



**North East and North Cumbria Integrated Care Board**

**Finance, Performance and Investment Committee**

**Minutes of the meeting held on Thursday 6 June 2024 at 10:00hrs  
Via MS teams**

- Present:** Jon Rush, Independent Non-Executive Director & Chair  
David Chandler, Chief Finance Officer  
Eileen Kaner, Independent Non-Executive Director  
Jen Lawson, Head of Corporate Governance  
Jacqueline Myers, Chief Strategy Officer  
Rajesh Nadkarni, Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT  
Dr Michael Smith, Primary Medical Services Partner Member
- In attendance:** Sarah Burns, Director of Delivery Country Durham / Head of Integrated Strategic Commissioning  
Emma Ottignon-Harris, Executive Assistant (minutes)  
David Stout, Independent Non-Executive Member  
Dr John Warrington, Medical Director

<b>FPI/2024-25/28</b>	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed all those present to the meeting, introductions were made and it was confirmed that the meeting was quorate.</p> <p>It was agreed that the meeting would be recorded for the purpose of minutes.</p>
<b>FPI/2024-25/29</b>	<p><b>Apologies for absence</b></p> <p>Dr Neil O'Brien (Chief Medical Officer), Ken Bremner (Chief Executive, South Tyneside &amp; Sunderland NHS FT) and Levi Buckley (Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism)</p>
<b>FPI/2024-25/30</b>	<p><b>Declarations of interest</b></p> <p>There were no declarations of interest raised.</p>
<b>FPI/2024-25/31</b>	<p><b>Minutes of the previous meeting held on 2 May 2024</b></p> <p><b><u>RESOLVED:</u></b> The FPI Committee <b>AGREED</b> that the public and private minutes of the meeting held on 2 May 2024 were a true and accurate record.</p>

<p><b>FPI/2024-25/32</b></p>	<p><b>Matters arising from the minutes</b></p> <p>An additional update was given which will be noted in the Private minutes.</p>
<p><b>FPI/2024-25/33</b></p>	<p><b>Action log update</b></p> <p><b>FPI/2023-24/169/02 and FPI/2024-24/169/03 Performance Update – Inequalities:</b></p> <ul style="list-style-type: none"> <li>• To be reviewed in October 2024.</li> </ul> <p><b>FPI/2024-25/12/01 Terms of Reference:</b></p> <ul style="list-style-type: none"> <li>• FPI Chair to work with Governance Lead, Committee Support and Director of Finance on committee forward plan and relevant reports to fulfil the oversight role.</li> </ul> <p><b>FPI/2024/25/22/01 Performance Update – Dental Access Recovery:</b></p> <ul style="list-style-type: none"> <li>• Defer to next meeting (July or September 2024 tbc).</li> </ul> <p><b>FPI/2024-25/23/01 Infrastructure Board Update:</b></p> <ul style="list-style-type: none"> <li>• Draft strategy to be presented at FPIC on 4 July, in advance of Board approval 30 July and submission to NHSE 31 July 2024.</li> </ul> <p><b>FPI/2023/126/01 Independent Sector Review: Director of Finance (North) / Executive Director of Finance to provide additional information regarding mental health spend in the independent sector.</b></p> <ul style="list-style-type: none"> <li>• Slides were circulated to FPIC w/c 3 June.</li> <li>• The substantial increase in Autism Spectrum Disorder / ADHD spend from 2023/23 to 2023/24 will be linked to the escalation in waiting times for diagnosis and The Psychiatry UK service of offer, as an alternative diagnostic pathway, and due to the demand is expected to increase.</li> <li>• Transformation team development work is underway focussing on a needs-based approach for diagnosis and support, and accreditation is required to meet shared care pathway arrangements. However Patient Right to Choose and independent provider marketing will drive patient referral requests.</li> <li>• The contracting arrangements were explained and it was clarified that it is the responsibility of NENC ICB to ensure the quality of contacts and service.</li> <li>• Data in the slide for spend based on inpatient spend provision was for inpatient packages of care.</li> <li>• Feedback and action plans from a service of programme quality visits undertaken by ICB Directors of Nursing will be reported at Quality Committee. Patient Right to Choose will lead to patients looking for alternative services and transformation and commissioning work will focus on community and other non-clinical services.</li> <li>• As the Chief Procurement and Contracting Officer is undertaking an exercise to review arrangements and oversight of independent sector providers, an action was raised to request an update on this work at a</li> </ul>

