

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

NORTH EAST AND NORTH CUMBRIA ICB BOARD MEETING	
31 January 2023	
Report Title:	Highlight report and minutes from the Executive Committee meetings held on 15 November and 13 December 2022
Purpose of report	
To provide the Board with an overview of the discussions and decisions at the Executive Committee meetings in November and December 2022.	
Key points	
<p>The key points from the meetings include the following:</p> <ul style="list-style-type: none"> • Redesign of the involvement and engagement model in County Durham • Integrated care partnerships (ICPs) in North and North Cumbria • Developing a learning and improvement system • Winter plan for system resilience • NECS strategic partnership and delivery plan • Future support for asylum seekers • Hospital discharge funding <p>The confirmed minutes from the meetings held on 15 November 2022 and 13 December 2022 are attached at Appendix 1 and Appendix 2 respectively.</p>	
Risks and issues	
<p>The Committee discussed the ICB risk register, noting the existing risks and the mitigating actions being put in place to address these, and following a discussion, identified the following risks and issues:</p> <ul style="list-style-type: none"> • A risk to be added to the risk register in relation to the healthcare needs of asylum seekers. 	
Assurances	

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The Committee also received a number of items for assurance and these included:

- 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
- A finance update report – an overview of the current financial position
- ICB Development Plan updates on progress in relation to agreed actions
- A risk management report – an overview of the ICB's current risk register and movement of risks.

Recommendation/Action Required

The Board is asked to:

- Receive the highlight report and confirmed minutes for the Executive Committee meetings held on 15 November and 13 December 2022 for assurance.

Acronyms and abbreviations explained

NENC ICS – North East and North Cumbria Integrated Care System
 NENC ICB – North East and North Cumbria Integrated Care Board
 NENC – North East and North Cumbria
 NECS – North East Commissioning Support
 ICP – Integrated Care Partnership
 NHSE – NHS England
 CCG – Clinical Commissioning Groups
 EPRR – Emergency Planning, resilience and Response Framework

Sponsor/approving director

Samantha Allen, Chief Executive

Report author

Deborah Cornell, Director of Corporate Governance and Involvement

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	✓
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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	
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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.

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 15 November and 13 December 2022.

The key points to bring to Board's attention from each meeting are set out below.

15 November 2022

- **Redesign of the involvement and engagement model in County Durham:** work was underway to develop a joint working arrangement between the ICB and local authority to work more closely with the community and voluntary sectors. This work would be linked to the ICB's strategic priorities to ensure delivery of the ICB's statutory duties in relation to patient and public involvement.
- **Integrated care partnerships (ICPs) in North and North Cumbria:** this was a key focus in both areas to establish the area ICPs (one for the North area and one in North Cumbria) and it was expected that the first meetings would take place during November. The membership of these were discussed to ensure it was appropriate and included the right representation from partners.
- **Developing a learning and improvement system:** the Committee received an update on the second system wide engagement workshop that had taken place on 2 November 2022. The event was highly successful and well attended, highlighting a number of priorities for the system to work together on. A discussion took place around the resources needed to support this work and a further event was being planned with the Executive Team for early in January 2023.
- **Winter plan for system resilience:** the plan set out the proposed engagement across all partners within the Integrated Care System, along with detailed operational plans to manage system pressures and focussing on three priority areas. A letter had been received from NHS England asking for a baseline assessment from the ICB on this.

13 December 2022

- **NECS strategic partnership and delivery plan:** the Committee received an update on the ongoing developing strategic partnership between the ICB and NECS. Discussions were underway in relation to developing the service level agreement in partnership and a number of key points raised during the meeting to ensure the good relationship with NECS was maintained.

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- **Future support for asylum seekers:** the report set out the potential issues and challenges in relation to the number of asylum seeker hotels in North Cumbria. Concerns were raised around the long-term approach going forward, particularly in relation to the shortfall in funding for providing additional health support to this cohort of people. The Committee noted this was not an issue specific to North Cumbria and a longer term plan was needed to address these issues. It was agreed further work would be undertaken and a risk added to the register around this.
- **Hospital discharge funding:** an update was given on the proposed approach to how this money would be used. A number of conversations had taken place with the relevant director of adult social services around this, using the same formula as the local authorities. A taskforce was to be established to oversee this piece of work, with links into the learning and improvement work.



North East and
North Cumbria

North East and North Cumbria Integrated Care Board

Executive Committee

**Minutes of the meeting held on Tuesday 15 November 2022, 09:00hrs at
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Samantha Allen, Chief Executive (Chair)
Nic Bailey, Interim Executive Director of Place Based Delivery (North)
Claire Riley, Executive Director of Corporate Governance, Communications
and Involvement
Graham Evans, Executive Chief Digital and Information Officer
Dave Gallagher, Executive Director of Place Based Delivery
Jacqueline Myers, Executive Director of Strategy and System Oversight
Dr Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse
Aejaz Zahid, Executive Director of Innovation

**Apologies for
absence:** Annie Laverty, Executive Director of People
David Chandler, Interim Executive Director of Finance

In attendance: Phil Argent, Director of Finance (North)
Deborah Cornell, Director of Corporate Governance and Involvement
Kate Hudson, Director of Finance (Central)
Holly Kitching, Deputy Director of Nursing, STSFT
Rachel Mitcheson, Director of Place (Northumberland)
Gillian Sheppard, Executive Assistant (minutes)

EC/2022/66 Welcome and introductions

The Chair introduced Holly Kitching, Deputy Director of Nursing, South Tyneside and Sunderland NHS Foundation Trust, who is currently shadowing the Executive Chief Nurse.

EC/2022/67 Apologies for Absence

Apologies of absence was noted for David Chandler, Interim Executive Director of Finance and Annie Laverty, Executive Director of People.

EC/2022/68 Declarations of interest

A declaration of interest was declared by the Executive Medical Director for agenda 14.2. The Chair confirmed he may be present in the room throughout the discussion but unable to participate in any decision making.

EC/2022/69 Minutes of the previous meeting (11 October 2022 - enclosure 1)

It was AGREED that the minutes accurately reflected the meeting with the following exception:

RESOLVED:

The Executive Committee **AGREED** that the minutes from the 11 October 2022 meeting were a true and accurate reflection.

EC/2022/70 Matters arising from the minutes and action log

The action log was reviewed and specific updates provided on the log.

EC/2022/71 Notification of urgent items of any other business

There were no urgent items of business identified.

EC/2022/72 Central and South Place Based Delivery Report

The Executive Director of Place Based Delivery (Central and Tees Valley) provided a brief summary of the decisions made at recent local delivery groups with the following key points highlighted:

- The County Durham Care Partnership Executive had proposed to redesign the involvement and engagement function across health and social care with an increased focus on use of the Community/Voluntary sector. There would be further opportunities to link engagement work more closely with the NHS
- The Middlesbrough urgent care centre was due to go live w/c 14/11/2022 but had been delayed for approximately a week to accommodate a Care Quality Commission (CQC) visit to the hospital.
- The CQC visited South Tees NHS Foundation Trust (STFT) week commencing 7 November and although no formal feedback was available at present, the initial indication is positive.

