



North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

**Minutes of the meeting held on Thursday 4 July 2024 at 10:00hrs
Via MS teams**

Present: Ken Bremner, Chief Executive, South Tyneside & Sunderland NHS FT
Jon Rush, Independent Non-Executive Director & Chair
David Chandler, Chief Finance Officer
Richard Henderson, Director of Finance Corporate
Jen Lawson, Head of Corporate Governance
Jacqueline Myers, Chief Strategy Officer
Rajesh Nadkarni, Executive Medical Director, Cumbria Northumberland
Tyne and Wear NHS FT
Neil O'Brien, Chief Medical Officer

In attendance: Andrew Gate, Cumbria Northumberland Tyne and Wear NHS FT
Prof. Graham Evans, Chief Digital & Infrastructure Officer
Martin Short, Director of Delivery Tees Valley
James Duncan, CEO CNTW & Chair NENC ICB Infrastructure Board
Emma Ottignon-Harris, Executive Assistant (minutes)
David Stout, Independent Non-Executive Member

FPI/2024-25/40 Welcome and introductions

The Chair welcomed all those present to the meeting, introductions were made and it was confirmed that the meeting was quorate.

It was agreed that the meeting would be recorded for the purpose of minutes.

FPI/2024-25/41 Apologies for absence

Dr Mike Smith (Primary Medical Services Partner Member), Eileen Kaner (Independent Non-Executive Director), Levi Buckley (Chief Delivery Officer/SRO for Mental Health, Learning Disability and Autism)

FPI/2024-25/42 Declarations of interest

There were no declarations of interest raised.

FPI/2024-25/43 Minutes of the previous meeting held on 6 June 2024

RESOLVED:

The FPI Committee **AGREED** that the public and private minutes of the

meeting held on 6 June 2024 were a true and accurate record.

FPI/2024-25/44 Matters arising from the minutes

A business case update was given and noted in the Private minutes.

FPI/2024-25/45 Action log update

FPI/2023-24/169/02 and FPI/2024-24/169/03 Performance Update – Inequalities:

- To be reviewed in October 2024.

FPI/2024-25/12/01 Terms of Reference:

- Meeting scheduled on 17 July for Chair to review forward plan and papers received for assurance. Ongoing.

FPI/2024-25/22/01 Performance Update – Dental Access Recovery:

- Update scheduled for September meeting.

FPI/2024-25/33/01 Independent Sector Review – Oversight arrangements:

- Update scheduled for September meeting.

FPI/2024-25/35/01 Finance Performance Update:

- Chief Finance Officer to seek further information regarding non-foundation trust workforce plans. Outstanding.

FPI/2024-25/36/01 Performance Update:

- Previous SMI data was the December position and the March 2024 position had been included in the current IDR. Action closed.

FPI/2024-25/36/02 Performance Update – Mortality rates:

- NENC ICB have undertaken the audit of FTSU across all Trusts. As part of the Ockenden peer review visits checks for appropriate trained staffing levels in all units were undertaken to meet the BAPM standards. Letby enquiry is scheduled in January 2025. Action closed.

FPI/2024-25/36/03 Performance Update – Workforce sickness rates:

- Executive Chief of Strategy to request further information regarding timescale for completion of analysis work detailed in the IDR around deterioration in workforce sickness. Outstanding.

FPI/2024-25/37/01 Risk Management Report:

- Separate email to be sent to Committee members regarding simplified risk report and additional narrative on high level risks. Ongoing.

FPI/2024-25/46 Notification of urgent items of any other business

None received.

FPI/2024-25/47 NENC Infrastructure strategy update

The Chair and Vice Chair of the Infrastructure Board presented the draft Infrastructure Strategy.

The FPI Committee were asked to review the strategy and feedback would be considered in an updated version. It was noted that this draft strategy would also be presented to the Provider Leadership Board and ICB Board prior to NHSE submission on 31 July.

Key highlights of the draft NENC Infrastructure Strategy were provided:

- This is a 'live' strategy which will change and evolve over time, particularly due to a potential impending change in government.
- We must make best use of what we have by transforming the way we work and use capacity across our infrastructure and workforce; taking a 'one-public estate' approach. There is a gap in aspirations and funding available.
- There is a significant requirement to have access to alternative sources of funding approaches to support investment needs, which has been restricted due to tightening rules in CDEL and introduction of IFRS 16.
- NENC has a strong history of successful investment in capital infrastructure.
- Page 26 and 40 detailed the current scenario, challenges and pressures.

A presentation followed which covered:

- Vision "to enable the delivery of integrated, safe, sustainable and quality driven healthcare services, maximising the use of our collective resources and data, continually innovating, transforming and supporting the people and population we serve".
- Eight core infrastructure principles at the heart of the strategy.
- Six objectives.
- Ten key principle tools to support delivery of the Strategy.
- Next steps during Q3 and Q4 24-25 include formalisation of the governance and clarity on systemwide health and care requirements across the next 10 years.

