

**North East and North Cumbria Integrated Care Board  
Executive Committee (Public)**

**Minutes of the meeting held on Tuesday 9 April 2024, 10:30hrs in the  
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

**Present:** Sam Allen, Chief Executive (Chair)  
Levi Buckley, Chief Delivery Officer  
David Chandler, Chief Finance Officer  
Graham Evans, Chief Digital, and Infrastructure Officer  
David Gallagher, Chief Procurement and Contracting Officer  
Jacqueline Myers, Chief Strategy Officer  
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)  
David Purdue, Chief Nurse, AHP and People Officer  
Claire Riley, Chief Corporate Services Officer

**In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)  
Deb Cornell, Director of Corporate Governance and Board Secretary  
Tara Case, Deputy Director of Delivery (South Tyneside & Sunderland)  
Tom Hall, Board Partner Member

**EC/2024-25/1      Agenda Item 1 - Welcome and introductions**

The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.

**EC/2024-25/2      Agenda Item 2 - Apologies for absence**

No apologies for absence were received.

**EC/2024-25/3      Agenda Item 3 - Declarations of interest**

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

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

**EC/2024-25/4      Agenda Item 4 - Minutes of the previous meeting held on 12 March 2024**

**RESOLVED:**

**The Executive Committee AGREED that the minutes of the meeting held on 12 March 2024, were a true and accurate record.**

**EC/2024-25/5**

**Agenda Item 5 - Matters arising from the minutes and action log**

The Chair requested all Executive Committee members review and update their allocated actions.

It was proposed the Director of Corporate Governance and Board Secretary and the Committee Secretary undertake a review of the action log.

**ACTION:**

- 1) All Executive Directors to review and update their allocated actions on the action log within one week**
- 2) The Director of Corporate Governance and Board Secretary and the Committee Secretary to undertake a full review of the action log prior to the next meeting**

**EC/2024-25/6**

**Agenda Item 6 - Notification of urgent items of any other business**

No further items of any urgent business had been received.

**EC/2024-25/7**

**Agenda Item 7.1 - Executive Area Directors Update Report April 2024 (North and North Cumbria)**

The Chief Delivery Officer provided a summary of items outlined in the report.

The Committee was asked to particularly note from the report:

- North Tyneside
  - Mental Health - There are recurring themes regarding Special Educational Needs and Disabilities and the System Development Funding (SDF) proposals for 2024/25. The Chief Delivery Officer proposed discussions are required around the SDF monies, and to consider are they contributing to system balance and that there is a need to clarify all SDF agreements
  - The new premises build for the Beaumont Park Practice has been agreed upon by the Council Planning Department. It was noted the developers' costs have increased and the financial impact is being clarified.
- North Cumbria
  - Discussions have continued regarding the Safeguarding Hubs and the capacity issues they are currently facing.

The Chair noted the SDF proposals and requested the Chief Finance Officer include the SDF information within the month eleven finance report and the Chief Delivery Officer to provide an update at the next Executive Team meeting.

The Chair noted it was positive that the current lease arrangement issues around Beaumont Park Practice have been resolved.

The Chief Nurse, AHP, and People Officer informed the Committee positive conversations have taken place with the national lead for safeguarding around what the ICB have done with safeguarding resources.

**ACTION:**

- 1) **The Chief Finance Officer to include the SDF information within the month eleven finance report**
- 2) **The Chief Delivery Officer to bring a paper on SDF to the next Executive Team meeting**

**RESOLVED:**

**The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**

**EC/2024-25/8**

**Agenda Item 7.1 - Executive Area Directors Update Report April 2024 (Tees Valley & Central)**

The Chief Procurement and Contracting Officer provided a summary of the items outlined in the report.

The Committee was asked to particularly note from the report:

- County Durham
  - St Cuthbert's Hospice are collaborating with community services to support staffing issues, and to build a sustainable, robust model of integrated care for specialist palliative services
- South Tyneside
  - The autism hub and health check offer has been recognised by the Association of Directors of Adult Social Services (ADASS) as an example of good practice
- Sunderland
  - Physical Health checks have been progressing well
- Tees Valley
  - Following a procurement and capital building works at James Cook University Hospital, a new Urgent Care Service went live from 1 April 2024. It is anticipated to secure £200K per annum savings for the ICB
  - Integrated Urgent Care has gone live and has resulted in a positive impact
  - Intrahealth have commenced as the anticoagulation service provider on 1 April 2024 across Tees Valley. All practices have now signed up to deliver shared care. It was noted there are helpful lessons of learning from this process

The Chief Strategy Officer noted under County Durham planned care there is a local Lung Case Finding Service and nationally there is the Targeted

Lung Health Checks programme. A concern was noted that this is a large duplication/cross over of work. The Chief Medical Officer agreed this was a risk and will discuss this further with the Clinical Lead for Durham.

