

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

**Minutes of the meeting held on Tuesday 8 April 2025, 11:00hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

- Present:** Sam Allen, Chief Executive (Chair)
Kelly Angus, Interim Chief People Officer
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
Graham Evans, Chief Digital and Infrastructure Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Claire Riley, Chief Corporate Services Officer
- In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deborah Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation North East and North Cumbria (NENC)
Julie Parkinson, Strategic Head of Procurement - for item 13.1 only
- EC/2025-26/1 Agenda Item 1 - Welcome and introductions**
- The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.
- EC/2025-26/2 Agenda Item 2 - Apologies for absence**
- No apologies for absence were received.
- EC/2025-26/3 Agenda Item 3 - Declarations of interest**
- Members had submitted their declarations prior to the meeting which had been made available in the public domain.
- There were no additional declarations of interest made at this point in the meeting.
- EC/2025-26/4 Agenda Item 4 - Minutes of the previous meeting held on 11 March 2025**
- RESOLVED:**
The Executive Committee AGREED that the minutes of the meeting held on 11 March 2025, were a true and accurate record

EC/2025-26/5

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

The Chief Corporate Services Officer proposed a review of the whole log is carried out to close actions which may have moved on. The Chair agreed with this proposal.

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

ACTION:

The Chief Corporate Services Officer to carry out a review of the action log

EC/2025-26/6

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

No items of any urgent business were received at this point in the meeting.

EC/2025-26/7

Agenda Item 7.1 – Board Assurance Framework and Risk Register

The Chief Corporate Services Officer introduced the report which provided the Committee with a refreshed Board Assurance Framework (BAF) for quarter four of 2024/25 and an updated corporate risk register.

The Chief Corporate Services Officer noted that the BAF and risk register reflects the risks that your teams have included and therefore, as such, the report has been developed from that.

It was noted that a review of the BAF and the risk register is required in light of the national announcements and there will be new risks to add to the risk register. The Chief Corporate Services Officer asked members to encourage their teams to review and update their risks.

It was noted the Strategic Commissioning Transition Programme Group will require a risk register ensuring this has links to the corporate risk register.

RESOLVED:

- 1) The Committee RECOMMENDED the approval of the BAF for quarter 4 2024/25 to the Board**
- 2) The Committee RECEIVED the corporate risk register for assurance**
- 3) The Committee NOTED that the breakdown of risks identified at placed-based level is included within the Chief Delivery Officer's report**

EC/2025-26/8

Agenda Item 8.1.1 – Clinical Effectiveness and Governance Highlight Report

The Chief Medical Officer introduced the report which provided the Committee with the decisions made at the February 2025 Clinical Effectiveness and Governance Subcommittee.

The issues/items discussed were:

- Medicines and guidelines decisions
- Approval process for 30-day NICE Technology Appraisals
- DCB 0160 Guidance and AI Scribe Safety Templates
- Data flows and governance in relation to audit and pathways

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/9

Agenda Item 8.1.2 – Women's Health Steering Group Highlight Report

The Chief Corporate Services Officer introduced the report which provided the Committee with an update on the ICB Women's Health Programme.

It was noted that the Women's Health Conference is currently on hold and the research element is now commencing.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/10

Agenda Item 8.1.3 – Improvement Programme Highlight Report

The Chief Strategy Officer introduced the report which provided the Committee with the development of the ICB Improvement approach, Boost Development Programme.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/11

Agenda Item 8.2 – Place Subcommittee Minutes

County Durham - noted for information and assurance only.

South Tyneside - noted for information and assurance only.

Sunderland - noted for information and assurance only

Tees Valley Subcommittees in Common - noted for information and assurance only.

North Cumbria - noted for information and assurance only.

North Tyneside - noted for information and assurance only.

Northumberland - noted for information and assurance only.

