

North East and North Cumbria Integrated Care Board

**Minutes of the meeting held in public on 4 June 2024 at 10.30am,
The Durham Centre, Belmont**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
David Chandler, Chief Finance Officer
David Gallagher, Chief Contracting and Procurement Officer
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
David Purdue, Chief Nurse, AHP and People 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
Toni Taylor, Corporate Governance Support Officer (minutes)
Christopher Akers-Belcher, Healthwatch Representative
Lisa Taylor, Voluntary Community and Social Enterprise Representative

B/2024/01 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:

- Ian Coates, Thornton & Ross
- Lisa Marie Dawkins, Sanofi UK
- Raj Purewal, C2-AI
- Carolyn Jane Smith, Pfizer Internal Medicine

B/2024/02 Apologies for Absence (agenda item 2)

Apologies were received from Dr Hannah Bows Independent Non-Executive Member, Ken Bremner Foundation Trust Partner Member

Levi Buckley Chief Delivery Officer, Tom Hall Local Authority Partner Member, Cath McEvoy-Carr Local Authority Partner Member, Professor Graham Evans Chief Digital and Infrastructure Officer and Jane Robinson, Local Authority Partner Member (interim).

B/2024/03 Quoracy (agenda item 3)

The Chair confirmed the meeting was quorate.

B/2024/04 Declarations of Interest (agenda item 4)

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 9.3 – 2024/25 Financial and Operational Plan;

- Samantha Allen
 - Northumbria Healthcare NHS Foundation Trust.
- David Chandler
 - South Tyneside and Sunderland NHS Foundation Trust.
 - Gateshead Health NHS Foundation Trust.
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Pali Hungin
 - Tees, Esk and Wear Valley NHS Foundation Trust.
- Saira Malik
 - Gateshead Health NHS Foundation Trust.
 - South Tyneside and Sunderland NHS Foundation Trust.
- Rajesh Nadkarni
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
 - Tees, Esk and Wear Valley NHS Foundation Trust.
- Neil O'Brien
 - County Durham and Darlington NHS Foundation Trust.
- Claire Riley
 - Newcastle Upon Tyne Hospitals NHS Foundation Trust.

The Chair noted the conflicts already declared on the register and members were able to take part in the discussion. Members were required to abstain from any decision making for the specific contracts where they were conflicted under item 9.3.

B/2024/05 Minutes of the previous meeting held on 26 March 2024 (agenda item 5)

As a point of accuracy, the following amendments were to be made to the minutes;

Item B/2024/136, VCSE update should read;

- Last year the partnership programme had a unique opportunity for measurement of progress as a "test and learn"

site for the NHSE Quality Development Tool (QDT), which will now be used as the framework for the MOU annual reviews.

- It is recognised that there is a need for longer term arrangements with regards to awarding grants.

RESOLVED

The Board **AGREED** that the minutes of the meeting held on 26 March 2024 were a true and accurate record once amends had been made.

B/2024/06 Action log and matters arising from the minutes (agenda item 6)

The action log had been updated before the meeting and there were no further updates.

B/2024/07 Chief Executive's Report (agenda item 7)

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.

Infected Blood Inquiry

The final report of the Infected Blood Inquiry was published on Monday 20 May 2024, one of several inquiries underway. It is important as a Board that we look at the recommendations and consider in the context of services within North East and North Cumbria. The inquiry will continue to inform conversations particularly in relation to quality and safety of services.

Working Well

15 out of 42 ICBs were successful in the WorkWell Bid, we were disappointed to learn that our bid was unsuccessful. Given the importance of this work in tackling the extremely high rates of worklessness in our region we will wait for future opportunities to bid for funds and learn from the 15 ICBs who were successful.

Running Costs

The 2024/25 running cost allowance reduction requirement was achieved together with an element of the 2025/26 requirement. A reduction of £17.5m was required to meet the 30% reduction and £15.5m has been delivered in addition to over £2m of additional cost pressures in relation to functions non-recurrently funded by the North of England Commissioning Support Unit (NECS) being absorbed.

The Chief Executive commended the whole organisation in their engagement throughout and maintaining services whilst the ICB continues to embed structural change.

The ICB are currently developing a business case to progress further in-housing of services.

Financial Position

The ICB has delivered its key financial duties with a surplus of £4.5m being reported for 2023/24 in line with the expected position agreed by Board.