The Chief Strategy Officer noted the decision made by Durham Place Subcommittee regarding the 'Recommendation to retire Commissioning Policy on Erectile Dysfunction' and a concern was raised as to what local policies are in place and has this been superseded by an ICB wide policy. The Chief Procurement and Contracting Officer advised the members the language used was incorrect and this was a treatment pathway not a policy.

The Chair noted that the Director of Corporate Governance and Board Secretary was conducting a piece of work with the Durham Place Subcommittee in terms of reaching decisions on behalf of the ICB.

The Chief Corporate Services Officer proposed a broader conversation is required with the local delivery teams regarding language and nuances around place subcommittees and local delivery groups. The Director of Corporate Governance and Board Secretary expressed a concern that there are inconsistencies where decisions are being made and that forums are attempting to make decisions for which they have no delegated authority from the Scheme of Reservation and Delegation (SoRD). It was suggested an educational session on the SoRD and language used would be beneficial.

**ACTION:**

- 1) **The Chief Medical Officer to link with the Clinical Lead for the Lung Case Finding Service to determine any cross over with the Targeted Lung Health Checks programme**
- 2) **The Chief Corporate Services Officer and the Director of Corporate Governance and Board Secretary to arrange an educational session on the SoRD and language used with the local delivery teams**

**RESOLVED:**

**The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.**

**EC/2024-25/9**

**Agenda Item 8.1 – Recruitment Function Proposal**

The Chief Nurse, AHP, and People Officer introduced the report which provided the Committee with the proposed change to the delivery of the recruitment function and the ongoing maintenance of the Electronic Staff Record System.

The paper has been previously circulated to members at an Executive Team meeting.

The recommended option is option two as outlined within the report which proposes to outsource the payroll provision to the ICBs current payroll provider Northumbria Healthcare NHS Foundation Trust (NHCFT).

It was noted the ICB would be implementing TRAC System for recruitment going forward. The Chief Delivery Officer noted a robust training programme for managers would be needed to implement.

The Committee strongly supported option two as outlined within the report.

**RESOLVED:**

**The Committee APPROVED option two as outlined within the report with a caveat that a further report is to come back to the committee once the audit report is received.**

**EC/2024-25/10**

**Agenda Item 8.2 – Complex Care Proposal**

The Chief Nurse, AHP, and People Officer introduced the report which provided the Committee with the historical and current complex case management arrangements.

The paper has been previously circulated to members at an Executive Team meeting.

The Chief Nurse, AHP, and People Officer described an index case regarding an individual with a mild learning disability to the members. A case management decision was made in July 2023 that the individual needed 50/50 care. No entry had been made on Broadcare, the individual had since been lost to follow up and has been found in a poor state and is currently an inpatient who will now need long term care.

A decision was made in January 2023 by the ICB, supported by Tees, Esk, Wear Valley Foundation Trust to transfer the complex case management service to the North of England Commissioning Support Service (NECS). In preparation for the transfer of the complex care service from NECS, in March 2024 the ICB Mental Health, Learning Disabilities and Autism (MHLDA) transformation team conducted a review of the complex care workload. The review has highlighted there are still two hundred people awaiting a review and that eighty out of the two hundred people require an urgent review. The Committee were informed the initial risk score for the complex case management was twenty, the mitigated risk score is now twelve.

The Committee were assured an after action review will take place to identify what learning needs to be undertaken and this will be managed very closely. The eighty urgent reviews will take three weeks to complete,

and an update will be provided at the next Committee meeting in May 2024.

The Chair noted the principles were agreed at the Executive Team meeting on 2 April 2024 and it is imperative we ensure individuals are safeguarded.

The Chair noted there are repetitive themes emerging around services and requested all directors to consider how within your directorates you are ensuring effective oversight of arrangements with third parties.

