



**North East and  
North Cumbria**

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

**Minutes of the meeting held on Tuesday 9 May 2023, 10:15hrs in the  
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

**Present:** Samantha Allen, Chief Executive (Chair)  
Levi Buckley, Executive Area Director (North and North Cumbria)  
David Chandler, Executive Director of Finance  
Graham Evans, Executive Chief Digital, and Information Officer  
David Gallagher, Executive Area Director (Tees Valley & Central)  
Annie Laverty, Executive Director of Improvement and Experience  
Rachel Mitcheson, Director of Place (Northumberland)  
Jacqueline Myers, Executive Chief of Strategy and Operations  
Dr Neil O'Brien, Executive Medical Director  
David Purdue, Executive Chief Nurse  
Claire Riley, Executive Director of Corporate Governance,  
Communications, and Involvement  
Aejaz Zahid, Executive Director of Innovation

**In attendance:** Rebecca Herron, Governance Manager (minutes)  
Neil Hawkins, Senior Governance Lead  
Hayley Campbell, PA to the Director of Corporate Governance and  
Involvement (shadowing for minutes)  
Rob Common, Head of Quality, South Tyneside and Sunderland  
Foundation Trust (shadowing Executive Chief Nurse)  
Francesca Best, Medical Student (shadowing Chief Executive)

<b>EC/2023-24/28</b>	<b>Agenda Item 1 - Welcome and introductions</b>  The Chair welcomed all those present to the meeting.
<b>EC/2023-24/29</b>	<b>Agenda Item 2 - Apologies for absence</b>  Apologies for absence were received from Deb Cornell, Director of Corporate Governance, and Involvement (Board Secretary) who was represented by Neil Hawkins, Senior Governance Lead.
<b>EC/2023-24/30</b>	<b>Agenda Item 3 - Declarations of interest</b>  There were no declarations of interest made at this point in the meeting.

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<p>EC/2023-24/31</p>	<p><b>Agenda Item 4 - Minutes of the previous meeting held on 11 April 2023</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee AGREED that the minutes from the meeting held on 11 April 2023 were a true and accurate record.</b></p>
<p>EC/2023-24/32</p>	<p><b>Agenda Item 5 - Matters arising from the minutes and action log</b></p> <p>The Chair noted that action log was significantly long and requested all executive committee members review and update their allocated actions by 13 June 2023.</p> <p><b><u>ACTION:</u></b>  <b>All executive directors to review and update their allocated actions on the action log.</b></p>
<p>EC/2023-24/33</p>	<p><b>Agenda Item 5.1 – Current Key Risks</b></p> <p>The risk log was considered and discussed by the committee members.</p> <p>The Executive Director of Finance asked the committee members if they were clear on the top five risks on the risk log.</p> <p>The Executive Director of Corporate Governance, Communications and Involvement recommended the committee to review the risks collectively and not individually which will ensure the question raised by the Executive Director of Finance can be answered.</p> <p>It was agreed by the committee to hold a development session to confirm risk scoring is correct and agree the top five risks.</p> <p>The Executive Area Director (North and North Cumbria) welcomed the development session to highlight any risks which may sit under the responsibility of the directorate.</p> <p>The Executive Area Director (Tees Valley &amp; Central) requested the risk log is presented with a report cover sheet to include the key risks within the summary.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Chair to allocate 30 minutes at the next executive team meeting to review and revise the risk scoring on the corporate risk log.</b></li> <li>2) <b>The Director of Corporate Governance to include a report front sheet to the risk log to highlight any key risks and changes to the committee.</b></li> </ol>