RESOLVED:

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

- EC/2025-26/12 Agenda Item 8.3 – Mental Health, Learning Disabilities and Autism Subcommittee Minutes**
- Noted for information and assurance only.
- RESOLVED:**
The Committee RECEIVED the Mental Health, Learning Disabilities and Autism Subcommittee minutes for assurance
- EC/2025-26/13 Agenda Item 8.4 – Pharmaceutical Services Regulatory Subcommittee Minutes**
- Noted for information and assurance only.
- RESOLVED:**
The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee minutes for assurance
- EC/2025-26/14 Agenda Item 8.5 – Primary Care Subcommittee Minutes**
- The Chief Contracting and Procurement Officer informed the Committee the frequency of the meeting will change to incorporate the transformational work which needs to be carried out.
- Noted for information and assurance only.
- RESOLVED:**
The Committee RECEIVED the Primary Care Subcommittee minutes for assurance
- EC/2025-26/15 Agenda Item 8.5.1 – Primary Care Subcommittee Annual Effectiveness Review**
- Noted for information and assurance only.
- RESOLVED:**
The Committee RECEIVED the Primary Care Subcommittee Annual Effectiveness Review
- EC/2025-26/16 Agenda Item 8.6 – Contracting Subcommittee Minutes**
- Noted for information and assurance only.
- RESOLVED:**
The Committee RECEIVED the Contracting Subcommittee minutes for assurance
- EC/2025-26/17 Agenda Item 9.1 - Executive Area Directors Update Report March and April 2025**

The Chief Delivery Officer provided a summary of items outlined in the report. The Committee was asked to particularly note from the report:

- Northumberland and North Tyneside
 - Northumberland have started to develop a proposal for how Primary care, Paediatricians and family hubs can develop a multi professional team to support children and young people access the right care and avoid unnecessary admissions or attendances in ED. Working with the Children Network a small group are co-producing a model of working which when completed can shared more widely
- South Tyneside and Sunderland
 - Locally there continues to be ongoing issues in relation to No Criteria to Reside patients at South Tyneside and Sunderland Foundation Trust (STSFT). A further winter debrief has taken place and the trust continues to be an outlier
 - The Newton Europe work is due to commence presently. The Director of Delivery (South Tyneside and Sunderland) is considering the best option to report this work to the Committee
- Tees Valley
 - As part of the palliative and end of life care transformation programme across Tees Valley, the LDT has worked with the Gold Standards Framework to secure two roadshow events which were held in February. These events targeted generalist staff across our localities to raise awareness of Advance Care Planning, why it is important and to improve staff confidence in utilising this care planning tool. One of the roadshows focused on six clinical pathways. It was noted that it will need to be considered where this fits with the Clinical Conditions Strategic Plan

The Chief Delivery Officer noted that the Director of Delivery (North Cumbria) has now retired. The Deputy Director of Delivery will be acting up for three months.

The Chief Strategy Officer noted the Newton Europe work was presented to the committee quite a few months ago and requested an update be provided to the Committee. The Chief Delivery Officer confirmed the programme was planned to start in April 2025 however, there has been an issue with the recruitment of a Programme Manager as it is a split post between the ICB, Local Authorities and STSFT.

The Chief Medical Officer enquired if the population health hub in South Tyneside and Sunderland will be a part of the neighbourhood model. The Chief Strategy Officer recommended the Director of Strategy, Planning and Performance links with the Directory of Delivery (South Tyneside and Sunderland) to ensure the pieces of work are linked.

RESOLVED:

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

EC/2025-26/18

Agenda Item 10.1 – Strategic Commissioning Transition Programme Initiation Plan and Steering Group Terms of Reference

The Chief Strategy Officer introduced the report which provided the Committee with the programme initiation document and the draft Strategic Commissioning Transition Programme Steering Group Terms of Reference (ToR).

The Chief Strategy Officer noted that the programme initiation document has been a joint effort with input from members. The document outlines how the programme will be initiated, ran and the activities to be undertaken. The Strategic Commissioning Transition Programme Steering Group will report directly to the Committee.

