

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 28 January 2025
at 10.30am, The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Kelly Angus, Interim Chief People Officer
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Ann Fox, Interim Chief Nurse and AHP Officer
David Gallagher, Chief Contracting and Procurement Officer
Professor Graham Evans, Chief Digital and Infrastructure Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Professor Eileen Kaner, Independent Non-Executive Member
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer
Jon Rush, Independent Non-Executive Member
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Christopher Akers-Belcher, Healthwatch Representative
Toni Taylor, Board and Legal Officer (minutes)
Sarah Dronsfield, Director of Quality, NENC ICB (item 16)
David Jennings, Chair, Tees Esk and Wear Valleys NHS Foundation Trust (item 15)
Brent Kilmurray, Chief Executive, Tees Esk and Wear Valleys NHS Foundation Trust (item 15)

B/2024/99 Welcome and Introductions (agenda item 1)

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

The following individuals were in attendance under public access rules:

- Ann Bridges, Tees Esk and Wear Valleys NHS Foundation Trust

- Adam Brown, Sanofi
- Adam Corking, member of public
- Dr Helen Groom, member of public
- Samantha Lathan, member of public
- Zoe Pendleton, member of public
- Raj Purewal, C2-AI
- Ferdos Ramazn, member of public

B/2024/100 Apologies for Absence (agenda item 2)

Apologies were received from Lisa Taylor, Voluntary Community and Social Enterprise Representative.

B/2024/101 Declarations of Interest (agenda item 3)

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

The following declarations were highlighted under item 13 – Finance Report;

- Samantha Allen
 - o Sister employed by Northumbria Healthcare NHS Foundation Trust.
- Ken Bremner
 - o Provider Collaborative Chair.
 - o Chief Executive Officer of South Tyneside and Sunderland NHS Foundation Trust.
- Levi Buckley
 - o Partner is Chief Executive of Healthworks, who provide services to Newcastle Upon Tyne Hospitals NHS Foundation Trust.
- David Chandler
 - o Sibling employed by South Tyneside and Sunderland NHS Foundation Trust.
 - o Spouse employed by Gateshead Health NHS Foundation Trust.
 - o Friend employed by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Graham Evans
 - o Wife employed by North East Ambulance Service NHS Foundation Trust
 - o Son employed by North East Ambulance Service NHS Foundation Trust
 - o Daughter employed by North Tees and Hartlepool NHS Foundation Trust.
 - o Son employed by at North Tees and Hartlepool Solutions LLP (facilities and support services).
 - o Sister-in-law employed by Northeast Ambulance Service NHS Foundation Trust
- Tom Hall
 - o Wife employed by Tees, Esk and Wear Valley NHS Foundation Trust

- Saira Malik
 - o Medical Examiner for Queen Elizabeth Hospital Gateshead.
 - o Brother employed by South Tyneside and Sunderland NHS Foundation Trust.
- Rajesh Nadkarni
 - o Medical Director and Deputy CEO of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
 - o Wife employed by Tees, Esk and Wear Valley NHS Foundation Trust.
- Neil O'Brien
 - o Wife employed by County Durham and Darlington NHS Foundation Trust.

The Chair noted the conflicts, and confirmed conflicted members could receive the report and attend the meeting but would be required to abstain from any decisions. The meeting will remain quorate.

B/2024/102 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2024/103 Minutes of the Board Meeting held on 26 November 2024 (agenda item 5)

RESOLVED

The Board **AGREED** that the minutes of the Board meeting held on 26 November 2024 were a true and accurate record.

B/2024/104 Action log and matters arising from the minutes (agenda item 6)

Action 61 – B/2024/96

A discussion was underway with the communications network to develop a detailed campaign aligned with learning from previous years.

B/2024/105 Notification of items of any other business (agenda item 7)

None.

B/2024/106 Chief Executive's Report (agenda item 8)

Acute Respiratory Hubs

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

The demand on urgent and emergency care and hospital services had been significant over recent months, with a number of critical incidents declared nationally. During that period, North East and

North Cumbria did not reach the point of needing to declare a critical incident, but it was extremely demanding. The respiratory issues prevalent in the general public also affected workforce availability. The Chief Executive commended colleagues across NHS services and partners, the voluntary and community sector and unpaid carers for the efforts as a system to pull us through. Operational managers and leaders who work in the emergency planning and resilience services were also thanked for providing cover 24/7 across the system and through the Strategic Coordination Centre and mutual aid.

As part of our urgent and emergency care plan, acute respiratory hubs were established last year and although we didn't get additional resources the decision was taken to stand up these hubs. By 9 January 2025, 9,000 patients had been seen, who would ordinarily have been seen by general practice or urgent and emergency care services. The decision was taken to extend the funding for these acute respiratory hubs until the end of February 2025.

Seasonal vaccinations

The autumn winter campaign concluded on the 20 December 2024 with 583,467 (42.6%) seasonal boosters administered and 2,626 primary courses to newly severely immune suppressed (SIS) patients. The seasonal campaign concludes on the 31 January 2025 with the inter seasonal network prepared to cover newly SIS with 31 providers. At time of reporting, overall uptake is 18% down on last winter when comparing the same cohorts.