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<p>EC/2023-24/34</p>	<p><b>Agenda Item 6 - Notification of urgent items of any other business</b></p> <p>No items of any urgent business had been received.</p>
<p>EC/2023-24/35</p>	<p><b>Agenda Item 7.1 - Executive Area Directors Update Report May 2023 (North and North Cumbria)</b></p> <p>The Director of Place (Northumberland) provided a brief summary of the report.</p> <p>The committee was asked to particularly note from the report:</p> <ul style="list-style-type: none"> <li>• Northumberland Lloyd George Digitisation Project – The current contract is not delivering; practices are struggling with clinical space being taken up. It was noted that funding is available to support placing records into storage, however, the funding will come to an end. The Executive Chief Digital and Information Officer stated digitisation of paper records is the way forward, but it does come at a cost. There is no national approach. The Executive Chief Digital and Information Officer suggested it would be useful to be part of the conversations around this project.</li> <li>• Newcastle We Are Human Too – Positive work is ongoing focussing on halting the sometimes-inhumane treatment and abuse of people with a learning disability or who are autistic and are using in-patient services. Colleagues noted that an informative video can be viewed at <a href="https://youtu.be/fbFRu6VRov0">https://youtu.be/fbFRu6VRov0</a></li> <li>• Gateshead Falls Service – North East Ambulance Service (NEAS) have advised it is no longer viable for them to run the service. Discussions have been underway at place to establish how these fit with community transport, community falls response and 2-hour responses. There is further work to be undertaken and an update will be provided to the committee in due course.</li> </ul> <p>The Executive Area Director (North and North Cumbria) noted there is a significant amount of information on mental health, learning disabilities and Autism work within the report. Work is ongoing to identify which portfolio/s the work sits under and once identified the report will not contain as much granular detail going forward. An update will be provided to the committee.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Director of Place (Northumberland) to link with the Executive Chief Digital and Information Officer regarding the General Practice Lloyd George Digitisation Project in Northumberland.</b></li> <li>2) <b>The Executive Area Director (North and North Cumbria) to review the work around mental health, learning disabilities and Autism to ensure there is no duplication and submit findings to the committee.</b></li> </ol>

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	<p><b>RESOLVED:</b>  <b>The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.</b></p>
<p>EC/2023-24/36</p>	<p><b>Agenda Item 7.1 - Executive Area Directors Update Report May 2023 (South)</b></p> <p>The Executive Area Director (Tees Valley &amp; Central) provided a brief summary of the report which was submitted to the committee for information purposes.</p> <p>The committee was asked to particularly note from the report the following themes:</p> <ul style="list-style-type: none"> <li>• Urgent care and GP provision of out of hours services over the Bank Holiday weekends</li> <li>• Community mental health and hub arrangements</li> <li>• Place based sub-committee arrangements are being established.</li> </ul> <p>The Executive Area Director (Tees Valley &amp; Central) highlighted a local risk in Tees Valley, namely admin support for the four place sub-committees is currently being supported by one individual and therefore more resilience is required within the system.</p> <p>Other areas to note from the report are:</p> <ul style="list-style-type: none"> <li>• County Durham – GP Special Allocations Scheme and Quality Strategy approach</li> <li>• Tees Valley – Hospices work is ongoing; an update will be provided to the committee</li> <li>• Teesside – Family Hubs</li> </ul> <p>The Chair enquired if Place Directors have sight of the area directors report. The Director of Place (Northumberland) confirmed that reports are shared.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement commented on the amount of content within the appendix of the report. The Executive Area Director (Tees Valley &amp; Central) noted that the report has developed over time and the place sub-committees will assist with the flow of information.</p> <p>The Chair and Executive Chief of Strategy and Operations supported the report and noted the report was an informative summary of discussions underway at Place.</p>