Significant underlying financial pressures remain across the system and the final financial plan submitted for 2024/25 shows a total planned deficit across the ICS of just under £50m if a technical accounting change relating to PFI costs is excluded. This position includes extremely challenging efficiency plans and a number of currently unidentified mitigations. Work continues as a priority across the system to review the position and seek to identify potential further options to reduce the system deficit.

The ICB has worked with partners across the ICS to develop a medium-term financial plan for the next 12 months with a specific focus on workforce, elective recovery and digital healthcare. Better health, better equality and better use of resources. Looking at areas such as early diagnostic support and how we work with local authority partners on public sector reform.

Working collaboratively across NHS organisations will be key to enable us to deliver the plan and set reform for the years ahead.

Covid Spring Booster Campaign

The NENC is making good progress in all areas with regards to the Covid Spring Booster Campaign. The vaccination team will be focusing specifically on immunosuppressed children.

Measles Vaccines

A national and local campaign has been initiated to tackle the national outbreak of measles. North East and North Cumbria Data is indicating a significant increase in MMR vaccinations and compared to last year;

- 1500 more children and young people had their first dose
- 1700 more children and young people had their second dose.

The Chief Executive thanked the Chair for his focus on this campaign and encouragement to be more ambitious.

The Chief Executive also thanked clinical lead Catherine Monaghan and public health colleagues including school nurses and children programmes for their work on this.

Sexual Harassment Campaign

All of our NHS organisations have signed up to the NHS England sexual safety in healthcare charter demonstrating a zero tolerance across the region to ensure all our staff are safe at work and to encourage people to speak up, report incident and seek support.

Integrated Care Partnership

The Strategic Integrated Care Partnership (ICP) works across fourteen local authority areas and is responsible for setting the Better Health and Wellbeing for All Strategy for North East and North Cumbria.

To support the Strategic ICP, there are four area ICPs. The formation of the North East Mayoral Combined Authority (NEMCA) in May of this year presented an opportunity to realign some of our Area ICPs to match the boundaries of the two Combined Authorities in the NENC. It was agreed the North and Central ICP would be combined into a single area to match the boundaries of NEMCA. We will continue to review the position of the Area ICP meetings to ensure overall effectiveness and impact, a report will be taken to the Strategic Integrated Care Partnership.

RESOLVED:

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

B/2024/08 Board Assurance Framework (agenda item 8.1)

The Chief Corporate Services Officer presented the Board with an updated Board Assurance Framework (BAF).

The BAF was reviewed by the Executive Committee on 9 April 2024 and Audit Committee on 22 April 2024, with minor changes made following feedback. New entries are highlighted within the report.

RESOLVED:

The Board **REVIEWED** and **APPROVED** the Board Assurance Framework for 2024/25.

B/2024/09 Highlight Report and Minutes from the Executive Committee held on 12 March and 9 April 2024 (agenda item 8.2.1)

An overview of the discussions and approved minutes from the Executive Committee meetings in March and April 2024 were presented.

The decision logs capture any decisions made around contracts.

Annual Review of Effectiveness

The Committee undertook its annual review of effectiveness, which was well received with some opportunities for improvement. The Executive Committee is a busy meeting with some very substantial items, it was good to note there had been improvement with more succinct papers to support decision making.

Clinical Network Proposals

The Committee received a proposal with regards to the management and alignment of clinical networks and operational delivery networks

within the Integrated Care System. The Committee agreed further work was needed with the regional team and provider collaborative.

Weight Management Services

The Committee received an update on the current situation of Tier 3 weight management services. It was noted there was inequity of provision of weight management services across the ICB and the need to invest in Tier 3 services. The Committee agreed to commit the resource to develop a full business case.

Tactical On-Call Proposal

It is the responsibility of the ICB to be a category one call responder. The Committee received an overview of proposed changes to the tactical on-call arrangements. The Committee approved the reduction of four on-call rotas to two (North and South), which will provide better resilience and continuity.

Clinical Strategy

The Committee received a presentation and detailed overview of the proposed ICB Clinical Strategy, with the need to reframe ICB strategies as strategic plans with the Better Health and Wellbeing for All Strategy being the overall strategy. The Chief Executive thanked the Board for their comments on this strategic plan.

Primary Care Strategy

The Committee received key highlights of the Primary Care Access Recovery Plan process to date. It was noted that it was a complex landscape with new areas of responsibilities delegated to ICBs over the last year to include optometry, pharmacy and dentistry.

Joint Forward Plan

The Committee was provided with a refreshed Joint Forward Plan, which included ambitious but achievable outcomes and a focus on reducing smoking prevalence and increasing school readiness for children under 5 years. Progress against the plan will be reported through the Integrated Delivery Report received by the Board.

