

Minutes
Meeting of NHS North Central London ICB Board of Members
7 May 2024 between 2pm and 3.30pm
Virtual Meeting

Present:	
Mike Cooke	Chair, NCL Integrated Care Board
Phill Wells	Interim Chief Executive Officer
Ibrahim Abubakar	Non-Executive Member
Kay Boycott	Non-Executive Member
Dr Chris Caldwell	Chief Nursing Officer
Dr Simon Caplan	GP - Provider of Primary Medical Services
Richard Dale*	Executive Director of Performance and Transformation
John Hooton	Chief Executive, Barnet Council
Jinjer Kandola	Chief Executive Officer, Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health NHS Trust
Usman Khan	Non-Executive Member
Mark Lam*	Chair, Royal Free Hospitals and NNUH
Dr Jonathan Levy	GP - Provider of Primary Medical Services
Sarah Mansuralli*	Chief Strategy and Population Health Officer
Sarah Morgan*	Chief People Officer
Bimal Patel	Chief Finance Officer
Ian Porter*	Executive Director of Corporate Affairs
David Probert	Chief Executive, UCLH NHS Foundation Trust
Dr Jo Sauvage	Chief Medical Officer
Liz Sayce	Non-Executive Member
In Attendance:	
Louise Coughlan	Deputy Chief Clinical Officer & ICS Chief Pharmacist (Item 2.1)
Mark Eaton	Director of Strategic & Delegated Commissioning (Item 2.1)
Andrew Spicer	Assistant Director of Governance, Risk and Legal Services (Items 3.2 and 4.1)
Apologies:	
Cllr Kaya Comer-Schwartz	Leader, Islington Council
Sarah McDonnell-Davies*	Executive Director of Place
Baroness Julia Neuberger	Chair, UCLH and Whittington Health
Dr Alpesh Patel*	Acting Chair, GP Provider Alliance
Minutes:	
Steve Beeho	Senior Board Secretary

1.	INTRODUCTION
1.1	Welcome & Apologies
1.1.1	Mike Cooke welcomed attendees to the meeting which was being held online as the national rail strikes meant that a significant number of Board Members would have been unable to attend in person if the meeting had been held at Laycock Street as originally intended.

1.1.2	Apologies had been received from Cllr Kaya Comer-Schwartz, Sarah McDonnell-Davies, Baroness Julia Neuberger and Dr Alpesh Patel. David Probert was attending on behalf of Baroness Neuberger.
1.2	Declarations of Interest relating to the items on the Agenda
1.2.1	Mike Cooke invited Members to declare any interests relating to items on the agenda. There were no additional declarations.
1.2.2	The Board of Members: <ul style="list-style-type: none"> • NOTED the requirement to declare any interests relating to the agenda; • NOTED the Declaration of Interests Register and the requirement to inspect their entry and advise the Board Secretary of any changes; • NOTED the requirement to record any relevant gifts and hospitality on the ICB Gifts and Hospitality Register.
1.3	Minutes of the NCL ICB Board of Members Meeting on 26 March 2024
1.3.1	The Board of Members APPROVED the minutes as accurate records.
1.4	Matters Arising
1.4.1	The Board of Members NOTED the Action Log.
1.5	Report from the Chief Executive Officer
1.5.1	Phill Wells began by paying tribute to Abu Saleh, a popular and well-respected member of the Analytics team who had sadly passed away the previous month after a short and sudden illness. On behalf of the Board he sent his deepest condolences to Abu's family.
1.5.2	Phill then provided an overview of the report, highlighting the following points: <ul style="list-style-type: none"> • The full-year management accounts for 2023/24, which had just been concluded, showed that the ICS had out-performed its financial objective to break even across the system. The ICS will deliver a surplus at the end of the year which will result in it receiving an additional capital allocation for 2024/25. • The financial performance over the past two financial years will also result in the legacy CCG's debts being written off. This is effectively a £100m boost to the system • These achievements are made even more noteworthy by the fact that the financial position of the NHS is generally regarded as extremely challenged and it was also a year punctuated by industrial action which posed significant operational challenges. This therefore represented a tremendous achievement by everybody working together across the system, as well as with external partners, to manage taxpayers' money well in line with their accountabilities • The financial plan was delivered in 2023/24 while also focusing on the goals that had been set to provide patient care. Key achievements in year included: <ul style="list-style-type: none"> ○ In the last quarter of the year Whittington Health saw marked improvement in performance and have been recognised nationally as one of the most improved Emergency Departments in the country in terms of 4-hour performance for that period. ○ The cancer backlog in March on the 62-day wait trajectory was the lowest it has been for three years ○ NCL is one of the best performing ICSs in terms of clearing its diagnostic backlog and in February it was the best performing ICS in England ○ NCL is also one of the highest performing ICSs with regards to elective recovery ○ In Community Services the Children and Young People's waiting list has consistently met the planned trajectories and the percentage of patients waiting 18 weeks or less has increased to nearly 70%. The Adult waiting list trajectory in Community Services was consistently achieved into January 2024 but it is recognised that there is still more to do in MSK, podiatry and physiotherapy services