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- A draft version of the business case for the replacement of theatres at the Friarage Hospital was complete, a further update would be provided at the December meeting.
- The reprovision of Shotley Bridge hospital through the New Hospitals Programme would go ahead, a letter of support from the North East and North Cumbria Integrated Care Board (the ICB) would be needed. Further information will be provided to the Comms team on timings once known.
- The Carnall Farrar work with North and South Tees Foundation Trusts to agree a model for greater collaboration continued. The 10-week programme and costs had previously been agreed at Executive Committee, a further request had been received for the ICB to support and approve an additional 2 weeks to complete the work at an additional cost of £29k. Support for this was given by the Committee.

There were no items requiring approval from the Committee as all decisions on the log remained within financial delegation limits.

The Executive Director of Nursing requested for place-based reports to include a quality element and suggested that a section providing feedback on quality issues from all other committee members was included.

A discussion took place regarding the engagement and involvement work in County Durham detailed within the report. It was acknowledged that there would be differences in approaches and partnerships, but it was essential that all places operated and mobilised in line with the ICB's involvement strategy. The Director of Corporate Governance and Involvement confirmed that she was currently working with involvement leads to agree the work to be delivered at place to ensure the ICB meets its statutory duties.

RESOLVED:

The Executive Committee **NOTED** the content of the report, including the extension to the Carnall Farrar work and the associated cost.

EC/2022/73

North and North Cumbria Place Based Delivery Report

The Interim Executive Director of Place Based Delivery (North and North Cumbria) provided a brief summary on issues considered and decisions made at each Place with the following key points highlighted:

- A key focus continued to be developing the Integrated Care Partnerships (ICPs) and place-based governance. The expectation was to hold the first of the new Area ICP meetings in November to consider the proposed

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terms of reference, membership and draft North East and North Cumbria health and care strategy

- There was a concern about the fragility of primary care services in North Cumbria and the local place team was working with North Cumbria primary care services in terms of their infrastructure and resilience and their future needs
- A request had been received from Northumbria Primary Care (NPC) requesting the realignment of their North Tyneside GP practices into a single NPC primary care network. Conversations were ongoing as a range of factors and impact need to be considered carefully
- A formal notice was received on 17 October 2022 from The Manor House, Whickam, to de-commission nursing care beds and move the home fully to an elderly mental infirm and general residential home. The provider had indicated this was due to the financial challenges to deliver good quality nursing and ongoing recruitment difficulties
- The development of a sleep station service was being considered across the North places to support people who struggle to sleep. The affordability of this service across Northumberland, and the need for recurrent funding, may mean consideration for flexible commissioning. An update would be provided to the committee in due course as to the relative priority of this for funding and also the potential for a wider NENC service.
- The number of Children Looked After (CLA) was increasing and all systems were struggling with meeting the statutory requirements for health assessments, including in fostering and adoption. The SEND reinspection had taken place in Newcastle with a number of improvements seen since the last inspection but with further improvement required in a smaller number of areas.

There were no items requiring approval from the Committee as all decisions on the log remained within financial delegation limits.

The Executive Chief Digital and Information Officer advised that the majority of the work on IT migration in North Cumbria from North Cumbria Integrated Care (NCIC) to North of England Commissioning Support (NECS) had taken place successfully.

A discussion took place on the general feedback from the proposed ICPs across the system. There were ongoing discussions to ensure the membership of each ICP is appropriate. As they were not formal decision-making committees some local authority (LA) leaders may feel this is more appropriate for their Health and Wellbeing Board (HWBB) chair or lead

member to be the LA representative. In North Cumbria there is concern that the same people will sit on both the Place Based meetings, HWBB and the ICP, therefore consideration is needed as to whether the role for the ICP is clear.

The Executive Director of Strategy and System Oversight referred to the £350k Winter Support for Hospital Discharge on the decisions and assurance log and explained that there were many actions to prioritise in the winter action plan and clarity was needed on what was spent at place and spent centrally.

Action:

The Director of Finance (North) to provide clarity on how the winter plan fund was being managed and what has been committed to spend. The financial plan was to include detail on Place and Central spend and any other funds that would be made available.

The Chair asked for confirmation of how the contents of the place-based reports were being communicated to the wider staff in the ICB. The Executive Director of Corporate Governance, Communications and Involvement confirmed a summary of the Committee was circulated within the staff 'Pulse' newsletter.

RESOLVED:

The Executive Committee **NOTED** the content of the report, including the action relating to the financial work plan for winter plan.

EC/2022/74 SIRO Cyber Awareness and Assurance Report

The Executive Chief Digital and Information Officer provided a further update in relation to the Ransomware attack.

The cyber-attack took place on 4 August 2022 against the software provider 'Advanced' which had a direct impact on a number of health care and social care services. It was noted that this was not a direct attack on the NHS.

A number of systems were taken offline immediately at the time of the attack and quickly re-established, with the exception of a system used by mental health trusts, Carenotes.

The risks and issues contained in the report was summarised. NHS England national IMT and the National Cyber Security were awaiting the full forensic report from the incident. Further information on lessons learnt will also be provided to the committee as they become available for consideration.

The Chair asked if there was a plan in place for the ICB to mitigate the risks identified. In response, it was noted that there was an ongoing

programme of work with the Senior Information Risk Owner (SIRO), which included updating the ICB Board on the three key cyber risks via the corporate risk register. The Strategic Head of Infrastructure, Security and Technology would be responsible for developing the plan.

RESOLVED:

The Executive Committee **NOTED** the content of the report and the ongoing programme of work with the SIRO.

EC/2022/75 Proposed Oversight Framework and Memorandum of Understanding with NHS England

The Executive Director of Strategy and System Oversight provided an update on the oversight framework which had previously been presented to the Committee for consideration in October 2022.

The framework had now been shared fully across the system to include provider chief executives and chief operating officers. Discussions with executive directors of place and finance and the Executive Chief Nurse had been refined accordingly.

It was acknowledged that the proposed oversight arrangements may take some time to be accepted by all partners within the system but should be enacted the remainder of the year; a review will take place in 2023/24.

Further detail was needed on all current meetings taking place with providers, information has been shared with senior leadership groups and it was agreed to include directors of place in these discussions.

Action:

The Executive Director of Strategy and System Oversight to raise the issue of all provider meetings at the Senior Leadership meeting on Wednesday 23 November 2022.

RESOLVED:

The Executive Committee **APPROVED** the Oversight Framework and **AGREED** to include this as an agenda item at the Senior Leadership meeting on 23 November 2022.

EC/2022/76 Developing a Learning and Improvement System Update

The Executive Director of Innovation updated the Committee on the first system wide engagement workshop delivered on 21 September 2022. The event was successful, with a number of areas of priorities highlighted by participants for the system.