There was an opportunity for comments and questions:

- How will care closer to home and the objective to improve prevention and target health inequalities focus be achieved? The care closer to home objective is fundamental but some investment will be different focussing on technology and virtual wards but driven by a vision for the future, culture for change which will require a systemwide approach to become a reality.
- How does the Infrastructure strategy link to other NENC strategies such as Clinical, Quality, Digital and People? The Infrastructure strategy has been aligned to the ICP Better Health and Wellbeing for All strategy. It must be dynamic and flexible therefore each financial year will be broken down into

- delivery components.
- What is expected to be delivered in years 1 to 3 given priorities and focus will change over a longer term? It was explained that as all of the ICB strategies are under development, the Infrastructure strategy will set out the plans and issues, what is required to work collaboratively, but the strategy is expected to evolve in a year's time. It was recognised that there will be challenges to invest in essential developmental areas such as an ageing infrastructure and change in emergency planning and future proofing requirements.
 - There was a discussion regarding the risks associated to NHS Property Services and Community Health Partnerships and the cost of voids in current estates that should be included in the document.
 - A suggestion was made for further detail in the SWOT analysis on the cost to achieve green energy and the breakdown of new build costs.
 - It was clear that the Executive summary will be an essential area to focus on and there was a suggestion to include a burning platform to highlight what would be a deteriorating scenario if funding continued as current with less investment over time.
 - Comments were made regarding the acute model focus of the strategy which included several photographs of A&E departments, and to emphasise on the focus to invest in current estates as well as new build investment and 'shift to the left'.
 - Plans for an Infrastructure Programme Management Office to coordinate and lead on aspects of delivery are ongoing.
 - In response to a question regarding ICB and trust capital development plans, a description of the current CDEL allocation process was given and future allocation processes would be dependent on if there was a change in government following the impending general election.
 - There was overall agreement from the FPI Committee that the strategy contained a good balance, it was acknowledged it was an evolving document and the amount of work to achieve this had been recognised.

The Chair and Vice Chair of the Infrastructure Board and Andrew Gate left the meeting.

RESOLVED:

- 1) The Finance, Performance and Investment Committee **REVIEWED** the content of the draft strategy and provided feedback.
- 2) The Finance, Performance and Investment Committee **NOTED** that the strategy will be updated following receipt of feedback.

FPI/2024-25/48

ICB financial performance update

The Chief Finance Officer introduced the finance report for the period to 31 May 2024 which included the Month 2 position. This was a limited financial report and only year to date figures were required by NHSE with forecast positions assumed to be in line for 2024/25 financial plans, which were resubmitted in June 2024.

Key points and risks were highlighted:

- Concern had been raised due to a M2 national position that indicated a deficit of £250m against plan and potential outturn issue of £2bn. Nine ICSs across the country had been identified with a deficit in excess of £100m or 2.5% of allocation and will be required to undertake an audit. Other ICSs, including NENC, have been encouraged to undertake an audit and discussions have already commenced with AuditOne using national specification guidance, it was noted that no financial support will be provided for this exercise.
- NENC is not expected to be affected by national framework capital penalties and revenue condition is not payable, so long as plan is achieved.
- The final submitted financial plan showed a potential pressure on capital funding of £20m relating to aseptics and rectification work at one provider trust.
- The ICS is reporting a year to date deficit of £26.76m which is expected to be managed back in line with plan by the end of the year. The adverse variance of £2.09m reflects pressures in provider positions in particular costs associated with increased activity including drugs and devices, particularly insulin pumps due to changes in NICE guidance, and under delivery of efficiency plans but it was noted as there is a two-month lag in data M3 should provide a more reflective position.
- Net unmitigated risk in the plan amounts to £161m across the system and is expected to reduce through the financial year.
- Workforce controls are being monitored via the Provider Collaborative and supported by the System Recovery Group.
- £3.2m has been allocated for the settlement of Healthcare Assistant industrial action at South Tees which will be backdated to 2019 and aligned to 2023/24 accounts. Consideration should be given to this as it could add pressures to similar industrial action across other provider trusts.
- Medium Term Financial Plan is expected to be refreshed in September 2024.

There was an opportunity for comments and questions;

- An additional column can be added within the financial report to monitor cost improvement plan and recurrent plan savings and if there will be an impact to 2025/26.

ACTION: Chief Finance Officer to request that an additional column be added to the in the finance report to monitor cost improvement plan impact to 2025/26.

- A request for further information on Primary Care co-commissioning figure of £10.7m forecast variance was made. An explanation of historic budget and challenges with different allocation formulas was given. A piece of work is underway to standardise what is core general practice which will be presented to Exec Committee at a later stage. It was highlighted that three

years ago the pressure was between £15-20m and is anticipated to reduce to c.£3.5m once alternative budgets have been identified.

- A description of the role of the ICB Financial Sustainability Programme Group and the System Recovery Board, which is co-chaired by the NENC ICB and CDDFT Chief Executive Officer, was given.

RESOLVED:

The Finance, Performance and Investment Committee **NOTED** the latest year to date and forecast financial position for 2024/25 and **NOTED** there are a number of financial risks across the system still to be managed.

FPI/2024-25/49 ICB performance update

The Chief of Strategy introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering April 2024 for most metrics and May 2024 for others, unless otherwise specified. The finance data was for May 2024 (Month 02).

