews as part of Board development sessions. Where risks were identified, these were added to the ICB's risk register as appropriate to ensure more detailed monitoring took place to mitigate these risks to the lowest level.
Key issues to highlight to the Board
The Committee has continued to explore improvements to its effectiveness and efficiency of management to ensure that the meetings are productive and committee member time is effectively utilised. New processes have been put in place to support this and ensure all essential business is conducted appropriately and provide assurance to the Board on delivery of its delegated functions. The annual review has identified the Committee has delivered its responsibilities as set out in its terms of reference.

Proposal to review terms of Reference?	No - to note that a minor change is required regarding the change in job title for the Chief People Officer.
Chair of the Committee	Samantha Allen, Chief Executive
Report Author	Jane Leighton, Senior Corporate Governance Lead
Date:	26 April 2023

Item: 10.4.2

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

BOARD MEETING 30 May 2023	
Report Title:	**Highlight report and Approved Minutes from the Quality and Safety Committee**

Purpose of report

To provide the Board with an overview of the discussions at the meeting of the Quality and Safety Committee held in May 2023 and approved minutes from the Committee meetings held on 15 December 2022 and 16 February 2023.

Key points

The confirmed minutes from the meeting of the Quality and Safety Committee held on 15 December 2022 and 16 February 2023 are attached at **Appendices 1 and 2**.

The Committee considered several issues and supporting papers at its meeting held on 11 May 2023 including:

- Area quality exception reports/key risks, issues and assurances Cumbria, North, Central and Tees
- Patient involvement and experience
- Complaints report (quarters 3 and 4)
- Transforming Care update
- Excess Mortality and the Summary Hospital-led Mortality Indicator
- Terms of reference
- Risk register
- Patient Voice subgroup terms of reference
- Quality and Safety Committee annual review 2022/23 **(Appendix 3)**

The minutes from this meeting will be approved by the Committee at its meeting scheduled for 20 July and submitted to the Board for assurance at its next meeting on 25 July 2023.

Risks and issues

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The Committee will continue to receive and review the corporate risks aligned to the quality and safety portfolio to provide assurance to the Board that the quality and safety risks contained within the corporate risk register reflect the current environment.

Assurances

The clinical quality exception report and other supporting reports provide the Committee with a range of data and assurance sources.

Recommendation/action required

The Board is asked to:

- Note the Quality and Safety Committee highlight report for May 2023;
- Receive the approved minutes for the Committee meetings held on 15 December 2022 (**Appendix 1**) and 16 February 2023 (**Appendix 2**) for assurance
- Receive the Committee annual review for 2022/23 for information and assurance **(Appendix 3**).

Acronyms and abbreviations explained

NENC – North East and North Cumbria
SEND – special educational needs
LeDeR – learning from Lives and Deaths, People with a Learning Disability and Autism

Sponsor/approving executive director	Eileen Kaner, Non-Executive Member of the Board and Chair of the Quality and Safety Committee / Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Date approved by executive director	23/05/2023
Reviewed by	Deborah Cornell, Director of Corporate Governance and Board Secretary
Report author	Neil Hawkins, Head of Corporate Affairs

Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

Relevant legal/statutory issues

Health and Care Act 2022

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 at this stage – membership and terms of reference of the Committee are under review.					
Has there been/does there need to be appropriate clinical involvement?	Appropriate clinical representation within the membership of the Committee. Terms of reference to include representation from Nursing Directors and Medical Directors.					
Has there been/does there need to be any patient and public involvement?	N/A					
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A					

Quality and Safety Committee Highlight Report

Introduction

The Committee has been established to provide the ICB with assurance that is delivering its functions in a way that delivers high quality safe patient care in commissioned services and 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 and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

Summary report

The Quality and Safety Committee, chaired by Eileen Kaner Non-Executive Member of the Board, met on the 11 May 2023 and considered a number of issues and supporting papers including:

Area Quality Exception Reports for Cumbria, North, Central and Tees
The Committee received a brief presentation outlining the current risks and issues within each of the four geographical areas within the ICB. Themes included:

- North Cumbria: Care Quality Commission inspection of maternity services at North Cumbria Integrated Care Hospital; Continuing healthcare (CHC) market fragility; and, safeguarding vacancies within the team
- North: SEND health funding and inspection framework; CHC fee rates, care management and service alignment; LeDeR reviewer availability to carry out reviews.
- Central: County Durham and Darlington Foundation Trust maternity services; safeguarding vacancies within the team; tuberculosis community service provision in Sunderland and South Tyneside.
- Tees Valley: Serious Incident reporting rates at the Foundation Trusts – improvement work continues; Tees Esk and Wear Valley Foundation Trust remain in quality escalation with action plans in place; independent provider market.

The Committee discussed some common themes and suggested there may be one or two areas where the Committee could do a 'deep dive' at future meetings – namely CHC and safeguarding.

The Committee also received an update concerning area quality reporting that will be presented to the Committee in future. Work is underway to design the format and content of the reports which will be presented to the Committee at the next meeting.

Patient Involvement and Experience
The Committee received an update report from the involvement team concerning how the ICB is involving people in conversations around health services at community, place, area and ICB-wide levels. The report provided a high-level summary of some key activities currently taking place across the NENC region to actively support the implementation of the strategy and provide assurance of the ICB's commitment to listening to patient experience and voice.

Complaints Report (Quarters 3 and 4)
The Committee received two reports which provided assurances that the ICB had fulfilled its statutory responsibilities regarding complaints management. The reports provided an overview of the issues raised in complaints/concerns during quarter 3 and 4 along with learning for the ICB following complaint investigations. The main categories of ICB complaints/concerns were Continuing Healthcare and Covid 19 issues. The transfer of accountability of primary care complaints from NHS England to ICBs, including clinical review and sign-off of complaint responses, will be effective from 1 April 2023; staff/resources will transfer on 1 July 2023. A key risk associated with this transfer includes identification by the ICB of resource for clinical review of complaint findings.

Transforming Care Update
The Committee received an update on Transforming Care programme for people with learning disabilities and autistic people. The NENC as a system is traditionally a high user of hospital beds. The programme aims to meet the NHS Long Term Plan deliverables for people with a learning disability and autistic people by having the right care and support available in the community. At the end of March 2023 there were 162 adults in hospital – which is 37 people above the inpatient trajectory and 7 young people under 18 which is below the trajectory. Kate ran through the main elements and priority actions within the programme for the Committee.

Excess Mortality and Summary Hospital-led Mortality Indicator (presentation)
The Committee received a comprehensive presentation concerning excess mortality and the summary hospital-led mortality indicator (SHMI) data. The discussion highlighted the difficulty to unravel the issue of excess mortality from the data available. The usefulness of the SHMI data had been adversely impacted by the pandemic but still provided valuable data to try to understand the causes of excess mortality over time. The SHMI data provides a window into the issue but does have limitations (e.g.it lacks adjustment for severity or acuity of illness).

Terms of Reference
The Committee considered the updated terms of reference and approved the draft for submission to the Board for ratification. The membership had been reviewed to ensure appropriate representation and to reflect the Committee's responsibility for public and patient involvement assurance.

Risk Register
The Committee received the regular risk report highlighting risks within the remit of the Quality and Safety Committee. Two new risks were included in the report, one concerning the difficulty of finding and maintaining suitable placements for patients with complex needs, and the other concerning high levels of potential suicides identified across the North East and North Cumbria which has the highest suicide rate in England. The Committee asked that the scores of the residual risks be raised with the risk owners to ensure they were scored appropriately.

Patient Voice Subgroup Terms of Reference
The Committee was presented with the terms of reference for the proposed subgroup which was to be established as a formal subgroup of the Quality and Safety Committee. Its focus will be to:

- Champion robust and meaningful patient and public involvement underpinned by principles of equality and inclusion
- Oversee involvement and engagement activities to provide assurance to the Quality and Safety Committee and Board that the ICB is fulfilling its statutory duties and legal requirements with regards to involvement
- Monitor and review the ICB's fulfilment of its duties to inform and consult as set out in the NHS Constitution and the *Health and Care Act 2022.*
- Seek assurance that the ICB is meeting the requirements for commissioners as set out in the *Equality Act 2010*

- Work with the Quality and Safety Committee to provide assurance to the Board that providers are fulfilling their statutory duties with regards to involvement
- Provide a forum to enable a focus on emerging feedback trends, alerting the Quality and Safety Committee, other relevant committees and/or the Board on themes and trends as a result of the triangulation of intel and insight from multiple sources of information
- Coordinate the engagement of bespoke public perception research to ensure consistency and reduce duplication.

The Committee approved the creation of the patient voice subgroup including the proposed terms of reference.

Quality and Safety Committee annual review 2022/23
In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board. The Committee received the report which provided a summary of the main areas of work and achievements throughout 22/23. The report was received and is attached as Appendix 3 to this report.

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North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 15 December 2022 from 10.00-12.00am via MS Teams.

Minutes

Present: Professor Eileen Kaner, Independent Non-Executive Member (Chair)

Nicola Bailey, Interim Executive Director of Place Based Partnerships (North and North Cumbria)

Professor Hannah Bows, Independent Non-Executive Member (Vice Chair)

Professor Sir Liam Donaldson, ICB Chairman

Ann Fox, Director of Nursing

Jean Golightly, Director of Nursing

Maureen Grieveson, Director of Nursing

Louise Mason-Lodge, Director of Nursing

Ewan Maule, Director of Medicines

Rajesh Nadkarni, Foundation Trust Partner Member

Dr Neil O'Brien, Executive Medical Director

David Purdue, Executive Chief Nurse

Claire Riley, Executive Director of Corporate Governance, Communications and Involvement

Jeanette Scott, Director of Nursing

Richard Scott, Director of Nursing

Dr Mike Smith, Primary Medical Services Partner Member

David Thompson, Healthwatch

Julia Young, Director of Nursing

Aejaz Zahid, Director of Innovation

In Attendance:

Lisa Anderson, Senior Involvement and Engagement Lead

Deb Cornell, Director of Corporate Governance and Involvement

Helena Gregory, North Cumbria Pharmacy and Medicines Lead

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Vicky Playforth, Head of Continuing Healthcare & Complex Care

Tony Roberts, Director of NEQOS

Jan Thwaites (minutes)

QSC/2022/12/17 Welcome and Introductions

Introductions were given.

QSC/2022/12/18 Apologies for absence

Apologies were given by Dr Saira Malik, Primary Medical Services Partner Member, Ken Bremner, Foundation Trust Partner Member, Jacqueline Myers, Executive Director of Strategy and System Oversight and Annie Laverty, Executive Chief People Officer.

QSC/2022/12/19 Declarations of Interest

There were no declarations raised.

QSC/2022/12/20 Minutes of the meeting held on 20 October 2022

RESOLVED: The minutes were accepted as a true record.

QSC/2022/12/21 Matters arising from the minutes and action log

QSC/2022/10/05 – the issue had been raised to ensure good representation of social care in the meeting, this had been included on the terms of reference (ToR). The group would be set up following a ToR review.

QSC/2022/10/08 – take this discussion outside the meeting to inform the item. The risks had been separated out and actioned.

QSC/2022/10/15 – the minutes were reported to the ICB Board as a record of this meeting. There may be confidential information in the reports which had not been published which needed to be considered. The agenda and minutes could be shared but the reports not so.