Clarification was requested with regards to the revised proposal for the Primary Care System Development Funding (SDF) with regards to Modern Day Slavery in Northumberland. The Chief Executive confirmed this related to looking at care homes and providers around workforce, standards and services we commission.

RESOLVED:

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 12 March and 9 April 2024 for information and assurance.

B/2024/10 Highlight Report and Minutes from the Quality and Safety Committee held on 14 March 2024 (agenda item 8.2.2)

An overview of the discussions and approved minutes from the Quality and Safety Committee meeting held on 14 March 2024 were presented.

The Committee revisited the whole concept of quality and safety, was heartening to feel the level of motivation that colleagues had to enhance quality and safety. Unanimous agreement the reports we received, should be seen in the concept of being assured of the quality and safety of care.

The Committee continue to hear patient stories, with the focus in May 2024 being on personal care and continuity of care.

The Committee received updates on;

- Quality exception reports
- Involvement and engagement
- Board Assurance Framework and risks

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Quality and Safety Committee meeting held on 14 March 2024 for information and assurance.

B/2024/11 Finance, Performance and Investment Committee held on 7 March and 4 April 2024 (agenda item 8.2.3)

An overview of the key points from the Finance, Performance and Investment Committee meeting held in May and confirmed minutes from 7 March and 4 April 2024 were presented.

2024/25 Planning

The Committee received an update on the 2024/25 financial and operational plan.

Finance

The Committee received updates from;

- Work of the Resource Allocation Group and associated sub-groups.
- Chair of Infrastructure Board on the development of the ICS Infrastructure Strategy.

Performance

The Committee noted;

- the ongoing improvement working taking place around dental access recovery.
- Children and young people mental health recovery plans are to be presented at a future meeting.

Governance

The Committee reviewed the links to all sources of assurance via reports and Committees.

Complex Case Management

The Chief Nurse updated the Board on an issue identified through safeguarding where patients had not been reviewed during a period of time. An internal management group was set up with representation from complex care, NHS England and safeguarding to review the individuals identified using an assessment and assurance documentation, a tool which prompts professional curiosity. The ICB has assurance that those individuals are safe and are being cared for effectively. Work will continue to standardise assessment tools throughout the ICB.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meetings held on 7 March and 4 April 2024 for information and assurance.

B/2024/12 Audit Committee held on 11 January 2024 (agenda item 8.2.4)

An overview of the key points from the Audit Committee meeting held in April and confirmed minutes from 11 January 2024 were presented.

The annual report is still in progress and financial accounts are being prepared and reviewed by external audit in preparation for Audit Committee on 13 June 2024. The annual report and accounts are due for submission to Board on 25 June 2024 for approval before submission to NHS England on 28 June 2024.

The Committee received updates on;

- Risk management
- Board Assurance Framework
- Internal audit
- External audit
- Counter fraud
- Conflicts of interest compliance
- Use of the seal

There is currently an ongoing audit with regards to declarations of interest to provide further assurance around on conflicts of interest compliance.

The Committee reviewed the Data Security and Protection Toolkit ahead of the annual submission on 30 June 2024, and were assured.

RESOLVED

The Board **RECEIVED** the highlight report and confirmed minutes for the Committee meeting held on 11 January 2024 for information and assurance.

B/2024/13 Integrated Delivery Report (agenda item 9.1)

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 further performance updates as follows:

Urgent and emergency care

There has been a significant improvement in category two response times compared to previous year, and a strong start to delivery against plan throughout April and May 2024.

Ambulance handover times

The average arrival to handover time is currently tracking above plan against the ambition to reach 19 minutes on average across 2024/25.

A&E 4 hour wait times

A&E performance continues to improve after a period of deterioration August – December 2023, whilst also achieving the April 2024 plan of 77.0%.

A&E 12-hour delay

In the week ending 10 March 2024, there were 163 patients waiting beyond 12 hours. North East and North Cumbria (NENC) follows a similar trend to England and in February 2024 accounted for 1.6% of 12-hour delays from decision to admit in England.

Elective waiting times

There is a local focus to eliminate the remaining 78 week waits by the end of June. A small number of patients are still waiting for a special spinal service. The ICBs current position in May 2024 for 65-week waits is 895 against a plan in March 2024 of 1145.

Cancer waiting times

Significant progress has been made since last year, with a slightly better than revised plan for March 2024.

