

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

**Minutes of the meeting held on Tuesday 10 September 2024, 10:15hrs in the
Joseph Swan Suite, Pemberton House, Colima Avenue, Sunderland**

- Present:** Sam Allen, Chief Executive (Chair)
Craig Blair, Director of Strategy, Planning and Performance deputy for
Jacqueline Myers, Chief Strategy Officer
Levi Buckley, Chief Delivery Officer
Graham Evans, Chief Digital and Infrastructure Officer
David Chandler, Chief Finance Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Richard Henderson, Director of Finance (Corporate) deputy for David
Chandler, Chief Finance Officer
Dr Neil O'Brien, Chief Medical Officer
David Purdue, Chief Nurse, AHP and People Officer
Claire Riley, Chief Corporate Services Officer
- In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Deb Cornell, Director of Corporate Governance and Board Secretary
Leanne Furnell, Deputy Chief of People and Culture
Catherine Bange, Deputy Director of 111, NHSE
Scott Watson, Director of Delivery (South Tyneside and Sunderland)
Lynn Wilson, Director of Delivery (Gateshead and Newcastle) for item 7.2.1
and item 7.2.2 only
Kirsty Sprudd, Deputy Director of Delivery (Gateshead and Newcastle) for
item 7.2.1 and item 7.2.2 only
Angela Kumar, Head of Mental Health, Learning Disabilities and Autism
(Gateshead and Newcastle) for item 7.2.1 and item 7.2.2 only
Lynne Paterson, Head of Primary Care (Gateshead and Newcastle) for item
7.2.1 and item 7.2.2 only
- EC/2024-25/139 Agenda Item 1 - Welcome and introductions**
- The Chair welcomed all those present to the meeting and confirmed the meeting was quorate.
- EC/2024-25/140 Agenda Item 2 - Apologies for absence**
- Apologies for absence were received from Jacqueline Myers, Chief Strategy Officer, David Chandler, Chief Finance Officer
- EC/2024-25/141 Agenda Item 3 - Declarations of interest**

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

The Chief Finance Officer declared an interest under item 8.2 Long Term Conditions System Development Funding Proposal due to spouse being Deputy Director of Finance, Gateshead Health NHS Foundation Trust.

Under item 8.2 Long Term Conditions System Development Funding, the Chair noted conflicts are already declared on the Conflicts of Interest (Col) register for the Chair, Chief Medical Officer, Chief Delivery Officer, Chief Digital and Infrastructure Officer and the Chief Corporate Services Officer. As the family members/friends noted on the Col register are not decision makers and that it is proposed all Foundation Trusts receive funding, this implies one Foundation Trust is not favoured over others, the risk and Cols are minimal. A quorate decision can be reached.

The Chair noted the Chief Finance Officer was unable to take part in the discussion and was required to abstain from any decision making. The Director of Finance (Corporate) has been nominated as deputy for item 8.2.

There were no additional declarations of interest made at this point in the meeting.

EC/2024-25/142 Agenda Item 4 - Minutes of the previous meeting held on 13 August 2024

RESOLVED:

The Executive Committee AGREED that the minutes of the meeting held on 13 August 2024, were a true and accurate record.

EC/2024-25/143 Agenda Item 5 - Matters arising from the minutes and action log

Minute reference EC/2024-25/91 Mental Health Investments

The Chief Delivery Officer confirmed this action is now complete.

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

ACTION:

All Executive Directors to review and update their allocated actions on the action log within one week

EC/2024-25/144 Agenda Item 6 - Notification of urgent items of any other business

No items of any urgent business had been received.

EC/2024-25/145

Agenda Item 7.1 - Executive Area Directors Update Report September 2024

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

- There is further work to do with the Overview and Scrutiny Committee regarding the relocation of an Urgent Treatment Centre into the Royal Victoria Infirmary. Plans have been drawn up to extend the building at the current Accident and Emergency entrance, which also includes the re-configuration of some of the existing space within the emergency department and ambulatory care. This will result in improvements to patient experience, better flow between hospital services and direct people to the right place first time. The build is expected to be completed in summer 2025. Work is continuing on the operating model
- Elsdon Surgery and Seaton Terrace relocation in Northumberland has flagged a rental increase of £146,556. This has been submitted to the Investment Oversight and Vacancy Control Panel for consideration

RESOLVED:

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

EC/2024-25/146

Agenda Item 7.2.1 – Local Delivery Team Deep Dive South Tyneside and Sunderland presentation

The Director of Delivery (South Tyneside and Sunderland) introduced the presentation which provided the Committee with the South Tyneside and Sunderland Local Delivery Team Deep Dive.