Further work would be undertaken to prepare the vaccination campaign for the year ahead.

Winter Quality and Safety

The ICB developed an approach to monitor quality and safety within urgent and emergency departments over the winter period with joint working between the quality team and system resilience team. The approach was developed to understand and maintain regular oversight of the pressures and quality risks within urgent and emergency care services across the NENC ICS, and to ensure prompt action was taken in response to patient safety risks.

Dedicated staff had been identified from the quality team to monitor patient safety incidents and attend system calls to understand the pressures from within the region. The process and prompts had been aligned to the temporary escalation guidance from NHSE, the fundamental standards of care and managing risk guidance across the system.

NHS Change – 10-year plan update

Work continued nationally with the development of the 10-year plan designed to make the NHS fit for the future.

Across the next few months workshops were planned with staff and stakeholders across England. Utilising the 'workshop in a box' we have planned an event for the region to ensure stakeholders have the opportunity to further feedback their views.

Neighbourhood Health

The ICB established the Living and Ageing Well Partnership as a key strategic vehicle to define our approach to neighbourhood health. This initiative focuses on out-of-hospital and community services and builds on our previous work with integrated neighbourhood teams.

Key elements of this work include:

- A 'left shift' focus, transitioning from analogue to digital, treatment to prevention, and hospital to community.
- Identifying patient cohorts and clinical pathways with the potential for greatest local impact.

Assertive Outreach and Intensive Community Treatment

Following a review of the services who deliver assertive and intensive care in the NENC the ICB have convened the system leads to consider and build an action plan that focused on getting care and treatment right for this community of individuals.

Developing alliances and groups across the region

North East and North Cumbria had a well-established Provider Collaborative whose membership comprised all 11 provider trusts within our geographical footprint. In addition, over the last 18 months there have been 2 significant developments in the partnership arrangements between providers. In Teesside there was now a group structure in place: University Hospitals Teesside, which incorporated North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust.

In the north of our patch, the Great North Healthcare Alliance was created. It comprised of four provider trusts: Gateshead Health NHS Foundation Trust, Newcastle Upon Tyne Hospitals NHS Trust, North Cumbria Integrated Care NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust. The Alliance formed a joint committee and was working through its next stage of governance and workplan for the next 3 years.

Our two mental health, learning disabilities and neurodevelopmental services trusts have a longstanding collaboration and continue to work closely together on common challenges and improvement priorities.

Sunderland and South Tyneside and County Durham and Darlington NHS Foundation Trusts were working together on a set of prioritised pathways and exploring collaboration opportunities.

Real Living Wage

Following an excellent presentation at our Board in 2024 from the North East Child Poverty Commission it was made clear that the Real Living Wage would have a considerable positive impact on poverty across the region.

We are currently reviewing this position not only within the ICB but also the region, recognising that at least one of our NHS organisations has already become a Real Living Wage employer.

Visit to Silverdale Family Practice

The Chief Executive had the opportunity to visit Silverdale Family Practice and met with partners and staff. The practice operated as a team and scored extremely well in the national patient experience feedback. Our learning and improvement community could be used to highlight and share the really positive work underway in general practice.

The Board discussed and noted the following key points;

- Finance, Performance and Investment Committee to be linked into the System Recovery Board's work around organisational cost improvement plans.
- In terms of the left shift out of hospital to community, three key areas had been identified one of which is frailty. Frailty can apply at different ages and co-morbidity is probably the area we could make the biggest impact.
- System work was underway with general practice, VCSE and FT partners around integrated neighbourhood health and we hoped to have the vision for NENC clarified by the end of March and proposed to bring this to a future Board meeting.
- The Secretary of State for Health visited Whitehaven early January 2025 and talked about the governments intention to move more care out of hospitals.
- Consideration is needed on whether we can embed acute respiratory hubs within core business
- Clear focus on children and young people and the best start in life approach. There is still a lot more we can do to maximise opportunities and look at health inequalities.
- Healthwatch with the help of the ICB were running 14 workshops across every place in North East and North Cumbria aswell as seldom heard groups i.e. children and young people, ethnic minority, learning disability and autism. A report would be submitted to the ICB to compliment the work already done around the NHS 10 year plan.
- Feedback received by Healthwatch around seasonal vaccinations included misinformation across social media. There was an opportunity to revisit communication on vaccinations and the Healthwatch network can help with this i.e. myth buster. The Board welcomed this offer of support from Healthwatch to carry out a specific piece of work to ensure the right information was out there for the public.

- Health and Growth accelerator plan would include targeting specific groups i.e. young people, women. Partnership working was crucial to make the biggest impact.
- A deep dive is done on data sets linked to deprivation and inequalities, and the challenge for us will be how do we target resources where there is a greater deprivation and a greater opportunity to narrow the gap.
- There was a huge opportunity in partnership working around complex care and integrated neighbourhood teams and provides a platform to accelerate the way we deliver services for children.
- An engagement exercise planned with general practice to hear from them what the pressures are will inform the strategic plan for general practice. The outputs from this exercise would be shared with the Board once complete.