Diagnostic 6 week waits

The national objective is 5% by March 2025. The NENC ICB position in March 2024 was 17.5%, the 15th best performing ICS.

Pathway work and mutual aid between providers continue with a community diagnostics centre due to open later in the year which will provide additional capacity.

Waiting time for children and young people in mental health services

The data shows a steady rise in recent years in the number of children and young people waiting, with the data flattening in the last year as a result of additional capacity put into the system.

Adult mental health waiting times

The number of adults waiting for mental health services has seen a significant growth since the pandemic.

The NENC plan for inappropriate out of area placement bed days shows a significant and sustained improvement.

Primary Medical Services Partner Member drew the Board's attention to the 77,311 dental appointment slots commissioned in 2023-24 with 9,542 patient who did not attend and queried whether there were any further observations with regards to this data. The Chief Contracting and Procurement Officer confirmed there remained a number of challenges despite the work ongoing in relation to dentistry and noted Healthwatch continue to help in assessing progress to date.

RESOLVED

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

B/2024/14 Finance Report (agenda item 9.2)

The Chief Finance Officer provided the Board with an update on the financial performance of the NENC ICB and ICS in the financial year 2023/24 for the year up to 31 March 2024.

Subject to external audit, the ICB and ICS have achieved all of the financial duties.

ICS Revenue Position

As at 31 March 2024, the ICS is reporting an overall outturn surplus of £0.43m.

As noted previously, in month 11 a funding allocation of £35m was received from NHS England to offset the agreed planned deficit at the start of the year which is now being transacted to allow cash flow to the system.

ICB Revenue Position

As at 31 March 2024, the ICB is reporting an outturn surplus of £4.49m.

Running Costs

The ICB is reporting a relatively small underspend against running cost budgets of £1.6m.

ICS Capital Position

The capital duty not to spend more than allocated resource was achieved. The ICS capital outturn position shows a small overspend of £1.5m relating to the impact of an accounting standard change, which was managed at an NHS England regional level with additional capital funding agreed by NHSE in March 2024.

The Chief Finance Officer drew the Board's attention to the ICS finance paper, which reported the level of recurrent efficiencies we aimed to achieve as a system was approximately £60m. This represents a significant challenge and is reflected within the risks.

RESOLVED:

The Board **NOTED** the draft outturn financial position for 2023/24.

B/2024/15 2024/25 Financial and Operational Plan (agenda item 9.3)

The Chief Finance Officer presented the final submitted financial and operational plan for both the ICB and wider ICS for 2024/25, including a summary of changes since the draft plans presented to the Board previously.

Financial Plan

The Medium-term financial plan submitted to NHS England in September 2023 set out a "likely recovery trajectory" that suggested the 2024/25 ICS position would be a financial deficit of £176m.

The latest financial plan for 2024/25 now shows an overall ICS deficit position of £75.6m. Excluding the impact of a technical accounting change, the overall ICS position would be a net deficit of £49.9m.

The reported deficit of £75.6m equates to 1% of turnover across the ICS (0.7% excluding the impact of the technical accounting change).

This position assumes delivery of total ICS efficiencies of £519.7m (almost 7% of turnover). This is higher than the efficiencies delivered in 2023/24 (£409.9m) and the risk of under-delivery of efficiency plans is a significant risk to delivery of the plan as a whole. The net unmitigated risk reflected in the draft plan amounts to £160.9m across the system.

Within the ICS position, the current financial plan for the ICB for 2024/25 is a surplus of £53.6m. This includes an additional £10m of stretch efficiencies to support the overall ICS position.

The PFI accounting adjustment of £25.7m remains an issue and work are ongoing with both NHSE and the Trusts involved to resolve this issue before the final submission on 12 June 2024. The Board are requested to approve delegated authority to the Chief Executive and Chief Finance Officer to make any final adjustments to the plan.

A meeting took place on 22 May 2024 with NHS England to discuss the plan and how to become more sustainable in the future and was very positive.

Initial expected contract values were approved by Board in March 2024 in line with delegated financial limits. Appendix 1 highlights those contracts above £30m where values have subsequently

increased in the final financial plan. The Board is asked to approve the revised values in appendix 1 as part of the approval of the financial plan and budgets.

Activity and Performance

Overall, the plan is strong in terms of operational target delivery which was noted in the recent meeting with the national team where we received positive feedback.