A follow-on webinar took place on 2 November 2022 via Zoom which was attended by approximately 300 people and was very well received. A

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date had been set for 10 January 2023 for an executive team strategy workshop with Helen Bevan, NHS Horizons to give executive directors the opportunity to support the development of the strategy and to help map out the seven key priorities identified from these events.

To continue the momentum, it was requested that the Executive Team support the development of a learning and improvement system and establish the resources required to build the workplan, including the use of additional resource outside of the original budget to support future virtual engagement events via Zoom. The original funding agreed covered recruitment of a number of team members to support the work for the first year of the programme, but to expedite the development of the work changes to recruitment were proposed from the original plan.

A conversation took place regarding the need to understand the long-term plans of the project and what it hoped to achieve which will assist conversations regarding the request for further resource. It was noted that any request for further resource and funding away from the approved business case must be submitted to the Committee for further consideration. It was suggested that the Executive Team Strategy workshop be prioritised and held at an earlier date with fewer participants if necessary.

In relation to the purchase of a Zoom licence for virtual engagement events, it was noted that MS Teams was in use throughout the NHS and has the functionality to support large scale virtual events and would be more efficient to continue its use.

Action:

The Executive Director of Innovation to bring forward the Executive Team Strategy workshop scheduled for 10 January 2023.

The Executive Director of Innovation review the business case and changes to revenue requirements to be resubmitted to Executive Committee for consideration.

RESOLVED:

The Executive Committee **REJECTED** any additional revenue requirements from the original business case submitted for the development of a Learning and Improvement System. A new business case would need to be submitted to Executive Committee for consideration.

EC/2022/77 ICS Winter Plan for System Resilience

The Executive Director of Strategy and System Oversight presented the ICB winter plan for system resilience for information only. The plan was prepared with wide engagement across all partners in the Integrated Care

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System (ICS). The report detailed the plans to manage the operational system pressures throughout the winter period in three key priority areas:

- Increase clinical triage and use of non-Emergency Department pathways
- Increasing access to urgent primary care
- Improving discharge and patient flow

The Chair referred to the letter received from NHS England in October 2022 detailing the requirements of all organisations throughout winter and asked for detail on the baseline of the ICB to enable prioritisation in key areas.

A discussion took place on the data that was available across organisations for two hour responses, urgent treatment centres and the metrics from national data but it was acknowledged that there is a shortage in resource to pull this information together to provide a baseline on performance. It was agreed that further resource is needed to progress this work further with a need to have project management in place and an underpinning financial plan to support the work.

Action:

The executive directors to meet urgently and discuss the resource available in the ICB to support the Director of Transformation, System Wide on winter planning.

RESOLVED:

The Executive Committee **NOTED** the content of the report and subsequent action to urgently discuss the resource available to support winter plans.

EC/2022/78 Winter Assurance Framework

The Executive Director of Strategy and System Oversight presented the ICB winter assurance framework for information only. This report will also be presented to the ICB Board on 29 November 2022.

RESOLVED:

The Executive Committee **NOTED** the content of the report.

EC/2022/79 Proposed Model for Managing Freedom of Information Requests, Ministerial Briefings and Parliamentary Enquiries

The Executive Director of Corporate Governance, Communications and Involvement introduced the new procedures to manage correspondence

received from Members of Parliament, ministerial briefings, patient complaints, Freedom of Information and subject access requests.

It was acknowledged that the process had not been working seamlessly in the past but the new procedures would improve this going forward with appropriate timelines in place and retraining provided to staff. There would be regular updates brought to the Committee and directors of place would be included in responses to any specific issues within their respective places to ensure they were informed.

RESOLVED:

The Executive Committee **NOTED** the new procedures outlined in the report.

EC/2022/80 Secure Data Environment (SDE) – NHS Funding Proposal

The Executive Chief Digital and Information Officer provided an update on the NENC proposal for £10m to NHS England (NHSE) for the regional Secure Data Environment (SDE) development. The proposal was to be a national 'wave 1' region with accelerated funding.

Some initial feedback from NHSE had been received on 11 November 2022 but was subject to a publication/communication embargo. In the meantime, the ICB team would continue to liaise with the NHSE SDE team in relation to next steps.

The full report and SDE outcomes would be published in approximately two weeks.

RESOLVED:

The Executive Committee **NOTED** the contents of the report.

EC/2022/81 Ongoing support to NENC ICB COVID-19 Vaccination programme – options papers

The Executive Medical Director presented a report to update the Committee on the current vaccination programme. The report proposed a model to ensure effective delivery of COVID-19 and flu vaccine programmes to March 2024 and the funding to resource this.

At present the COVID-19 vaccination programme in the NENC ICS was provided by Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) through a lead provider contract funded by NHSE until 30 March 2023. From 1 January 2023, NUTH had indicated that it no longer wished to continue with the coordinating function but was willing to remain as the conduit for national funding up to 31 March 2023.

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It was highlighted that the preferred option, which supported the continuation of the System Vaccination Operations Centre (SVOC) service, was detailed in section 6 of the report.

A general discussion took place and it was agreed to support the proposal detailed in 'option 3, sub-option C' in principle, subject to further conversations with NHSE to confirm the resource that would be delegated to the ICB and the allocation given to support the 2023/24 programme.

A question was raised in relation to the Vaccination Committee's position within the ICB governance structure and it was agreed that further clarity was required.

Action:

The Director of Corporate Governance and Involvement to clarify where the Vaccination Committee is positioned within the ICB governance structure.

The Chair thanked Stewart Findlay, the report author for the work detailed in the report.

RESOLVED:

The Executive Committee **AGREED** to the support 'Option 3, sub-option C' in principle subject to further conversations with NHSE to confirm the ICB's allocation and resource for 2023/24.

EC/2022/82 ICB Programme Plan Highlight Report

The Executive Director of Strategy and System Oversight briefly summarised the report which provided assurance of progress against all key objectives and milestones for the ICB during 2022/23.

It was agreed to continue working through the current model until closedown, or until a Portfolio Management Office (PMO) is in place.

RESOLVED:

The Executive Committee **NOTED** the contents of the report.

EC/2022/83 Finance update

On behalf of the Interim Executive Director of Finance, the Director of Finance (Central) presented a high-level update for the NENC ICB and the ICS for the period to 30 September 2022, with the key points from the report highlighted.

The ICB was currently reporting a forecast outturn deficit of £5.8m, prior to expected retrospective central funding of £11.46m relating to the Primary Care Additional Roles Reimbursement Scheme (ARRS). Once

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this funding was received, the ICB would report a forecast surplus of £5.6m against a planned surplus of £2.6m. The additional £3.0m surplus would offset a forecast deficit across relevant NHS providers, resulting in a balanced financial position across the ICS.

There were pressures in mental health for the Section 117 packages and continuing healthcare, however these were partially offset through underspends on prescribing costs and use of programme reserves.