ACTION: Need to hold an offline discussion and come back with a proposal on what could be released in regard to agenda, minutes and reports to partners in a safe and appropriate way.

QSC/2022/12/22 Patient Story Process

The Committee were provided with an update on the patient story process which had been embedded into the Engagement Strategy.

It was through having detailed conversations with people and understanding their perspective and experience that issues could be picked up rather than through other ways of engaging with the public.

In the previous CCGs there had been a patient story protocol where stories were collected and presented to the Governing Body meetings. The involvement leads across the region had met to discuss their various processes and developed an ICB protocol. This had been developed in partnership with feedback from VCSOs and learning disability groups to ensure this was an easier process to follow.

Further work was required and a communications campaign was under development which would include animation, supporting materials and social media.

The Involvement Leads collated the story in a way that was comfortable for the patient and put it in a format for presentation to the committee. A way to reach out to the patients to let them know the ICB were there to listen to them and make them aware that they were working with the VCOs, Healthwatch and GP practices.

The importance of lived experience was highlighted and this would be embedded into the ongoing work.

It was noted that this process had been used with Path to Excellence and post implementation in regard to patient pathways. This was focussed and specific work. Caution was raised that this should not be used as a platform for patient complaints but to focus on patient experience. A suggestion was made that it should be made explicit that if in the complaints process this should be concluded before bringing the patient story to the meetings. It was explained that a summary of the response from the Trust was also brought to bring a balance, this needed to be included in the process.

All patient forums needed to be included and in regard to the minutes being made available to the patient it was noted that this should only be the particular excerpt of the patient story and not the complete set of minutes.

A query was raised if these stories should be raised at the ICB Board or at this meeting. Caution was noted that it was important to remember when dealing with patients that once they were engaged they needed to relate to issues and not be categorised as not belonging to this process.

It was noted that this was a valuable resource and it would be beneficial to link this into the learning community and system. The process could be two stage:

- An overview of lived experience
- A deeper dive into certain pathways

In regard to care givers or family members would this be included or as part of a separate mechanism and could this be branded as perhaps citizens stories?

The relevance of the story should be looked at to form part of the agenda, there were some meetings in existence that already had good patient stories. For instance the LMNS Board with a focus on maternity. It was noted that some stories received were both positive and negative.

In summing up it was noted that the principle was important, was complex and to take care that the process was not used as a platform for grievances but to record lived experience. To think about the patient versus citizen approach. To note that patient experiences could be complimentary, positive, appreciative and challenging. Only the section of the minutes in relation to the patient should be shared. It was be good to have face to face stories relayed and to look at care providers at some stage and the challenges they face.

RESOLVED: The process was received for information and assurance.

QSC/2022/12/23 Terms of Reference (ToR) Review

The terms of reference for the committee were discussed. Membership amendments had all been actioned and reflected the committee attendance. If this was approved they would be presented to the ICB Board for ratification.

A suggestion was raised to consider responsibilities for looked after children separate to safeguarding. Scrutinise the robustness of the arrangements for and assure compliance with the ICBs statutory responsibilities for promoting the health and wellbeing of looked after children .

A question was raised as to why the place based Medical Directors had been removed from the ToR. These would be reinstated.

The Director of NEQOS to be included in the ToR.

A query was made to the rationale of all of the Directors of Nursing being on the committee, this made a significant number of people attending the meeting. In response it was noted that they covered quite a large regional area and all have corporate responsibilities such as corporate, safeguarding, research and PSIRF.

RESOLVED: The changes discussed would be included in the next version of the terms of reference.

QSC/2022/12/24 Cycle of business

The cycle of business for the committee was discussed. Some of the regular items had been included with a feel for reports to come.

The following items were brought to the committees attention:

- PSIRF was Patient Safety Incident Reporting Framework
- The committee to have a quarterly or 6 monthly review from a safeguarding point of view
- To add a separate patient story to the cycle of business for each meeting
- The frequency of review of the risks to be amended to each meeting
- NICE guidance to be reviewed

- regular updates around maternity
- it was suggested to include never events either under the focussed discussion items or under risk
- Value Based Commissioning (VBC) Policies to see any amendments annually
- Regulation 28 issued – to be noted

It was explained that some of the above items would be undertaken as part of the work plan.

QSC/2022/12/25 Delivering our people and involving communities strategy

The strategy had been approved by the ICB Board in July.

The committee were informed that there were over 3million people in our NENC area. Within that there were patients, families, citizens and multiple communities all with lived experience that needed to be captured and feedback to the services that were commissioned. This was a huge challenge but also a huge opportunity to make these changes.

In terms of key strategic principles these were valuing and raising the need for involvement across the system, developing consistency through learning lessons and embracing innovation and improvement.

The Twisting Ducks video that had been presented to the ICB Board showing the difference in life expectancy of people with learning disabilities and autism was highlighted.

Priorities were highlighted, these included the use of open conversations, listening and involving communities, removing barriers and reducing inequalities, sharing learning and reporting feedback.

Key relationships included Healthwatch, VCSOs, providers patients and other partners.

A proposal for a citizens panel would be developed, a database would be used for information gathering and looking at local opportunities to support, enhance and build networks.

In developing the operating model, the service model for the ICB was being explored and would be at place, area level, ICB wide, strategic and area ICPs including workstreams and networks.

The coming year would be a year of transformation with the opportunity to develop the governance infrastructure which was expected to be in place by April 2023. A detailed action plan would be established to deliver the strategy with an effective and efficient network across the patch. Legal process to take into consideration.

It was confirmed that by the end of January the workplan would be completed ensuring that the lived experience, the support required with the right people in all

areas was in place. The funding for the developmental involvement and engagement work with partners had been secured.

QSC/2022/12/26 Involvement and engagement update

To provide the Committee with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

The following pieces of work that had been undertaken were described, these included:

- ICP strategy engagement
- Developing a citizens panel
- The waiting well initiative
- Developing the involvement strategy and action plan with stakeholders.

A comment was made that it was good to see research and evaluation groups being mentioned in the report with the ambition to increase diversity and participation in research across the region. It would be helpful to incorporate a metric to report on the diversity in engagement across the region. Funding had been received from NHS England to participate in working with voluntary organisations relating to children and young people's mental health.

It was noted that there was a real commitment across the system to meaningful engagement with the wider community. Healthwatch gave assurance on how it was willing and able to support this work and had already begun with the waiting well initiative. It was important that the time and commitment spent on engagement was meaningful and would make a difference to patients and services.

The Chair noted the importance of using multiple methods and approaches, to reach out to less heard groups also to children and young people. The need to involve and include and the use of citizens panels.

It was noted that there were some excellent young people's parliaments across the region.

Assurance was given that equality had been identified in the action plan to support seldom heard groups with the use of sense checking and links across the region and North Cumbria with Universities.

The common theme across the report was a focus on partnership with a lot of work to do and a lot of ambition.

RESOLVED: The report was received for information and assurance.

QSC/2022/12/27 Integrated Quality and Performance Report

An overview of the ICS overview of Quality, and Performance was provided.

It was noted that there was often a time lag between the data being received and the report being produced.

The outcome of the unannounced NEAS and STSFT CQC visits were awaited.

In regard to HCAI infections there had been 5 reported breaches, the detail was contained within the report.

In regard to never events there had been 14 in the year to 31 October 2022 again detail of this was contained within the body of the report.

Sickness absence was above the national average with exceptionally high staff turnover rates. Detail on the regulation 28s including 2 new that had been issued and applied to were for CNTW and NEAS.

The NEAS independent inquiry was just starting, the interviews were ongoing.

Risks and assurances around independent providers, workforce pressures, 104 week wait for spinal surgery, ambulance response times, cancer 62 week waits were all provided within the report.

In regard to mortality a question was raised on monitoring rates and actions, who was the lead for mortality and do the outcomes from the regional mortality group feed into this group. In response it was noted that this information was reported to the System Quality Group and would also feed across into this committee.

In regard to the 14 never events questions should be raised as to what were they and if there were any significant themes with a need for learning and collaboration. A comment was made on how to capture actions to drive improvement and getting better.

In response it was noted that with the Patient Safety Incident Reporting Framework (PSIRF) coming in, a whole system change around learning from patient safety events. One of the things that had not been so good was sharing across organisations, it was hoped that with the provider collaborative this would change.

In developing a quality framework this would include assurance, improvement, control and planning. The next meeting would look to change this report to look at learning especially in terms of never events and take a strategic look at safety.

From a learning disability outcome point of view work in North Cumbria was shared where improvements in the health action plans had been enhanced.

A comment was made if members would wish to see a summary report by area sitting behind this report in the future. The Chair reiterated the need to have the right information in the right format and not get lost in the detail.

RESOLVED: The report was received for information and assurance.

QSC/2022/12/28 Complaints Q2 Report

The report provided assurances that the ICB had fulfilled its statutory responsibilities regarding complaints management. The report also provided an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations.

The KPIs for acknowledging and responding to complaints had all been met which was an encouraging picture.

It was acknowledged that from 1 April 2023 the ICB were taking over complaints for pharmacy, optomology and dental as well which may see a growth in complaints and concerns but also hopefully compliments.

RESOLVED: The report was received for assurance and information.

QSC/2022/12/29 Establishment of a Medicines Safety Committee

An update on how to minimise the harm from prescribed or purchased medicines to our population, so that they can live happier, healthier lives.

It was explained that each Foundation Trust was required to have a medicines safety officer which have an informal but functional network with good engagement between the Foundation Trusts, secondary care and the ICB. However, it does not provide assurance nor have a set workplan but does share best practice. There needed to be a better way to manage system wide risks and assurance to the ICB, to learn from themes and best practice.

The 4 asks of the committee were highlighted noting that it clearly sat under the oversight framework, to work innovatively and in line with the national context. To add members perspectives on ways of working.

Medicines can benefit the local population but can also to cause harm. Themes could include administration, the human factor and staffing which accounted for a large amount of hospital admissions especially in older people which could be preventable.

Innovation wise the group would like to feed in the patient voice and representation. The team had identified facilitation for this alongside senior sponsors and the membership.

Work was ongoing with different levels of responsibility, accountability and visibility.

The Chair explained that this committee cannot by statute formally approve the establishment of other committees but could recommend the formation of the Medicines Safety Committee to the ICB Board.

Action: DC and EM to take the recommendation of the committee off line and if approved to the ICB Board for formal ratification.

RESOLVED: The Committee approved the RECOMMENDATION of the formation of a Medicines Safety Committee to the ICB Board. For it to sit jointly under the Quality and Safety and Medicines Committees. To support the committee to work innovatively, in line with the national context. To help shape the formation of the committee by adding members' perspectives on membership and ways of working.

QSC/2022/12/30 Developing the ICB Safeguarding Strategy

The third NHS England Safeguarding accountability and assurance framework (SAAF) was published in July 2022

An overview into the steps of this important piece of work were given noting that the ICB needed to be held to account to deliver against its statutory functions including prevention and strategic workforce planning.

In order for the safeguarding arrangements to be effective they have to link to other strategic partnership work, they cannot work in isolation from a safeguarding point of view and must have robust arrangements in place.

The NENC safeguarding forum was being led by Louise Mason-Lodge with the membership now including all designated Doctors and GPs.