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	<p><b><u>ACTION:</u></b>  <b>1) The Executive Area Directors (North &amp; North Cumbria; Tees Valley &amp; Central) to link with the Senior Governance Lead to review the appendix format within the Area Directors Report.</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Committee RECEIVED the report for assurance and NOTED the decisions and assurance logs included within the report.</b></p>
<p><b>EC/2023-24/37</b></p>	<p><b>Agenda Item 8.1 – Winter Planning</b></p> <p>The Executive Chief of Strategy and Operations presented the report which provided the committee with the impact of the interventions for Winter Operating Resilience 2022-23 for urgent and emergency care and progress against actions and impact which will inform future planning.</p> <p>The report provided an insight into what measurable impacts have been faced following actions taken during winter. It was noted there are good metrics within the report and a suggested focus for planning.</p> <p>The Executive Chief of Strategy and Operations advised that the Urgent Treatment Centre developments require further work.</p> <p>The Committee thanked the Director of Transformation (System) for the good work undertaken regarding the production of an informative the report.</p> <p>The Executive Medical Director confirmed this year's work programme is being considered and noted that some successes from last year did incur a cost. This has resulted in a contracting issue which will need to be considered.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement suggested developing a communications output to establish if planned communications have had any impact on patients. It was agreed to align a communications team member to the Urgent Emergency Care Programme Group.</p> <p>The Executive Area Director (North and North Cumbria) enquired how this information had been socialised to obtain one sense of reality. The Executive Medical Director confirmed this paper had been presented at Urgent Emergency Care Board and the full Urgent Emergency Care work programme will be submitted to the next Urgent Emergency Care Board meeting.</p> <p>The Executive Director of Improvement and Experience queried if any fresh learning had been identified. The Executive Medical Director stated that the additional resource which was given was insufficient however, the</p>

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difference was the concept which the whole system bought into from Chief Executive level all the way to the front line. The Executive Director of Improvement and Experience noted that it would be good to explore behaviours which drive improvement rather than targets. The Chair strongly agreed that this is missing from the report and would be beneficial to capture.

The Chair noted that bed capacity/occupancy tracking through providers was not easy to obtain. It was suggested that a plan be put in place which everyone is signed up to regarding bed occupancy this winter – it was acknowledged that this piece of work will be a useful exercise.

It was noted that clarity is needed regarding the ICBs three priority actions. The Executive Medical Director confirmed these priority areas would change and are currently being developed. The Executive Director of Corporate Governance, Communications, and Involvement noted that the governance processes of partners will also need to be considered for the socialising of the agreed priorities.

**ACTION:**

- 1) **The Director of Transformation (System) to link with the Director of Communications to establish a communications team member to join the Urgent Emergency Care Group.**
- 2) **The Executive Medical Director to link with the Executive Chief of Strategy and Operations to add a section on behaviours to the Winter Planning report.**
- 3) **The Executive Medical Director to clarify the Winter Planning priorities for 23/24 and submit to the committee.**
- 4) **The Executive Chief of Strategy and Operations to consider a meaningful measurement of bed capacity.**

**RESOLVED:**

- 1) **The Committee REVIEWED the evaluation of the five main intervention areas in Urgent Emergency Care and the suggested focus for two-year planning based on the findings.**
- 2) **The Committee NOTED the performance improvement against a range of national metrics indicating impact on the overall significant pressures across the system which these interventions are trying to mitigate.**
- 3) **The Committee NOTED the intervention areas of the Discharge Programme and the System Coordination Centre that have not yet been fully evaluated but have significantly contributed to managing flow in UEC.**
- 4) **The Committee NOTED the main compounding factor is the significantly increased demand across the system which means that some interventions have simply mitigated against increased demand without necessarily improving performance.**

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<p><b>EC/2023-24/38</b></p>	<p><b>Agenda Item 8.2 - Provider Collaborative Responsibility Agreement</b></p> <p>The Executive Chief of Strategy and Operations presented the report which provided the committee with the Responsibility Agreement between the ICB and the NENC Foundation Trust Provider Collaborative.</p> <p>The committee was informed that the agreement clearly sets out the areas the ICB are requesting the provider collaborative to focus on, the agreement also covers the agreed ways of working including governance arrangements.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement suggested it would be good practice to include a sign off protocol for any communications. The committee agreed this approach.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Director of Corporate Governance, Communications, and Involvement to link with the Director of Communications, South Tyneside, and Sunderland Foundation Trust to develop and incorporate a sign off protocol for communications to go alongside the Provider Collaborative Responsibility Agreement.</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Committee APPROVED the Provider Collaborative Responsibility Agreement with the addendum of a communications sign off protocol.</b></p>
<p><b>EC/2023-24/39</b></p>	<p><b>Agenda Item 8.3 - Research and Innovation Draft Strategy</b></p> <p>The Executive Director of Innovation provided the committee with a verbal update on the Research and Innovation Draft Strategy.</p> <p>Interviews had taken place with key stakeholders and early learning had been shared with the Executive Team. The aim is to share and socialise the draft strategy with stakeholders and key people by 31 May 2023 and for the Executive Team to receive by 30 June 2023.</p> <p>In response to a question raised in relation to good examples of national learning and good practice around these strategies being made available, the Executive Director of Innovation confirmed the ICB is currently leading the way, there are a great deal of national guidance documents, however, no similar strategies are near completion at present.</p> <p>The Executive Chief Digital and Information Officer noted the strategy work needs to have a digital and data link.</p> <p>The Chair requested the draft strategy to be circulated to the Executive Team.</p>