	<p>future meeting.</p> <p><b>FPI/2024-25/33/01 Independent Sector Review:</b>  <b>ACTION: Chair to request an update from the Chief Procurement and Contracting Officer regarding quality oversight arrangements of independent sector providers at a future FPI Committee meeting.</b></p> <ul style="list-style-type: none"> <li>• It was explained that it is a similar model for Ophthalmology arrangements, although a request for service specification can be made but is restricted due to national arrangements.</li> <li>• It was noted that it would be encouraging if traction could be made on collaborative working with education and other partners at future ICP meetings.</li> </ul>
<p><b>FPI/2024-25/34</b></p>	<p><b>Notification of urgent items of any other business</b></p> <p>None received.</p>
<p><b>FPI/2024-25/35</b></p>	<p><b>ICB financial performance update</b></p> <p>The audit review of the ICB and Foundation Trust accounts for 2023/24 is ongoing which had identified some low level risks to the value of £4m and £11m at North Cumbria Integrated Care NHS FT (NCICFT) and Tees, Esk and Wear Valleys NHS FT (TEWVFT).</p> <p>With regard to the 2024/25 financial plan position, discussions were ongoing with NHSE to quantify the impact of a technical accounting change relating to PFI costs which would be funded by NHSE. NHSE had estimated the impact to be £14.3m while the latest assessment of the impact in the ICS was almost £20m. An explanation of the issues was given which will require a resolution and strategy, but it was emphasised that this is not expected to affect the final £50m deficit plan position. Each Foundation Trust will receive a letter regarding its operational plan.</p> <p>The Chair asked to note that the 2024/25 NENC ICB Financial Plan was approved by NENC ICB Board on 4 July 2024 for submission to NHSE, with a caveat of some delegated responsibilities by the Chief Executive Officer and Chief Financial Offer.</p> <p>Confirmation of UEC capital funding at NCIC has been confirmed and work is ongoing regarding additional capital related to a building rectification legal case at Northumbria Healthcare NHS FT (NHCFT).</p> <p>It was explained that NHSE have set a revised financial framework for capital resources available depending on a breakeven or different deficit positions. It was noted that the ICB £50m deficit position will not be repayable, so long as that planned deficit position is achieved.</p> <p>A brief description on national workforce controls and potential post general</p>

	<p>election priorities was given.</p> <p>There was an opportunity for comments and questions:</p> <p>In response to a question regarding assurance of understanding systemwide workforce plan and requirements, the Committee were advised that this is led by the Provider Collaborative, however further work is required with the non-foundation trust element. An action was raised for the Chief Finance Officer to request further information. Work is underway with the Chief of Strategy, Chief Delivery Officer and Chief Procurement to develop a Primary Care workforce action plan, however there was agreement that further work is required.</p> <p>The Chief Finance Officer left the meeting.</p> <p><b>ACTION: Chief Finance Officer to seek further information regarding non-foundation trust workforce plans.</b></p>
<p><b>FPI/2024-25/36</b></p>	<p><b>ICB performance update</b></p> <p>The Chief of Strategy introduced the integrated delivery report which provided an ICS overview of quality and performance using data covering March 2024 for most metrics and April 2024 for others, unless otherwise specified. The finance data was for March 2024 (Month 12).</p> <p>It was suggested that for future year end reporting, the report would be split with a year-end position and exception headlines against M1 data.</p> <p>Key areas for attention were addressed:</p> <p>March 2024 plan for people with a serious mental illness (SMI) receiving a full physical health check in Primary Care had not been achieved and further information was required to understand why or if it was in fact a data quality issue, therefore the Chief of Strategy would provide a further update at the next meeting.</p> <p><b>ACTION: Chief of Strategy to obtain further information on data regarding failure to achieve the March 2024 plan for people with SMI receiving full physical health check in Primary Care and update at the next meeting.</b></p> <p><b>Diagnostics:</b></p> <ul style="list-style-type: none"> <li>• The data for April 2024 had indicated that across NENC 86.1% of patients received their diagnostics tests within 6 weeks which was below the March 2024 plan of 89.4%. Engagement with providers and the Diagnostic Programme Board will be undertaken to drive activity, particularly for the first part of the year until additional Diagnostic Community Centres are launched, to assist in delivering the 92.7% March 2025 ambition, and it was noted that recently this has been a worsening position week on week.</li> </ul>

**Elective Care:**

- Fortnightly meetings have commenced between the ICB Performance Team and NCICFT, NuTHFT and STHFT due to a worsening position for eliminating the number of patients waiting over 65 weeks for Elective Care. Additional support from the Provider Collaborative Mutual Aid programme, and impact due to further junior doctor industrial action in June 2024 was highlighted.
- Work is underway with the ICB Director of Delivery North Cumbria to develop a holistic improvement approach with NCIC in recognition of a variety of issues in UEC, Cancer, Elective Care and significant financial challenges, to focus on sustainable pathway arrangements and with Community Transformation Board support.

**UEC:**

- Category 2 ambulance response time was 4 minutes quicker than plan in April and is anticipated to improve further into May. As a result of additional national ambulance funding until end of July, the ICB had submitted a plan to increase capacity with third party providers and clinical hours in the control room. A national meeting would take place regarding potential further recurrent funding.
- The proportion of A&E waiting times within 4 hours was slightly off plan and there was a noticeable variation and some escalation across Provider Trusts. It was noted that in May some winter services have been paused which can put further pressure in EDs.