The terms of reference for a new Health and Safeguarding Executive Group had been developed which would report into this committee to provide expertise and leadership via strong partnership working.

The next steps were to develop a safeguarding strategy, to use data and intelligence to explain and drive practice improvements. To ensure a well-supported sustainable and skilled leadership team and to ensure that primary care were involved in this and to promote learning across the patch.

A question was raised as to where Local Authorities sit in regard to the plan. In response it was noted that safeguarding partnership arrangements were at place. The focus of this work and the strategy was to assure safeguarding partners as well as the ICB Board and NHS England that the safeguarding arrangements were in place.

A comment was made in relation to the terms of reference in that the strategic safeguarding lead should be the Director of Nursing with strategic lead on safeguarding and that co-opted attendees to be included.

The board approval process would be discussed once the terms of reference were completed..

QSC/2022/12/31 Quality Exception Report

This report provides an overview on a range of quality measures relating to providers across the North East and North Cumbria Integrated Care System (NENC ICS) and assurance that actions are taken, where appropriate

The report would be looked at to change the focus onto learning.

RESOLVED: Actions being undertaken are highlighted in the report. Further detailed actions available through local assurance processes, such as QRG meetings and serious incident panels.

QSC/2022/12/32 NENC Valproate Programme

To update the Committee on use of Sodium Valproate in people of childbearing potential across North East & North Cumbria Integrated Care Board. Plus

information on the Community Pharmacy Quality Scheme audit requirements 2022-23 on Valproate

This had been raised as a patient safety concern as a system wide process which was not working as well as should.

Across NENC there were 1583 people of child bearing potential that were prescribed valproate at present and could be at some type of risk. Half of these had been biologically excluded.

Of the coding in the GP practices only 12% across NENC had been coded as having this care package in place. There was variation across places although there were around 750/800 at risk with highly effective contraception required.

Various consultations were ongoing, the Regional Drug and Therapeutic Committee (RDTC) were currently taking comments taken on this. The team were looking at how to implement current guidance and also the project work based on data presented at this meeting.

A drug safety update had also revealed that the current measures were not working, it was proposed to enforce stricter measures next year.

A mandatory community pharmacy audit was taking place.

Assurance was given that the numbers were being reviewed and compliance with the care package was being monitored and reviewed.

A question was raised if there was an issue recording and coding. In response it was noted that this varied and was not straightforward and was not happening in practice for these patients. There needed to be some review on poor levels of compliance. A further question was raised if this information was available at place level as there were quality and improvement routes at place where this could be picked up.

It was explained that there were data variations in places but no area was outstanding. The first steps were to understand what percentage was a coding issue in terms of patient safety, A commitment was made to come back to this committee with further data and a better understanding of the data coding issues and the risk or perceived patient safety risk.

QSC/2022/12/33 Place Quality and Safety Group minutes

Durham minutes from 6 September 2022

North Cumbria minutes from 14 September 2022

North Tyneside minutes from 5 July 2022

North Tyneside minutes from 6 September 2022

Northumberland minutes from 19 July 2022

South Tyneside and Sunderland minutes from 9 August 2022

RESOLVED: The above minutes were received.

QSC/2022/12/34 System Quality Group minutes from 13 October 2022

RESOLVED: The minutes of the System Quality Group meeting were received.

QSC/2022/12/35 Quality Review Group minutes

Co Durham and Darlington NHS Foundation Trust minutes from 22 June 2022

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust minutes from 16 August 2022

Gateshead Health NHS Foundation Trust minutes from 6 September 2022

North East Ambulance Service minutes from 5 August 2022

Northumbria Healthcare NHS Foundation Trust minutes from 9 August 2022

Newcastle upon Tyne Hospitals NHS Foundation Trust minutes from 4 August 2022

Maternity Quality Group minutes from 30 August 2022

RESOLVED: The above minutes were received.

QSC/2022/12/36/ Any other business

There was no other business.

QSC/2022/12/37 Reflection on meeting process/content

Concerns were raised if enough time had been scheduled to give a full and balanced discussion on agenda items.

Opposing responses were received these were noted below:

- Agreed more time required
- Sufficient time allotted as reports received far enough in advance to read and digest. To ensure discussion was gained from the information in the reports and not to read the whole report at the meeting.
- Reports were well planned out, take time to read the papers with purpose – have to be focussed on agenda items and not what goes on behind the scenes.
- The reports cover everything off – to ensure quality covered.

It was agreed to extend the meeting to 2.5hrs with the proviso that if a confidential section was required it would extend to 3hrs.

QSC/2022/12/38 Date and time of next meeting

Thursday 16 February 2023 at 10.00am.

Signed: 

Date: 16.02.23

Item: 10.4.2

NHS
North East &
North Cumbria

North East and North Cumbria Integrated Care Board

Quality and Safety Committee meeting held on 16 February 2023 from 10.00-12.30pm in the Joseph Swan Suite, Pemberton House.

Minutes

Present: Professor Eileen Kaner, Independent Non-Executive Member (Chair)

Professor Hannah Bows, Independent Non-Executive Member (Vice Chair)

Maria Avantaggiato-Quinn, Director of Allied Health Professionals

Ken Bremner, Foundation Trust Partner Member

Ann Fox, Director of Nursing

Maureen Grieveson, Director of Nursing

Dr Saira Malik, Primary Medical Services Partner Member

Louise Mason-Lodge, Director of Nursing

Ewan Maule, Director of Medicines

Dr Neil O'Brien, Executive Medical Director

David Purdue, Executive Chief Nurse

Claire Riley, Executive Director of Corporate Governance, Communications and Involvement

Jeanette Scott, Director of Nursing

Richard Scott, Director of Nursing

Dr Mike Smith, Primary Medical Services Partner Member

David Thompson, Healthwatch

Julia Young, Director of Nursing

In Attendance:

Lisa Anderson, Senior Involvement and Engagement Lead

Neil Hawkins, Head of Governance Newcastle/Gateshead Place

Vicky Playforth, Head of Continuing Healthcare & Complex Care (observer)

Lucy Topping, Director of Performance and Improvement (observer)

Jan Thwaites (minutes)

QSC/2023/02/01 Welcome and Introductions

Introductions were given.

QSC/2023/01/02 Apologies for absence

Apologies were given by Jean Golightly, Director of Nursing and Annie Laverty, Executive Chief People Officer , Aejaz Zahid, Director of Innovation and Professor Sir Liam Donaldson, ICB Chairman and Tom Hall, Director of Public Health, Rajesh Nadkarni, Foundation Trust Partner Member, Nicola Bailey, Interim Executive Director of Place Based Partnerships (North and North Cumbria), Tony Roberts, Director of NEQOS

QSC/2023/02/03 Declarations of Interest

The Chair declared an interest in that she holds an honorary contract with CNTW as the host for the NIHR Applied Research Collaboration contract that she is a Director of. An updated form would be completed.

QSC/2023/04 Minutes of the meeting held on 15 December 2022

A couple of typographical errors were highlighted, these would be amended.

On page 8 of the minutes in regard to POD responsibilities the ICB would be taking over the commissioning and in due course, this would include complaints. There were ongoing discussions in regard to the resource allocation coming through from NHS England.

RESOLVED: The minutes were accepted as a true record.

QSC/2023/02/05 Matters arising from the minutes and action log

QSC/202/12/21 It was explained that the documentation from this meeting could be identified and released to be helpful to colleague's such as Healthwatch. This item would be closed

QSC/2022/12/29 The medicines committee had been approved and the minutes would be shared with this committee. This item would be closed.

QSC/2022/10/05 The organogram was in progress, approval was awaited on the terms of reference for the Place Based Integrated Quality meetings. This item would be closed.

A governance map would go to regular board meetings to ensure all were aware of the various committees and sub-committees.

QSC/2023/02/06 Storyteller Protocol

To provide the Committee with an update on the protocol in place to capture experiences of the ICB's commissioned services, as well as its initial implementation.

The scope had been widened to ensure it captured all perspectives. To reflect this, the name of the process had been changed from patient stories to storytelling.

A communications plan had been developed with key messages, materials and animations previously utilised in the patient story approach by Clinical Commissioning Groups.

A comment was made in relation to the possibility to misconstrue the purpose of story-telling for instance as a complaint or whistle-blowing process and there is need for sensitivity in handling patient expectations. It was noted that this should be used as an opportunity for the patient to tell a story from their perspective as a lived experience. A comment was made that it would be helpful to say what was and was not included as part of the process.

It was noted that from the previous Sunderland CCG perspective the process had been used successfully, been received positively by the Governing Body with the feedback from the patient being positive.

A question was raised in regard to a patient who did not have the capacity to give consent. It was noted that there was an opportunity for a carer or family member to relay the story but there were complication with this and a number of people would be involved in the decision making process. There was also an opportunity for an anonymised version of the story to be told. A further comment was made that relatives should be able to have open discussions with consultants where there were issues of consent.

Themes and concerns would be brought together and a report with recommendations would be produced.

Assurance was given that a paper was being presented to the Executive Committee in March to triangulate intel and information received though storytelling, MP enquires, complaints, social media etc – a sub-committee of this group would be created to triangulate this information to identify and hold conversations with all areas of the system. This would be presented to this committee for final approval. This narrative should be included in the storytelling process. The committee needed to be assured and understand there was a feedback loop.

A question was raised on how the evaluation would be pulled together, to look at the metrics behind the stories and were a cross section of the clinical pathways being received.

In relation to the under 16s this was an important area. In response it was explained that a meeting had been arranged with the children's advisors to gain

their understanding on how they want to participate, how to hear their voice and what we would want to hear from them.

A comment was made that this committee was a sub-committee of the ICB board and not the ICB Partnership and should be conscious and clear on its purpose and work with partners.

It was recognised that if offenders were using healthcare they also have rights to access healthcare and to be heard.

ACTION: The Senior Involvement and Engagement Lead to have a conversation with the Executive Director of Corporate Governance, Communications and Involvement on the fullness and suggestions of the conversation held today.

To work on collecting patient stories and their lived experience, to develop the documentation with the understanding that the title of Storyteller would be checked out via feedback from public members, and would include POD services in due course. A final document would be circulated with some narrative included around feedback and the process of how stories would be collected.

RESOLVED: The protocol and communication plan was received for information and assurance.

QSC/2023/02/07 Involvement and Experience update

To provide the Committee with an update on the ICB's involvement and engagement activity across the North East and North Cumbria.

Information on the development of an action plan was included within the report also highlighting key involvement activities.

In regard to the SEND agenda there should be a specific reference and link to the strategy.

It was recognised that storyteller was just one part of the broader involvement and engagement process. A variety of methodologies would be used for example surveys or focussed group processes. It was suggested to link in with patient panels and to utilise the Healthwatch offer.

RESOLVED: The report was received for information and assurance.

QSC/2023/02/08 Committee terms of reference and the establishment of sub-committees

To review and approve the revised membership for the Committee and to consider requests to establish three sub-committees.

The Quality and Safety Committee terms of reference had been looked at in terms of managing the size of the group and the membership.

A question was raised about any future requirements for quality innovation and it was agree that the Executive Director for Innovation could be specifically invited to attend these meetings. In response it was noted that there was the option to invite

relevant attendees to present on upcoming areas to the Committee. It was also noted that clinical attendance was valuable.