The Chair requested there are dedicated clinical leads aligned to support the programme. The Chief Strategy Officer confirmed that clinical lead will be involved in the operating model design. The Chair requested to make it explicit where clinical leadership is within the programme.

The Chair noted discussions with the ICB Chair and Non-Executive Directors (NED) have taken place and it has been requested that there is NED scrutiny and oversight of the programme via a form of Transition Board meeting. The Strategic Commissioning Transition Programme Steering Group will have a dotted line to the Transition Board as an oversight function. The Chief Corporate Services Officer noted this needs to be thought through as to the best approach and will take this offline to progress.

ACTION:

The Chief Corporate Services Officer to determine the best approach to a Transition Board meeting

RESOLVED:

- 1) The Committee APPROVED the approach as outlined in the report**
- 2) The Committee APPROVED establishment and Terms of Reference of the Strategic Commissioning Transition Programme Steering Group**

EC/2025-26/19

Agenda Item 11.1 - NENC ICB and ICS Finance Report Month 11

The Chief Finance Officer introduced the report which provided the Committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (NENC ICB) and NENC

Integrated Care System (ICS) in the financial year 2024/25 for the eleven months to 28 February 2025.

The ICS is reporting a year-to-date deficit of £14.7m compared to a planned deficit of £13.5m, an adverse variance of £1.22m, a slight improvement to the previous month. The full year ICS financial plan is now a breakeven position following receipt of deficit support funding of £49.95m. The position continues to include a number of financial pressures highlighted previously linked to pay award pressures, efficiency underperformance and pressures on drugs and devices.

Net unmitigated financial risk across the ICS amounted to £161m across the system. This largely related to the delivery of required efficiency plans which are higher than those delivered in 2023/24. The level of unmitigated financial risk has reduced over recent months. Whilst there are still some remaining financial risks to manage, further mitigations have been identified and there is confidence the planned position will be delivered for 2024/25.

ICB running costs:

- The ICB is reporting an underspend position against running cost budgets of £2.26m year to date and a forecast underspend of £6.4m, an underspend on running cost budgets was expected in the current year as the full reduction in running cost allowance does not materialise until 2025/26

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £10m, and a forecast surplus of £12.2m in line with plan compared with a revised full year plan surplus of £3.6m

ICS Capital:

- ICS capital spending forecasts are currently in line with the confirmed capital allocation

The Chief Finance Officer noted useful discussions are ongoing regarding the plan for delivery and that workforce will be fundamental to delivering the plan for 2025/26.

The Chief Finance Officer highlighted at the last committee meeting it was agreed that due to the short timescales delegated authority would be given to the Chief Finance Officer and Chief Executive to approve any further funding received which is a pass-through to relevant providers, or to approve spend where budgets are in place within the ICB or other measures to manage year end finance in a timely manner. Table one within the paper summarises non-recurring funding agreed for relevant provider trusts within the ICS. Some of this funding relates to further allocations received from NHSE in months 11-12 and some relates

to budgets held within the ICB to offset pressures previously identified by the Foundation Trusts.

The Committee recognised this is a huge achievement and thanked the Chief Finance Officer for their leadership and the finance team for all of their hard work.

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

RESOLVED:

- 1) The Committee NOTED the latest year to date and forecast financial position for 2024/25,**
- 2) The Committee NOTED there are a number of financial risks across the system still to be managed**
- 3) The Committee NOTED the non-recurrent funding in table one which was approved under delegated authority**

EC/2025-26/20

Agenda Item 12.1 - Integrated Delivery Report (IDR)

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

The Committee was informed of the key messages as follows:

- Urgent and Emergency Care
 - Category two mean response times have improved in February 2025 at 22mins 11s compared to January 2025, year to date performance remains ahead of plan. NEAS national ranking for Category two performance is 1/11 across all ambulance providers in England, at both February 2025 and year to date position.
 - The Accident and Emergency four-hour wait performance was at 76.6% and remains above the national average of 73.4%, the national target of delivering 78% has been met
- Electives
 - 65 week waits have decreased from 28 in January 2025 to 24 in February 2025
 - NENC ICS have maintained their position as the best performing ICB (1/42) in Jan25 for Referral to Treatment performance with 69.1% of people on the waiting list for elective (non-urgent) treatment waiting less than 18 weeks. This compares to national performance of 58.8%
 - In January 2025, the ICB reported under five 104+ week waiters
- Cancer
 - Cancer 62-day performance decreased from 72.3% in December 2024 to 71.4% in January 2025; though still

- maintained its position above plan (71%) and represented the second best monthly performance over the last 12 months
- Cancer faster diagnosis had a typical seasonal drop from 81.8% in December 2024 to 75.6% in January 2025 falling short of the national expectation of 77% by March 2025 and the Operational planning trajectory of 78.7%

The Chief Digital Strategy Officer noted Talking Therapies – Reliable Recovery and Reliable Improvement rates were slightly below plan. The rates of physical annual health checks for people with severe mental illness in increasing.

The Chief Delivery Officer noted the GP Outlier Primary Care Pack and how we consider integrating more of this detail into the IDR. The Chief Strategy Officer informed the Committee that due to the strategic transition they have proposed to reduce the metrics within the IDR and continue with the annual deep dives, this will ensure we get the correct data to the right people to drive improvements. A proposal will be developed and presented back to the Committee.

The Chief Corporate Services Officer noted that there is an opportunity in light of the change which is coming to consider what do we need to include within our reports moving forward and where do they need to be reported to.

The Chair proposed drafting a letter to North East Ambulance Service to congratulate them on their work achieving the metrics. The Committee agreed with the proposal.

ACTION:

- 1) The Chief Strategy Officer to develop a proposal of the reduced metrics for the IDR and present back to the Committee
- 2) The Chair to draft a letter to North East Ambulance Service to congratulate them on their work achieving the metrics

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/21

Agenda Item 13.1 – Procurement Act 2023 Mandatory Requirements Updates

At 11:39am the Strategic Head of Procurement attended the meeting to present the report

The Strategic Head of Procurement introduced the report which provided the Committee with the new procurement legislation and impact of the Procurement Act 2023 for procurement of non-healthcare goods, works and services.

The Procurement Act 2023 (PA23) came into force on 24 February 2025 alongside the Procurement Regulations 2024 (PR24) and the National Procurement Policy Statement (NPPS) for the procurement of non-healthcare goods, works and services.

It was noted that the regulation guidance is constantly changing and the impact for the ICB is significant in terms of mandatory requirements and transparency notices.

The key mandatory requirements will impact all Directorates within the ICB are:

- Contract Performance Notices - A contract performance notice is mandatory and requires the Contracting Authority to publish information on supplier performance from KPIs that have been set out within the contract awarded
- Contract Payment Notices - A contract payment notice is mandatory and requires the Contracting Authority to publish details of individual payments of £30k or more made under contract on the Central Digital Platform
- Payments Compliance Notices - A payments compliance notice is mandatory and requires the Contracting Authority to publish details of payment performance against 30-day payment terms on the Central Digital Platform
- Other Mandatory Notices / Requirements – Procurement
 - UK1 Pipeline notice – for organisational spend of £100m and above per annum (18 month look forward required)
 - UK2 Preliminary Market Engagement notice – mandatory where engagement anticipated or taken place (need to explain why 'not' been published in tender notice)
 - UK4 Tender notice – for competitive tender procedure
 - UK5 Transparency notice – for direct awards (publish prior to award)
 - UK6 Contract Award notice – for outcome of procurement (triggers commencement of standstill period)
 - UK7 Contract Details notice – details of award
 - UK8 Contract Payment notice – as above
 - UK9 Contract Performance – as above
 - UK10 Contract Change – publish prior to a contract modification taking place
 - UK11 Contract Termination notice – when a contract ends (expires or early termination)
 - UK12 Procurement Termination notice – for when a tender notice has been published but process has been terminated without an award
 - UK13-16 Dynamic Market notice – to publish, update, establish, change or terminate a dynamic market
 - UK17 Payments Compliance – as above

The Strategic Head of Procurement informed the Committee a paper is being developed to support the mitigation of the risks and will be presented back to the Committee. The Committee were assured that the Director of Finance (Corporate) has been involved in discussions regarding payment compliance notices.