The Director of Delivery (South Tyneside and Sunderland) informed the Committee of the key points of the presentation:

- Overview of South Tyneside and Sunderland Local Delivery Team (LDT)
 - Population of South Tyneside 159,900
 - Population of Sunderland 295,000
 - Number of GP Practices, South Tyneside 20, Sunderland 38
- South Tyneside and Sunderland landscape and joint working
 - Within each of the two LDT places, there are very well-established and effective joint working arrangements with largely strong, high-trust relationships between ICB and partners. Whilst there has been limited historic joint working between the two councils (health and care-wise) this is increasing (e.g., UEC/patient flow system diagnostic work)
 - South Tyneside and Sunderland Foundation Trust (FT), formed in 2019 from merger of two FTs across the two localities; Prior to this, the two FTs undertook a large-scale transformation programme 'Path to Excellence' which saw

the transformation of a number of vulnerable services. Currently the Trust is exploring strategic alignment on some services with County Durham and Darlington Foundation Trust

- Within Cumbria, Northumberland, Tyne and Wear Foundation Trust, their South Locality is coterminous with our LDT with a Community Care Group Place Team aligned to South Tyneside and Sunderland
- There is a history of strong collaboration amongst 'localities' in both South Tyneside and Sunderland. Currently Primary Care Networks work collaboratively on key initiatives such as emerging integrated neighbourhood working models and wider community initiatives e.g. Loneliness/isolation
- Top Risks
 - Collective action: the potential impact on patients is significant, with practices handing 'unfunded' work back to secondary care, reducing capacity and creating system inefficiencies
 - Both councils are undertaking reviews of the services they provide internally and on behalf of others. There is both an inspection risk and a finance risk to the ICB with both local authorities currently signalling they would like to hand services back. There is also wider scrutiny and focus on areas of safeguarding, Special Education Needs and Disabilities etc
 - Depression and anxiety: people with depression and anxiety are not receiving timely access to psychological interventions, which is increasing use of medication as the primary method of support. Suicide rates in Sunderland whilst still low, there is a concerning increase in recent months
- What are we proud of?
 - Integrated ways of working
 - Development of a Women's Health Hub in Sunderland
 - New all-age mental health primary care service in South Tyneside
 - Redesign of the Neurodevelopmental Pathway in Sunderland
 - 'Healthy Homes' in South Tyneside
- Priorities for coming year...'beyond the givens'
 - Implement recommendations and improvements from the system diagnostic
 - Local Incentive Scheme/Local Enhanced Service review
 - Estate as an enabler
- What we could use help with...

- Clarity on what is done where
- Exploration of different financial and planning models
- Wider ICB Teams – priorities and expectations of LDTs

The Chair thanked the Director of Delivery (South Tyneside and Sunderland) for the informative presentation.

The members discussed the presentation and key points raised were:

- Concerns over the anxiety and depression growth
- The good progress of the Women's Health Hub
- Primary Care estate needs to think wider and include community facilities
- Estates need to be closely linked with digital
- There is an opportunity to duplicate the approach from the diagnostic work across the patch
- Sharing good practice and the evaluation of new ways of working
- Conversations to commence regarding innovative solutions of health and care budgets

The Director of Delivery (South Tyneside and Sunderland) extended an invitation to the Committee members to attend the South Tyneside and Sunderland base at Loftus House to observe the LDT collaborative working.

At 10:35am the Chief Finance Officer joined the meeting.

EC/2024-25/147

Agenda Item 7.2.2 – Local Delivery Team Deep Dive Gateshead and Newcastle

The Director of Delivery (Gateshead and Newcastle) introduced the presentation which provided the Committee with the Gateshead and Newcastle Local Delivery Team Deep Dive.