In relation to the proposed change to the Director of Nursing attendance it was noted that if meaningful discussion, feedback and assurance from the area sub-committees their attendance would be beneficial.

In regard to the proposed change to the timings of these meetings it was noted that information from the various sub and regional committees would need to flow to this committee, this needed to be taken into consideration.

A question was raised as to how the committee detected trends etc from the data available and how could they do the intelligence and quality differently.

A request had been made to alter the cycle of these meetings to be in 'sync' with the ICB board meetings. There may be a need to re-align the sub-committee place based meetings to ensure quality and safety, flow of minutes and information was received in a timely manner.

A comment was made to diversify representation on this committee and also the Antimicrobial Resistance & Healthcare Associated Infection sub-committee to include Allied Health Profession representation.

It was suggested that the terms of reference were tidied up, to ensure both the core membership and essential representation from the area based structures with local options to add to this as and when required.

A comment was made that the front sheets of the reports should define the focus for the committee. NECS colleagues were having to produce multiple reports in various formats, the impact of this needed to be reduced with standard reports going forward. A comment was made that there was no reference to the 3rd pillar of patient experience which needed to be added.

Action: NH to discuss the core and additional members for this committee with DP. A further version of the terms of reference to be brought to the next meeting and to include an organogram for information.

Antimicrobial Resistance & Healthcare Associated Infection sub-committee

It was noted that there was a medicines agenda, antimicrobial risks were on the risk register. There were overlapping references to PGDs. Concerns were raised in that the deputy chair of the committee was from NHS England and should this not be represented by the ICB. These issues would be taken offline with EM and DP as this would sit under the ICP. A piece of work was being undertaken around all the meetings that sit under the ICP, this included discussion with Amanda Healy from Public Health and Chris Piercy to ensure there were no duplications of work.

RESOLVED: The committee approved the amendments to the terms of reference and supported establishment of the proposed sub-committees and recommended submission to the ICB Board for formal ratification.

QSC/2023/02/09 Integrated Delivery Report

The NENC Integrated Delivery Report provides an ICS overview of Quality and Performance, highlighting any significant changes, areas of risk and mitigating actions. The report encompasses key elements of the 2022/23 planning priorities, NHS Oversight framework (NHS OF) metrics, some NHS Long Term Plan (LTP) and the NHS People Plan commitments

In terms of quality performance it was noted that the urgent and emergency care (UEC) system had seen significant improvements in terms of handover delays nationally. In terms of UEC there were a number of actions in the recovery plan, it was explained that looking at the metrics the 76% A&E standard was not aspirational enough for the system. This would be looked at locally to monitor continuous improvement.

An improved position in terms of discharge was highlighted utilising the share of the additional funding pot looking at harm and the moving of patients.

In terms of 78 week waits the Department of Health had requested that before the end of March all patient placements were to be dated. There were 3 organisations who were at tier 2 for escalation risks Newcastle Hospitals, Co. Durham and Darlington Foundation Trust and North Cumbria Integrated Care. Regular meetings were in place. Newcastle were not achieving re complex spine, elective care etc.

Inpatients and learning disabilities were being looked at in regard to out of hours services and not admitting patients who could be supported to remain at home.

A piece of work would be carried out for patients on the neuro diversity programme waiting list. It was suggested that an analysis of issues and what was being done to address this could come to a future meeting.

A comment was made that the locality groups to have the correct information to inform this report at place and provider level – some level of detail not appropriate at board level. It needs to be resolved what detail remains at place level and what is presented on a system-level risk register.

Discussion at this meeting should be about what performance means to patients in the system, with the biggest quality impact risk to the system being medically optimised patients in beds and how many would be able to go back to their own home. What was the patient experience, social care aspect and measures of improvement.

Need to be aware of pressures in the mental health services in regard to recruitment, need to be aware of where patients were, care plans and work with trusts regarding the patient experience. It is importance to keep a focus on patients and not data, what was the quality and safety impact of the performance breaches and what was the specific quality and improvement plan. To be aware of the level of detail this committee required and the need to drive data at a local level. All agreed that the detail should be at place and this committee to have an

aggregate version of this and have deep dives into pertinent issues to address and improve safety and outcomes.

It was agreed that achieving positive, timely and effective outcomes were most important, the role and focus of this committee was to ensure that the achieved outcomes were the same across the region and to highlight areas that would make a difference and to trust that work was happening at place. Soft intelligence would hold a major part of this.

RESOLVED: The report was received for information and assurance.

QSC/2023/02/10 Risk Register

The report provided the Quality and Safety Committee with some suggested risks facing the ICB which align to the quality and safety portfolio.

Ambulance handovers were highlighted as an increase in scoring for the reporting period.

Of the new identified risks were the following:

- Workforce pressures in clinical and social care, maternity services,
- children and young people's access to mental health services
- meeting the needs of asylum seekers and refugees
- funding allocation for local maternity and neonatal system
- antimicrobial prescribing

A potential new risk was identifying suitable placements for patients with complex learning disabilities. A number of risks at place had been identified with the detail in the appendices of the report.

In regard to the placements for complex needs what was being seen was patients being discharged unsafely and ending up back in in patient beds sometimes out of area when the safest place for them would be in a hospital bed.

It was explained that place escalate risks to the area team, for this committee to discuss these but this committee should be looking at corporate risks not place based. There should be some consistency around how place leads rate these risks.

It was noted that the complex needs risk should be expanded to include both adults and children. There was an issue on where this risk should sit and whether it should be on the corporate risk register.

A comment was made that a broader discussion should be held on this item if this was to be more than an item for information only. It was noted that this committee needed to be aware of risks and in the future may have specific risks on the agenda that required a longer time to discuss.

RESOLVED: The committee reviewed the report.

QSC/2023/02/11 Director of Nursing top risks

A summary of the key areas were highlighted:

Central - Ann Fox

The CQC report for South Tyneside and Sunderland Foundation Trust (STSFT) had been received. The review of the action plan would be managed and assurance would be escalated though the Quality Review Group.

LeDer required an ICB model to deliver the duty.

The Co Durham Infection, Prevention and Control team had recently had notice served from Darlington Borough Council to support delivery of the service as the council have a desire to implement an in house model. This leaves a significant funding gap for the specialist team and is causing heightened anxiety among team members particularly as expectations were raised in CCG days that health would support funding.

North – Richard Scott

Workforce pressures around complex community placements for packages of care **–** Gateshead had a number of homes closed to admissions which created pressures moving patients

SEND – preparation for anticipated inspections, revised guidance on high need budgets presented a risk to the ICB in Newcastle and Gateshead regarding funding to meet health needs in special schools.

Continuing Healthcare (CHC) financial risks in Northumberland relating to capacity and the possible TUPE of staff from the Foundation Trust.

Tees Valley – Jean Golightly

Loss to follow up concerns for South Tees hospital seeking evidence for assurance to close serious incidents

South Tees- a number of incidents relating to never events

North Tees failure to manage deteriorating patients

North Cumbria – Louise Mason-Lodge

System flow – focus to patient harms as a result of treatment delays

CQC had rated NCIC as high risk in relation to medical wards. The ICB were undertaking supportive work with the trust

Fragile domiciliary care markets **–** continued concerns with provider giving notice and having to urgently move vulnerable patients

It was noted that the Directors of Nursing flagging their top 3 risks was thought to be the best way to highlight these risks to this committee via this report. In relation to health input into special schools this needed to be standardised across the ICB.

It was noted that the discharge funding was non recurrent, the biggest risk from a quality perspective was if this was not sustained.

A comment was made that where positive quality improvement work was occurring it would be helpful for this to be reported alongside any risks and good practice to be shared across the ICB. A short briefing to be arranged and shared with the quality and safety groups.

QSC/2023/02/12 ICB Maternity CNST return

The ICB had the responsibility to confirm the 8 Maternity providers self-declaration for the Clinical Negligence Scheme for Trusts. 4 of the Trusts are declaring full compliance and 4 non-compliance.

If full compliance was achieved, a rebate of an element of their contribution relating to the CNST maternity incentive fund would be received.

In terms of safety actions the LMNS would look to the training requirements.

It was noted that there were different interpretations and variation across the region. In relation to action 5 it was thought that this was not achievable to have a suite co-ordinator on site 100% of the time, STSFT was around 95-97%.

It was explained that a review of evidence was undertaken with the LMNS.

Trusts needed to ensure that the information included in the declaration was robust, ICB to sign off this year to have assurance on position and used an independent audit to check the data.

RESOLVED: The report was received for information.

QSC/2023/02/13 Reflections on ICB development session with Bill Kirkup

Vice chair Hannah Bows led this discussion and the following reflections were made:

- The presentation identified areas for attention and action in our system
- The lack of national outcome data is unhelpful – we need such data to inform and understand where there were issues
- National Enquiries were retrospectively identifying issues – need to look at current activity to improve quickly
- Often no formal complaints made following childbirth even after negative experiences, as families are keen to get home and move on – opportunity at early stage to improve – earlier samples to triangulate information
- Cultural problems are hard to measure – how can we identify them at early stage to achieve change
- It is difficult for less senior staff to challenge people in high positions – and to challenge across clinical specialities
- Badgernet – ensure providers were in that space and what was the ICB role
- We need to ensure we can triangulate data and information for example MP letters and complaints.
- Should we have safety champions in each trust – work with LMNS as what stories were coming back.
- Risks of press undercover coverage that ICB were not aware of.

It was suggested that there was a need to undertake a deep dive on all of these issues, to look at behaviours and cultures and clinical leadership – need to ensure all aware of issues and working together for improvement. Issues around time to look at data versus usual work at place.

A national bulletin noted that maternal suicide was now the highest cause of death. It was thought that pregnancy issues may have an impact on mental health and potentially lead to maternal suicides. Managing patient expectations were key.

A comment was made for the supporting of staff undertaking complex cases.

A question was raised as to how to pick up the soft intelligence to be productive as the only information held is that of the complainants, no data was available for those that do not complain. The messages of service users should be heard earlier to be used. Healthwatch could be utilised to gain this intelligence although it was noted that Foundation Trusts also had their own processes for gathering this information.

It was explained that a new single maternity plan would be launched on 16 March which fed in from both Ockendon reports.

QSC/2023/02/14 Flu update

There had been a peak in flu admissions which coincided with a Covid peak. The number of admissions were high in this area compared to the whole of England mainly due to the greater number of long term conditions.

The vaccination programme had been successful and the majority had been delivered before mid-December.

Increased pressures were seen due to respiratory illness and strep A issues.

A slight drop had been seen in the update of the flu vaccination

Achievements to note were:

- improved data
- uptake in pregnancy increased
- pilot in nurseries which would be rolled out
- good communication campaigns – planning for next year

Challenges to note were:

- Sharing data between organisations
- national booking system
- low intake of health and social care workers

Planning or 2023/24

- a washup event to look at the learning had been held – planning for next year focussing on pregnancy and 2-3 year olds
- looking at new data on behavioural science work

There would be a spring booster programme probably focussing on care home residents.

In terms of quality concerns there had been a number of pharmacies giving incorrect vaccine to the wrong group, this had been picked up and managed by NHSE as the commissioner. The investigation and actions had been concluded.

The heat map showed that vulnerable populations did not uptake as well as white British populations – looking at initiatives for this and undertaking good work in communities.