The financial plan of the ICB required an overall efficiency target of £48.4m and the ICB was on track to deliver this.

There was a small underspend forecast on running costs due to vacancies and contingencies not being used. There was a potential recurring pressure on running costs which would need to be managed in future years.

Whilst a balanced position was forecast at month 6, it was highlighted that there were substantial risks to be managed across the ICS totalling £95m. Most of the risks would be mitigated by a range of non-recurring measures, but there was a potential unmitigated risk of £39m for the ICS. This included a specific risk across the providers due to the pay award impact of £15-20m.

The ICB would be working with ICS providers to understand their underlying position. A workshop was taking place on 18 November 2022 to understand what the assumptions were at month six, with a follow up session later in November 2022.

A question was raised in relation to running costs and if vacancy control was needed at this point. In response it was stated that no discussions had taken place but further work may be required to determine overall running costs.

It was noted that there may be over reliance on certain providers to provide efficiency targets and this could be discussed further to ensure all providers consider efficiency targets required.

Action:

The Director of Finance (Central) to circulate a further update on running costs and budget update via email by end of December 2022.

RESOLVED:

The Executive Committee **RECEIVED** the finance update and **NOTED** the risk on running costs and need for budget control.

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The Executive Director of Strategy and System Oversight briefly summarised the integrated quality and performance report and the key changes highlighted:

- **Urgent and Emergency Care (UEC)** – pressures were building due to high level of attendees, high bed occupancy, and NEAS response times with an escalation in 12 hour breaches.
- **Elective care** – there had been a reconfirmation of trajectories with acute Trusts in 78+ and 104+ week waits. The number of patients waiting over 78 weeks was currently over the NENC plan. Trusts had recently been asked to confirm their plans for the end of March 2023. Most providers had confirmed they could meet their plans with the exception of NUTH, who had confirmed they could achieve their plan of 180. For 104+ week waits, most providers had confirmed they could eliminate the list by June 2022, with exception of NUTH due to complex spinal surgeries.
- **Diagnostics more than 6 weeks**– performance for the 15 key diagnostic tests was stable.
- **Cancer:** the NENC was not achieving the 75% faster diagnosis target, currently standing at 74.3%, it was noted there was a variation in performance across the trusts. There was a focus for trusts on cancer performance through Tier 1 and 2 cancer meetings in collaboration with NHSE.
- **MH/Autism:** *to note that the data had not been updated in month due to changes within the NHSE publication.* There was a pressure on services overall, with an increase in waiting times for the Improving Access to Psychological Therapies (IAPT) service with 38% of patients waiting 90 days between their first and second appointments. The Committee was advised that there was a newly appointed Director of Transformation (Mental Health, Learning Disabilities and Autism) within the ICB and there would be a focused programme of work on transformation resources and priorities across places.

It was suggested that national data on children elective waiting list should be included in future reporting and out of area information.

A query was raised regarding the work in improving collaboration and efficiencies to reduce the 104+ week waits(ww). It was confirmed that discussions had taken place with NUTH and all avenues for treatment had been investigated but would look to move degenerative work to alternative centres. Work continued on the complex cases, currently 30 patients at over 104+ww. It was confirmed that further detail would be included in future reporting.

RESOLVED:

The Executive Committee **RECEIVED** the report for assurance.

EC/2022/85 Continuing Healthcare Fees – Northumberland Place

The Director of Finance (North) and the Director of Place (Northumberland) presented the report outlining the proposed approach to managing the continuing healthcare (CHC) dispute in Northumberland place.

The background and context of the previous arrangement was briefly summarised, wherein Northumberland Clinical Commissioning Group (NCCG) had a Section 75 partnership with Northumberland Council. A new three-year contract had been entered into in April 2021 with Northumberland care home providers. The negotiation included a challenging behaviour premium of £100 per week for patients that had been assessed as requiring additional staff support.

Northumberland had a total number of residential and nursing beds of 2891 with 459 vacancies (84% occupancy rate), and there had been a general fall in occupancy during the COVID-19 pandemic.

Care North East (CNE) represent the minority of care providers in Northumberland during fee and contracts discussions with councils and the NHS. It was reported that CNE had submitted a legal letter to Northumberland challenging the fee setting process for 2022/23. Full details of the process of engagement and challenging behaviour premium was outlined in section 4 of the paper.

It was acknowledged that the prices and premium paid differs in each local authority area. A range of options were outlined for the Committee to consider:

1. Option 1 – Continue with the current arrangement in Northumberland
2. Option 2 – Pay an interim premium payment
3. Option 3 - Agree to review approach to all CHC fees and premiums.

A general discussion took place in which all options were considered. It was acknowledged that this was a complicated process to resolve and required a detailed piece of work to understand the split of vacancies between nursing care and CHC cases. Any work would need to be completed quickly to prevent legal challenges or lengthy legal issues.

RESOLVED:

The Executive Committee **NOTED** the proposed approach to managing the CHC dispute in Northumberland place and **AGREED** to:

- Option 1 and Option 3 and not providing an interim payment
- To support a Task and Finish Group to review the approach to all CHC fees and premiums across the whole ICB sponsored by Executive Directors of Finance and Nursing. A proposal and specialist resource to update in December meeting
- To manage cases in Northumberland on a case-by-case basis.

EC/2022/86 Delegation of Specialised Service Commissioning to ICBs

The Executive Director of Strategy and System Oversight summarised the approach that had been taken for the delegation of specialised services to the ICB from NHSE.

ICBs were to have their readiness assessed by NHSE prior to delegation being approved. All ICBs were expected to go through the Pre-delegation Assessment Framework (PDAF) process in quarter three of 2022/23 even if they had opted to form a joint commissioning arrangement from April 2023 and take on full delegation a year later in April 2024. It was proposed that the NENC ICB would form a joint committee with NHSE from April 2023, establishing a joint commissioning arrangement and full delegation in April 2024.

Currently NHSE was the accountable commissioner for 154 specialised commissioning services, approximately 65 of which identified as appropriate to delegate to ICBs. It was acknowledged that the detail for a joint committee was unclear at this stage as delegation would not take place until 2024, therefore it was assumed a shadow arrangement would be in place. In response, it was noted that the governance structure of the joint committee would need to be reviewed before any agreement could be given.

There was a need for further due diligence work and to look at internal ways to manage commissioning across the ICB. Further clarity was needed to understand if the work around specialised commissioning would be delegated to regional level or whether it was hosted by one ICP. It was noted that the due diligence was a significant piece of work and the ICB did not have the staffing resource to support this.

Action:

The Chief Executive to discuss staffing resource shortage for the due diligence work in specialised commissioning with the regional team.

RESOLVED:

The Executive Committee **AGREED** the following recommendations outlined in the report as follows:

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- The current direction of travel with proposed delegation of specialised service commissioning
- Delegate responsibility of PDAF submission to the Executive Director of Strategy and System Oversight
- Review governance arrangements and establish and progress a joint committee.