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	<p>The Executive Chief of Strategy and Operations referenced the five year forward plan and noted this is an enabling strategy and the headlines will need embedded into the five year forward plan.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Executive Director of Innovation to circulate the principles and priority areas within the Research and Innovation Draft Strategy to the committee.</b></li> <li>2) <b>The Executive Chief of Strategy and Operations to circulate a copy of the Five Year Plan to members of the Executive Team.</b></li> </ol>
<p><b>EC/2023-24/40</b></p>	<p><b>Agenda Item 8.4 - CQC Self-Assessment</b></p> <p>The Executive Chief Nurse provided the committee with a verbal update on planning for the ICB CQC inspection.</p> <p>It was noted that there are three key themes - leadership, integration, and quality &amp; safety. The Executive Chief Nurse informed the committee they were part of the North West London pilot inspection. It was emphasised that ensuring the ICB quality strategy is fit for purpose is a key piece of work.</p> <p>It was noted that the self-assessment will be presented to the committee once finalised.</p> <p>The Executive Director of Improvement and Experience welcomed the opportunity to work together to define the quality approach as an ICB and system. In Durham there is opportunity to pilot measures around patient experience of integration. The Institute for Healthcare Improvement (IHI) has developed standardised self-assessment tools which could be adjusted and applied to this. It was suggested that the IHI tool is circulated to committee members to collate feedback and review how to build on what is already in place. Following discussion the committee supported this approach.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement proposed a meeting with the Executive Chief Nurse and the Director of Corporate Governance and Involvement to develop a forward plan of content which will presented to at a Board development session.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Executive Chief Nurse to summarise the CQC self-assessment process and submit to the Executive Committee.</b></li> <li>2) <b>The Executive Director of Improvement and Experience to circulate the IHI tool to the committee members.</b></li> <li>3) <b>The Executive Director of Corporate Governance, Communications, and Involvement, Executive Chief Nurse and Director of Corporate Governance and Involvement to develop</b></li> </ol>



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	<b>a forward plan of content to be presented to Board.</b>
<b>EC/2023-24/41</b>	<p><b>Agenda Item 9.1 - NENC ICB and ICS Finance Report (M12)</b></p> <p>The Executive Director or Finance introduced the report which provided the committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (ICB) and NENC Integrated Care System (ICS) for the financial year 2022/23 - for the period to 31 March 2023.</p> <p>The ICB is reporting an outturn surplus of £2.7 million subject to audit, however, this does mask a deficit of £95 million which supports the recurrent financial measures which have been put in place for this year.</p> <p>The ICS outturn position is a surplus of £58.2 million largely driven by significant income received by Northumbria Healthcare Foundation Trust relating to the settlement of a court case in respect of building rectification work. Only one Foundation Trust was off track for this financial year.</p> <p>It was noted that running costs were underspent this year due to a number of vacancies.</p> <p>The Executive Director of Finance informed the committee that they would each receive a month 12 running cost report in which staff will be included.</p> <p>The Chair suggested a deadline date to be incorporated to the covering email for budget and staff alignment queries.</p> <p>The Executive Director of Finance provided the committee with an update on the ICS Capital Position. The ICS is reporting an outturn underspend of £7.2 million, following receipt of an additional £15 million funding for the Cedars development.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Director of Finance to include a deadline for allocation of staff to budgets when circulating the cost budget reports to Executive Directors.</b></p> <p><b><u>RESOLVED:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Committee RECEIVED the report and NOTED the outturn financial position for 2022/23.</b></li> <li>2) <b>The Committee NOTED there are a number of financial risks across the system still to be managed.</b></li> </ol>
<b>EC/2023-24/42</b>	<p><b>Agenda Item 10.1 - Integrated Delivery Report</b></p> <p>The Executive Chief of Strategy and Operations introduced the report which provided the committee with an overview of quality and performance, highlighting any significant changes, areas of risk and</p>