The Deputy Director of Delivery (Gateshead and Newcastle), the Head of Mental Health, Learning Disabilities and Autism (Gateshead and Newcastle), and the Head of Primary Care (Gateshead and Newcastle) informed the Committee of the key points of the presentation:

- Team Development
 - An externally facilitated session is scheduled in September 2024 this will be followed by a six-month programme delivered by people in the team
 - A team plan will be developed based on person centred thinking methodology
 - A meaningful reflective practice will be introduced to promote an embed a learning culture which will result in self-managing teams who have confidence in decision making and managing risk
- Mental Health, Learning Disability and Neurodiversity

- There has been significant work undertaken in Gateshead and is beginning in Newcastle with partners to develop a new model
- A new joint Long-Term Plan across Newcastle and Gateshead will be developed
- An initial draft of the Strategic Vision for Children and Young People across Gateshead has been shared with partners from the ICB, Local Authority and Cumbria, Northumberland, Tyne and Wear Foundation Trust
- A review of the Everyturn block bed contract has been completed
- Work is ongoing to mobilise an All-Age safe haven pilot in Gateshead and plans are progressing to open a Crisis café in Newcastle
- A full review of Pre and Post ADHD and Autism support is to be commenced to determine future commissioning
- Older Person's Pathway Review
 - Work is commencing to design an Older Person Strategy which will include Dementia and Delirium pathways
 - A full intermediate care review will take place across Newcastle and Gateshead
 - An End of Life and Palliative Care offer is being designed to operate in Newcastle and Gateshead
 - Work with VCSE partners is progressing to develop an Integrated Neighbourhood Teams model across Gateshead
- Shared Care
 - In Newcastle 27 of the 28 practices have signed up to shared care
 - In Gateshead 20 of the 25 practices have signed up to shared care
 - The interface work will continue between the Trusts and Primary Care to ensure the smooth transfer of care for patients despite collective action
- Urgent Care and Out of Hours
 - The Out of Hours contract procurement exercise will commence in October 24
 - A draft service specification has been developed for all three areas. Newcastle's specification has some differences as its needs to align with the plans for an integrated service at the front door of the RVI
 - The Out of Hours contract is expected to be in place by April 2025
 - Plans for the new Newcastle service will include building a new entrance where the current ambulance bay is. The plans are currently in draft format and being discussed with the Trust board as well as the staffing model needed to support the new service

The Chair thanked the Gateshead and Newcastle team for the informative presentation.

The members discussed the presentation and key points raised were:

- It is good to see the different and fantastic work being done, how do we share good practice
- It would be beneficial to connect the organisational development team to the six-month development plan
- The energy and enthusiasm are good, however, there is an ask to keep a focus on finance
- How can the Executive Team support and not hinder things at place

The Chair summarised both presentations – both demonstrated clarity of thought, showed passion from the LDTs, informed the Committee of the progress made, displayed a desire to do more, and showcased the immense pride in what you are doing.

At 11:15am the Director of Delivery (Gateshead and Newcastle) the Deputy Director of Delivery (Gateshead and Newcastle), the Head of Mental Health, Learning Disabilities and Autism (Gateshead and Newcastle), and the Head of Primary Care (Gateshead and Newcastle) left the meeting.

EC/2024-25/148

Agenda Item 8.1 – Primary Care Access Recovery Plan (PCARP) Highlight Report

The Chief Delivery Officer introduced the report which provided the Committee with an exception update on Primary Care Access Recovery Plan (PCARP) process.

The Chief Delivery Officer informed the Committee a PCARP update will be presented to Board on 1 October 2024. The focus of the session at Board will be:

- Empowering patients,
- The Modern General Practice Access
- Building capacity
- Cutting bureaucracy

Despite narratives of reduced activity in General Practice, the activity continues to increase.

The Chief Corporate Services Officer informed the Committee that Healthwatch have raised concerns around the pharmacy first scheme and some of the barriers, which include time delays and receiving medication through the app. This is impacting on people requesting emergency medication.

The Chief Delivery Officer informed the Committee the output and data from the national GP surveys is currently not available however, the report will be updated to include this prior to submission to Board.

It was noted there is a risk around financial sustainability, transformation, and that the GP collective action could derail good progress made.

The Chief Nurse, AHP and People Officer noted the risks are not clear within the report. The Chief Delivery officer confirmed any risks will be updated within the report prior to submission to Board.

RESOLVED:

The Committee RECEIVED the report for information

EC/2024-25/149

Agenda Item 8.2 – Long Term Conditions System Development Funding Proposal

The Chief Finance Officer declared an interest under item 8.2 Long Term Conditions System Development Funding Proposal due to spouse being Deputy Director of Finance, Gateshead Health NHS Foundation Trust.