EC/2022/87 NHS England Clinical Network Staff Transfer to the NENC ICB

The Interim Executive Director of Place Based Delivery (North and North Cumbria) presented the report outlining the proposed transfer of staff from five of the NHSE Clinical Networks working within the ICB area, these included:

- Maternity and Perinatal Mental Health
- Mental Health
- Northern Cancer Alliance
- Learning Disability and Autism
- Physical Health and Long-Term Conditions

The funding for the clinical networks was via national funding programme, with staff employed within NHSE, with the exception of Learning Disability and Autism Network which was already funded by the ICB.

It was reported that there were a number of risks associated with the transfer of staff, including potential programme funding cuts and the ICBs running cost allowance.

A general discussion took place regarding the impact the transfer of staff would have on the ICB, with regards to estate implications, cost of additional IT requirements, increase in running costs to ensure the services continued to run effectively and additional freedom of information requests that this work would generate. The request to transfer the staff in all five networks was agreed in principle subject to an amendment to running allowance for full head costs and overhead costs. It was envisaged that the networks would sit in the directorate of either the Executive Chief Nurse or the Executive Medical Director.

Action:

The Interim Executive Director of Finance to review running allowance adjustment for clinical network staff transfer.

The Executive Chief Nurse to update the Committee in December on timelines and any HR implications with transfer of staff in the five clinical networks.

RESOLVED:

The Executive Committee **AGREED** in principle to the transfer of the five clinical networks and their staff to the ICB subject to:

- Further clarification of secure funding sources and actual staff costs with NHSE was required with final sign off delegated to the Interim Executive Director of Finance.

EC/2022/88 Strategy and Partnerships

There were no items for this section.

EC/2022/89 Corporate Risk Register

The Executive Director of Corporate Governance, Communications and Involvement presented an updated position on the risks facing the organisation for the period 30 September to 8 November 2022 for information and assurance.

A question was raised if all risks were accurately reflected on the report as there was an absence of detail on capacity and PMO.

Action:

The Director of Corporate Governance and Involvement to amend the risk register to include risks associated with capacity and the absence of PMO within the organisation.

RESOLVED:

The Executive Committee **NOTED** the contents of the report for information and assurance.

EC/2022/90 Recommended addendum to the Scheme of Reservation and Delegation to IFR

The Director of Corporate Governance and Involvement presented the report for information and assurance.

The initial Scheme of Reservation and Delegation (SoRD) was approved by the ICB Board on 1 July 2022. During a recent review of the SORD it was identified that delegated authority to approve individual funding requests has not been specified.

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An interim process had been put in place to enable the Executive Medical Director to approve requests until the addendum to the SORD was been ratified.

RESOLVED:

The Executive Committee **APPROVED** the recommendation to the ICB Board for a retrospective addendum to the SoRD from 1 July 2022.

EC/2022/91 Items of Any Other Business

There were two items of additional business:

- System Development Funding (SDF) 2022/23
- EPRR Core Standards Annual Assurance Process

System Development Funding 2022/23 – October update

A declaration of interest was declared by the Executive Medical Director for the agenda item. The Chair confirmed he may be present in the room throughout the discussion but unable to participate in any decision making.

The Executive Director of Place Based Delivery (Central and Tees Valley) provided an update regarding the Primary Care System Development Fund (SDF) allocated to NENC ICS for 2022/23 and the proposals for allocating the funding.

Prior to the formation of the ICB, a small task and finish group had been established to investigate the multiple funding streams and to put forward proposals for the allocation of funding across the ICS. There had been regular updates provided to the ICS Primary Care Strategy Group.

The recommendation was to continue supporting the continuation of the development of draft proposals ahead of the confirmation of funding and publication of the SDF and General Practice IT (GPIT) Funding Guidance.

A question was raised regarding online consultations, it was explained this related to video consultations and further detail could be obtained if needed. A further question was raised regarding how the developing fund was to be communicated to primary care. It was explained that the information would be communicated through Primary Care Networks, GP practices linked to GP Teamnet and GP Federations.

RESOLVED:

The Executive Committee **APPROVED** the recommendations outlined in the report.

EPRR Core Standards Annual Assurance Process

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The Executive Director of Strategy and System Oversight provided an update regarding the outcome of the annual NHS England (NHSE) EPRR Core Standards annual self-assessment for 2022-23 for the NENC ICB and the process undertaken with provider organisations.

The ICB had undertaken the self-assessment process against the NHSE EPRR core standards. Following completion of this process the ICB then participated in a peer review workshop with other ICB's within the North East and Yorkshire region.

The ICB had assessed itself as partially compliant, however assurance was given that rigorous and robust plans were in place to manage any incidents in line with its category 1 responsibilities. The areas identified as requiring further action were:

- Business continuity management
- Training of staff in line with a training needs analysis to ensure staff were update to date in their response role – to note the Emergency Planning Manager would commence in post in January 2023
- A need to review the risk register to consider mitigating actions on EPPR.

The individual trusts across the ICB had completed the NHSE template and undertaken a peer review with another trust. There had been positive feedback received in this process with all trusts either fully or partially compliant.

A question was raised whether further assurance was needed for the peer review evidence submission and declared compliance levels. It was confirmed all hard copy evidence could be obtained if required and spot checks could be carried out as necessary. It was confirmed there was a good history of compliance submission from the trusts in previous years.

RESOLVED:

The Executive Committee **NOTED** the update and **ENDORSED** the submission to NHSE as part of the NHSE EPPR annual assurance process for 2022/23.

The meeting closed at 13:05

Signed:



Position: Chief Executive (Chair)

Date: 13 December 2022

Appendix 2



**North East and
North Cumbria**

North East and North Cumbria Integrated Care Board

Executive Committee

**Minutes of the meeting held on Tuesday 13 December 2022 10.40am at
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

Present: Samantha Allen, Chief Executive (Chair)
Nic Bailey, Interim Executive Director of Place Based Delivery (North and North Cumbria)
David Chandler, Interim Executive Director of Finance
Graham Evans, Executive Chief Digital and Information Officer
Dave Gallagher, Executive Director of Place Based Delivery (Tees Valley and Central)
Jacqueline Myers, Executive Director of Strategy and System Oversight
Neil O'Brien, Executive Medical Director
David Purdue, Executive Chief Nurse
Claire Riley, Executive Director of Corporate Governance, Communications and Involvement
Aejaz Zahid, Executive Director of Innovation

In attendance: Andrea Brown, Executive Assistant (minutes)
Stephen Childs, Managing Director (NECS)
Deborah Cornell, Director of Corporate Governance and Involvement
Ewan Maule, Director of Medicines and Pharmacy

EC/2022/92 Welcome and introductions

The Chair welcomed the Managing Director of NECS to the meeting and confirmed that agenda Item 12.1 'NECS – Strategic Partnership and Delivery Plan' would be considered as the first main item of business. It was also noted that the meeting would be held in person with one attendee dialling in via MS Teams.