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mitigating actions.

It was noted by the Executive Chief of Strategy and Operations that this is the new report format and encouraged feedback from the committee. The meeting was informed that the re-formatting will extend to the appendices going forward, also the content has not yet been finalised as it was agreed to include broader content. The committee strongly supported the new report format.

The key points were highlighted within the report, and it was noted that for the first time all eight Foundation Trusts, as a system, achieved the 28-day faster diagnosis standard. It was noted that the financial year ended with 163 x 78 week waits and 21 x 4 week waits.

The Executive Medical Director observed that healthcare acquired infections appear to be increasing and suggested this should be picked up at the Quality and Safety Committee. The Executive Chief Nurse confirmed this was being looked at. The Chair enquired if this was only happening at one trust or at number of trusts. The Executive Chief Nurse confirmed this is increasing in a number of trusts and a peer review has been conducted at these trusts. The Chair requested a deep dive on infection control to be carried out.

The Executive Director of Corporate Governance, Communications, and Involvement referred to previous communication campaigns to the public around infection control and that more can be done to re-promote infection control practices.

The Executive Chief of Strategy and Operations provided an update to the committee regarding the progress of the elective recovery plans. Work is currently ongoing with the provider collaborative to clarify the recovery plans. It has been recognised that there is added value in providers working together in four main areas including mutual aid, outpatient transformation with the use of digital out patients, getting it right first time, and working together to maximise capacity. Current plans are still focussing on what the problems are. The Chair raised that as the accountable officer for the elective recovery plans it would be prudent to schedule an escalation meeting with the provider collaborative within a week. The Committee agreed this approach.

The Executive Area Director (North and North Cumbria) raised a potential risk of a disconnect between the strategic conversation and how we transfer this to what is done in and across organisations. It was agreed clarity of ownership is needed.

It was noted that the format of the report is very good, and the committee thanked the Director of Performance and Improvement for the hard work which has been put into producing this report.

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	<p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) The Executive Chief Nurse and Executive Chief of Strategy and Operations to conduct a deep dive exercise on infection control and share the results with the Executive Committee.</li> <li>2) The Executive Director of Corporate Governance, Communications, and Involvement to consider updated communications to the public regarding infection control.</li> <li>3) The Chair to write to the provider collaborative to arrange a meeting around elective recovery escalation before the Chief Executives meeting.</li> </ol> <p><b><u>RESOLVED:</u></b> The Committee RECEIVED the report for information and assurance.</p>
<p>EC/2023-24/43</p>	<p><b>Agenda Item 11 – Commissioning</b></p> <p>No update was required for this item.</p>
<p>EC/2023-24/44</p>	<p><b>Agenda Item 12.1 - Branding Strategy</b></p> <p>The Executive Director of Corporate Governance, Communications and Involvement introduced the presentation which provided the committee with the rationale to agree the proposed refreshed branding strategy for 2023-24.</p> <p>The presentation key points were noted as:</p> <ul style="list-style-type: none"> <li>• Branding infrastructure is currently quite disordered, conversations are underway in terms of how this is managed more efficiently going forward</li> <li>• This branding strategy will evolve over time</li> <li>• At this moment we are competing against each other and there is some alignment which needs to take place.</li> </ul> <p>The Executive Chief of Strategy and Operations noted this is a good opportunity to include partners who do not have a brand and strengthen those relationships.</p> <p>It was suggested that there may be some resistance to rebranding and the need to tread carefully with partners. The Executive Director of Corporate Governance, Communications, and Involvement agreed there potentially could be resistance to this, however, the benefits and the impact of cohesion are much greater.</p> <p>It was raised that there are partner brands which are not the organisations to align and whether the ICB will have any impact on them. In response the Executive Director of Corporate Governance, Communications, and</p>