The Chief Medical Officer noted the requirement to report certain serious incidences of supplier poor performance within thirty days and enquired what is defined as a serious incident. The Strategic Head of Procurement confirmed that the guidance is open to interpretation especially from legal firms. The Chief Medical Officer proposed the IDR performance report is the vehicle we use to publish these issues.

The Chief Digital and Infrastructure Officer queried do we have the capacity to keep on top of the dynamic changing environment and what are the penalties if we are not complaint. The Strategic Head of Procurement confirmed capacity is an issue. The penalties could range from a warning notice, fine or court. If a case escalates to court it then becomes a national legal challenge which can result in costs and reputational risk.

The Chair enquired what good looks like and if we were to benchmark ourselves against that today what would the assessment be. The Strategic Head of Procurement informed the Committee meetings take place with the Department of Health and Social Care (DHSC) and NENC ICB have been flagged as the best in terms of being the most transparent and being compliant. However, there is a concern regarding maintaining this due to capacity.

The Chief Contracting and Procurement Officer noted work has started on a procurement strategy which will need to include the level of risk the ICB will accept. The draft procurement strategy will be presented to the committee at the June 2025 meeting.

ACTION:

- 1) The Chief Contracting and Procurement Officer and Strategic Head of Procurement to develop a paper to support the mitigation of risks and issues as outlined within the report
- 2) The Chief Contracting and Procurement Officer and Strategic Head of Procurement to present the Procurement Strategic to the Committee in June 2025

RESOLVED:

The Committee NOTED the information within this paper and considered the impact across the ICB.

The Committee AGREED to receive of a further paper to support the mitigation of risks and issues as outlined within the report

At 12:03pm the Strategic Head of Procurement left the meeting.

Agenda Item 14.1 – Innovation Update

The Chief Executive, Health Innovation NENC introduced the report which provided the Committee with an update on the innovation programme of work.

The key points from the presentation were:

- NENC are leading the way with innovation which provides a platform for the next twelve months
- Statutory duties - Each integrated care board must, in the exercise of its functions, promote innovation in the provision of health services (including innovation in the arrangements made for their provision)
- The Innovation Pathway Model is delivered by experts in the region and are aligned resource to ICB priorities
 - More than 3.8m patients have benefited from our national programmes and initiatives since 2018
 - More than 340,000 hours of healthcare staff capacity released through our programmes and initiatives since 2020
 - More than £2.6bn investment leveraged since 2018 by companies we have supported
 - 10,000 jobs either created or safeguarded in companies we supported
 - 3:1 return on investment delivered through our innovator support
- HI NENC Funding 2024/25
 - NHSE (Patient Safety) - £575k
 - NHSE - £1.8m
 - Members - £395k
 - Older Life Sciences (OLS) - £691k
 - Non-recurrent income - £12.5m
 - Total funding £15.96m
- What we have achieved together...so far
- Programmes of work for 2025/26
 - Healthy Heart Checks
 - Cardiovascular Disease - National Programme
 - Respiratory
 - Mental Health
 - Women's Health
 - Accelerating Innovation Ecosystems
- Future Opportunities
 - Innovation Zones – NENC
 - Alignment with NECA regarding the Growth Plan
 - What does the future look like and how is innovation supporting this repositioning;
 - For patients aligned to clinical conditions
 - Alignment to the three shifts
 - Pharmaceutical interventions
 - Technological interventions

- HI NENC legal structure to help NENC ICB
- Future home for the HI Master Level Agreement – DHSC / National Institute for Health and Care Research / OLS
- Art of the possible...ambition for the future
 - Artificial Intelligence
 - Secure Data Environment
 - Clinical Digital Resource Collaborative
 - Better pathways to support innovation – learning from Business Intelligence
 - Build confidence in working with Pharma

The Chief Executive, HI NENC noted it would be beneficial to produce a bi-monthly highlight report to the Committee. The Committee approved of the approach with the first highlight report to be received at the June 2025 meeting.