Under item 8.2 Long Term Conditions System Development Funding, the Chair noted conflicts are already declared on the Conflicts of Interest (Col) register for the Chair, Chief Medical Officer, Chief Delivery Officer, Chief Digital and Infrastructure Officer and the Chief Corporate Services Officer. As the family members/friends noted on the Col register are not decision makers and that it is proposed all Foundation Trusts receive funding, this implies one Foundation Trust is not favoured over others, the risk and Cols are minimal. A quorate decision can be reached.

The Chair noted the Chief Finance Officer was unable to take part in the discussion and was required to abstain from any decision making. The Director of Finance (Corporate) has been nominated as deputy for item 8.2.

The Chief Medical Officer introduced the report which provided the Committee with the financial plan and proposals for investment for the NENC System Development Fund (SDF) for 2024/25.

The Chief Medical Officer informed the Committee as the approach to SDF has changed for 2024/25 the funding has been reviewed in a different way which has informed the proposals and recommendations.

The funding has been reviewed taking into consideration the ICB Clinical Conditions Strategic Plan, position of our long-term conditions plan and acknowledgement of the current financial constraints currently in place.

The Committee were assured that the plans for the allocation of the 2024/25 SDF for prevention and long-term conditions have been presented

as part of a 'Confirm and Challenge' process. A session was held on the 28 July 2024, chaired by the Chief Digital and Infrastructure Officer.

The Committee is asked to approve the allocation plan as set out within the report.

The Director of Finance (Corporate) asked the Committee to be mindful that there is still a shortfall to manage against the initial set target for long term conditions.

The Chief Digital and Infrastructure noted a typographical error within the key points which states 'July 2924' and should state 'July 2024'. The Chief Medical Officer confirmed this would be rectified.

The Chief Corporate Services Officer proposed it would be beneficial for the Committee to be sighted on all SDFs. The Chair agreed with this approach.

The Chair enquired as to the mitigation of the shortfall for long term conditions. The Director of Finance (Corporate) assured the Committee this would be mitigated through scheme slippage.

The Committee supported the recommendations within the report, noting that we are collectively looking to mitigate the financial gap through slippage across all programmes. This will be captured within the monthly finance report.

RESOLVED:

The Committee APPROVED the recommendations from the Confirm and Challenge Session as set out within the report

At 11:35am the Director of Finance (Corporate) left the meeting

EC/2024-25/150 Agenda Item 9.1 - NENC ICB and ICS Finance Report Month 4

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 three months to 31 July 2024.

The ICS is reporting a year-to-date deficit of £38.57m compared to a planned deficit of £36.95m. The adverse variance of £1.7m reflects pressures in provider positions. This is an improvement on the month 3 position which showed an adverse year to date variance of £3.8m. This is expected to be managed back in line with plan by the end of the year, hence the forecast ICS position remains a deficit of £49.9m.

Net unmitigated financial risk across the ICS is now estimated at £161m across the system. This largely relates to the delivery of required efficiency plans which are higher than those delivered in 2023/24.

ICB running costs:

- The ICB is reporting an underspend position against running cost budgets of £1.58m year to date and a forecast underspend of £2.9m, mainly due to vacancies

ICB Revenue:

- The ICB is reporting a year-to-date surplus of £18.23m and a forecast surplus of £53.6m in line with plan.

ICS Capital:

- ICS capital spending forecasts are currently in line with plan however this includes an allowable 5% 'over-programming' hence the forecast is £9.11m in excess of the ICS capital allocation. This will need to be managed over the remainder of the year.

The Chief Finance Officer informed the Committee there is an issue with the prescribing cost of Apixaban. It was noted this will cause a financial pressure of £5m which could potentially increase to £8m if the price of the drug increases further.

The Committee were informed a letter is expected next week from NHS England regarding provider workforce controls, there will be a number of different elements including if they have posts above their funded establishment. A copy of the letter will be circulated to Committee members. The Committee were assured a workforce group is in place with a focus of workforce controls.

The Chief Contracting and Procurement Officer noted table six of the report and informed the Committee there will be a minimum £110k slippage from the Local Maternity and Neonatal System SDF. The Chief Finance Officer confirmed further SDF slippage is anticipated.

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**

At 12:00 noon the Chair left the meeting and the Chief Nurse, AHP and People Officer took over the responsibility as Chair.

The Chief Finance Officer introduced the report which provided the Committee with latest escalation and assurance report from the System Recovery Board, providing a summary of the latest position in respect of the medium-term financial plan (MTFP) and an overview of delivery against key workstreams.

A refresh of the MTFP is currently being undertaken for submission to NHSE by the end of September 2024.