ACTION:

Integrated Neighbourhood Health to be added to the Board forward plan.

ACTION:

The outcome from the general practice engagement exercise to be shared with the Board once complete.

RESOLVED:

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

B/2024/107

Board Assurance Framework Quarter 3 2024/25 (agenda item 9)

The Board were provided with a refreshed Board Assurance Framework (BAF) for quarter 3, 2024/25 and an updated corporate risk register for review and consideration.

The report detailed risk movement;

- Five new risks were identified.
- One risk was closed.
- Three risks scored below 12, no longer met the criteria for inclusion on the corporate risk register and would be managed locally.

Board members agreed a more detailed discussion around risk, target scores and trajectories would be beneficial.

ACTION:

Risk appetite to be added to the Board development forward plan for 2025/26.

RESOLVED:

The Board **APPROVED** the BAF for quarter 3, 2024/25 and received and reviewed the corporate risk register for assurance.

B/2024/108

Governance Handbook (issue 9) (agenda item 10)

The Board were provided with proposed changes to the NENC ICB Governance Handbook which included;

- Financial Delegations
- Financial Limits
- ICB Committee Structure
- Minor changes to subcommittee terms of reference

The Chief Corporate Services Officer highlighted an additional change was required in the ICB financial delegations where the delegation arrangements are to be changed from Finance, Performance and Investment Committee to Executive Committee .

ACTION:

ICB Financial Delegations to be updated to reflect change from Finance, Performance and Investment Committee to Executive Committee

RESOLVED:

The Board **NOTED** the recommendation for minor changes to the governance handbook for information and the approval of material changes to alleviate the number of paper submissions.

The Board **APPROVED** the material changes to document 3 of the Governance Handbook, ICB Financial Delegations, relating to the responsibility and delegation arrangements for the approval of Grants. (appendix 1). The Board also **APPROVED** the additional amend to the ICB Financial Delegations.

The Board **APPROVED** the material changes to document 4 of the Governance Handbook, ICB Financial limits, to reflect changes to the limits for the approval of All-Age Continuing Care (AACC) packages of care (appendix 2).

B/2024/109 Highlight Report and Minutes from the Executive Committee held on 12 November and 10 December 2024 (agenda item 11.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in November and December 2024 were provided.

Detailed decisions logs were appended to the highlight report.

Targeted lung health checks

The Committee received an update on the Targeted Lung Health Check Programme, where 537 lung cancers had been diagnosed and followed up. It was an important piece of work, as we know the earlier a cancer is diagnosed, the more successful the treatment for individuals.

Health and Growth Accelerator

The Committee received the delivery plan which detailed how we would use funding and resources.

Healthier and Fairer Programme

The Committee received an update on the delivery of the Healthier and Fairer programme. Given the current financial position the Committee supported the principles but could not commit to the additional funding and agreed the prioritisation proposal would be considered within the 2025/26 operational plan which required Board approval.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 12 November and 10 December 2024 for information and assurance.

B/2024/110 Highlight Report and Minutes from the Quality and Safety Committee held on 14 November 2024 (agenda item 11.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting in November 2024 were provided.

Vaccinations

It was noted that vaccine uptake rates for COVID and Flu were low, associated with significant pressures across the ICB and nationally. Staff flu vaccination rates were particularly low amongst nursing staff. Latest figures showed flu rates and hospital admissions had dropped substantially in our region in the last week.

Board members were interested in understanding further the engagement work being done around vaccinations with staff and the public.

The Chief Medical Officer highlighted to the Board that the overall performance in North East and North Cumbria was in the top quartile in the country. It was proposed that once the vaccination season had ended an update would be brought back to a future Board meeting to include comparative data and engagement activity to inform the next campaign.

There are some proven methods for example we are the highest performer in the country for RSV vaccinations which was a targeted campaign designed by expectant mums and people working in those services.

The Board committed to a piece of work on seasonal vaccinations to inform the next campaign and set a goal of significant improvement in the uptake.

ACTION

The Chief Medical Officer to bring a seasonal vaccination update to a future Board meeting.

Urgent and Emergency Care

The Committee commended our staff and recognised their hard work in challenging circumstance through high rates of illness.

Martha's Rule

The quality team were undertaking a review of progress around the implementation of Martha's Rule across all trusts and an update would come to a future Board meeting.

Patient Safety Centre

The Committee received an update on the patient safety centre and work was underway to refine how this would be established and embedded within the organisation. This would be brought to a future Board meeting.

One of the functions of the patient safety centre would be to test resilience. Martha's rule is a resilience measure which could be looked at and analysed in relation to continued incidents where parents have expressed concern and Martha's Rule not implemented.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 12 September 2024 for information and assurance.

B/2024/111 Highlight Report and Minutes from the Finance, Performance and Investment Committee held on 7 November 2024 (agenda item 11.3)

An overview of the discussions and confirmed minutes from the Finance, Performance and Investment Committee meeting held in November 2024 were provided.