**MHLDA:**

- Engagement with provider trusts is required regarding management of children and young people with Autism and Neurodevelopment waiting over 104 weeks, patient tracking and support.
- NENC has made a commitment to recurrent SDF funding and commissioning plans in advance of planning rounds for areas where MHLDA standards have not been achieved.
- A Business Intelligence dashboard has been launched and will streamline thematic data sets. Reducing reliance impatient care for adults and children was highlighted as a key area and in addition a weekly performance and oversight meeting with a dedicated ICB complex case management team has been established.

There was an opportunity for comments and questions:

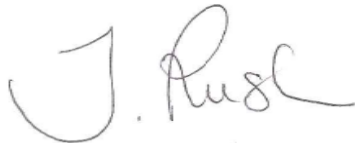
In response to a question regarding indicators and plans for areas with no national plan, the Committee were advised that the ICB Insights team will deliver a level of performance insights and transformational plans in the Healthier and Fairer programme and, as a result of the ICB 2.0 process, a dedicated Healthier and Fairer team has been established.

There was a query regarding assurance and scrutiny of mortality data in light of the Letby case. It was understood that there had been no formal instruction or actions received to date from NHSE, but the Executive Chief of Strategy would

	<p>have a discussion with the Chief Nurse regarding any interim ICB plans and report back.</p> <p><b>ACTION: Executive Chief of Strategy to have a discussion with the Chief Nurse regarding any interim ICB plans and actions regarding assurance of mortality rates following the Letby case and report back to the FPI Committee.</b></p> <p>The Executive Chief of Strategy was asked to provide further information regarding the timescale for completion of analysis work around deterioration in workforce sickness, which was detailed on page 5 in the report.</p> <p><b>ACTION: Executive Chief of Strategy to request further information regarding timescale for completion of analysis work detailed in the IDR around deterioration in workforce sickness.</b></p> <p>There was a discussion regarding an announcement by University of Cumbria and Imperial College London for a new Carlisle graduate entry medical school and the significant challenge faced at NCIC with recruitment and retention of a fully qualified clinical workforce was emphasised.</p> <p><b>RESOLVED:</b> The Finance, Performance and Investment Committee <b>RECEIVED</b> the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.</p>
<p><b>FPI/2024-25/37</b></p>	<p><b>Risk management report</b></p> <p>The Head of Corporate Governance introduced the Risk Management report which provided a current position on risks facing the organisation as at 29 May 2024 and relevant to the remit of the FPI Committee.</p> <p>It was noted that some corporate governance work, which had previously been provided by NECS, would be in-housed following the conclusion of ICB 2.0 and the Committee would be updated on any changes to future reporting arrangements or reporting cycle.</p> <p>Updates to the report had been made since it had been published: NENC0069 due for review in August 2024 post general election and NENC0007 was closed.</p> <p>There were two questions raised regarding assurance of financial risks and the 2024/25 reporting process and granularity to deliver the ICB plan.</p> <p>In response the Executive Chief of Strategy confirmed that a dedicated programme management team had been established to focus on MTFP workstreams, and if required a highlight programme report could be produced.</p> <p>In absence of the Chief Finance Officer, The Executive Chief of Strategy</p>

	<p>described the assurance process which includes monthly ICS Director of Finance meetings and deep dives at certain points of the year to understand the plan delivery position and identify early warnings. The peer support network was noted which allows an open and collaborative working relationship.</p> <p>The Head of Corporate Governance described the limitations of changing the reporting format of the risk register, as it is produced via the national online solution SIRMS, but would follow up with the Governance team to explore if it would be possible to produce a more simplistic version, whilst ensuring scrutiny and assurance. A suggestion was also made to include narrative obtained from the Finance and Performance teams to highlight the top risks.</p> <p><b>ACTION: Head of Corporate Governance to work with Executive Chief of Strategy on a simplified risk report to include more detailed narrative on high level risks.</b></p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. The Finance, Performance and Investment Committee <b>RECEIVED</b> and <b>REVIEWED</b> the risk register for assurance.</li> <li>2. The Finance, Performance and Investment Committee <b>NOTED</b> the profile of the risks as at 29 May 2024 and discussed whether this accurately reflected the organisation's risk profile.</li> </ol>
<p><b>FPI/2024-25/38</b></p>	<p><b>Any other business</b></p> <p>There was no further business raised to discuss.</p>
<p><b>FPI/2024-25/39</b></p>	<p><b>Meeting review and date of next meeting</b></p> <ul style="list-style-type: none"> <li>• The next meeting is confirmed to take place on Thursday 4 July at 10.00hrs via MS teams.</li> <li>• A request was made to confirm attendance or arrange a deputy if required to ensure quoracy.</li> </ul>

**Signed:**



**Position:**

Chair

**Date:**

4 July 2024