- The financial performance sets the system up well to continue to deliver high quality healthcare outcomes for 2024/25, alongside the necessary transformation work that is vital for the long-term sustainability of the system
- As an example of the latter, the Start Well consultation around maternity and neonatal services recently closed and the feedback is currently being digested
- A surgical ophthalmology hub has been implemented which has created the capacity for over 5000 additional procedures a year and the ICB continues to invest in community and mental health services across the five Boroughs to ensure that there is consistency of service and access in the Core Offer
- The ICB continues to invest in the Health Inequalities Fund which was established at its inception
- The system has maintained the 5% CDEL allocation of capital to primary care to ensure that primary care capacity and estate continue to improve and expand
- It is important to acknowledge that the system is continuing to recover from the impact of the pandemic. In addition to improving outcomes and patient experience the ICB is committed to leading the transformative work set out in the Population Health and Integrated Care Strategy.
- The size of the aggregate NCL workforce and overall productivity will remain a particular focus. NCL is proposing to hold its workforce at broadly the same level for 2024/25 but this is continuing to be examined in detail
- The ICB is reaching the end of its reorganisation in order to meet the 30% reduction in its running cost allowance
- The System Plan will focus on a number of key ambitions, including improving performance and access in the emergency care pathway; improving waiting times for elective patients; and consolidating the improvements in the cancer pathways
- The actions in the Primary Care Access Recovery Plan continue to be implemented across the Primary Care Networks. The previous week, NCL was announced as one of seven ICB areas which will be working with NHS England to test new ways of working in General Practice to deliver on the Fuller 'stocktake' vision
- Based on the above, the ICB has good reason to be optimistic about what the year holds and be genuinely excited about the improvements it aims to make.
- At a visit hosted by Rathmore House, a care home in Camden, Phill Wells and Chris Caldwell met the Dutch Health Minister and her team to share with them a variety of innovations in the out of hospital care environment.
- Chris Whitty, Chief Medical Officer, NHS England recently paid a visit to Haringey. As part of this he spent some time at one of the new GP practices in Tottenham which is in its final stages of build. He also attended a meeting with local partners to hear about the work taking place to tackle health inequalities
- The Department of Work and Pensions (DWP) has agreed that NCL will join the WorkWell pilot scheme as one of 15 areas working with them and the Department of Health and Social Care (DHSC) to look at how people with long term conditions and mental health challenges can be supported back to work. More information would be provided about this later in the meeting.

1.5.3

The Board then discussed the paper, making the following comments:

- The range of ongoing collaborative partnership working was welcomed. Although there are clearly many strategic and operational challenges ahead, there is also a considerable amount of positive progress to reflect on
- It was noted that NCL can appear to be a very complex system to an outsider, with numerous organisations operating in an intense political environment, but despite this, performance in NCL is strong.
- There are good relationships at executive, managerial and clinical level across organisations within NCL, as well as good links between health professionals in Trusts and primary care, with a powerful shared desire to make things better for residents.