Finance

The Committee received an update on the financial position including potential risks and progress made to identify mitigations to manage the system. An update was also received on the refreshed ICS medium term financial plan and 2025/26 financial and operational planning.

Performance

The Committee noted a deterioration in the urgent and emergency care performance and that remedial action was in place. The Committee agreed that virtual wards and A&E four-hour waits would be the subject of future deep dive topics.

The Chief Executive welcomed the deep dive on virtual wards.

Infrastructure Board

An update was received on overspends management.

The Digital and Infrastructure Officer confirmed national feedback was received in December on the Infrastructure Strategy, a positive response with a number of minor amendments needed by end of February deadline. A task and finish group was established to undertake those minor amendments and a further update and assurance would be brought through the appropriate governance route.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meeting held on 7 November 2024 for information and assurance.

B/2024/112 Highlight Report and Minutes from the Audit Committee held on 10 October 2024 (agenda item 11.4)

An overview of the discussions and confirmed minutes from the Audit Committee meeting held in October 2024 were provided.

The Committee Chair drew the Board's attention to:

ICS Financial Grip and Control Review

The review was commissioned across all organisations within the ICS, supported by internal audit and Price Waterhouse Coopers (PWC). The report received was good and action plans will be developed by individual organisations to take on board the feedback.

Annual Reports and Accounts 2024/25

The national timetable for the NENC ICB annual report and accounts for 2024/25 to NHS England is on 23 June 2025, one week earlier than last year.

Freedom To Speak Up (FTSU)

The current FTSU Guardian was retiring 31 March 2025. Work was underway to look at how we organise ourselves to maintain the work and be fit for purpose upon her departure with an opportunity to have FTSU champions within the ICB.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meeting held on 10 October 2024 for information and assurance.

B/2024/114 Integrated Delivery Report (agenda item 12)

The NENC Integrated Delivery Report (IDR) provided an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

The Chief Strategy Officer drew the Board's attention to performance highlights as follows:

Urgent and Emergency Care

The North East Ambulance Service (NEAS) remain the best performer for category one in England achieving a 7 minute response time.

Category two response times deteriorated during December 2024 to 37:9m with the North East Ambulance Service (NEAS) ranked fourth third out of eleven. This is an improvement compared to the same period last year with a response time of 47m.

A&E performance had deteriorated to 74.1% and ranked 11 out of 42 ICBs in December 2024.

The main cause of deterioration seems to have been related to the high level of flu cases across the region with some significant peaks of activity.

There is no national data set to collect data on temporary escalation spaces, but likely to be a development in the near future. There is a process in place across NENC to have oversight arrangements when there is extreme pressure in the system, with senior nursing representation in these meetings.

Cancer

The number of patients (880) waiting over 62 days for treatment has increased. Whilst there has been an improvement on the number of people treated within 62 days at 70.5% which exceeded the national target of 70%. NENC continued to exceed at 80% the cancer faster diagnosis target of 77.4%.

Planned Elective Care

We continue to see the number of people waiting across the region for planned elective care decrease with 351,661 waiting in November 2024. This figure equated to approximately 320,000 unique individuals. It is proving difficult to significantly reduce this number.

There is slow progress to eliminate 65+ week waiters.

Mental Health

The Talking Therapies reliable recovery and improvement rates continued to not meet the national standards. A systemwide workshop in December 2024, focused on these services and how to improve their reach.

Good work was highlighted around an increase in the dementia diagnosis rate at 69.4% and 44% of people on the GP learning disability register had an annual health check.

Primary Care – GP Access

A deep dive on GP access was presented to the Board.

The data presented to the Board highlighted;

- Overall more primary care activity than in previous years.
- Based on current performance, it is forecast we could expect 21 million GP appointments in 2024/25, a 5% increase on the previous period.
- In October 2024, there was almost 2.2 million GP appointments in NENC, a 14% increase compared to October 2023.
- NENC activity rates are higher than the England average.
- 95% of NENC patients attended their appointment, above the England rate of 95%.
- 4% of NENC appointments were not attended by a patient, below the 5% rate seen nationally.
- Patients wait slightly longer to be seen in NENC than the England average.
- Appointment by type data was available for face to face, telephone, virtual and home visits. There was currently no way to capture activity around responses done by email between patients and general practice.
- For 2024/25 NENC face-to-face appointment rate was 5.3% above the overall England rate.
- Across NENC we've seen solid growth, with all local delivery teams using virtual appointments at higher rate than before the pandemic. The significant growth in North Cumbria was highlighted where they now see a virtual appointment rate of around 7%.

Board discussion further highlighted;

- Whether the dip in primary care appointments per month could be related to the earlier discussion on seasonal vaccinations.
- There has been a significant growth in recent years in the number of under 18-year-olds seeking mental health support.
- There may be an opportunity to carry out some work through Multi-sector Children and Young People's Health Research Network in relation to the children and young people data.
- The children and young people data won't capture the less formal support and remains an area of focus.
- Physical health check data can be quite deceptive as this is a cumulative figure across the year where quarter 4 tends to see a real increase in the number of patients receiving physical health checks. Learning is always shared including the quality of the health checks and whether they had the required impact.
- Data on other elements of primary care would also highlight challenges, and it was suggested this could be included in future reporting.
- It would be useful to see the changes in workforce alongside this type of activity data.