The Chief Delivery Officer noted recommendation four and the variation with Local Authority arrangements and where those conversations are taking place. The Chief Nurse, AHP and People Officer confirmed the ADASS are engaged and further conversations with the Chair of ADASS (North East) are taking place.

The Chief Corporate Services Officer requested assurance that this paper will be presented to the Quality and Safety Committee. The Chief Nurse, AHP and People Officer confirmed the paper is scheduled on the May 2024 Quality and Safety Committee agenda.

The Chair requested a rolling update on complex care to be added to the Committee agenda.

The Chief Nurse, AHP and People Officer noted all staff will require access to the Safeguard Incident and Risk Management System (SIRMS). The Director of Corporate Governance and Board Secretary informed the Committee the licence for SIRMS has not transferred to the ICB and is still with NECS. The Chair requested the SIRMS licencing issues be explored urgently by the Chief Digital and Infrastructure Officer and the Director of Corporate Governance and Board Secretary and SIRMS training be added to the corporate development plan.

The Committee approved all recommendations as outlined within the report.

**RESOLVED:**

- 1) The Committee Secretary to add a complex care rolling update to the Committee agendas**
- 2) The Chief Digital and Infrastructure Officer and the Director of Corporate Governance and Board Secretary to explore the SIRMS licencing issues**
- 3) The Chief Corporate Services Officer to add SIRMS training to the corporate development plan**
- 4) The Committee APPROVED the establishment an incident response group**
- 5) The Committee APPROVED a rapid face to face review of all individuals known to complex care in Durham and the Tees Valley, led by the ICB head of complex care and a member of**

**the Mental Health, Learning Disabilities and Autism transformation team**

- 6) The Committee APPROVED the alignment of resources to support the work programme**
- 7) The Committee AGREED the face to face reviews are to follow the responsive safety assessment methodology with an agreed escalation process**
- 8) The Committee APPROVED the Director of Nursing for Complex Care and Director of Quality to plan with North East Association of Directors of Adult Social Services for the specialist nursing home and NHSE for the independent hospital, quality oversight visits and an extension of the Host Commissioner responsibilities**
- 9) The Committee APPROVED the initial proposal within the mobilisation plan**
- 10) The Committee APPROVED an update report to be brought to the Committee in May 2024**
- 11) The Committee APPROVED a review to be undertaken to understand any wider learning that will inform the management and oversight of complex care**

**EC/2024-25/11**

#### **Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 11**

The Chief Finance Officer introduced the report which provided the Committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2023/24 for the period to 29 February 2024.

The Chief Finance Officer informed the Committee a report from internal audit is expected which will highlight that prescribing and continuing health care (CHC) are not duly emphasised within the Committee finance report. The Committee were assured that within the financial sustainability group prescribing and CHC are discussed in depth and more robust reporting will be added to the Committee finance report.

The Chief Finance Officer provided the Committee with the Year End headlines:

- Providers will receive the industrial action monies based on the national formula
- Newcastle Upon Tyne Hospitals Foundation Trust (NUTH) will receive £8m
- Public Dividend Capital of £11.8m will be passed to those who are affected by the change in accountancy standards
- It has been agreed to pass the excess inflation monies allocated to Northumbria Healthcare Foundation Trust (NHCFT) and North East Ambulance Service to Gateshead Health Foundation Trust (GHFT), NUTH and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

- The Elective Recovery Fund (ERF) has a shortfall of £6m which has come nationally, there is a proposal to top this up from internal resources and the benefit will be realised in 2024/25
- The ICB surplus redistribution proposals have been approved

The Chief Finance Officer assured the Committee the ERF funding gap can be managed.

The ICS overall year to date deficit is £3.2m. The forecast ICS position reported at month eleven is breakeven.

Net unmitigated financial risk across the ICS is now estimated at £2.4m as additional funding has been identified to manage the risk around Public Dividend Capital (PDC) benefits relating to IFRS16 which are currently included in the forecast position.

ICB running costs:

- The ICB forecast underspend for the year is £1.5m. This underspend helps to offset pressures where certain costs have been realigned to programme budgets

ICB Revenue:

- The ICB forecast surplus for the year is £31.4m
- For month twelve, the Board have approved a non-recurrent reduction in the ICB surplus of £28m, with relevant provider trusts within the ICS reducing deficit positions by an equivalent amount, ensuring no change to the overall ICS position. This will provide a benefit to the ICS in respect of reduced cash borrowing requirement costs for relevant provider trusts and/or support potential cash reliant strategic investments with significant system benefits
- The ICB will retain a smaller surplus of £4m in total

ICS Capital:

- ICS capital spending forecasts include the impact of IFRS16 (lease accounting), resulting in a forecast overspend of £15.5m.