At 12:25 the Chair left the meeting, the Chief Medical Officer assumed chairing duties for the remainder of the meeting.

The Chief Corporate Services Officer thanked the Chief Executive HI NENC for the presentation and noted that the presentation represents the opportunities of sharing, to disseminate and learning and demonstrates where we are making the connections.

The Chief Digital and Infrastructure noted the work of the HI NENC team and to consider how we turn innovation into transformation at scale.

The Chief Delivery Officer noted the reference to the Local Delivery Teams and the opportunities for the economies of scale.

The Chief Finance Officer enquired how HI NENC are up to date with innovations happening in other parts of the country. The Chief Executive, HI NENC confirmed there is a national network which has access to the national pipeline.

ACTION:

The Chief Executive, HI NEC to provide bi-monthly highlight reports to the Committee from June 2025

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2025-26/22

Agenda Item 14.1 – Provider Collaborative Report

The Chief Strategy Officer introduced the report which provided the Committee with progress against the work programmes set out for NENC.

The Chief Strategy Officer noted the report contains the Provider Collaborative 2024/25 Responsibility Agreement and oversight of the programmes that the provider collaborative is providing:

- Elective Recovery
- Strategic Approach (Clinical Conditions Strategic Plan)
- Diagnostics
- Aseptics
- Infrastructure
- Workforce
- Procurement

A revised responsibility agreement for 2025/26 will be presented to the Committee in May/June 2025.

The Interim Chief People Officer noted a concern regarding the workforce indicators.

The Chief Corporate Services Officer noted a duplication between the medium term financial plan group and the provider collaborative.

The Chief Executive, HI NENC flagged duplication around digital innovation and artificial intelligence.

RESOLVED:

The Committee NOTED the progress against the identified Responsibility Agreement programmes

EC/2025-26/23 Agenda Item 15.1.1 – HR09 – Working Time Directive Policy

The Committee is asked to approve the Working Time Directive Policy.

RESOLVED:

The Committee APPROVED the HR09 – Working Time Directive Policy

EC/2025-26/24 Agenda Item 15.1.1 – HR11c – Carers Leave Policy

The Committee is asked to approve the Carers Leave Policy.

RESOLVED:

The Committee APPROVED the HR11c – Carers Leave Policy

EC/2025-26/25 Agenda Item 15.1.1 – HR21 – Job Evaluation Policy

The Committee is asked to approve the Job Evaluation Policy.

RESOLVED:

The Committee APPROVED the HR21 – Job Evaluation Policy

EC/2025-26/26 Agenda Item 15.2 – ICBP040 – Value Based Clinical Commissioning Policy

The Chair informed the Committee there have been minor changes to:

- Tonsillectomy for Recurrent Tonsillitis
- Low Back Pain - Medial Branch Block (MBB)
- Low Back Pain - Radiofrequency denervation (Rhizolysis)

The Committee is asked to approve the updated Value Based Clinical Commissioning Policy.

RESOLVED:

The Committee APPROVED the ICBP040 – Value Based Clinical Commissioning

EC/2025-26/27 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/28 Agenda Item 16.2 - New Risks to add to the Risk Register

No further risks were identified.

EC/2025-26/29 Agenda Item 17 - CLOSE

The meeting was closed at 13:00hrs.

Date and Time of Next Meeting

Tuesday 13 May 10:30am.



**Claire Riley
Executive Committee Chair
13 May 2025**