RESOLVED

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

B/2024/115 Finance Report (agenda item 13)

There were potential conflicts of interest in the proposal to distribute a proportion of the forecast ICB surplus across the Integrated Care System (ICS), where Board members had declared interest in NHS Foundation Trusts within the ICS.

The following declarations were highlighted;

- *Samantha Allen
 - o *Sister employed by Northumbria Healthcare NHS Foundation Trust.**
- *Ken Bremner
 - o *Provider Collaborative Chair.*
 - o *Chief Executive Officer of South Tyneside and Sunderland NHS Foundation Trust.**
- *Levi Buckley
 - o *Partner is Chief Executive of Healthworks, who provide services to Newcastle Upon Tyne Hospitals NHS Foundation Trust.**
- *David Chandler
 - o *Sibling employed by South Tyneside and Sunderland NHS Foundation Trust.*
 - o *Spouse employed by Gateshead Health NHS Foundation Trust.*
 - o *Friend employed by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.**
- *Graham Evans
 - o *Wife employed by North East Ambulance Service NHS Foundation Trust*
 - o *Son employed by North East Ambulance Service NHS Foundation Trust*
 - o *Daughter employed by North Tees and Hartlepool NHS Foundation Trust.*
 - o *Son employed by at North Tees and Hartlepool Solutions LLP (facilities and support services).*
 - o *Sister-in-law employed by Northeast Ambulance Service NHS Foundation Trust**
- *Tom Hall
 - o *Wife employed by Tees, Esk and Wear Valley NHS Foundation Trust**
- *Saira Malik
 - o *Medical Examiner for Queen Elizabeth Hospital Gateshead.*
 - o *Brother employed by South Tyneside and Sunderland NHS Foundation Trust.**
- *Rajesh Nadkarni
 - o *Medical Director and Deputy CEO of Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.**

- *Wife employed by Tees, Esk and Wear Valley NHS Foundation Trust.*
- *Neil O'Brien*
 - *Wife employed by County Durham and Darlington NHS Foundation Trust.*

The Chair noted the conflicts, and confirmed conflicted members had received the report and attended the meeting but would be required to abstain from any decisions. The meeting remained quorate.

The Chief Finance Officer provided the Board with an update on the financial performance of the NENC ICB and ICS in the financial year 2024/25 for the eight months to 30 November 2024.

ICS Revenue Position

Deficit support funding of £49.95m was received in month 6 to offset the agreed deficit plan for the year. As a result, the full year ICS financial plan is now a breakeven position. NHS England have confirmed this deficit support funding will not be repayable by the ICS as long as the planned position is delivered for the year (i.e. as long as a breakeven position is now achieved).

ICB Revenue Position

As at 30 November 2024 the ICB is reporting a year to date surplus of £38.81m, slightly ahead of plan, and a forecast surplus of £53.6m in line with plan.

Financial Risk

At month 8 this unmitigated financial risk is estimated and has been reported to NHSE at £47.5m (reduced from £61m at month 7) although work continues across the system to review this.

Capital

Excluding IFRS 16, ICS capital spending forecasts are now back in line with the confirmed capital allocation.

2025/26 planning

The planning guidance for 2025/26 is expected this week. Planning has already started including a look at difficulties decision on how best to use resources. A draft plan is due end of February with the final submission end of March. An integrated plan will be brought to the Board for approval.

Financial Grip and Control Review

The review highlighted good processes were in place and identified areas of improvement. Action plans developed will be monitored through relevant committees within individual provider organisations and the ICB.

Proposed amendment to ICB surplus position

Under the current NHS finance regime there are no cash or revenue benefits of an ICB generating a surplus as long as the system overall

is in balance, but there are cash impacts of NHS providers having a deficit or cash shortfall, with potentially significant borrowing costs for providers (and hence the system).

It is proposed to use a blended approach, allocating any transfer of ICB surplus based on:

- 50% allocated to the FT providers with planned deficits, based on planned deficit value at month 8.
- 50% allocated based on relative cash positions. This would allocate funding to the four FT providers with planned deficits plus one FT provider currently forecasting a breakeven position.

The Board is asked to support the proposal to reduce the forecast ICB surplus (currently by a value of £50m but that may be subject to change if the overall ICB surplus changes) and allocate this to relevant FT providers within the ICS using the proposed approach above. This will be subject to each of those FT providers improving their forecast positions by an equivalent amount, ensuring no change to the overall ICS position.

Question from the public

The Chief Corporate Services Officer advised the Board of a two-part question received from Keep Our NHS Public North East (KONPNE) and the Chief Finance Officer provided a response.

"Which patient facing services, in which geographical areas, are expected to deliver the largest efficiencies and what is the predicted reduction in patient services that will result?"