QSC/2023/02/15 CQC, review of ICS Providers

The report highlights the current level of CQC activity in the ICB. Providers are RAG-rated on the current insight reports and soft intelligence from the CQC.

Cumbria, Northumberland, Tyne and Wear Foundation Trust (CNWT) were currently classed as outstanding by the CQC. Following some work by Inclusion North significant concerns were highlighted in relation to patient mental health wards. A weekly meeting would be held to look at these issues

South Tees FT CQC report was expected in early March, initially this had gone well.

South Tyneside and Sunderland Foundation Trust's (STSFT) report had been received in February. They had dropped from good overall to requires improvement.

North East Ambulance Service (NEAS) had dropped from good to requirement improvement overall – 2 areas with inadequate ratings were well led and emergency care.

Newcastle Hospitals had a focussed inspection on inpatient with learning disabilities and autism – the report was expected shortly.

The CQC were RAG rating all organisations as good medium or high risk and extreme risk.

Visits were planned to Cumbria to look at governance and standards.

Issues were highlighted with a provider of medical transport sub-contracted by CNTW. CQC rated as inadequate and removed the licence. Another provider had the same issues. North East Commissioning Support (NECS) were now looking at the quality of all sub-contracts for the ICB as due to the legacy of Covid where contracts were sub-contracted without the due diligence of the same procurement rules. It was noted that CQC also had given sub-contracting agreements during the pandemic.

RESOLVED: The report was received for information.

QSC/2023/02/17 Place Quality and Safety Group minutes

North Cumbria 9 November 2022

North Tyneside November 2022

RESOLVED: The above minutes were received.

QSC/2023/02/18 Quality Review Group minutes

North East Ambulance Service (NEAS) 14 October 2022

Newcastle upon Tyne Hospitals NHS Foundation Trust 10 November 2022

RESOLVED: The above minutes were received.

QSC/2023/02/19 Medicines Committee minutes 18 October 2022

QSC/2023/02/20 Any other business

A possible system risk was raised in that there had been recently a baby death in a GP practice. This highlighted the need for education and training in practice on resuscitation, accepting this was a very rare event. Work was being undertaken to advise practices that they need to ensure training compliance was up to date and a review of equipment to ensure all resus equipment was available and staff were compliant with its use.

This review had raised further issues around patients from overseas, students, extended families and houses of multiple occupancy not being registered with a GP. The impact of all services needed to be considered and the understanding that these potential patients had of the services they could receive and how to access them. A multi-agency piece of work was being undertaken in Sunderland and would be shared across all areas.

QSC/2023/02/21 Reflection on meeting process/content

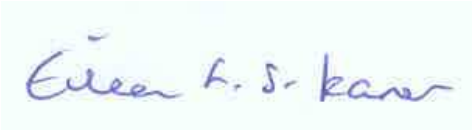
The Chair noted the room issues and potential hybrid meetings, as well as the need for clear name badges in future in-person meetings.

The committee should be clear on what the ICB responsibilities are to avoid duplication at place and what are the top 3 risks and how are they being reviewed in this committee.

Lot information given but not intelligence.

QSC/2023/02/22 Date and time of next meeting

Thursday 20 April 2023 at 10.00am.

Signed: 

Date: 11 May 2023

Item: 10.4.2
Appendix 3

NHS
North East and North Cumbria

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

BOARD 30 MAY 2023	
Report Title:	Quality and Safety Committee annual review 2022/23

Purpose of report

In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board. The attached report is presented to Board as a summary of the Committee's work in 22/23.

Key points

The attached report provides a brief annual review of the Committee's activity in 2022/23. The report considers the set up of the Committee and the work carried out to refine the Committee's terms of reference and membership throughout the first few months of operation.

The report provides a brief introduction of the scope and remit for the Committee and provides a summary of the main areas of work and achievements throughout 22/23. The work areas are captured under the three headings of – patient safety; clinical effectiveness; and patient experience.

The report also provides a brief summary of some of the headline findings from the online Committee effectiveness survey that members were asked to respond to a few weeks ago.

Risks and issues

- No significant risks or issues to consider for the annual review. The report includes details of how the Committee receives regular risk reports concerning the risks aligned to the Committee within the corporate risk register.
- The summary results of the Committee effectiveness survey contained some improvements to consider for the Committee's work program and future ways of working.

Recommendation/action required

Item: 10.4.2
Appendix 3

The Board are asked to receive the 2022/23 annual review of the Quality and Safety Committee for information and assurance.

Acronyms and abbreviations explained

Sponsor/approving executive director	Eileen Kaner, Chair of Quality and Safety Committee
Report author	Neil Hawkins, Governance Lead for Quality and Safety Committee

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	**x**
CA2: tackle inequalities in outcomes, experience and access	**x**
CA3: Enhance productivity and value for money	**x**
CA4: Help the NHS support broader social and economic development	**x**

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**	**X**	**N/A**	
If yes, please specify						
Equality analysis completed (please tick)	**Yes**		**No**		**N/A**	X
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**	X

Key implications	
Are additional resources required?	**N/A**
Has there been/does there need to be appropriate clinical involvement?	**N/A**
Has there been/does there need to be any patient and public involvement?	**N/A**
Has there been/does there need to be partner and/or other stakeholder engagement?	**N/A**

ANNUAL REVIEW OF QUALITY AND SAFETY COMMITTEE

In line with its terms of reference, the Committee must undertake an annual review of its performance and provide an account of its work to the Board.

Review period	July 2022 – March 2023
Number of Meetings	Three (Oct 22; Dec 22; Feb 23)
Membership and terms of reference	Throughout its first year of operation the Committee has focused on refining its terms of reference and membership to reflect the scope of the responsibilities within the Committee's remit and to ensure it has the appropriate representation to provide assurance to the Board. The terms of reference were initially revised and approved by Board in December 22 and will be presented again to Board in May for further updates to membership and to define the Committee's role in assuring public and patient involvement activity for the ICB.

Role and responsibilities of the Committee

The Committee is responsible for ensuring the appropriate governance systems and processes are in place to commission, monitor and ensure delivery of high quality, safe patient care in services commissioned by the ICB.

In achieving this, the Committee seeks to promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience to provide assurance to the Board on the quality, safety and risks of services being commissioned that may impact on the delivery of statutory duties, agreed organisational strategic and operational plans.

Details of main work areas and main achievements and assurances

In its first year, the Committee has developed a cycle of business structured around the three core pillars of patient safety, clinical effectiveness and patient experience.

Patient safety

Clinical quality exception report – the Committee received presentations concerning quality and safety exceptions and performance. These covered infection prevention and control; never

events; serious incidents; maternity; and an update on the NEAS independent enquiry. The Committee also received a presentation concerning work to implement the Patient Safety Incident Response Framework (PSIRF).

Developing the ICB Safeguarding Strategy – An overview into the steps of this important piece of work were given noting that the ICB needed to be held to account to deliver against its statutory functions including prevention and strategic workforce planning. The terms of reference for a new Health and Safeguarding Executive Group were shared, which would be established as a formal sub-committee of the Quality and Safety Committee. It was noted that safeguarding partnership arrangements would continue at place. The focus of a new executive group was to assure safeguarding partners as well as the ICB Board and NHS England that the appropriate safeguarding arrangements were in place.

Quality and safety risks – the Committee received regular reports on the corporate risks aligned to the Quality and Safety Committee. New risks have been added throughout 2022/23, with bi-monthly reports presented to the Committee at each meeting. The NECS risk team continue to work with owners to regularly review risks to ensure controls and actions to mitigate risks remain current and risks are escalated where appropriate.

In addition to the regular risk reports, the Directors of Nursing from each of the four geographies within the ICB also presented their top three areas of risk/concern. Themes included: workforce capacity in health and social care; continuing health care (CHC) capacity and the fragility of the domiciliary care market; significant pressures across health and social care system resulting in pressures on Emergency Depts and ambulance waits.

Integrated Quality and Performance Report – the Committee received regular reports concerning key quality and performance indicators, including data concerning never events, serious incidents and infection rates. Risks and assurances around independent providers, workforce pressures (sickness at some trusts above the national average with high turnover rates), 104 week wait for spinal surgery, ambulance response times, cancer 62 week waits were all provided within the reports. The Committee will continue to receive bi-monthly reports moving forward.

Maternity, Clinical Negligence Scheme for Trusts - The ICB has the responsibility to confirm the eight Maternity providers' self-declaration for the Clinical Negligence Scheme for Trusts. Four of the Trusts are declaring full compliance and four not. There was some concern about scope for subjectivity in reporting. The Committee considered a report which highlighted the key areas of non-compliance and the process the Local Maternity and Neonatal System is following to support the Trusts. A number of Trusts nationally have had to payback premiums due to false declarations to their Boards. The ICB held a session with all providers and used local intelligence and data to assure the Trusts declared an accurate position.

Establishment of sub-committees – the Committee recommended to the ICB Board the establishment of the below sub-committees:

- NENC Integrated Care System Safeguarding Health Executive Group: Children, Adults and Cared for Children Sub Committee
- Quality and safety sub-committee (Area) (x4) – four sub committees covering the four geographic areas within the ICB - North Cumbria; North Area (Northumberland, North Tyneside, Newcastle and Gateshead), Central Area (Sunderland, South Tyneside and County Durham) and Tees Valley Area (Darlington, Hartlepool, Redcar & Cleveland, Middlesbrough and Stockton).
- Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) sub committee

The terms of reference for the sub-committees were approved by the Board in March 2023. Work is now underway to get the sub-committees established with assurance and reporting lines back through to Quality and Safety Committee via minutes and exception reporting.

Clinical effectiveness

Medicines overview – The Committee was provided with an overview including the role of the regional medicine's committee and reporting to the Quality and Safety Committee (via minutes and annual reporting). The Committee approved the recommendation of the formation of a Medicines Safety Committee proposed to sit jointly under the Quality and Safety Committee and Medicines Committees. Terms of reference will be developed before considering further.

Update briefing – 2022/23 flu vaccination and forward view 2023/24 – Dr Neil O'Brien, ICB Medical Director took the Committee through a brief presentation concerning the flu vaccination program for this year, including some of the achievements of note and challenges. Planning for 23/24 is underway with a focus on:

- Pregnant women
- 2 and 3 year-olds
- New data and behavioural insights – from ICB inequalities funding
- Pharmacy focus
- New contract for school age providers from 1 Sept 2023
- Data flows and intelligence improvements
- Formalised plan ready by end of July

Sodium Valproate – the Committee also received a presentation concerning the use of Sodium Valproate in people of childbearing potential across North East & North Cumbria. Assurance was given that the numbers were being reviewed and compliance with the care package was being monitored and reviewed. Across NENC there were 1583 people of child bearing potential that were prescribed valproate at present and could be at some type of risk. Half of these had been biologically excluded. Of the coding in the GP practices only 12% across NENC had been coded as having this care package in place. The Committee sought assurance around data recording given the low coding rates and this will be further explored as part of the work moving forward.

Patient experience

Delivering our people and involving communities strategy – the Committee received an update on the strategy and work to progress the ICB's involvement and engagement work. Discussions noted the importance of using multiple methods and approaches, to reach out to less heard groups, to children and young people, and the use of citizens panels.