In month eleven, an additional funding allocation of £35m has been received from NHSE. It is important to note from a financial performance perspective, the ICS will still be deemed to have over-spent its funding by £35m which will be subject to repayment from 2025/26.

The 2024/25 plan is currently showing an ICS deficit of £155m. Peer to peer reviews are taking place with providers to obtain a break even position. The Chief Finance Officer informed the Committee NHSE will require a list of themes of what will be stopped, and conversations are taking place to determine the process for how we will identify those themes.



The Chair enquired when budget holders will receive their budgets. The Chief Finance Officer confirmed the budgets will be formally approved in May 2024.

The Chair noted conversations are planned with General Practice and Primary Care regarding clear prioritisation, stopping the nice to have and non-essential services.

It was noted that 2023/2024 is finishing in a good place, however, the next forthcoming years will be challenging.

The Committee recognised the financial risks and the ongoing work to mitigate the risks.

**RESOLVED:**

- 1) The Committee NOTED the latest year to date and forecast financial position for 2023/24**
- 2) The Committee NOTED the reduced level of net risk at month eleven**
- 3) The Committee NOTED the proposed approach to reduce the ICB surplus in month twelve, with a corresponding reduction in provider deficit positions, which has been approved by ICB Board**

**EC/2024-25/12**

**Agenda Item 10.1 - Integrated Delivery Report**

The Chief Strategy Officer introduced the report which provided the Committee with an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Committee was informed of the key messages as follows:

- The 2024/25 planning guidance has been received
  - Further guidance regarding electives was received on Friday 5 April 2024
  - The target requirement for Accident and Emergency waiting times within 4 hours has been changed to 78% which has resulted in having only three compliant trusts at draft submission – it is anticipated all will submit a compliant final plan.
  - Increasing the number of new appointments versus follow up appointments is a new measure included in the planning guidance. Modelling is currently taking place to identify if we are compliant at present
  - Work is ongoing with the identified foundation trusts where there are concerns and challenge is being submitted where ambitious plans are in place
  - 52 week waits are no longer a requirement
  - From a performance point of view a strong performance is being submitted for the draft submission

- The metric within this report which measures Units of Dental Activity performance now measures actual units of dental activity contracted in comparison to planned levels of dental activity.
- The Maternity Service survey highlighted that Maternity Services in the NENC region were among the best in the country. Only eight trusts in England were listed in the high performing 'better than expected' category, three of which were in the NENC region, NHCFT, GHFT and South Tyneside and Sunderland NHS Foundation Trust (STSFT).
- The performance against the target for improving access to mental health support for children and young people is improving
- CNTW have continued to hold a zero position for the total number of inappropriate Out of Area Placements
- Category 2 Mean Ambulance Response Times
  - March figures show an improvement for the 2023/24 average, moving to 32 minutes 5 seconds
- Accident and Emergency waiting times within 4 hours
  - March figures show 75.8% which is 0.2% short of the national ask
- Electives
  - 78+ week waits target is 167, this currently sits at 0 with a forecast of 14
  - 65+ week wait target is at 1145, this currently sits at 920
- Cancer 62 day waits is currently at 810 against the 872 target

The Chief Delivery Officer noted the high did not attend (DNA) rate for dental appointments and enquired if anything was in place to help reduce this. The Chief Procurement and Contracting Officer confirmed that Healthwatch were conducting a piece of work on accessing services and agreed further work on the DNA rates is required.

The Chief Medical Officer informed the Committee that within the cancer faster diagnosis standard we are doing very well informing people they do not have cancer, however, the cancer faster diagnosis standard for those who do have cancer is not as favourable and there is further work to do. The Chief Strategy Officer agreed it would be beneficial to segment the cancer data further. The Chair requested a breakdown of the cancer data to be brought to a forthcoming Committee meeting.