The Chief Finance Officer informed the Committee the Operational Transformation Director and Elective Programme Director have been appointed.

The Chief Nurse, AHP and People Officer enquired where productivity would be picked up. The Chief Finance Officer confirmed the Elective Recovery Fund is part of productivity, and it was noted that it is hard to capture productivity.

RESOLVED:

The Committee NOTED the escalation and assurance report from the System Recovery Board for information

EC/2024-25/152 Agenda Item 10.1 - Integrated Delivery Report (IDR)

The Director of Strategy, Planning and Performance 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:

- A number of dashboards have been removed as some the metrics cannot be achieved at present. The particular metrics which have been removed are listed within the report. The Committee were assured local intelligence around those services continue to be monitored. When information flows improve the metrics will be included within the report.
- Urgent and Emergency Care
 - Ambulance handovers improved this month, but risks remain around the volume of handover delays across the ICS. There is a continued focus on escalation processes for ambulance handover delays and an Ambulance Handover System Working Group has been established which will include regular performance discussions with providers around handover delays.
 - Category two mean response times are currently exceeding plan at 27:09 minutes in July 24.
 - The Accident and Emergency four-hour wait performance deteriorated in July 2024 after a period of improvement from

February 2024. Performance for July 2024 was below plan reporting at 78.0% against a plan of 79.3%.

- Monthly appointments in general practice are slightly below plan
- Electives
 - We are off trajectory for our key waiting times of 65 week and 78 week waits. A commitment has been made that all providers will be at zero for 65 week waits by the end of September 2024.
 - Adult, older adult and Children and Young People Mental Health waiting times remain a risk.
 - Talking Therapies national reporting has moved from the number of people accessing talking therapies to an access rate which relates to the number of patients discharged having received at least 2 treatment appointments. Although this has dropped below plan for June 2024, patient outcomes remain positive with reliable improvement rates and recovery rates achieving target.
 - Attention Deficit Hyperactivity Disorder and Autism waiting times are continuing to be a concern
- Cancer
 - Cancer 62-day performance increased slightly from 65.5% (May 2024) to 65.6% (June 2024); this however remains below the trajectory of 66.1%.
 - Cancer faster diagnosis standard remains above trajectory and above the national expectation of 77% by March 2025 with performance of 79.2% in June 2024.
 - The most challenged pathways for 62 day include, Lung, Urology and Lower Gastrointestinal, with performance below 60%. Improvement plans are in place.

The Chair noted this is an integrated report with quality, however, quality is not clear within the report. The Chair proposed a thematic quality report to be included within the IDR moving forward.

Following further discussions regarding infection prevention and control (IPC) the members agreed an IPC update brief is to be included within the quality integrated report for presentation to Board on 1 October 2024.

ACTION:

- 1) **The Chief Nurse, AHP and People Officer to develop a thematic quality report to be included within the IDR**
- 2) **The Chief Nurse, AHP and People Officer to develop and IPC update brief to be included within the quality integrated report for presentation to Board on 1 October 2024**

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2024-25/153 Agenda Item 11 – Commissioning

No update for this item.

EC/2024-25/154 Agenda Item 12.1 – Data, Digital and Technology Strategic Plan Update

The Chief Digital and Infrastructure Officer introduced the report which provided the Committee with the status of the Digital, Data and Technology (DDaT) Strategic Plan.

The North East and North Cumbria ICB/ICS Digital, Data and Technology Strategy 2023-26 was previously approved by the ICB Board (in public) in January 2024.

The key areas of focus are grouped into five ‘themes’, which interlink to deliver our vision:

- The essentials – Getting the basics right
- Improving – Continuing to advance and innovate.
- Connecting – Linking the region and beyond.
- Empowering – Bringing personalised care closer to home.
- Insight – Using data in context to deliver action.

In parallel with refresh of the Strategy, governance arrangements were also updated, to strengthen, streamline and reduce duplication, including establishing the NENC ICS Digital Partnership Council (DPC). The NENC ICS DPC replaces two previous ICS digital governance groups (Digital Consortium board and Digital Members forum) that originally had similar agendas, members, and objectives.

Progress monitoring against strategic priorities facilitated via governance arrangements, including monthly consolidated highlight reports to NENC ICS Digital Delivery Group (DDG). It is proposed the NENC ICS DDG is accountable to the NENC ICS DPC and NENC ICB Executive Committee.

The NENC ICB Joint Forward Plan priorities for Digital, Data and Technology have been incorporated into strategic roadmap.