Storyteller protocol and involvement and experience update – the Committee was provided with an update on the proposed protocol to capture patient and carer's lived experiences of the ICB's commissioned services, as well as its initial implementation. Specific consideration has been given to the need to widen the scope, ensuring we are listening to staff perspectives and those able to represent communities across our geography (instead of purely individual patient sorties). To reflect this, the name of the process has been changed from patient stories to storyteller.

A section has also been enhanced around ensuring people follow individual organisation's complaints procedures. An initial communication plan has also been developed with the ICB communications team. To support this work, key messaging and communication materials are also being developed and pre-tested. There was some concern about whether the term story

telling could be confused with whistle-blowing or perceived as trivializing experiences – hence the need to check this with members of the public.

Complaints – the Committee received quarterly reports concerning complaints – providing assurance that the ICB has fulfilled its statutory responsibilities regarding complaints management. This includes an overview of the issues raised in complaints/concerns during the quarter along with learning for the ICB following complaint investigations. The KPIs for acknowledging and responding to complaints continue to be met. The ICB will soon take on responsibility for other primary care services from NHS England (ophthalmology, dentistry and pharmacy), so it is envisaged numbers of complaints may rise in future in line with this additional scope (not as a result of a lessening of quality).

Committee effectiveness and main challenges faced by the Committee during the year

Members of the Committee were asked to complete a short survey and provide their reflections on the first year of the Committee's work. The survey sought views on the terms of reference; meeting frequency; meeting Chairing arrangements; the skills and experience of its members; management of conflicts of interest; meeting papers/information format; and Committee successes and improvements to consider.

The majority of members agreed the terms of reference were appropriate noting that time has been taken to review and agree these – which was an important step/process. Whilst most members agreed that the meeting frequency seemed appropriate there are challenges with such a full agenda and being able to give sufficient time to each agenda item.

Whilst the Committee has dedicated significant time to reviewing the terms of reference and membership of the Committee, some members still feel we need to continue to focus on the balance of skills and experience to ensure appropriate representation of e.g., providers and commissioners.

The Committee has been provided with comprehensive papers and presentations throughout the year. These can be very detailed and lengthy, and members fed back that they can be difficult to fully review ahead of meetings. Authors will be asked to ensure reports are focused and include only relevant data/information.

Proposal to review terms of Reference?	The terms of reference have been reviewed in April 23 and will be presented to Board in May 23 for ratification.
Chair of the Committee	Eileen Kaner, Chair of Quality and Safety Committee
Report Author	Neil Hawkins (Governance Lead for Quality and Safety Committee)
Date:	21.04.23

Item: 10.4.3

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

BOARD 30 May 2023	
Report Title:	**Finance, Performance and Investment (FPI) Committee Highlight Report and Approved Minutes**

Purpose of report

To provide the Board with an overview of items considered and discussed at Finance, Performance and Investment (FPI) Committee meetings held on 6 April and 4 May 2023 and the approved minutes from Committee meeting held on 2 March 2023.

Key points

The confirmed minutes from the meeting of the Audit Committee held on 2 March 2023 are attached at **Appendix 1**. A summary was included in the previous highlight report to the Board.

A summary of the items discussed at the Committee meeting held on 6 April include:

- Operational Planning submission 2023/24
- Finance update, including the Month 11 position
- Integrated delivery report for March

A copy of the confirmed minutes from the meeting held on 6 April is attached at **Appendix 2.**

A summary of the items discussed at the Committee meeting held on 4 May 2023 include:

- Finance report, including the Month 12 position
- Financial risks
- Task and finish groups' update was provided
- Integrated delivery report for April
- Committee effectiveness survey for 2022/23

The minutes from the meeting held on 6 May will be approved by the Committee at its next meeting scheduled for 6 July and will be submitted to the Board at its next meeting on 25 July for assurance.

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Risks and issues
• Potential financial risks for 2022/23 have been collectively managed across the ICS to deliver a surplus position. • There are significant potential risks for 2023/24 however which is reflected in the final plan. This shows an overall planned deficit across the ICS of £50m together with substantial unmitigated potential risk. This reflects the underlying recurring position across the ICS which has largely been mitigated through non-recurring efficiencies and benefits.
Assurances
The FPI Committee is undertaking the relevant discussions and approvals in line with its terms of reference.
Recommendation/action required
The Board is asked to: • Receive the approved minutes for the Committee meetings held on 2 March (**Appendix 1**) and 6 April (**Appendix 2**) for assurance; • Note the contents of the highlight report for the Committee meeting held on 4 May for information.
Acronyms and abbreviations explained
NHSE – NHS England ICB – Integrated Care Board ICS – Integrated Care System

Sponsor/approving director	David Chandler, Executive Director of Finance
Date approved by executive director	23/05/2023
Reviewed by	Deborah Cornell, Director of Corporate Governance and Board Secretary
Report author	Richard Henderson, Director of Corporate Finance Jen Lawson, General Manager

Link to ICB corporate aims (please tick all that apply)	
CA1: Improve outcomes in population health and healthcare	
CA2: tackle inequalities in outcomes, experience and access	
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

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**	✓

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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?	N/A					
Has there been/does there need to be appropriate clinical involvement?	N/A					
Has there been/does there need to be any patient and public involvement?	N/A					
Has there been/does there need to be partner and/or other stakeholder engagement?	N/A					

Item: 10.4.3

Finance, Performance and Investment (FPI) Committee Highlight Report

Introduction

The purpose of the FPI Committee is to provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable, system financial plan. The committee reviews and scrutinises the financial performance of both the ICB and NHS organisations within the ICB footprint, as well as having an overview of overall operational performance and investments.

The Committee is chaired by Jon Rush, Non-Executive Member of the Board.

Summary report

Meeting held on 6 April 2023

Operation Planning Update
The Committee received an update on the Operational Planning submission 2023/24, with data based on the submission of 29 March 2023. It was highlighted to members that more work will be required to achieve a position that NHS England (NHSE) would consider acceptable.

Finance Update
The Executive Director of Finance presented the finance report for the financial year 2022/23 for the period to 28 February 2023 which included the Month 11 financial position. Several key points were provided (full information can be found in the minutes), highlighting risks including increased prescribing costs, continuing healthcare and the ICS pay award allocation. It was noted that the ICB finance team was working with colleagues to manage these risks.

Integrated Delivery Report
The Director of Performance and Improvement introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering January 2023 for most metrics and February 2023 for others.

Some of the key areas highlighted were (full detail can be found in the minutes):

- Significant improvement in patients waiting more than 12 hours following decision to treat in A&E
- Improvement in Category 2 ambulance response times and handover delays
- Pressures remain ongoing in social care capacity and the impact to patient flow
- A risk of being above trajectory on reducing reliance on inpatient care for people with learning difficulties was reported
- Further improvement work is required on waiting times for children and young people (CYP) entering treatment for mental health problems

Meeting held on 4 May 2023

Finance Update
The Executive Director of Finance presented the month 12 ICB and ICS finance report. Key highlights included:

- ICB revenue position
- ICS revenue position
- ICB running costs
- ICS capital position
- 2023/24 planning

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The Committee noted that as of 31 March 2023, the ICB was reporting an outturn surplus of £2.7m for the period. This position remained subject to audit, with final accounts due to be signed off in June 2023.

Also included was a summary position on pharmacy, optometry, and dentistry budgets, which had been delegated from NHS England to the ICB on 1 April 2023.

Several potential risks were discussed, and the Committee noted the work that had been ongoing to manage these in-year. There continued to be some material potential risks moving forward to 2023/24 which had been highlighted as part of the financial plans and continue to be reviewed across the system. These will continue to be reported as part of monthly reporting during 2023/24.

Task and Finish Groups' Update
A short update of the Committee's task and finish groups was provided. The Allocations Group work had been a key part in producing the financial plan and now the financial plan had been produced, there would be a focussed effort with the work of the Coding Group.

The Executive Chief of Strategy & Operations took members through the Integrated Delivery Report (April 2023), highlighting key changes since the last reporting period across the following areas:

- NHS England escalation
- A&E 4hour
- Cancer
- 78+ and 104+ waiters – achievement of March 2023 plan
- Finance

Committee Annual Effectiveness Survey
The Committee received a summary report of the 2022/23 committee effectiveness survey, which had been undertaken in March, noting the areas of development for members and the committee in 2023/24. Information from this survey will be used to inform the Committee annual review for the Board.

North East and North Cumbria

North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

Minutes of the meeting held on Thursday 2 March 2023, 10:00hrs Pemberton House, Sunderland

Present:

Jon Rush, Chair
Ken Bremner, Chief Executive, South Tyneside and Sunderland NHS FT
David Chandler, Interim Executive Director of Finance
Jacqueline Myers, Executive Chief of Strategy and Operations
Rajesh Nadkarni, Executive Medical Director, CNTW
Neil O'Brien, Executive Medical Director

In attendance:

Richard Henderson, Director of Finance
David Stout, ICB Audit Committee Chair
Emma Ottignon-Harris, Executive Assistant (minutes)

FPI/2023/28	**Welcome and introductions** The Chair welcomed everyone to the Finance, Performance and Investment Committee (FPIC) meeting. It was noted that the Interim Director of Finance would join the meeting late, therefore the agenda would be adjusted accordingly.
FPI/2023/29	**Apologies for absence** Apologies for absence were received from Dave Gallagher (Executive Director of Place Based Delivery), Nic Bailey (Interim Executive Director of Place Based Delivery), Eileen Kaner (Non-Executive Director) and Jen Lawson (Governance Lead).
FPI/2023/30	**Declarations of interest** There were no declarations of interest.
FPI/2023/31	**Minutes of the previous meeting (2 February 2023)** It was **AGREED** that the minutes accurately reflected the FPIC meeting held on 2 February 2023.
FPI/2023/32	**Matters arising from the minutes** There were no matters arising from the minutes.

FPI/2023/33	**Action log update** The action log was reviewed and the following updates were provided: **FPI/2023/25/01**: The Resource Allocation Group terms of reference were confirmed as approved by the FPI Committee on 2 March, subject to the inclusion of the vision and top line strategy goals. **FPI/2022/12/12/01**: action is closed. The Risk Management report had been updated to include operational planning performance commitments for risk NENC007 and regular mitigations to performance risks are carried out. **FPI/2023/18/01**: Delivery plan of the revision to the overall approach to the ICB performance position update to be provided at FPIC meeting in April. **FPI/2023/20/01**: FPIC revised Terms of Reference on meeting agenda. **FPI/2023/24/01**: Operational planning submission 2023/24 update on meeting agenda.
FPI/2023/34	**Notification of urgent items of any other business** There were no urgent items of any other business raised.
FPI/2023/35	**ICB Financial performance update** The Director of Finance presented the finance report for the financial year 2022/23 for the period to 31 December 2022 which included the Month 10 financial position. It was noted that this reflected the position that was presented by the Interim Director of Finance at the previous FPIC meeting in February 2023. Month 10 key highlights included: • Revised forecast positions were agreed across the ICS as a result of work undertaken with the ICS Directors of Finance (DoF) to review positions and allocate additional support funding expected from NHSE. The ICB surplus was previously increased by £3m to offset a forecast deficit across NENC ICB providers. Within the revised positions, the ICB will report a forecast surplus of £2.7m against a planned surplus of £2.6m. • NHS Provider Foundation Trusts (FT) are forecasting an overall net deficit of £2.3m compared to a planned deficit of £2.6m. Combined with the ICB forecast this gives an overall net forecast surplus of £0.4m for the ICS. Deterioration across plan has been forecast by three Foundation Trusts but are at a breakeven position which will be offset by three Trusts showing an improved position versus plan. Two Trusts have a forecast deficit position which is the same at plan.