The Chair noted the slight improvement in people accessing Talking Therapies and enquired who is overseeing the contracts for the Talking therapies providers and are there recovery plans in place. The Chief Strategy Officer informed the Committee that the contracts are overseen at place and the contracts we have with providers are not sufficient to meet the national targets. The Chief Medical Officer informed the Committee there is a piece of work ongoing to define measurable outcomes which can be tracked by the clinical strategic priority areas and there is potential for accessing Talking Therapies to be included within these measurable outcomes.

**ACTION:**

**The Chief Strategy Officer to submit a breakdown of the cancer data to a forthcoming Committee meeting**

**RESOLVED:**

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

**EC/2024-25/12**

**Agenda Item 10.2 – Continuing Health Care (CHC) Premium Approach**

The Chief Nurse, AHP, and People Officer introduced the report which provided the Committee with the revised proposed ICB approach to Continuing Healthcare fees for 2024/25.

The previous fee setting paper was approved by the Committee in February 2023.

The timeline has required extension due to provider engagement feedback. The workshop took place in December 2023. The outputs from this workshop were as follows:

- A consistent approach to any complex care premiums paid for CHC clients is required
- Care premiums are paid at differing levels across the ICB

Future plans propose exploring approaches to a CHC premium via experienced independent consultancy firm to include an engagement plan with care home providers to inform a potential ICB wide model. The current place based arrangements for CHC fee setting are proposed to remain in place for 2024/25 to allow time for this work to be completed.

The outputs of the work will then lead to a proposal of options for a CHC Premium approach across the ICB for implementation in 2025/26 and payment will be recommended to be backdated to 2024/25.

It was noted that CHC eligibility is contentious issue at present.

The Chief Finance Officer requested an amendment of the paper to include subject to affordability.

**RESOLVED:**

- 1) The Committee APPROVED the suggested amendments to the CHC fee setting principles and timeline outlined in Section 3.2 of the report**
- 2) The Committee APPROVED the continuation of the place-based approach to fee setting for the 2024/25 financial year, and note the implications detailed in Section 3.3**
- 3) The Committee APPROVED the back-dated application of the eventual ICB-wide fee setting model to April 2024 where required through local negotiation, as detailed in Section 4**

- subject to Committee approval and affordability re the requested amendment to include subject to affordability
- 4) The Committee APPROVED engagement of a suitable consultancy firm to progress the fee setting proposal, as outlined in Section 3.3

**EC/2024-25/13      Agenda Item 12.1 – Equality, Diversity, and Inclusion (EDI) Implementation Plan**

*At 11:35am the Deputy Director of People & Culture joined the meeting to present the report.*

The Deputy Director of People & Culture introduced the report and presentation which provided the Committee with the progress and challenges around the delivery of the ICB Interim EDI 1 Year strategic plan.

The Deputy Director of People & Culture informed the Committee of the key points of the presentation slides as follows:

- To date, almost all of actions have been delivered and completed
- The three overarching objectives of the Plan are:
  - Improved EDI capability and knowledge
  - Legally compliant and confident
  - Consciously inclusive
- Our NENC Health And Fairer learning Academy, is being built and will go live in July 2024 with funding from the Healthier and Fairer Programme. This will be accessed via the Boost learning and improvement community, which in turn will be hosted on the Yalla platform.
- Following the success of the first “Tackling Health inequalities programme” at the end of last year with STSFT, the NENC ICB is now funding a further sixteen places this year for the wider workforce
- Our work on Local Maternity and Neonatal Systems top five languages in NENC was cited as an example of good practice at a recent National event in Birmingham
- The ICB is ahead of mandatory compliance requirements
- Pay Gap Analysis
  - The gender pay gap summary shows men on average (mean and median) are paid more than women, mean is 39.30%, median is 45.20%
  - The disability pay gap which means non-disabled people on the mean (average) are paid more than disabled people, mean is 7.50%, however this is opposite case for the median at -11.40%
  - The Black and Minority Ethnic pay gap summary shows the mean and median average are paid significantly more than white colleagues. However, this is due to a disproportionately

low number of BME staff in the ICB versus the national NHS picture

- System working with EDI leads from the eleven provider Trusts is taking place
- Seven System working groups are leading on different selected strands of work
- The next steps for EDI implementation

The Chief Finance Officer noted the Tackling Health inequalities programme, and enquired if considerations have been made for staff who may not fit the normal criteria for acceptance onto the courses. The Deputy Director of People & Culture confirmed work is ongoing to determine what support can be given to that group of staff.