Key areas for attention were highlighted:

UEC:

- A&E waiting times within 4 hours was at 76.9%, behind the NENC May 24 plan of 77.7%, however it was reported that the June position had improved achieving 78.4% and year to date tracking was slightly ahead of NENC trajectory. A reminder was given of the seasonal elements and recent rise in COVID cases which had impacted on performance.
- Adult general and acute bed occupancy compared favourably to the national and regional position and continues to an improving trend.
- Cat 2 ambulance mean response time remained ahead of plan at 28:10 minutes.

Primary and Community Care:

- Additional Community Health service metrics have been included in the integrated delivery report. Work is ongoing with the local delivery teams to improve primary and community services and to integrate with local authority and other partners, and a Living and Ageing Well Partnership Community Transformation programme board has been established which will meet for the first time at the end of July. It was clarified that this board will report to the Executive Committee and programme updates will be provided via the integrated delivery report. In response to how this group will work with the MHLDA transformation board the Chief of Strategy explained that the Programme Directors meet regularly in the Strategy and Transformation team meetings, and a formal response will follow.

ACTION: Chief of Strategy to provide an update on the link between the Living and Ageing Well Partnership Community and MHLDA Transformation programme boards.

- Due to data quality and utilisation issues for Virtual Ward (hospital at home),

there will be a review of pre-existing initiatives with an intention to create a single point of access to urgent community response services and reduce unnecessary access to secondary care.

- Improving units of dental activity (UDA) position was 515,923 which remained significantly behind 1.02m Q1 target therefore further trend analysis is required.

ACTION: Chief of Strategy to request trend analysis data for improving units of dental activity and report back at next meeting.

Elective Care:

- Due to a number of unplanned patients waiting in excess of 78 weeks, fortnightly ICB oversight meetings are in place with South Tees Hospitals NHS FT and Newcastle upon Tyne Hospitals NHS FT and a request had been made to provide revised recovery and action plans to deliver a zero position.
- North Cumbria Integrated Care FT had formally been moved to Tier 2 oversight arrangements for Elective Care in addition to Cancer.

Cancer:

- Cancer 62-day standard to 70% by March 2025 was tracking slightly behind trajectory in April at some provider trusts.

Diagnostics:

- The metric to increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% was behind plan trajectory across all Trusts, although additional community diagnostic hubs will increase capacity towards the back end of the year.

MHLDA:

- It was highlighted that the number of contacts and activity accessing Talking Therapies for anxiety (TTAD) services had reached a record high of c. 6000 and despite the growth in capacity was unable to meet the increase in demand. Recent remedial analysis work had identified that, based on current delivery models, £5 to £6m additional recurrent investment per annum would be required in addition to workforce related challenges. It was a similar worsening position for the number of adults waiting over 52 weeks for first direct appointment.
- OOO adult placements at Tees, Esk and Wear Valleys NHS FT remains a challenge due to high levels of clinically ready discharges. Housing programme work is underway to support more complex cases and reporting for 2024/25 will move from bed days to actual placements.
- Wait times also continue to grow in the number of children and young people (CYP) accessing mental health services although the position was improving. An ADHD and neuro development diagnostic pathway is in development and work is ongoing with local authorities on a needs-based triage pathway, however it was noted that this has been a national challenge since the COVID pandemic.

- The ICB had appointed a dedicated Head of Planning and Performance for MHLDA and Neurodiversity.
- An update on MHLDA transformation programmes will be presented to Board later in the year, however a request was made if it was possible for the FPI Committee to be sighted on some of the content in advance.

ACTION: Chair to request if the FPI Committee could be sighted on the MHLDA update in advance of Board in September.

- A dedicated team in the Nursing directorate and Executive system led oversight group are focusing on reducing reliance on in-patient care for people with a learning disability and autism. A new dashboard has been developed to track these complex cases. Metrics including care and treatment reviews will be added to the integrated delivery report.

There was an opportunity for questions and comments:

- A request was made for further mortality information to be provided in the report. The Chief of Strategy explained that mortality is addressed at Quality and Safety Committee, however a more detailed narrative from the Effectiveness and the Quality and Safety Committee could be provided in the FPI Committee integrated delivery report going forward.

ACTION: Chief of Strategy to request that additional mortality narrative from the Quality and Safety report included in future FPIC integrated delivery reports.

- There was a further discussion regarding mental health waiting times as a new national standard data set is expected in Autumn 2024. It was pointed out that TEWV had recently gone live with a new electronic patient record system which may have impacted the waiting times calculation.
- In response to a question raised regarding impact to performance due to junior doctor industrial action, it was explained that in some areas ED performance had actually improved although some elective activity had been cancelled.

RESOLVED:

The Finance, Performance and Investment Committee **RECEIVED** the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.

FPI/2024-25/50

Any other business

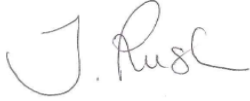
There was no further business raised to discuss.

FPI/2024-25/51

Meeting review and date of next meeting

- The next meeting is confirmed to take place on Thursday 5 September at 10.00hrs via MS teams.

Signed:



Position:

Chair

Date:

5 September 2024