	• It was noted that due to the changing forecast positions a pragmatic approach had been adopted to the NHSE protocol and assurance was given that Provider Trusts have confirmed guidelines have been adhered to. • Significant pressures have continued in the independent sector (IS) acute activity linked to elective recovery and prescribing linked to the impact of price concessions, which has been offset by additional NHSE funding of £5.7 and further funding is expected for the second half of the year. • Unmitigated financial risk to the ICS had reduced significantly to £7m versus £13m at month 9 which reflected the continued work to manage the system position and additional agreed NHSE funding. This forecast and risk mitigations include the additional £19.9m of funding offered from NHSE to support system pressures and funding receipt is dependent on the ICS delivery of a breakeven position for year end. • ICS and Provider Trust DoFs continue to collectively work on managing risks although unforeseen additional income or pressure reduction which could result in a greater surplus was highlighted. • Forecast capital overspend had reduced to £4.74m at Month 10. It is anticipated that capital spending will be within the allocation by the end of the year. • As a result of ongoing discussions throughout the year with NHSE, approximately £20m of additional funding is expected for the Care Environment Development and Re-provision (CEDAR) at CNTW which will result in an underspend on capital. The Chair asked the Committee if there were any questions or comments regarding 2022/2023 financial performance: A request was made to check the accuracy of abbreviations used in the financial report when referencing Provider Trusts. In Table 4: ICB Mental Health Services on page 25 in the report a request was made to provide more detail with regard to the allocation of £162,570 to Non NHS Mental Health Providers. **ACTION:** **Director of Finance to provide an update regarding the financial allocations to non NHS Mental Health Providers to the Committee at the meeting scheduled on 6 April.** A request was made to provide an aggregate position for the ICB in Table 15: Better Payment Practice Code to indicate any specific supplier payment issues.

	ACTION: **Director of Finance to include Better Payment Practice Code aggregate position for the ICB on a quarterly basis in the financial performance report.** **RESOLVED:** The Finance, Performance and Investment Committee **NOTED** the content of the report for assurance.
FPI/2023/36	**ICB Performance position update** The Executive Chief of Strategy and Operations introduced the Integrated Delivery report which provided an ICS overview of quality and performance using data covering December 2022 for most metrics and January 2023 for others, unless otherwise stated. It was noted that additional narrative had been added and feedback from the Committee would be welcomed to assist in further development work on the format and content of the report. **System Oversight:** • The first round of oversight meetings with Provider Trusts is underway and advance provision of data packs had resulted in some good quality and value added discussions to enable an elevated level of support and assurance. A consistent approach, agreeing common messages and transparency was highlighted as key to success. There is still some work required on contacts in organisations but it is anticipated that through regular dialogue, wider team building and site visits, the frequency of meetings can be reduced. At the end of each meeting there had been a useful feedback session. • A formal review of the System Oversight process will be undertaken at a later stage once it has been in operation for a full year. • A description of recent support provided to produce a Memorandum of Understanding (MOU) between Northumbria HealthCare Foundation Trust (NHCFT) and North East Ambulance Service (NEAS) was given as an example of good practice. • The segmentation decision allocated to each Trust was discussed which indicates the frequency, scale and general nature of support needs and it was highlighted that no Trusts had been aligned to segment 4 at this point in time. Key changes from the previous report highlighted were: • Ambulance handover delays had continued to improve. A new approach whereby North East Ambulance Service (NEAS) ambulance crews will

	handover patients to emergency care staff at 59 minutes went live in February 2023 and handover delays under 30 and 60 minutes are monitored on a weekly basis. However, it was noted that performance levels would require further monitoring to establish if improvements were due to new processes or a reduction in general system pressures as less COVID and Flu admissions. • A significant reduction in patient treatment waiting time above 12 hours from decision to admit in A&E was reported. • Ambulance response times in all categories had shown improvement, particularly Category 2 call mean performance from 1:36 hours in December 2022 to 32:24 minutes in January 2023 which had been consistent. NEAS have aired on the side of caution due to the impact of a reduction in demand for ambulances during periods of industrial action, but it is anticipated that February data will continue to improve. • 78+ week waitlists had plateaued in December 2022, but all Provider Trusts have predicted zero 78+ week waiters by the end of March with the exception of approximately 180 complex spine cases at NUTH. Since the report had been published agreement had been made to move NUTH into Tier 1 escalation position due to pressures across some speciality pathways which included Opthalmology, Dermatology and Plastic Surgery and the first Tier 1 meeting had taken place recently with the National Director for Emergency and Elective Care. Elective activity will be affected if the planned 72 hour industrial action by junior doctors goes ahead. • Due to an increase in admissions of people with learning disabilities there is a significant risk to achievement of the end of year reducing reliance on inpatient care trajectory in the ICB. The Mental Health, Learning Difficulties and Autism (MHLDA) Transformation team are in the process of developing a strategy framework to create suitable complex packages of care which will include support from additional case managers and complex case management hubs and there is a rapid review underway with NECS on live assessments. • It is envisaged that an up-front investment on case management capacity will provide better medium-term packages of complex care. The Executive Chief of Strategy and Operations and Executive Director of Nursing are supporting work to develop a sustainable model which will connect place, wider sectors and challenges such as housing and bed pressures and a series of local improvement plans. The newly appointed Executive Director of Place (North and North Cumbria) has expertise knowledge in the Mental Health and Learning Disabilities arena. Delays in discharge due to complex legal issues in the new Mental Health Act were highlighted as a significant risk to packages of care. • Diagnostics waiting times had deteriorated across all providers in

	December which was below the 1% requirement, with 20% of patients waiting longer than 6 weeks. Recovery plans are included in the planning process. There was a discussion regarding the range of tests and functions taken into account in the reporting data, the absence of a national target for audiology and a national shortage in sonographers and trained workforce. New diagnostic centres will be launched at the end of 2023 and the ICB Workforce Strategic Board is in engagement with local universities. In the interim mutual aid is in place across some Provider Trusts but the long term ICB plan should ensure a provision to access local diagnostics. **RESOLVED:** The Finance, Performance and Investment Committee **NOTED** the content of the report for assurance.
FPI/2023/37	**Risk Management** The Director of Finance introduced the Risk Management report on behalf of the Governance Lead. The Chair clarified that the Committee were asked to: 1. Receive and review the risk register for assurance. 2. Review Board Assurance Framework with particular focus on FPI risks. 3. Review risk appetite and agree suggested appetite scores. 4. Note the profile of the risks as at 15 February 2023 and discuss whether this accurately reflects the organisation's risk profile. There are currently seven risks on the risk register and two new risks had been identified in the reporting period. The risk type management process will be tailored to different risks depending on the perceived level of control. A further three FPI risks will be included in the 2023/24 Board Assurance Framework (BAF) and it was noted that risk reference NENC/0031 regarding ICS management of capital spend had been downgraded from red to amber. There was a discussion regarding the risk appetite development, which resulted in general agreement that there was a lack of clarity in the recognising the objectives and responsibilities of the Committee outlined in the four tables in section 4.3 on page 7 in the report. In response the Chair agreed to discuss in further detail with the Executive Director of Corporate Governance, Communications and Involvement who was the sponsoring director of the report. In conclusion the Committee agreed to note the requests 1 and 2 but further information would be required for requests 3 and 4 in the above list and that a further discussion could be brought back to the FPIC meeting in April. **ACTION:** **FPIC Chair to request further information regarding risk appetite and Committee risk objectives.**

	RESOLVED: The Finance, Performance and Investment Committee **NOTED** points 1 and 2 of the content of the report for assurance but further information is required for points 3 and 4.
FPI/2023/38	**FPIC Terms of Reference** The Director of Finance Corporate outlined the purpose for the Committee to consider and approve further amendments, outlined in the report, following a review of capital responsibilities. It was confirmed that under Capital the bullet point on page 10 regarding the coordination of the Estates strategy had been removed. A discussion took place regarding where the Estate strategy responsibility might fit within the ICB. The Interim Executive Director of Finance confirmed that work was underway with the DoFs for assurance on the development of a system capital programme and approach to prioritising capital development bids, ensuring this properly balances clinical, strategic and affordability drivers (bullet point 1 page 10). The absence of the Provider Collaborative accountabilities was noted. Further clarity was requested in the resource allocation section regarding systemwide transformation funding and there was a discussion regarding the financial autonomy of the FPIC. It was agreed that amendments would be made to two bullet points in Section 6 Responsibilities of the Committee and the revised terms of Reference would be circulated to the Committee for final comments. With regard to system development capital, it was noted that wording could be reviewed at a later stage. **ACTION:** **Director of Finance to make amendments to FPIC Terms of Reference: Page 4 / Section 6 Responsibilities of the Committee / Resource Allocation: amend bullet point 2 to read "to review and prioritise any relevant investment proposals in line with the ICB Investment Business Case policy".** **Page 7 / Section 6 Responsibilities of the Committee / Capital: shorten bullet point 1 to read "to seek assurance on the development of a system capital programme and approach to prioritising capital funding bids".** **RESOVLED:** The Finance, Performance and Investment Committee **APROVED** the Resource Allocation Group Terms of Reference, subject to the above amendments to section 6: Responsibilities of the Committee.

FPI/2023/39	**Update on Operational Planning Submission 2023/24** The Executive Chief of Strategy and Operations provided a presentation which detailed a summary of the operational plan submission to date. The presentation was circulated to the Committee for reference: A list of areas that will meet national planning requirements was given. With regard to areas that do not meet the national planning requirements a more detailed explanation was provided: • Ambulance category 2 response time draft submission was at 39 minutes which fell below the mean requirement of 30 minutes. Further work on NEAS modelling is required. Published NHSE data is measured on a monthly basis although the ICB receives data on a daily and weekly basis. It was noted that there was a significant spike in category 2 activity over the winter months and a joint commitment has been made to improve the position. • Concern was raised by Provider Trusts regarding the metrics used to measure hospital bed occupancy which only takes into account general and acute beds. Further work is required on capacity investment to improve the draft submission position of 92.4% to the requirement of 92%. • Reducing reliance on in-patient care for adults with a learning disability is behind plan at 47.2 against the requirement of no more than 30 per million population and is identified as a key area for planned improvement. • Mutual aid is underway across providers and the use of the independent sector to achieve an elective care position of zero 65 week waiters. • Workforce analysis was provisional due to a fault in the national system. However, a regional benchmarking exercise had provided some high level metrics which suggested the NENC ICB workforce growth was larger in comparison to other ICBs. • Risks highlighted that the national ambition for 109% elective care activity may not be achieved and that there are nuances and clinical risks to the operational plan requirement to reduce Outpatient follow up activity by 25% against the 2019/20 baseline by March 2024. Inpatient and day case activity had been impacted by bed capacity pressures. Progress has been made on 52 week waiters and is expected to be at a zero position by 2024. The Interim Executive Director of Finance provided a brief update on the financial planning submission to date and a detailed presentation was circulated to the Committee for reference: • A risk of not achieving the elective recovery fund with a gap of c. £40m based on weighted activity was highlighted.