<p>1.5.4</p> <p>1.5.5</p>	<ul style="list-style-type: none"> • Alongside this, executives are committed to making the most of opportunities to bring learning and resource into the patch to encourage innovation. The impact of any proposed new learning is enhanced by supportive challenge. • There is a shared recognition across the system that the challenges are common to all partners and any solutions will also need to be common to everybody. The achievements over the year are a reflection of how the system is maturing collectively. Powerful relationships have been developed across the Chief Executive Network which allow open and difficult conversations to take place around operational challenges and where the system needs to go next. There is a refreshing transparency in the system, with a willingness to 'lean in' and help one another. There is also a curiosity across the system, typified by the desire to innovate and a strong commitment to want to succeed. These three factors make a huge difference when confronting difficult challenges on a daily basis. <p>Mike Cooke welcomed the fact that colleagues are particularly sensitive to the specific context within which partners are working in NCL and endeavour to tailor solutions based on local knowledge. Good progress continues to be made but there is still much more to do.</p> <p>The Board of Members NOTED the Report.</p>
<p>2.</p>	<p>STRATEGY AND BUSINESS</p>
<p>2.1</p>	<p>Dental, Optometry and Community Pharmacy Services Delegation Update</p>
<p>2.1.1</p> <p>2.1.2</p>	<p>Sarah Mansuralli provided an overview of the progress made in the first year since commissioning responsibilities for Dental, Optometry and Community Pharmacy Services were delegated to the ICB:</p> <ul style="list-style-type: none"> • The ICB has ensured safe transition of the delegated responsibilities, embedding them within ICB teams and business as usual activities. Responsibility for Community Pharmacy has been embedded in the Medicines Optimisation team, under the leadership of Sarah McDonnell-Davies and Louise Coughlan, while Dental and Optometry services sit within the Strategic and Delegated Commissioning team, under Sarah Mansuralli and Mark Eaton • This allows the natural synergies to be realised for both primary care and community pharmacy in NCL, as well as the synergies between dental and optometry services with the secondary specialist pathways • There has been significant service transformation and service development progress over the first year of delegation at both universal levels, in terms of improving access, as well as more targeted approaches looking at the needs of more vulnerable populations through partnership working • An internal audit has confirmed that the ICB is managing the delegated function effectively. It also provided important learning that will be taken forward to the specialist services commissioning delegation work programme currently in development, prior to the anticipated delegation in April 2025. <p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • The achievement of successfully taking on board all three responsibilities and achieving a 'safe landing' during such a challenging time was commended • It would be helpful for a future report on Dental to provide more detail about baselines and outcomes, especially when focusing on health equity and being able to target particular communities. It was also questioned whether the ICB is maximising opportunities to ensure that all available NHS slots are being used and whether it is now in a position where it can start to develop a three to five year strategy after the first year of settling in • The introduction of Pharmacy First was welcomed. Participating pharmacies can now prescribe for common conditions such as urinary infections and shingles and it is expected that this service will significantly improve access across primary care.

	<ul style="list-style-type: none"> • Assurance was given that Pharmacy First is actively promoted through the ICB's communications channels, but it was also acknowledged that there is more to be done in this space • However, concern was expressed that 111 does not appear to be referring into Pharmacy First. It was agreed that Sarah Mansuralli would look into this. • It was highlighted that the ICB does not have any additional dedicated resourcing to deliver these delegated responsibilities. The Integrated Medicines Optimisation Committee has been trying to obtain assurance on community pharmacy which is overseen by NEL ICB but they can only visit a limited number of pharmacies throughout the year, so this represents a real challenge • It was noted that there has been a large increase in the number of patients waiting over 52 weeks for secondary care dental treatment, yet this did not appear to be an operational concern as the 65 week threshold is not being breached. Assurance was sought on whether the waiting times are acceptable, because the fact that the ICB is not breaching an operational target does not necessarily mean that this is acceptable from a patient perspective. • It was acknowledged in response that NCL has consistently not met all targets at either 78 weeks or 65, in common with the rest of the country. The fact that NCL is not an outlier in this respect is no grounds for complacency and colleagues are working hard to address improve the situation. • It was further highlighted that there is a vast difference between achieving a 65 week waiting list and a 52 week one as the latter would require a massive step-change in any organisation, based on radical technology- and capacity-driven change • It was noted that many GP practices and community services work closely with community pharmacy and the launch of Pharmacy First strengthens opportunities around this. The universal availability of free over the counter treatments for people who cannot afford simple self-help remedies such as paracetamol was also highlighted • Although there is further to go with the dental work, there has been a huge improvement compared to the position at the start of the delegation process. It is recognised that poor dental care in children is strongly linked to inequalities and deprivation, so the ability to provide more upstream interventions collectively as an ICS will hold the system in good stead in terms of preventing people from needing to access more complex processes of care • Assurance was given that the delegated commissioning has been embedded within the ICB, although more work remains to be done regarding capacity utilisation and transformation across services • It was noted that the ICB has taken a sequenced and prioritised approach to the range of dental issues, informed by a deep dive undertaken post-delegation and the funding available to address some of the challenges in the year ahead.
2.1.3	<p>Mike Cooke thanked Sarah Mansuralli for the update and thanked Sarah McDonnell-Davies in her absence for her work on this. He noted that the Board had expressed a specific interest in at all stages of the delegation process and a further update will be brought to the Board in due course.</p>
2.1.4	<p>The Board of Members:</p> <ul style="list-style-type: none"> • NOTED the progress made by the NCL ICB team for all three DOP services since they were delegated in April 2023 and the lessons learned through the PwC internal audit, noting further that many of these are equally applicable to the delegation of other services in 2025. • NOTED the future plans the ICB has for each DOP Service to improve access, outcomes and performance for our population.
2.1.5	<p>Action: Sarah Mansuralli to confirm whether Pharmacy First is on the Directory of Services for 111 to refer into.</p>
2.2	2023 Staff Survey Results
2.2.1	<p>Sarah Morgan provided an overview of the report, highlighting the following points:</p>