The Committee agreed that the meeting would also be recorded for minuting purposes only.

EC/2022/93 Apologies for Absence

Apologies for absence were received from Annie Laverty, Executive Chief People Officer.

EC/2022/94 Declarations of Interest

There were no declarations of interest made at this point in the meeting.

EC/2022/95 Minutes of the previous meeting held on 15 November 2022

RESOLVED:

The Executive Committee **AGREED** that the minutes from the 15 November 2022 meeting were a true and accurate record.

EC/2022/96 Matters arising from the minutes and action log

Please see separate action log for updates provided.

EC/2022/97 Matters Arising

- Continuing Healthcare Update – Task and Finish Group: The Executive Chief Nurse confirmed that mapping sessions with NECS were ongoing and included discussions on high-cost panels and also care home fees. It was expected that the proposal would be complete by January 2023.
- NHS England Clinical Network Staff Transfer to NENC ICB Update: The Executive Chief Nurse confirmed that progress was slow and there had been some issues receiving information which were being followed up via routes to be able to progress.

The Interim Executive Director of Finance had allocated a member of the finance team to support the process and would use the Cancer Alliance as the pilot for that piece of work. It was noted that the original transfer included Maternity Clinical Network but

this should remain with NHS England under the Regional Chief Nurse. However, the Regional Chief Nurse was keen that this was also transferred to the ICB so discussions around that were ongoing. Currently, this would not be included in the process.

- Tactical On-Call Cover Proposal – Update on consultation process with staff: The Executive Director of Strategy and System Oversight advised that the consultation process had been concluded and a proposal had been made to move to four tactical rotas from January 2023, giving people two weeks' notice. The rota would be populated through to the end of 2023 and relevant training being implemented to support those on-call.

Although staff at Band 8d were not required to cover the rota, the contractual changes had been made for resilience in the future. It was noted that there was still some work to do to operationalise the rotas, including discussions with doctors as on-call provision was not included in their contracts either.

The Executive Medical Director advised that the phase 2a appointments process was nearing completion and, although there had been a couple of appeals during the matching process, which were resolved, all of the available posts would be filled. The appointment of the Director of Allied Health Professionals would commence in January 2023 and would oversee the appointments of the multi-professional leads. Overall the process had gone reasonably well and all contracts would commence on 1 January 2023. The Chair recognised the considerable amount of work undertaken and commended all those involved.

As previously agreed, the Committee considered Agenda Item 12.1 NECS – Strategic Partnership and Delivery Plan as the next item of business.

EC/2022/98

North of England Commissioning Support (NECS) – Strategic Partnership and Delivery Plan

The Executive Director of Strategy and System Oversight introduced the report which provided an update on the developing strategic partnership between the ICB and NECS. Discussions continued with regarding the service level agreement (SLA) arrangements being developed as well as a proposed series of service reviews to be undertaken to define the new service models following the assimilation of various CCG arrangements into the SLA with NECS.

The Committee welcomed the NECS Managing Director, who advised that the relationship between the ICB and NECS was a particularly special one as the NENC region was the base for NECS. It was explained that NECS had not before been in a position to offer as much

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as it had done over the last 12 months, reporting a funded resource in excess of £2.3m this year to provide services without charge to the ICB. NECS would endeavour to sustain this as long as the relationship with the ICB could be maintained.

The NECS Managing Director noted that in 2013, NECS was paid £60m but now delivered more services than in 2013 and for £34m funding.

The report set out how the partnership would work in the future to build on the positive relationships already in place.

During discussion, the following points were noted:

- The response from NECS in relation to funding challenges over recent years had been extremely helpful and had worked more in partnership
- NECS would only look to grow their business where there was a desirable demand to do so and a key business move, but would not detract from the high quality of services provided to the ICB
- There was a need to determine how and where those relationships would be developed
- Appendices had not been circulated with the report so these would be issued as they included detail around the SLA Management Group
- A structured approach to the work and services between the organisations to be taken
- A reference made to the reshaping of services and, if there was an element of the services provided by NECS, this was to be highlighted as soon as possible so it could be included in the discussions from the onset
- Thinking around investment and the operating model to be encouraged
- A strategic overview of all services would be key to the success of the partnership
- A detailed forecast of all the service lines to be provided
- A review of the operating model in quarter four to be undertaken improve the next steps; and
- A summary to be provided to staff and for the website regarding the ICB relationship with NECS as it would be beneficial for staff to understand the links. This would also be included in Pulse.

ACTIONS:

The Committee Secretary to circulate of the appendices to the report, omitted from the agenda pack

The Committee Secretary to add a twice- yearly update to the cycle of business to monitor the SLA and the relationship between the ICB and NECS

The Executive Director of Corporate Governance, Communications and Involvement to ensure a summary to be included in the Pulse and on the ICB website to promote the work with NECS and the strengthening strategic partnership.

RESOLVED:

The Committee **APPROVED** the principles for the management of the NECS SLA, as set out in table 1 and, in particular, the two principles highlighted in the main body of the report relating to a resource commitment and NHS England's in-housing process.

The Committee **AGREED** to the formation of a NECS Service Level Agreement Management Group and a schedule of planned service reviews to be developed, including their purpose and potential outcomes.

At 11.12am, the Managing Director of NECS left the meeting and did not return.

EC/2022/99

Notification of urgent items of any other business

Three items of any other business were notified to the Chair for discussion under that agenda item:

1. Hospital discharge (Executive Chief Nurse)
2. Strike action (Executive Director of Strategy and System Oversight);
and
3. Winter pressures (Executive Director of Strategy and System Oversight).

EC/2022/100

Integrated Place Based Delivery Report (Central and South)

The Executive Director of Place Based Delivery (Central and South) provided a brief summary of the decisions made at recent local delivery groups with the following key points highlighted:

- The Directors of Place in Tees Valley had established a joint working group with the Tees Directors of Public Health representing the five places within Tees. The group met for the first time in November 2022

and considered a standardised process to support the development of the five individual joint strategic needs assessments across Tees Valley. The next meeting of the group would take place in January 2023.

A query was raised regarding winter funding and how the the numerous requests for winter support in certain areas, e.g., urgent and emergency care, were being managed. It was explained that every area received £4m in allocated winter funds from NHS England. Since COVID-19, this money would sit with providers with three areas of priorities chosen for that money to support.

There were no items requiring approval from the committee as all decisions on the log remained within financial delegation limits.

RESOLVED:

The Executive Committee **NOTED** the content of the report.

EC/2022/101 Integrated Place Based Delivery Report (North and North Cumbria)

The Interim Executive Director of Place Based Delivery (North and North Cumbria) advised that there was nothing in particular to highlight from the report on this occasion and there were no items requiring approval from the Committee as all decisions on the log remained within financial delegation limits.

RESOLVED:

The Committee **NOTED** the content of the report.