2024/25 has been a challenging year and every organisation will have had a target to achieve that will have varied by place. Within the ICB the target is usually a set rate of around 3-4% and within a foundation trust it can vary.

"Will the proposed 'deep dives' be conducted 'in house' or by 'external consultants'? If 'external consultants' are undertaking this work, which firms have been contracted and what is the agreed cost for this work?"

To support delivery of the financial position in 2024/25, NHS England (NHSE) required a number of ICBs to conduct review exercises into the financial sustainability and resilience of systems.

Whilst we were not instructed to do so we did choose to voluntarily progress similar work locally, following the most recent NHSE specification for this.

Approximately half the work for this review was performed via Internal Audit using existing resources, with PriceWaterhouseCoopers LLP (PWC) appointed where additional independent expertise was required.

The total additional cost of this review was £200k and the business case to approve this work was supported by both the Executive Committee and NHSE who need to approve any use of consultancy over £50k.

ACTION:

A written response would be sent to KONPNE and made available on the NENC ICB website.

The Board discussed the ongoing work around workforce;

- There was a need to get better at aligning workforce plans with financial plans.
- There were a number of work programmes at system level that picked up the challenges raised by PWC i.e. procurement, workforce, elective and system reform. These workstreams feed up to the System Recovery and relevant Committees.
- It was positive from a finance perspective to see the reduction in the use of agency that had been achieved through the Provider Collaborative.
- We have seen the WTE increase but equally there were vacancies across the system.
- It would be useful to bring a more detailed update back to the Board.

ACTION:

A more detailed update on workforce to be brought to a future Board meeting.

RESOLVED:

The Board **NOTED** the latest year to date and forecast financial position for 2024/25 and the financial risks across the system still to be managed.

B/2024/116 Emergency Preparedness, Resilience and Response (EPRR) Self-Assessment (agenda item 14)

The Board was provided with an overview of the NHS England EPRR annual core standards programme for 2024.

With the introduction of the Health and Care Act 2022, the assurance process reflected integrated care boards (ICBs) as Category 1 responders and their local NHS leadership role. This included the requirement to undertake a self-assessment against the core standards.

NENC ICB have moved from a position of non-compliance (49%) in 2023 to a much-improved position of partial compliance (77%) in 2024. All trusts have also seen a significant improvement in compliance rating.

A full review of business continuity management arrangements commenced following ICB 2.0, with a business impact assessment

workshop held in December with representatives from each Directorate.

A training needs analysis was completed collaboratively with North East and Yorkshire ICBs to assist with the development of a plan detailing all training available internally, externally and via multi-agency partners.

Monthly meetings (NEY ICBs/with organisational EPRR leads) will continue to take place to address issues and identify best practice with a constant evolving pathway of organisational learning and opportunities for improvement.

The Chief Strategy Officer and the ICB team were thanked for a more robust process this year.

A discussion took place around cyber and security and the Chief Digital and Infrastructure officer advised a cyber strategy and implementation plan was being developed.

RESOLVED:

The Board **REVIEWED** and noted the North East and North Cumbria Integrated Care Board assurance process.

The Board **ENDORSED** the submission to NHS England as part of the NHSE EPRR annual assurance process for 2024-25 which included each of the ICBs commissioned Foundation Trusts as well as the North East and North Cumbria ICB declared assurance rating of Partially Compliant.

Sarah Dronsfield joined the meeting.

David Jennings and Brent Kilmurray joined the meeting.

B/2024/117 Tees, Esk and Wear Valleys NHS Foundation Trust – improvement journey (agenda item 15)

The Chair welcomed David Jennings, Chair and Brent Kilmurray, Chief Executive from Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) who were in attendance today to provide an update to the Board on the trust's improvement journey.

TEWV are a specialist mental health provider across NENC and into North Yorkshire.

Following the sad and tragic loss of Christie, Nadia and Emily, the ICB has worked with and supported TEWV where it has been evident that the trust has taken responsible steps in response to the findings of the reviews and regulatory reports with a real commitment to address the learning.

The Chair and Chief Executive of TEWV presented to the Board an update on their improvement journey with an opportunity for further discussion and to ask questions.

The Chair assured the Board that since Brent Kilmurray was appointed as the new Chief Executive Officer for TEWV, he has been instrumental in the leadership. The last five years have been difficult and TEWV wanted to provide reassurance to colleagues and partners that the trust will move forward and be successful.

Since the tragic incidents in 2019/20 TEWV have made some significant changes in the team, a streamlined governance approach and a clear set of priorities, quality, safety and clinical outcomes.

The Care Quality Commission snapshot between December 2021 and October 2023 demonstrated some improvements, with further improvements required in the safety domain which was driven by staff concerns and incidents.

TEWV's crisis service were inspected in May 2024 and the final report was awaited. It was expected the rating would not change.

The Chair and Chief Executive of TEWV presented 'Our Journey to change' which was launched and is a fundamental transformation and culture change for the organisation and outlined three big goals for the next five years;

1. To co-create a great experience for patients, carers and families
2. To co-create a great experience for our colleagues
3. To be a great partner.