- It was acknowledged that the 54.9% response rate was disappointing, as were some of the results. The survey was launched just after the consultation outcome of the Organisation Change Programme which represented a significant change. Due to sensitivities around this, a decision was taken to not actively promote the survey to the usual extent. NCL's response rate was the lowest in the country among ICBs
- The results showed a high number of staff wanting to leave the organisation, although this was in the context of the ICB running a voluntary redundancy scheme and a significant number of staff subsequently left the organisation in quarter four
- The ICB will need to focus its energies this year on a number of areas where scores deteriorated, including learning and development, career progression and wellbeing
- The results also showed that 'green shoots' of improvement are visible in areas where the ICB did focus some attention, such as Core Skills for Managers, management training and beginning to develop an approach to career development. This is the starting point for how the ICB wants to build the organisation and improve it as a place to work
- The report focuses in particular on the relative comparators with other London ICBs as part of the talent acquisition and retention strategy. If NCL is a low-performing ICB in the context of the Staff Survey, it will struggle to attract the talent it needs
- NCL scored highest among London ICBs on 'we are a team' and also scored above average for 'compassionate', 'inclusive' and 'always learning'. However, there is much more to do in terms of improving staff morale.
- The ICB has a comprehensive plan in place to address the results. However, implementing this will be challenging as the organisation is still in transition. There is still a high number of vacancies as many have been held for staff who are 'at risk', which means that for the time being the ICB needs to balance its ambition to put things in place to make NCL a better place to work with the 'saturation' of staff having too many things to take on board and focus on
- The plan focuses on senior leadership and creating the right conditions to thrive, including through the High Performing Teams training programme, as well as the Learning and Development programme which will be the flagship. Having a comprehensive 'offer' in this area is a significant development for the ICB
- The all-staff awayday on 26 April 2024 was well received, particularly the launch of the Population Health and Integrated Care Strategy and Vision. The ICB is confident that it is on the right lines but there remains much to focus on, particularly over the last two years of the Organisational Development programme.

2.2.2

The Board then discussed the paper, making the following comments:

- It was agreed that the relatively low response rate was disappointing. It was noted that in times of significant organisational changes, there can inadvertently be a disproportionate impact on people with protected characteristics. Assurance was therefore sought that the ICB's approach to the organisational changes has been fair and equitable
- It was confirmed that the ICB has carried out comprehensive Equality Impact Assessments. These highlighted that the changes could potentially have a disproportionate impact on Black, Asian and Minority Ethnic (BAME) colleagues, as well as younger staff. The ICB developed in response an inclusive recruitment campaign to ensure that the internal recruitment carried out was equitable. As part of this, over 50 staff with protected characteristics were trained to be inclusive recruitment advisers. Every interview panel includes one of these advisers to ensure that they are run fairly
- A protocol has been run at every stage of the programme to take stock of where things stand and that there is no inadvertent discrimination. Staff Networks have run 'safe space' conversations where themes can be fed back. Regular meetings have also taken place with trade unions as part of the ICB's commitment to ensuring that it hears from a range of sources about how the programme is going. The process has been undeniably challenging for staff but the Board can feel assured that it has had equality at its heart