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	<p>Involvement referenced a co-branding approach with these partners to show collaboration.</p> <p>Following discussions and feedback the committee strongly supported the proposed branding strategy.</p> <p>The Executive Chief Digital and Information Officer suggested the relaunch date of 1 July 2023 to align with the significant milestone of the ICB's first year of formation.</p> <p>The Executive Chief of Strategy and Operations noted two points, the first is to be clear when we use the vision and when we use best at getting better. Also, to review the icons to ensure they are the correctly aligned.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement confirmed there would also be brand guidelines developed to run alongside this branding strategy to communicate the rules and procedures for creating icons.</p> <p>It was recommended that all branding pictures not be clinically based; the Committee was that this would be implemented.</p> <p>The committee approved the full alignment of branding option.</p> <p><b><u>RESOLVED:</u></b>  <b>The Committee APPROVED the Branding Strategy and the relaunch date of 1 July 2023.</b></p>
<p><b>EC/2023-24/45</b></p>	<p><b>Agenda Item 13.1 - Information Asset Register (IAR)</b></p> <p>The Executive Director of Corporate Governance, Communications and Involvement introduced the report which provided the committee with a brief update and overview of the Information Asset Register (IAR) for 2022/23.</p> <p>The Executive Chief Digital and Information Officer informed the committee this was a formal document at a point in time which shows 139 current assets. This is a measurement tool which is linked to the Data Security Protection Toolkit (DSPT) return. One of the key benefits is this allows the ICB to monitor shadow IT and is a partnership between Corporate Governance and Information Governance.</p> <p><b><u>RESOLVED:</u></b></p> <ol style="list-style-type: none"> <li><b>1) The Committee RECEIVED the IAR for assurance.</b></li> <li><b>2) The Committee NOTED the ongoing actions highlighted within the briefing.</b></li> <li><b>3) The Committee NOTED the progress towards the final submission date of the DSPT remains on track.</b></li> </ol>

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<p><b>EC/2023-24/46</b></p>	<p><b>Agenda Item 13.2 - Citizens Panel Proposal</b></p> <p>The Chair noted the Citizens Panel Proposal had been deferred.</p>
<p><b>EC/2023-24/47</b></p>	<p><b>Agenda Item 13.3 - ICB 2.0 Programme Steering Group Terms of Reference</b></p> <p>The Executive Chief Digital and Information Officer introduced the report which provided the committee with the draft Terms of Reference for the ICB 2 Programme Steering Group.</p> <p>The Committee was asked to approve the Terms of Reference for the ICB 2 Programme Steering Group.</p> <p>The Executive Chief Digital and Information Officer informed the Committee the principle objectives have been clearly identified and socialised with the senior leadership team.</p> <p><b><u>RESOLVED:</u></b>  <b>The Committee APPROVED the Terms of Reference for the ICB 2 Programme Steering Group.</b></p>
<p><b>EC/2023-24/48</b></p>	<p><b>Agenda Item 13.4 - Statutory and Mandatory Training Recommendation</b></p> <p>The Executive Chief Nurse introduced the report which provided the committee with recommended statutory and mandatory training for the organisation.</p> <p>The Executive Chief Nurse requested a view from the committee on the compliance target which was previous set at 100% which is unobtainable due to staff sickness and maternity leave. The consensus of the Committee was to lower the compliance target to 90%.</p> <p>The Executive Chief Nurse raised the importance of all staff being trained in basic life support. The Committee supported this proposal.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Chief Nurse to consider the percentage of completion and update the recommendation within the paper.</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Committee APPROVED the recommended Statutory and Mandatory training with the addendum of the compliance target.</b></p>