Mental Health, People with a Learning Disability and Neurodiversity – the submission includes twelve metrics, with four metrics not expected to deliver the national ambition levels. These relate to people accessing specialist community perinatal mental health services, access to children and young people's mental health services, reliance on mental health inpatient care for adults with a learning disability and Talking Therapies Access (2024/25 revised definition which now counts number of people who have a course of treatment, 2+ contacts). All other metrics are planned to meet the national ambitions.

Reliance on mental health inpatient care for adults with a learning disability remains an area of focus. There is a lot of improvement activity ongoing. A weekly challenge group has been set up with a new dashboard to provide good oversight. Strategic work is also underway with local authority partners around the housing challenge.

In terms of elective care and diagnostics, 65-week waits are planned to be eliminated by September 2024 and a significant reduction in 52 week waits. The new outpatient metric for the percentage of outpatient attendances which attract a procedure tariff is not planned to be delivered but there is a planned reduction in the overall waiting list.

The submission includes three metrics for urgent and emergency care, three metrics for cancer care and four metrics for primary care all of which are planned to meet relevant national ambitions.

In terms of the discharge and community services – the submission includes four metrics (one without a specific planning ambition), three of which are showing improved positions and/or delivering national ambitions. The plan for virtual wards is to increase the number of patients being managed in virtual wards and utilisation will increase from November 2024, the average utilisation throughout the year will be slightly below the national ambition of 80%.

Workforce

Overall the April 2024 final submission shows a much-improved position with a 1.37% efficiency for the North East and North Cumbria. This was well received and benchmarks well across the neighbouring ICBs.

Final plans were required to be submitted by 2 May 2024, with System plans should be triangulated across activity, performance, workforce and finance and must be signed off by the ICB and partner foundation trust boards ahead of submission.

All information contained within the system plan has been signed off by partner Trust Boards ahead of submission to the ICB. Delivery of this report to the ICB Board is to seek formal sign-off of the submission.

Board member discussion highlighted;

- A challenging year ahead
- There was an 18% increase in the workforce during the pandemic.
- In terms of the workforce reduction during 2023/24 there has been a 0.4% reduction in clinical and 3% reduction in non-clinical workforce.
- Work is underway to inform a long-term workforce plan.
- Section 75 agreements are in place with local authorities and relate to pooled budgets and resources.
- The financial risks will be actively monitored and managed on a monthly basis and reported to NHS England and to the ICB Finance, Performance and Investment Committee. These will be escalated to Board as appropriate.
- There are eight People Promise exemplar sites across the system, who have seen a reduction in workforce turnover and an increase in retention. There is a real opportunity to look at the learning from this across the system.

The Board members abstained from decision making from contracts they were conflicted on and the meeting remained quorate as outlined below:

- ICB Chief Executive
 - Northumbria Healthcare NHS Foundation Trust.
- Chief Finance Officer
 - South Tyneside and Sunderland NHS Foundation Trust.
 - Gateshead Health NHS Foundation Trust.
 - Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Non-Executive Director
 - Tees, Esk and Wear Valley NHS Foundation Trust.
- Primary Medical Services Partner Member
 - Gateshead Health NHS Foundation Trust.
 - South Tyneside and Sunderland NHS Foundation Trust.
- Foundation Trust Partner Member

- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust.
- Tees, Esk and Wear Valley NHS Foundation Trust.
- Chief Medical Officer
 - County Durham and Darlington NHS Foundation Trust.
- Chief Corporate Services Officer
 - Newcastle Upon Tyne Hospitals NHS Foundation Trust.

The Board **APPROVED** the following revised contracts and agreements with a value over £30m:

- County Durham and Darlington NHS FT – Acute
- County Durham and Darlington NHS FT – Community
- Gateshead Health NHS FT – Acute
- Gateshead Health NHS FT – Community
- Newcastle Upon Tyne Hospitals NHS FT – Acute and Community
- Northumbria Healthcare NHS FT – Acute and Community
- South Tyneside and Sunderland NHS FT – Acute and Community
- North Tees and Hartlepool NHS FT – Acute and Community
- South Tees Hospital NHS FT – Acute and Community
- North Cumbria Integrated Care NHS FT – Acute and Community
- Tees, Esk and Wear Valleys NHS FT – Acute and Community
- North East Ambulance Service NHS FT – Ambulance
- Better Care Fund (BCF) Agreements with Local Authorities as detailed in the accompanying report.

RESOLVED:

The Board **APPROVED** the final ICB and ICS financial and operational plans for 2024/25.