EC/2022/102 ICB Programme Plan Update

The Executive Director of Strategy and System Oversight introduced the report which provided visibility of the current ICB programme plan and assurance on progress against key deliverables. The interim assurance process from the relevant leads was also included with the proposals and the further actions needed to streamline the process and outputs. Feedback was sought from the Committee on the plan and any further actions.

Monthly updates for each area of the plan were requested from director leads, following which a commentary and RAG (red, amber, green) rating was provided along with any requests for change in scope. The plan reflected the 15 key priority areas and delivery milestones. Key headlines from the plan included:

- Following the inaugural meeting of the Integrated Care Partnership (ICP) in September, the governance and operating model for the four

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area ICPs had been agreed, with the standard terms of reference and membership also being concluded. The overarching ICP governance and operating model was to be confirmed at the strategic ICP meeting in December with the first meetings of the area ICPs in their new format early in 2023

- The draft ICP Health and Care Strategy was developed with involvement from a broad range of system stakeholders and the strategy was on track to be signed off by the ICB Board on 16 December 2022
- The Oversight Framework was approved by the ICB Executive Committee and the action was now complete; and
- Nine key actions had been classified as 'amber' (experiencing obstacles), all of which had mitigations in place.

Two change requests were included in section 23 of the plan as follows:

1. Agreement of the four tactical on-call rotas (one for each ICP area) but the completion date to be revised from 1 November 2022 to 3 January 2023 to allow for reasonable notice for the new rotas; and
2. A request to remove the line 'review place-based governance model and implement final arrangements' as this is a duplicate the actions within 'place governance and roadmap' at line 13.

RESOLVED:

The Committee **NOTED** the content of the report and **AGREED** the two change requests as described in section 3 of the report.

EC/2022/103 ICS Operational Team Update

The Executive Director of Strategy and System Oversight introduced the report which outlined the background to the creation of the Operational Team meeting and its function. Reports and updates which were routinely shared at the Operational Team meetings would be incorporated into other governance streams within the ICB. It was proposed, therefore, to stand down this meeting as agreed on 10 November 2022 and associated reports/issues previously discussed would be incorporated into other ICB governance streams.

RESOLVED:

The Committee **NOTED** the contents of the report.

EC/2022/104 Developing a Learning and Improvement System - Update

The Executive Director of Innovation introduced the report which provided an update on outcomes from initial NENC-wide engagement and to review the Learning and Improvement System phase 1 budget. Further to the learning event held on 21 September 2022, a follow-up webinar had taken place on 2 November 2022 which enabled a further 150 participants to join the learning and improvement community.

The report also noted that programme staffing had been reviewed with a £56k reduction in associated costs delivered through efficiencies and internal secondments.

The Executive Chief Digital and Information Officer asked if NECS was the only option considered at this stage and if universities or graduates, for example, could also be utilised. The Executive Director of Innovation advised this had not been considered at that point but would be going forward.

The Executive Team was encouraged to attend the workshop planned on 10 January 2023.

RESOLVED:

The Committee **NOTED** the progress being made to deliver the strategic aim of establishing a learning and improvement community.

EC/2022/105 Operational Resilience Update

The Executive Director of Strategy and System Oversight introduced the report which provided a monthly update on the progress made against the Board Assurance Framework (BAF) and a benchmark against the 'Going Further for Winter' letter published on 18 October 2022.

A discussion took place around the BAF and the need to ensure that it was aligned to the NHS England BAF and the ICB's organisational BAF. Some risks around capacity and recruitment were noted and a suggestion made to consider some 'return to practise' recruitment communications.

The Chair asked how the six national and three local metrics were being measured across the system and suggested that more work would be required before full assurance could be reached. It was explained that there was not a business intelligence (BI) function across the ICB which made it difficult to analyse the amount of data available. It was agreed that the Executive Chief Digital and Information Officer would contact NECS to discuss what would be needed to provide a live document of how the system was performing. Prior to the discussion with NECS, it would be beneficial to discuss as a team what exactly would be needed.

ACTION:

The Executive Director of Strategy and System Oversight would urgently arrange a call to discuss the BI resource available and the detailed analysis of the data required to provide further assurance.

RESOLVED:

The Committee **NOTED** the content of the report.

It was agreed to consider item 15.1 Any Other Business (Hospital Discharge £500m) as the next item of business.

EC/2022/106 Any Other Business (Hospital Discharge £500m)

The Executive Chief Nurse referred to an email circulated to the Committee prior to the meeting which detailed the proposed approach to splitting the discharge funding. A number of conversations had taken place with the relevant directors of adult social services about how to do this. It was confirmed that this had been done using the same formula as the local authorities.

A number of schemes had been used to base this on, for example within workforce, with a requirement to have a discharge to assess process in place. This required sign off by 16 December 2022 with reporting to commence, with set metrics, from 30 December 2022. This would be added to the nine-winter metrics.

The template for social care had not yet been released but would need to be completed to report how many new packages were being delivered each week.

The Interim Executive Director of Finance explained that the funding was likely to form part of the Better Care Funds (BCFs) which would be responsible for the financial governance that would be received as part of a Section 75 agreement.

Place directors had been asked to provide the details for their own areas. The Chair suggested that the Executive Chief Nurse establish a taskforce to oversee all of this as soon as possible and asked that the Executive Director of Innovation be linked in to ensure the learning and improvement network was also up to speed on this.

ACTION:

The Executive Chief Nurse to establish a taskforce to oversee this process.

RESOLVED:

The Committee **RECEIVED** the update for assurance.

EC/2022/107 Finance Update

The Interim Executive Director of Finance introduced the report which provided an update on the financial performance of the NENC ICB and NENC ICS in the financial year 2022/23 for the period to 31 October 2022.

The ICB was currently reporting a forecast outturn deficit of £5.5m, prior to expected receipt of additional funding from NHS England of £11.2m to cover costs associated with the primary care Additional Roles Reimbursement Scheme (ARRS). Once this funding had been received, the ICB would report a forecast surplus of £5.7m against a planned surplus of £2.6m. The additional £3.0m surplus would offset a forecast deficit across relevant NHS providers, resulting in a balanced financial position across the ICS.

A question was raised in relation to running costs and if vacancy control and if the implications of the phase 2a consultation would deliver some efficiencies. It was reported that some ICBs were undergoing external recruitment but that this would likely be met with some challenge so it was recommended that internal secondments were undertaken in the interim until running costs could be confirmed following the implementation of all structures across the ICB.

It was noted that employment processes were taking between two to three months which could cause additional gaps and risks when staff left or retired. The NECS contract would also need to be considered as part of this as a number of NECS staff work within the ICB which ultimately impacted on the running costs for the ICB.

The Chair asked that the risk be noted and further work undertaken as priority to work out how this could be mitigated. The Interim Executive Director of Finance reported this work had started, with executive directors meeting with finance colleagues to discuss vacancies.