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<p><b>EC/2023-24/49</b></p>	<p><b>Agenda Item 13.5 - Executive Committee Annual Report</b></p> <p>The Executive Director of Corporate Governance, Communications, and Involvement introduced the report which provided the Committee with the achievements and assurances the committee has gained throughout the year to demonstrate its roles and responsibilities and includes any risks identified as part of this work.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement noted this is part of the review process required to be carried out as a committee.</p> <p>The Chair enquired to the inclusion of the results of the self-assessment questionnaires into this report. The Executive Director of Corporate Governance, Communications, and Involvement confirmed this would need to be included within this report.</p> <p><b><u>ACTION:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Executive Director of Corporate Governance, Communications, and Involvement to include the results of the self-assessment questionnaires into the report.</b></li> <li>2) <b>The Executive Director of Corporate Governance, Communications, and Involvement to circulate the results of the self-assessment questionnaires to the committee.</b></li> </ol> <p><b><u>RESOLVED:</u></b>  <b>The Committee APPROVED the report to be submitted to the Board for assurance.</b></p>
<p><b>EC/2023-24/50</b></p>	<p><b>Agenda Item 13.6 - Draft Annual Report</b></p> <p>The Executive Director of Corporate Governance, Communications, and Involvement introduced the report which provided the committee with the first ICB draft annual report and the interim National Audit Office (NAO) disclosure checklist for the period 1 July 2022 – 31 March 2023.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement noted this is a draft report, however, corporate governance team is continuing to work with colleagues over the coming weeks to ensure any further annual report updates / amendments can be reviewed and collated. It was noted the deadline for comments is 17 May 2023.</p> <p><b><u>RESOLVED:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Committee RECEIVED the Draft Annual Report for assurance.</b></li> <li>2) <b>The Committee NOTED the annual assessment requirements for 2022/23 update from NHS England.</b></li> <li>3) <b>The Committee NOTED the key dates/milestones for the annual</b></li> </ol>

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	<p>report process.</p> <p>4) <b>The Committee NOTED the corporate governance team is continuing to work with colleagues over the coming weeks to ensure any further annual report updates / amendments can be reviewed and collated by 17 May 2023.</b></p>
<p><b>EC/2023-24/51</b></p>	<p><b>Agenda Item 13.7 – Board Assurance Framework 2023/24</b></p> <p>The Executive Director of Corporate Governance, Communications, and Involvement introduced the report which provided the committee with an update for the Board Assurance Framework (BAF) for 2023/24.</p> <p>The Executive Director of Corporate Governance, Communications, and Involvement informed the committee there have been changes to the BAF for 2023/24, which have been aligned to the risks and have been linked to the Better Health and Wellbeing for all Strategy.</p> <p>The Executive Chief of Strategy and Operations noted that the set of strategics aims are not the aims which are set out in the organisation's strategy. The Chair confirmed these are the four strategic aims of all ICB's. The Committee agreed that the four aims from our strategy should be used within the BAF.</p> <p>The Executive Chief Digital and Information Officer noted our risk appetite is not alluded to within the report. The Executive Director of Corporate Governance, Communications, and Involvement confirmed more work needed to be carried out around risk appetite and features on the Board development plan.</p> <p>The Executive Chief Nurse suggested the actions and issues should be dated. This was agreed to be amended within the report.</p> <p>Following discussions, it was agreed to review the format of the BAF.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Director of Corporate Governance, Communications, and the Executive Chief Nurse to review the format of the Board Assurance Framework and update with the suggestions noted.</b></p> <p><b><u>RESOLVED:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>The Committee NOTED the changes to the BAF for 2023/24.</b></li> <li>2) <b>The Committee APPROVED submission of the BAF to the Board for assurance.</b></li> </ol>
<p><b>EC/2023-24/52</b></p>	<p><b>Agenda Item 13.8 - Governance Map</b></p> <p>Noted for information only.</p>