The Board **APPROVED** the updated ICB revenue budgets for 2024/25 (as per Part A section 6) including those contracts which are above £30m as per appendix 1. The Board **AGREED** that further approval delegation will be given to the Chief Delivery Officer with regards to BCF agreements.

The Board **APPROVED** the ICS capital plan figures (as per Part A section 9).

The Board **APPROVED** delegated authority to Chief Executive and Chief Finance officer to make any final adjustments to the plan with regards to the technical accounting issue.

B/2024/16 Quality Strategy (agenda item 9.4)

The Chief Nurse presented the ICB Quality Strategy which underpins our ICB strategy Better Health and Wellbeing for All and has five strategic themes to enable us, as a system to continue to improve and be 'the best at getting better'.

Culture and Climate

Safety and a high-quality care need to be the priority for all, with enabling factors and enacting behaviours that will help us to build a safer culture and tackled closed cultures across the system.

Across the ICS we will adopt the following principles;

- Professional curiosity
- Just culture
- Freedom to speak up
- NHS peoples promise
- Equality, diversity and inclusion

Patient Safety

Safety is a priority for everyone with a clear commitment to improve safety.

We will;

- Embed processes and systems across the ICS that promotes high quality, safe and effective care.
- Foster a culture of openness, transparency and learning to improve safety for people.
- Recognise and celebrate outstanding health and care so we can learn when things go well and when things have not gone well.
- Identify risks and uses these as an opportunity to put things right, learn and improve.
- Consider the impact of health inequalities on patient safety and identify actions that can reduce the risks of harm.

Clinical Effectiveness

It is important across the system that people receive the right care, at the right time, in the right place.

We will;

- Adopt and shared evidence-based practices to the care and treatment people receive.
- Use data and intelligence to drive improvements to ensure effective high-quality care.
- Measure and publish quality measuring what matters to people, monitoring quality and safety consistently and use data to inform decision-making.
- Set clear standards for what high quality care and outcomes look like based on what matters to people and communities.

- Ensure there's coordination of services across the system, that considers the needs and preferences of different people, including those with protected characteristics and those at most risk of a poorer experience of care.
- Be alert and responsive to health inequalities, and social determinants of health which may lead to poorer outcomes and premature deaths.

Positive Experiences

It is important we make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support.

We will;

- Involve people in decisions about their care and tell them what's changed as a result.
- Actively seek out and listen to information about people who are most likely to experience inequalities in experience or outcomes.
- Co-produce with people with 'lived experience' as they are often best placed to advise on what support and services will make a positive difference to their lives.

Clinical and Multi-Professional Leadership

We will;

- Be driven by collective and compassionate leadership which champions a shared vision, values and learning.
- Have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of the system.
- Involve clinical and care professionals in all aspects and every level of system decision-making.
- Have a transparent approach to identify and recruit leaders that promotes equity of opportunity and recognises the different kinds of leadership styles required.

The ICB have received over 700+ responses to the strategy consultation, mainly from the public but also from staff and stakeholders.

Feedback from the public included suggestions on making the 'I' statements easier to understand, and that some statements weren't

The strategy outlined the foundations and next steps for each of the themes, and the contribution of everyone in the system is really important to help deliver this strategy.

Once the strategy is published, a patient safety centre will be launched September 2024, which will be our focal point to drive patient safety improvements.

There was real strong engagement across a number of forums with acute providers and was well received. The strategy was adopted by a number of organisations who were in the process of reviewing their quality strategies.

Board members discussion on the strategy highlighted;

- An easy read version was made available at the same time as the full strategy for the wider public consultation.
- It highlights the work we do and the importance of patient safety in our priorities.
- It sets a clear direction and vision.
- work will involve looking at Freedom To Speak Up and psychological safety to ensure people feel safe to speak up, this is important to help identify the cultures that exist across the system.
- It is important that we look at how we gather and triangulate data and have a good oversight of near miss incidents.
- There is an opportunity with the launch of PSIRF and the information that will be made available to us.
- There is an established Leaders Forum across the Integrated Care System which will meet three times a year, with dedicated time to look at leadership development and learning.

RESOLVED:

The Board **RECEIVED** the strategy for information.

B/2024/17 Questions from the Public on Items on the Agenda (agenda item 12)

No questions were received from the public relating to items on the agenda.

A question was received in relation to additional roles in general practice and a concern around funding not yet agreed beyond 2024.

ACTION:

A written response will be sent and made available on the website and a copy forwarded to Board members.

B/2024/18 Any other business (agenda item 13)

There were no other items of business.

The meeting closed at 12:30.