The SLA with NECS could also provide a number of opportunities so would need to link this in with the operating model. In the short term, all executive directors were to work through all vacancies in their teams and establish which roles were essential and link this into the operating model discussion.

ACTION:

Executive Directors to provide details of the functions within their directorates and all vacancies to the Executive Director of Strategy and System Oversight. A session would be arranged once the information had been received to consider the overall picture.

RESOLVED:

The Committee **RECEIVED** the report for assurance and **NOTED** the latest year to date and forecast financial position for 2022/23, with a number of financial risks to be managed across the system.

EC/2022/108 Integrated Delivery Report

The Executive Director of Strategy and System Oversight noted the report which provided an ICS overview of quality and performance and advised that there were no further updates to the report as presented.

The integrated delivery report was structured around the 2022/23 planning priorities and linked to the NHS Oversight Framework (NHS OF) which applied to all ICSs, NHS trusts and foundation trusts. The purpose was to provide oversight of delivery of the NHS Long Term Plan commitments, the NHS People Plan and operational planning priorities. The report provided the NENC position in relation to the 2022/23 planning priorities and the themes set out in the 2022/23 NHS OF.

RESOLVED:

The Committee **RECEIVED** the report for assurance.

EC/2022/109 Commissioning

There were no items for consideration on this occasion.

EC/2022/110 Risk Management Report

The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided an updated position on the risks facing the organisations for the period 8 November to 28 November 2022.

Three new risks had been identified within the reporting period and were detailed within the report. The Governance Team were currently working to clarify the details around these risks.

RESOLVED:

The Committee **RECEIVED** the risk register for assurance.

EC/2022/111 Governance of the NENC Medicines Committee

The Chair welcomed the Director of Medicines and Policy to present the report which sought approval for the establishment of an NENC Medicines Committee and ratification of its recommendations to-date.

The proposed Medicines Committee met in both September and October 2022 but had not yet been formally established and had no delegated authority to make decisions. Therefore, the Committee was asked to consider approval of the following:

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- Terms of reference of the Medicines Committee and Sub-Committee, with the level of delegated authority detailed in the report
- The decisions recommended at the September and October 2022 meetings as detailed in the report
- Open publication of the draft minutes from the September and October 2022 meetings on the website; and
- To accept the views of the Medicines Committee regarding the ICB executive proposal on NENC compliance with NICE technology appraisals as detailed in the report.

The proposed Medicines Committee also requested £1.6m as a delegation limit to prevent all decisions being presented to this Committee. The Director of Corporate Governance and Involvement highlighted that the establishment of the proposed Medicines Committee (which would be a subcommittee of this Committee and not a Board Committee) was reserved to the Board and its establishment and any level of delegation would have to be approved by the Board. The Executive Committee (as the parent Committee) would need to make a recommendation to the Board to establish this as a subcommittee.

Although the Committee agreed in principle with the proposals, it was disappointing to note that the Governance Team had not been asked to consider the proposals or asked for guidance on the appropriate process for this type of request. It was agreed that the Director of Corporate Governance and Involvement would be asked to reposition the proposal.

It was also clarified that if urgent decisions were needed relating to medicines optimisation, this could be done via email and in line with agreed levels of delegation, and ratified formally at the next meeting of this Committee to avoid any potential delays in patient care.

At 12.26pm, Neil O'Brien left the meeting.

The quoracy of the proposed Medicines Committee needed a further review which would be supported by the Governance Team.

At 12.28pm Neil O'Brien re-entered the meeting.

ACTION:

The Director of Medicines and Policy and Director of Corporate Governance and Involvement to review the governance process needed to establish a medicines optimisation subcommittee and report back to the Committee at its meeting in January 2023.

RESOLVED:

The Committee **CONSIDERED** the establishment of a medicines optimisation subcommittee for formal approval by the Board following the

outcome of the governance review; and **AGREED** to receive a further update on this following the governance review at its meeting in January 2023.

EC/2022/112 Health and Safety Policies

The Executive Director of Corporate Governance, Communications and Involvement introduced the report which presented a number of policies for approval following a request by the Board to review all policies again within the first six months of the ICB's establishment. A forward plan of had been developed and the reviewed policies would be presented using a staggered approach throughout the financial year.

The following health and safety policies had been reviewed by the subject experts, with any amendments outlined within the report:

- Driving at Work Policy
- Fire Safety Policy
- Health and Safety, Fire and Security Strategy
- Health and Safety Policy
- Moving and Handling Policy
- Physical Security Policy
- Provision and Use of Work Equipment; and
- Violence and Aggression Abuse Policy.

RESOLVED:

The Committee **APPROVED** the review and updated of the suite of health and safety policies.

EC/2022/113 Individual Funding Request Policy, Panel Terms of Reference and Standard Operating Procedure

The Executive Medical Director introduced the report which provided an updated policy and key documentation to support the individual funding Request (IFR) process.

Some discussion took place around the policy amendment for IVF for couples with children from previous relationships. It was noted that a letter had been received from North Tyneside Council and a Member of Parliament about this issue.

RESOLVED:

The Committee **APPROVED** the Individual Funding Request Policy (Appendix 1 to the report); **APPROVED** the Individual Funding Request Panel terms of reference (Appendix 2 to the report); and **APPROVED** the Individual Funding Request Standing Operating Procedure (Appendix 3 to the report).

EC/2022/114 Items of Any Other Business

There were three items of additional business:

- Winter Pressures – previously discussed under minute number EC/2022/105
- Hospital Discharge – previously discussed under minute number EC/2022/106; and
- Strike Action – minute detailed below

Strike Action update

The Executive Chief Nurse provided an update in relation to the planned strike action. A meeting had taken place with the Regional Chief Nurse around consistency in relation to derogation and the different approaches being taken across the country. There was concern around emergency and paediatric departments.

Although services were usually quieter on Christmas Day, there was still major concern about service provision. The seven provider trusts impacted by the strike action would be joining an emergency call at 5.00pm that day with colleagues across the region to consider how to get some consistency in terms of approach.

It was reported that Newcastle Upon Tyne Hospitals NHS Foundation Trust would have two picket lines, one at the main entrance to the RVI. There would also be a picket line at the Freeman Hospital, Northumbria Specialist Emergency Care Hospital in Cramlington, North Tyneside General Hospital and the Queen Elizabeth Hospital Gateshead.

There should only be six people on each picket line but it was noted that the Royal College of Nursing was encouraging more to join.

A detailed discussion took place to ensure all teams had the relevant input to the system throughout this process. It was agreed for a call to take place on Friday 16 December 2022 at 8.30am to discuss any issues.

ACTION:

The Executive Chief Nurse to stand up a call at 8.30am on Friday 16 December 2022 to discuss any issues highlighted as a result of the strike action

RESOLVED:

The Committee **RECEIVED** the update for assurance.

The meeting closed at 12:45

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Signed:

A handwritten signature in black ink, appearing to read 'J. Allen'.

Position: Chief Executive (Chair)

Date: 10 January 2023