The Community Mental Health Transformation (CMHT) is one example of a transformation programme underway. The model is moving from a traditional set up across geography of mental health teams holding a lot of cases through to a process of working with primary care and other partners to make sure that patients' needs are being met at the earliest point of entry.

The impact and benefits of this transformation programme in 2023/24 included;

- 37,420 patients were seen within primary care by a TEWV mental health nursing practitioner or mental health and wellbeing practitioner.
- Only 948 (2.5%) of those patients were referred for mental health services.
- There was a 15-20% reduction in referrals.
- There was a 50% reduction in patients waiting for assessment.

TEWV continue to be subject to independent assessment and regulation which has been welcomed by the trust;

- The Care Quality Commissioning report published in 2023 demonstrated significant improvement.
- Mental Health Act inspections are carried out regularly.

- Audit One, internal auditors are commissioned to look at specific areas such as Duty of Candour and complaints.
- NICHE assurance review published last week followed the independent review of the three cases of women who died in TEWV's care. This looked at issues around practice and governance was the findings were positive and demonstrated implementation of the key recommendations.
- TEWV are sat under mandated quality assurance process in NHS England. It is hoped as a result that TEWV can present a case to be moved from segment three level of support to segment two.
- Healthwatch continue to support TEWV and have carried out a fantastic piece of work around community transformation.

'Our 2024 Big Conversation' engagement exercise was completed with 1,000+ responses identified things that had been done well and suggestions of what else could be done.

Some cross cutting themes that TEWV need to respond to were:

- Address the Clinical Model and implement deep systemic transformation.
- Foster an open and collaborative culture.
- Enhance digital and data competence - invest in better technology.
- Strategic resource allocation and management.
- Prioritise compassionate, patient-centred care.

The staff survey results highlighted TEWV as the most improved mental health trust last year and can be attributed to the ability to raise concerns, be supported when under pressure, and to progress their careers. Questions around would you recommend us as a place to work or care for family and friends scored around the 50% mark.

Some of the key elements TEWV have focused on in response to the staff survey results include challenging difficult behaviour and reinforcing values. A number of staff networks established are thriving and provide opportunity to hear the experiences of staff including those colleagues with lived experience. TEWV signed up and committed to become an anti-racist organisation and the 'upstander not bystander' training offer to Board members provides opportunity for a cultural change that will benefit the whole organisation.

The Board sought assurance from TEWV on what their self-assessment of their CQC position would be to date, with particular focus on the safety metric.

The Chair provided assurance to the Board on progress made to date:

- With the implementation of the PSIRF framework the trust was in a much better place with organisational learning.

- There were still some teams with high caseloads with an overall 4% vacancy rate and areas of variation across the trust.
- The medical staffing team had a 22% vacancy rate with a reliance on locum and agency doctors.
- A comprehensive international recruitment programme was underway, with local recruitment success.
- TEWV continue to look at the organisations financial sustainability and understanding any underlying pressures.
- There is a significant demand around children's services with a shift in complexity. There are examples of integrated work underway including supporting early help teams and education.
- From a staff perspective, it is an ongoing challenge to maintain motivation and morale. TEWV have started with some fundamentals which included resetting the purpose and values, and supporting staff to see the difference they were making.
- There were interventions and support mechanisms in place for staff which included clinical supervision.
- TEWV had trustwide events organised which included a 10k race and annual awards event to connect people and celebrate.

TEWV were thanked for attending the Board today and being accountable with a clear update on the progress to date.

RESOLVED:

The Board **RECEIVED** the update from TEWV on their improvement journey.

B/2024/118 Quality and Safety – Urgent Emergency Care (agenda item 16)

The NENC ICB Director of Quality presented to the Board an update on the ICB's monitoring of quality and safety in urgent and emergency departments.

Data from the Royal college of Emergency Medicine (RCEM) indicates that waits of over 5 hours in emergency departments (ED) patient harms occur, and for over 12 hours there is an increased mortality risk. RCEM identify that for 12 hour waits there is one extra death for every 72 patients, equating to 300-500 excess deaths nationally per week.

The ICB has developed an approach to monitor quality and safety within urgent and emergency departments over the winter period, with joint working between the quality team and system resilience team. The approach has been developed to understand and maintain regular oversight of the pressures and quality risks within urgent and emergency care services across the NENC ICS, and to ensure prompt action is taken in response to patient safety risks.

Since July 2024 NENC ICB have been monitoring incidents through learning from patient safety events (FPSE) system which has helped identify themes and trends across the system.

A patient safety incidents dashboard was developed and provided opportunity for a deep dive review of incident data.

Trusts are not always incident reporting 12 hours stays in ED; we know from data there are inherent risks of harm to patients and as such it is an ICB expectation that trusts incident report.

Themes have been shared in the weekly executive summary report of incidents and at the Urgent and Emergency Care Network Strategic Board meeting. Further work is currently being undertaken to develop a summary of key themes and trends from incidents, through system meetings, and from implementing our assurance process, with a monthly report to share learning and support improvement.