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	<p><b><u>RESOLVED:</u></b>  <b>The Committee NOTED the governance map for information purposes.</b></p>
<p><b>EC/2023-24/53</b></p>	<p><b>Agenda Item 13.9 - Committee Cycle of Business</b></p> <p>Noted for information only.</p> <p><b><u>RESOLVED:</u></b>  <b>The Committee NOTED the committee cycle of business.</b></p>
<p><b>EC/2023-24/54</b></p>	<p><b>Agenda Item 13.10 - Mental Health, Learning Disabilities and Autism Sub-Committee Terms of Reference</b></p> <p>The Executive Chief of Strategy and Operations introduced the report which provided the committee with the draft Terms of Reference for the Mental Health, Learning Disabilities and Autism Sub-Committee.</p> <p>The Committee was asked to approve the Terms of Reference.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Area Director's to disseminate the Mental Health, Learning Disabilities and Autism Sub-Committee Terms of Reference to places.</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Mental Health, Learning Disabilities and Autism Sub-Committee Terms of Reference.</b></p>
<p><b>EC/2023-24/55</b></p>	<p><b>Agenda Item 14 – Subcommittee Assurance</b></p> <p>No update was required for this item.</p>
<p><b>EC/2023-24/56</b></p>	<p><b>Agenda Item 15.1.1 - Intellectual Property Management and Revenue Sharing Policy</b></p> <p>The Executive Director of Finance noted that 'annual' needs to be included within the policy.</p> <p><b><u>ACTION:</u></b>  <b>The Executive Director of Innovation to insert 'annual' into the policy.</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Intellectual Property Management and Revenue Sharing Policy subject to the suggested amendment.</b></p>



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<p>EC/2023-24/57</p>	<p><b>Agenda Item 15.1.2 - Procurement Policy</b></p> <p>The Executive Chief of Strategy and Operations noted the changes to the procurement policy were not visible or highlighted within the report. It was agreed the Procurement Policy will be resubmitted to the committee with the changes highlighted.</p> <p><b><u>ACTION:</u></b>  <b>The Procurement Policy to be resubmitted to the Committee which changes highlighted within the policy.</b></p>
<p>EC/2023-24/58</p>	<p><b>Agenda Item 15.2.1 - Work Life Balance Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Work Life Balance Policy.</b></p>
<p>EC/2023-24/59</p>	<p><b>Agenda Item 15.2.2 - Annual Leave Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Annual Leave Policy.</b></p>
<p>EC/2023-24/60</p>	<p><b>Agenda Item 15.2.3 - Induction and Probation Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Induction and Probation Policy.</b></p>
<p>EC/2023-24/61</p>	<p><b>Agenda Item 15.2.4 – Secondment Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Secondment Policy.</b></p>
<p>EC/2023-24/62</p>	<p><b>Agenda Item 15.2.5 – Freedom to Speak up Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Freedom to Speak up Policy.</b></p>
<p>EC/2023-24/63</p>	<p><b>Agenda Item 15.2.6 – Retirement Policy</b></p> <p><b><u>RESOLVED:</u></b>  <b>The Executive Committee APPROVED the Retirement Policy.</b></p>
<p>EC/2023-24/64</p>	<p><b>Agenda Item 15.2.7 – Armed Forces Reserves and Cadets Policy</b></p> <p>The committee thanked the team for the work on this policy.</p> <p><b><u>RESOLVED:</u></b></p>

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	<b>The Executive Committee APPROVED the Armed Forces Reserves and Cadets Policy.</b>
<b>EC/2023-24/65</b>	<b>Agenda Item - 16 Any Other Business</b>  Executive Committee Terms of Reference have been updated to reflect the change in portfolio for the Executive Director of Improvement and Experience.
<b>EC/2023-24/66</b>	<b>Agenda Item 17 - CLOSE</b>  The meeting was closed at 13:15pm.
	<b>Date and Time of Next Meeting</b>  Tuesday 13 June 2023 10:30am.

**Signed: Sam Allen**



**Position: Chief Executive (Chair)**

**Date: 13 June 2023**