The Chair noted there is a further detailed report to support the gender pay gap work and requested the Deputy Director of People & Culture circulate the more detailed pay gap analysis to the Committee members. The Chair noted there is a need to do something with this data, including the development of a plan with three actions to shift the dial and close the gap.

The Chief Finance Officer suggested this can be looked at from different angles. The Chief Strategy Officer suggested a benchmarking exercise with other ICBs would be useful to understand if our organisational make up is similar to others.

The Chair noted this one year strategy was an interim strategy and there is now a need to develop a five year system EDI strategic plan. The Chief Corporate Services Officer proposed the Deputy Director of People & Culture attend a Chief Executives Forum to gain support for the creation of 5 year system EDI strategic plan.

The Chair noted the risks and issues outlined with in the report and identified that an implementation plan for the five year strategic plan will require further resource.

The Chief Corporate Services Officer noted the lack of administrative support following the 2.0 restructure and requested the Deputy Director of People & Culture approach the business support team to identify administrative support.

**ACTION:**

- 1) The Deputy Director of People & Culture to circulate the more detailed pay gap analysis to the Committee members**
- 2) The Deputy Director of People & Culture to attend a Chief Executives Forum to gain support for an EDI / Health Inequality (HI) commensurate with ambition and creation of 5 year system EDI strategic plan**
- 3) The Deputy Director of People & Culture to liaise with the Business Support Team to identify administrative support**

**RESOLVED:**

- 1) The Committee **APPROVED** the creation of an ICB system wide Diversity data dashboard
- 2) The Committee **APPROVED** the repurpose of Building Leadership for Inclusion funding for Positive Action Schemes for underrepresented groups
- 3) The Committee **SUPPORTED** the approach to establish an EDI / HI commensurate with ambition and creation of 5 year system EDI strategic plan with the caveat that support is required from the Chief Executives Forum

*At 12:13pm the Deputy Director of People & Culture left the meeting*

**EC/2024-25/14**

**Agenda Item 13.1 – Risk Management Report & Board Assurance Framework (BAF) (M3)**

The Chief Corporate Services Officer introduced the report which provided the Committee with an updated position on the risks facing the organisation for the reporting period of 27 February 2024 to 18 March 2024.

The BAF has been reviewed and updated for quarter four ahead of being presented to Board in May for assurance. The BAF includes one new corporate risk aligned to the "Longer and healthier lives" strategic goal, concerning capacity of the ICB's CHC.

The Committee is asked to:

- Review the risks assigned to the Executive Committee and discuss whether these are correct and being adequately managed
- Review the ICB corporate risk register for assurance and consider whether these accurately reflect the ICB's risk profile, along with sufficient actions being taken to manage the risks
- Receive and review the Board Assurance Framework for Quarter 4 2023/24

The Director of Corporate Governance and Board Secretary informed the Committee the governance team is currently working through the update of the risk appetite set by Board and following 2.0 updating risk owners on the SIRMS system.

**RESOLVED:**

**The Committee RECEIVED the report for assurance**

**EC/2024-25/15**

**Agenda Item 13.2 – Information Asset Register (IAR)**

The Chief Digital and Infrastructure Officer introduced the report which provided the Committee with an update and overview of the Information Asset Register for 2024/25.

The paper is to provide the Committee with assurance around the Information Asset Register process and outlining the roles of the Caldicott Guardian and the Senior Information Risk Owner. It has been identified that Boost is not currently on the IAR

The Chief Digital and Infrastructure Officer informed the Committee the ICB IAR has been reviewed and approved for submission of the Data Security Protection Toolkit. It was noted there is more consistency required around asset owners' names and job titles on the IAR.

The Chief Corporate Services Officer enquired if a process is in place where approval is required from the digital team prior to purchasing a digital system. The Chief Digital and Infrastructure Officer confirmed that process is in place and communication of the process to staff is required.

**ACTION:**

**The Chief Digital and Infrastructure Officer to link with the Corporate Governance Manager to clarify owner names and job titles on the IAR**

**RESOLVED:**

**The Committee RECEIVED the report for assurance**

**EC/2024-25/16**

**Agenda Item, 13.3 - Value Based Clinical Commissioning Policy (VBCCP) Steering Group Terms of Reference**

The Chief Medical Officer introduced the report which provided the Committee with the updated Value Based Clinical Commissioning Policy Steering Group Terms of Reference.