Next steps include:

- The development of sub-ICB/ICS geography delivery plans,
- Completion of NENC ICS Digital Inclusion Strategy
- The development of NENC ICB/ICB Cyber Strategy
- Artificial Intelligence (AI) Governance

The Chief Delivery Officer noted the sub-ICB geography delivery plans and enquired if this aligned to the Integrated Care Partnership footprints. The Chief Digital and Infrastructure Officer confirmed they would be aligned to the Integrated Care Partnership footprints.

The Director of Strategy, Planning and Performance informed the Committee work is being progressed on the federated data platform.

RESOLVED:

The Committee RECEIVED the report for assurance

EC/2024-25/155 Agenda Item 13.1 – Pharmaceutical Services Regulatory Subcommittee Terms of Reference

The Chief Medical Officer introduced the report which provided the Committee with the updated terms of reference (ToR) for the Pharmaceutical Services Regulatory Subcommittee.

RESOLVED:

The Committee APPROVED the Pharmaceutical Services Regulatory Subcommittee Terms of Reference

EC/2024-25/156 Agenda Item 14.1.1 – Contracting Subcommittee Highlight Report

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/157 Agenda Item 14.1.2 – People and Organisational Development Subcommittee Highlight Report

The Deputy Chief of People and Culture informed the Committee the agreement system and transactional services are moving to Northumbria Healthcare Foundation Trust and the work on ESR is complete.

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/158 Agenda Item 14.1.2.1 – Interim Organisational Development Plan

The Deputy Chief of People and Culture informed the Committee the current interim organisational development plan has been delivered, and an updated organisational development plan is being developed.

Noted for information and assurance.

RESOLVED:

The Committee RECEIVED the report for assurance.

EC/2024-25/159 Agenda Item 14.2.1 – Place Subcommittee Minutes

Sunderland - noted for information and assurance only.
Stockton - noted for information and assurance only.
Gateshead - noted for information and assurance only.
Newcastle - noted for information and assurance only.
North Cumbria - 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/2024-25/160 Agenda Item 14.2.2 – Healthier and Fairer Advisory Group Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Healthier and Fairer Advisory Group Subcommittee Minutes for assurance

EC/2024-25/161 Agenda Item 14.2.3 – 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/2024-25/162 Agenda Item 14.2.4 – People and Organisational Development Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the People and Organisational Development Subcommittee Minutes for assurance

EC/2024-25/163 Agenda Item 14.2.5 – Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:

The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2024-25/164 Agenda Item 15.1 – Information Governance Strategy

The Chief Corporate Services Officer informed the Committee the Information Governance Strategy has been reviewed and updated through the normal review process.

The Committee is asked to approve the updated Information Governance Strategy.

RESOLVED:

The Committee APPROVED the updated Information Governance Strategy

EC/2024-25/165 Agenda Item 15.2 – Information Security Policy

The Chief Corporate Services Officer informed the Committee the Information Security Policy has been reviewed and updated through the normal review process.

The Committee is asked to approve the updated Information Security Policy.

RESOLVED:

The Committee APPROVED the updated Information Security Policy

EC/2024-25/166 Agenda Item 15.3 – Internet and Email Acceptable Use Policy

The Chief Corporate Services Officer informed the Committee the Internet and Email Acceptable Use Policy has been reviewed and updated through the normal review process.

The Committee is asked to approve the updated Internet and Email Acceptable Use Policy.

The Deputy Chief of People and Culture noted section six of the policy requires removal as this is covered within the disciplinary policy.

RESOLVED:

The Committee APPROVED the updated Internet and Email Acceptable Use Policy with the caveat section six is to be removed

EC/2024-25/167 Agenda Item 15.4 – Records Management Policy and Strategy

The Chief Corporate Services Officer informed the Committee the Records Management Policy and Strategy has been reviewed and updated through the normal review process.

The Committee is asked to approve the updated Records Management Policy and Strategy.

RESOLVED:

The Committee APPROVED the updated Records Management Policy and Strategy

EC/2024-25/168 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2024-25/169 Agenda Item 16.2 - New Risks to add to the Risk Register

No risks were identified.

EC/2024-25/170 Agenda Item 17 - CLOSE

The meeting was closed at 13:00hrs.

Date and Time of Next Meeting

Tuesday 8 October 2024 10:30am.

Signed:

A handwritten signature in black ink, appearing to be 'J. Allen'.

Date

08 October 2024