	• The first draft submission showed a deficit of £410m which had the lowest cost reduction target (CRT) in the NE&Y region. The Committee were given assurance that there is a significant amount of work and scrutiny underway to improve the national position.
FPI/2023/40	**Any Other Business** The Committee were reminded to complete the committee feedback survey form.
FPI/2023/41	**Meeting Review and date of Next Meeting** Thursday 6 April 10.00am at Pemberton House

Signed: 

Position: Chair
Date: 6 April 2023

North East and North Cumbria

North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

Minutes of the meeting held on Thursday 6 April 2023, 10:00hrs Via MS TEAMS

Present:
Jon Rush, Chair
Ken Bremner, Chief Executive, South Tyneside and Sunderland NHS FT
David Chandler, Interim Executive Director of Finance
Dave Gallagher, Executive Director of Place Based Delivery
Eileen Kaner, Non Executive Director
Rajesh Nadkarni, Executive Medical Director, CNTW

In attendance:
Richard Henderson, Director of Finance
David Stout, ICB Audit Committee Chair
Lucy Topping, Director of Performance and Improvement
Emma Ottignon-Harris, Executive Assistant (minutes)

FPI/2023/42	**Welcome and introductions** The Chair welcomed everyone to the Finance, Performance and Investment Committee (FPIC) meeting which, by exception, was held via MS teams.
FPI/2023/43	**Apologies for absence** Apologies for absence were received from: Jacqueline Myers, Executive Chief of Strategy and Operations Neil O'Brien, Executive Medical Director Jen Lawson (Governance Lead)
FPI/2023/44	**Declarations of interest** There were no declarations of interest.
FPI/2023/45	**Minutes of the previous meeting (2 March 2023)** It was **AGREED** that the minutes accurately reflected the FPIC meeting held on 2 March 2023.
FPI/2023/46	**Matters arising from the minutes** There were no matters arising from the minutes.

FPI/2023/47	**Action log update** The action log was reviewed and the following updates were provided: **FPI/2023/18/01**: As the Executive Chief of Strategy and Operations was not at the meeting, it was agreed that the delivery work plan of the revision to the overall approach to the ICB performance position would be provided at the FPIC meeting in May. **FPI/2023/38/01**: FPIC revised Terms of Reference complete subject to Board approval. Action closed **FPI/2023/24/01**: Operational planning submission 2023/24 update on meeting agenda. Action closed **FPI/2023/35/02**: ICB Financial Performance Update: Director of Finance to include Better Payment Practice Code aggregate position for the ICB on a quarterly basis in the financial performance report. Data will be included in the Finance report from May 2023. A request was made to revise the narrative to indicate that it relates to the ICB only. Action closed. **FPI/2023/37/01**: Risk management: FPIC Chair to request further information regarding risk appetite and committee risk objectives. Defer to May meeting.
FPI/2023/48	**Notification of urgent items of any other business** There were no urgent items of any other business raised.
FPI/2023/49	**Update on operational planning submission 2023/24** The Executive Director of Finance provided a financial update and presentation which was circulated to the Committee after the meeting. Data was based on the submission from 29 March 2023. The Committee were made aware that more work will be required to achieve a position that NHS England (NHSE) would consider acceptable. • A comparison chart of 23/24 deficits across the country highlighted that North East and North Cumbria (NENC) ICS was ranked with the fifth biggest deficit in absolute size at £167m. • The NENC deficit equated to 2.5% of allocation which was noted as a more positive deficit percentage versus other areas in the region. • The revenue plan surplus and deficit positions highlighted a total deficit position of £167m but did not include funding to allocate such as MHIS, DSF and Oncology. A breakeven position for the ICB is expected subject to cost improvements. • Provider total efficiencies was at 4.2% which was deemed above a normal level. • Planned £16m convergence factor at North Cumbria Integrated Care

	Foundation (NCICFT) and a 5% loss on non-recurrent income at Gateshead Healthcare FT were highlighted as significant changes to revenue from M10. • Provider cost growth above inflation was highlighted. NHSE have indicated that growth should generally be no more than 2.1% for pay and 5.5% for non-pay costs. It was noted that North East Ambulance Service (NEAS) had received £8.6m additional national funding to improve Category 2 performance. • A number of slides provided details of Provider gross pay growth and inflation over 4 years. There was a total average growth rate of 27% across NENC. Provider Trusts deemed above a reasonable value were highlighted and work is ongoing to identify the additional excess inflation costs. • The approximate excess inflation value for NENC is between £100m to £125m. Some Providers had reported additional pressures such as private finance initiative (PFI), energy, continuing healthcare (CHC), prescribing and mental health investment standard (MHIS) contracts which are in excess of inflation. • NHSE had queried the pay and WTE triangulation data from Providers that had been submitted. • A series of next steps before the final submission on 4 May was listed and feedback from NCICFT regarding increased convergence factors is expected. • A half day workshop with Directors of Finance (DoF's) has been scheduled which will focus on opportunities to improve short and medium term financial performance. The Committee were asked for questions and comments: The Executive Director of Finance confirmed that agency staff were included in the data for pay increase. There was a discussion regarding the lack of information from NHSE for any potential excess inflation funding, or what might be considered an acceptable position. An estimated figure of a £100m gap was suggested but there has been no confirmation from NHSE. With regard to efficiency savings, Provider Trusts are hesitant to provide speculative financial data in cost improvement programmes due to a potential increase in scrutiny. The Committee discussed the potential trade-offs in order to achieve national targets and the extraordinary financial challenges faced to improve the financial position and growth funding.
FPI/2023/50	**ICB financial performance update** The Director of Finance presented the finance report for the financial year 2022/23 for the period to 28 February 2023 which included the Month 11

	financial position. A brief update for Month 11 key highlights was given and it was explained that in depth detail was available in the financial report. • NENC ICB are on track to achieve a forecast revenue surplus of £2.7m against a planned surplus of £2.6m and an overall forecast revenue surplus of £0.4m for the ICS. • Increased prescribing costs and continuing healthcare were highlighted as risks to the final revenue position. • Work is underway with NHSE to alleviate the material underspend risk in Northumbria Health Care Foundation Trust (NHCFT) due to court case income in respect of building rectification work that may need to be accounted for in 22/23 accounts. This led to a query if other Provider Trusts could seek national support due to legal issues. It was explained that NHSE are informed of relevant cases which will be elevated to the next stage if deemed appropriate and that further information could be sought direct from NHSE regional teams. • A potential shortfall of £12m was highlighted for 22/23 pay award ICS allocation. Assurance was provided that NENC was in line with the rest of the region but there was no further information from NHSE on accruals. • A forecast capital underspend was reported against the confirmed ICS capital departmental expenditure limit (CDEL) allocation of £8m following receipt of CDEL funding for the Cedars development. Assurance was given to the Committee that finance teams are working to manage the risks discussed. **RESOLVED:** The Finance, Performance and Investment Committee **NOTED** the content of the report for assurance.
FPI/2023/51	**ICB Performance position update** The Director of Performance and Improvement introduced the Integrated Delivery report which provided an ICS overview of quality and performance using data covering January 2023 for most metrics and February 2023 for others, unless otherwise stated. Key changes and points to note from the previous report highlighted were: • Significant improvement in patients waiting more than 12 hours following decision to treat in A&E which had reduced from 1583 in January to 461 in February 2023 across NENC, although it was acknowledged that this performance level was still far below pre-Covid levels. • Improvement in Category 2 ambulance response times and handover delays although it was noted that this should be monitored closely as it could be linked to a reduction in system pressures and moving into the warmer Spring season. • Pressures remain ongoing in social care capacity and the impact to patient

	flow. • Approximately 160 patients were reported waiting in excess of 78 weeks; predominantly at Newcastle upon Tyne Hospitals NHF Foundation Trust (NuTHFT), a few cases in the independent sector and a national supply issue linked to corneal tissue supply was highlighted. • 21 patients waiting in excess of 104 weeks was reported at end of March, this was within plan. It was acknowledged that further work is required in relation to complex spinal services. • Continued reduction of the cancer backlog reported 872 patients waiting w/e 26 March which was on trajectory to achieve plan of 960. • It was reported that NuTHFT had moved from Tier 2 to Tier 1 for elective care, this involves national team involvement in weekly meetings. Subject to evidence of sustainable plans it is anticipated that County Durham and Darlington NHS Foundation Trust (CDDFT) will move out of Tier 2 elective and North Cumbria Integrated Care Foundation (NCICFT) out of Tier 2 cancer. • Further improvement work is required on waiting times for children and young people (CYP) entering treatment for mental health problems which has increased in NENC. • A risk of being above trajectory on reducing reliance on inpatient care for people with learning difficulties was reported and it was noted that the final year end position was not available at that time. The Committee were asked to note that the System Oversight meeting with South Tyneside and Sunderland NHS Foundation Trust (STSFT) had taken place recently which had resulted in actions regarding patients not meeting the criteria to reside and non-obstetric ultrasound (NOUS) related diagnostics pressures. The Committee were asked for questions and comments: A request was made to provide an update at a future meeting on the work underway to improve access for children and young people in mental health services and it was agreed that the Chair would progress this. ***ACTION:*** **Jon Rush (FCIP Chair) and Eileen Kaner (NED) to discuss agenda item for children and young people to mental health services for most appropriate NENC ICB committee in more detail outside of the meeting**. A request was also made to include information regarding waiting lists and times for children and young people into mental health care services. In response it was clarified that some data such as eating disorders is national and work to collate a system based report is ongoing. ***ACTION:*** **Director of Performance and Improvement to follow up work to include an update on CYP waiting times and waitlists in future performance reports.**

	The collaborative work to improve long wait list performance was acknowledged despite industrial action related challenges. There was a query if there had been any change to the outcome of achieving performance objectives for 2023/24 plan, which had been highlighted at the recent NENC ICB Board meeting. In response the Director of Performance and Improvement confirmed that planning submissions received from the trusts had not signified any changes. Key performance areas highlighted were 65 week waiters which had improved, although it was noted that this was subject to NuTHFT receiving mutual aid with support through Tier 1 and that the activity target had been met. Final national planning submissions are due on 4 May 2023 and there had been no feedback from NHSE on the performance planning submission to date. The Chair described the committee development session on Performance which had taken place prior to the meeting which had been very useful. Feedback to the recent System Oversight meeting between the ICB and STSFT was given which was positive as it had an appropriate agenda, was useful to receive data packs in advance and had resulted in understanding how the ICS can support the trust in areas of pressure. There was a brief discussion regarding the timing challenges involved in financial planning. **RESOLVED:** The Finance, Performance and Investment Committee **NOTED** the content of the report for assurance.
FPI/2023/52	**Any Other Business** An update on Ophthalmology, Dentistry and Pharmacy was requested for the next meeting. ***ACTION:*** **Executive Director of Finance to provide an update on Ophthalmology, Dentistry and Pharmacy for the meeting scheduled on 4 May 2023.**
FPI/2023/53	**Meeting Review and date of Next Meeting** Thursday 4 May 10.00am at Pemberton House

Signed: J. Rusc

Position: Chair
Date: 4 May 2023