The Chief Medical Officer informed the Committee There has been a small amendment to the Terms of Reference to link in with the revision of the VBCC Policy frequency of review. The Terms of Reference have been approved by the Chief Medical Officer in line with governance arrangements and have been attached for information and noting by the Committee.

**RESOLVED:**

**The Committee NOTED the updated VBCCP Steering Group Terms of Reference**

**EC/2024-25/17**

**Agenda Item 14.1.1 – ICB 2.0 Steering Group Highlight Report**

The Chief Strategy Officer noted the next report will be the programme close-down report and the current risk of compulsory redundancy is now only six and work continues to source suitable alternative employment for those staff members.

Noted for information and assurance.

**RESOLVED:**

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

**EC/2024-25/18**

**Agenda Item 14.1.2 – Contracts Group Highlight Report**

The Chief Procurement and Contracting Officer informed the Committee a work programme is being developed.

Noted for information and assurance.

**RESOLVED:**

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

**EC/2024-25/19**

**Agenda Item 14.1.3 - Women's Health Steering Group Highlight Report**

The Chief Corporate Services Officer noted the large amount of progress which has taken place and thanked the team involved.

The NENC ICS Women's Health Implementation Plan will be launched at the 11 July 2024 Conference on Women's Health and will be presented to Board in September 2024.

Noted for information and assurance.

**RESOLVED:**

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

**EC/2024-25/20**

**Agenda Item 14.2.1 – Place Subcommittee Minutes**

County Durham - noted for information and assurance only.  
South Tyneside - noted for information and assurance only.  
Sunderland - noted for information and assurance only.  
Darlington - noted for information and assurance only.  
South Tees - noted for information and assurance only.  
Gateshead - noted for information and assurance only.  
North Tyneside - noted for information and assurance only.  
Northumberland - noted for information and assurance only.

**RESOLVED:**

**The Committee RECEIVED the Subcommittee minutes as listed above for assurance.**

**EC/2024-25/21**

**Agenda Item 14.2.2 – Pharmaceutical Services Regulations Subcommittee Minutes**

Noted for information and assurance only.

**RESOLVED:**



**The Committee RECEIVED the Pharmaceutical Services Regulations Subcommittee Minutes for assurance**

**EC/2024-25/22      Agenda Item 15.1 – Individual Funding Request (IFR) Policy**

The Chief Medical Officer introduced the report which provided the Committee with the updated IFR Policy.

The Chief Medical Officer informed the Committee the policy has been reviewed in line with internal audit recommendations.

**RESOLVED:**

**The Committee APPROVED the Individual Funding Request Policy**

**EC/2024-25/23      Agenda Item 15.2 - Value Based Clinical Commissioning Policy**

The Chief Medical Officer introduced the report which provided the Committee with the key changes within the Value Based Clinical Commissioning Policy (VBCCP).

It was noted the policy has been reviewed to ensure it remains up to date and national evidence based intervention guidance is incorporated into the VBCCP.

The Chief Medical Officer noted the fertility policy current arrangements are still in place and the National Institute for Health and Care Excellence (NICE) guidance changes are anticipated late 2024.

The Committee supported the updates to the VBCCP and noted the current detailed work which is ongoing to complete the equality impact assessment based on adhering to the current NICE guidance pending the publication of new guidance in relation to fertility.

**RESOLVED:**

**The Committee APPROVED the updates to the VBCC Policy**

**EC/2024-25/24      Agenda Item 16.1 – Any Other Business**

There were no further items of any other business for consideration.

**EC/2024-25/25      Agenda Item 16.2 - New Risks to add to the Risk Register**

Two new risks were identified to be included on the risk register:

- Incident Reporting Process
- Gender Pay Gap

The Chair requested Director of Corporate Governance and Board Secretary to clarify if there is a current risk logged on the risk register regarding fertility treatment.

There were no further risks identified.

**ACTION:**

**The Director of Corporate Governance and Board Secretary to clarify if there is a current risk logged on the risk register regarding fertility treatment**

**EC/2024-25/26**

**Agenda Item 17 - CLOSE**

The meeting was closed at 12:35hrs.

**Date and Time of Next Meeting**

Tuesday 14 May 2024 10:00am.

Signed:  14.05.24