To support the timely sharing of learning, the quality team currently share key issues on the daily system co-ordination call. In addition, through System Coordination Centre, the Quality team led by the Director of Quality, are setting up weekly meetings, with patient safety leads/ specialists and executives in trusts to share learning, flag any issues and understand assurance around quality and safety in ED. The first meeting was on 20 January 2025.

The Royal College of Nursing published a report on the 16 January 2025, describing more than 5,000 nursing staff's experience of delivering care in urgent and emergency departments under significant pressures. These findings correlate with some of the concerns raised within the NENC system we have identified since implementing our process.

The process and prompts have been aligned to the temporary escalation spaces (TES).

The ICB has shared the process across the NENC system and wider with the other trusts and ICB's in Yorkshire and Humber at the request of NHSE. Additionally, NHSE has asked the other ICB's to implement a similar process to the NENC process across their systems.

Board discussion further highlighted;

- Quality and safety is a consistent key feature throughout.
- Is there a technological solution which could be explored to support staff in looking after and regularly checking on patients in temporary escalation spaces.
- Some organisations do have the ability through their electronic spaces to monitor patients in temporary escalation spaces.
- There are challenges around estates from some trusts.

- An after action review will be carried out after the winter period to look at any learning and opportunities on how we do things differently
- Learning and improvement is key as well as the redesign of the system.
- Learning from staff experience is fundamental looking at how we equip and reinvigorate skills around productivity and efficiency.
- Community ready patients are often blocking beds and need support out of hospital back into their own homes and community.

RESOLVED:

The Board **RECEIVED** the report for information and discussion and **NOTED** the assurances and the work being undertaken by the ICB specifically.

B/2024/119 Elective Care Reform Package (agenda item 17)

The NHS published the new plan to reform elective services on 6 January 2025 which included very ambitious targets for improved performance against the constitutional standard.

The reform committed to 65% of patients treated within 18 weeks for elective treatment by nationally March 2026 and returning to the constitutional standard of 92% by March 2029.

The 92% RTT (Referral to Treatment) constitutional standard is a target that aims to ensure that 92% of patients who are referred for elective (non-urgent) treatment start their treatment within 18 weeks of their referral.

To ensure national delivery of 65% of patients requiring elective treatment do so within 18 weeks, every provider organisation in England is required to make a 5% improvement in their RTT position by March'26 compared to their March'25 position.

November'24 published data, NENC had 351,661 patients on the waiting list and 69% of patients were waiting less than 18 weeks for elective treatment.

To deliver these commitments, a comprehensive set of priorities have been published focusing on four key areas;

- Empower patients
- Reform delivery
- Deliver care in the right place
- Aligning funding, performance and oversight and delivering standards.

The Chief Strategy Officer provided the Board with an update on the current position for North East and North Cumbria;

- NENC has consistently exceeded the England 18-week RRT rate, however remains well below the 92% standard at around 70%.
- In November 2024, NENC reported just 1% of people waiting 52 weeks or more and the national rate was 3% for the same period.
- NENC consistently accounts for 5% of the national RTT incomplete pathways total and was 4.7% as at November 2024.
- The national benchmarking in November 2024, seen NENC ranked number 1 for 18 week waits and number 3 for 52+ week waits.

The NENC Elective Care Improvement Programme aims to restore and transform elective care services, eliminating long waits for treatment, reducing overall waiting times and addressing health inequalities by managing demand and maximising capacity. A Mutual Support Coordination Group was established in November 2023 which facilitated conversations regarding 1200 patients across 20 specialities and resulted in 612 patients changing which hospital they were being treated at. This has created great working relationships, collaboration and learning.

A robust process is now in place to support NENC system Getting It Right First Time (GIRFT) visits with acute providers. The GIRFT Co-ordination Group relaunched in September 2024.

Further Board discussion highlighted;

- 55% of NENC adult population, 13 years and over, using the NHS app.
- 75% of provider organisations are using patient engagement platforms integrated into the NHS app.
- There is a piece of work needed to reestablish choose and book functionality.
- A strategy is being developed to approach the challenge around digital exclusion which will look to include the offer of donated or repurposed devices and alternative options for those use cannot access this.
- The 2025/26 planning round will need to look at the resources available and what difficult decisions may need to be made.
- The four principles set out could be used as milestones to review how NENC as a system is developing towards the outcomes.
- We need to look at how we align community mental health models and integrated neighbourhood teams.

RESOLVED:

The Board **RECIEVED** the presentation on Elective Care Reform Package.

B/2024/120 Questions from the Public on non-agenda items (agenda item 18)

Two questions were received from the public on non-agenda items and related to;

- GP services and patient satisfaction in the Tees Valley area
- Artificial Intelligence in the delivery of mental health services

Both questions will be responded to and made available on the website.

ACTION:

Public questions to be sent written responses and made available on the NENC ICB website.

B/2024/121 Any other business (agenda item 19)

There were no items of any other business to discuss.

The meeting closed at 14:30

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