	<ul style="list-style-type: none"> • It was noted that London organisations generally do worse in Staff Surveys compared to other parts of the country. A number of possible causes were suggested. There has been less upheaval for staff at ICBs which are coterminous and have had a less comprehensive change programme, whereas staff in NCL have experienced three significant changes in recent years, which has probably created a sense of change fatigue. Furthermore, there may be an expectation that staff living in a capital city which aspires to be the best global health city in the world should have a better lived experience at work. Nevertheless, there are things that the ICB can learn from colleagues elsewhere • The ICB put in place a lot of additional wellbeing support during the pandemic but it was acknowledged that this has since been scaled back. It is recognised that the Occupational Health Service needs to improve to ensure that staff can have timely access. It is also recognised that staff feel overwhelmed by taking on a burden of work due to the large number of vacancies being held open and these vacancies are being 'released' where possible • Concern was expressed about the score for the ICB 'act[ing] fairly on career progression', especially with regards to BAME staff. The Board was assured in response that the ICB is planning to tighten up its HR policies to address issues which have been identified. For instance, a number of staff on secondment have 'slid back down' during the change programme due to these opportunities not having been solidified • During Quarter 2 the revised appraisal and objective setting process has been launched, with each ICB member of staff also having a career and wellbeing conversation with their line manager. This will then link directly to the new learning and development offer, the re-procurement of occupational health support and the refresh of the wellbeing adjustment passport for staff. • In terms of the ICS, the sixth cohort of the System Leadership Development Programme has been launched, which has previously had 100 participants in five cohorts across the system. There are a further 50 places for 2024/25 and we are building a virtual faculty from the alumni of the programme for those who want the stretch opportunity to support system priorities. • More detail was provided about the High Performing Teams programme. The programme, which is curated in partnership with Kaleidoscope, is designed to ensure that teams are the building blocks of the organisation. Every team will participate and feedback to date has been extremely positive. There will be a handover at the end of the programme so that the ICB OD team will be able to continue to run it and make sure that teams are supported to develop and line managers are supported to develop their teams.
2.2.3	<p>Mike Cooke observed that this had been a tumultuous year for staff and the survey results reflect this. This remains important work in progress with a clear commitment to turn things around, with plans focused on organisation development, learning and development, career progression and creating a strong sense of fairness and belonging.</p>
2.2.4	<p>The Board of Members NOTED the report.</p>
2.3	NCL ICS People Strategy Annual Report
2.3.1	<p>Liz Sayce introduced the item in her capacity as Chair of the People Board. She noted that there are significant workforce challenges across the system and the Annual Report shows tangible achievements in year one, as well as building blocks being put in place to deliver a programme of work, under the three pillars of the strategy.</p> <p>Collaborating for greater impact is at the core of this work, as exemplified by the WorkWell pilot mentioned earlier. The proposal was developed through a joint effort involving the voluntary and community sector, training hubs, employment leads, primary care, Trusts and local authorities to look at the pathways through which people enter the health and care workforce, as well as looking at training and development, and how multi-sector and multi-</p>

disciplinary opportunities, such as 'passporting' between roles, can be developed to deliver integrated care.

2.3.2

Sarah Morgan then provided an overview of the report, highlighting the following points:

- The People Strategy, which is a companion strategy to the Population Health and Integrated Care Strategy, was approved by the Board in May 2023
- Progress against the delivery of the Strategy priorities is overseen by the People Board, a committee of the ICB Board. One of the key outcomes 'owned' by the People Board is to support people with long term conditions and mental health back into work
- There has been a focus over the past year on laying foundations, including building relationships with partners in new ways that had not previously existed, such as local authority economic regeneration colleagues
- The People Strategy and the People agenda speak to the fourth aim of an ICS, which includes supporting economic and social development
- Initial work showed that there would be an increasing NCL workforce gap to deliver care within the next five years if care continues to be delivered in the same way. There is therefore a need to innovate and develop different and more efficient workforce models
- The Strategy focuses on three pillars: supply (supporting residents into new roles); development (how can people be helped to improve professionally, thereby improving care delivery) and transformation (how can the system think differently about transforming care, such as making greater use of digital technology)
- The Long Term Workforce Plan has been released since the publication of the Strategy. The Plan was mapped against the Strategy and the Strategy 'holds' but it is important to note that the Long Term Workforce Plan is an NHS document whereas the NCL ICS People Strategy is a 'one workforce' approach and therefore relates to people working in both health and care across the sector.
- While establishing the governance over the first year, the system has been running hard to deliver as best it could against the Strategy, despite a backdrop of industrial action and other financial and operational challenges. Key achievements in 2023/24 include:
 - The NCL Health and Social Care Academy supporting 160 residents into roles within the health and care sector year
 - A reduction in nursing staff turnover from 13.5% to 6%
 - NCL being selected as one of 10 national pilots to support young people leaving care into roles within healthcare
 - Training over 230 staff to support children and young people's mental health in acute settings
 - Launching the Future Leaders programme for aspirant Executives from a BAME background, 40% of whom have since secured an executive role
 - Training over 1000 primary care staff in the new Long Term Conditions model, which will support better patient outcomes
 - The launch of the Waiting Room app to support children and young people who are on CAMHS waiting list to 'wait well'
 - Innovative work at GOSH around Artificial Intelligence
- As soon as the WorkWell pilot was announced in the spring Budget, NCL galvanised across the sector to submit a bid. NCL will be partnering with the Institute of Employment Studies because the pilot will also involve developing a Health and Work Strategy to support people who have become economically inactive, through ill-health and long term conditions, back into work. The complexity of this requires a multi-agency approach, which is why this is a partnership between DWP, DHSC and a range of other partners across the five Boroughs.

<p>2.3.3</p> <p>2.3.4</p> <p>2.3.5</p> <p>2.3.6</p>	<p>The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • The excellent progress made to date was welcomed, especially given the context. The links being developed with multiple organisations and the ambition for community ‘reach’ to support local people into becoming part of the future workforce were also commended • Ibrahim Abubakar declared an interest as Pro-Provost (Health) at University College London (UCL), which is located in NCL. He encouraged conversations to take place with UCL and other universities in the sector about preparing the health workforce over the next decade across a range of professions and accompanying disciplines. It was agreed that Sarah Morgan and Chris Caldwell would discuss this further with Ibrahim outside the meeting • The progress made by the Workforce Development Delivery Group is a testament to the level of engagement across all NCL organisations and a willingness to work together and share expertise for the benefit of the whole system • Building on an earlier comment about how successes might be celebrated to entice people to come to work in NCL, it was queried whether there is a way of doing this more centrally and collaboratively, particularly with regards to the Future Leaders programme for BAME staff, while also making it a sustained offering . <p>The Board of Members APPROVED the report as progress against the Year 1 delivery plan.</p> <p>Action: Chris Caldwell, Sarah Morgan and Ibrahim Abubakar to discuss outside the meeting how UCL and other NCL universities can contribute to preparing the health workforce over the next decade.</p> <p>Action: Sarah Morgan and Jinjer Kandola to discuss how NCL successes can be promoted more centrally and collaboratively to highlight it as an attractive place to work.</p>
<p>2.4</p>	<p>2024/25 Financial Planning Update</p>
<p>2.4.1</p> <p>2.4.2</p> <p>2.4.3</p>	<p>Bimal Patel provided an update on the work on the ICB Financial Plan for 2024/25, highlighting the following points:</p> <ul style="list-style-type: none"> • The draft plan previously approved by the Board is for a £10.6m surplus through the use of non-recurrent funding and various efficiencies, including Cost Improvement Programme (CIP) of £26.1m and a reduction in running costs (£4.8m) as part of the 20% required by all ICBs • £4.7m net cost pressures have been identified following a rigorous review – these are funded within the plan • £81.4m of potential risks outside the plan has been identified but this figure has been risk adjusted to £34m to reflect mitigations • The paper, which sets out various key assumptions in terms of delivering to plan, represents the final iteration of the plan and the Board was therefore being asked to note the update. Any changes to the ICB position should be delegated to the CEO and CFO with an update to the ICB Board. • The ICS submitted in May 2024 a draft financial plan for 2024/25 which is showing a deficit position. This plan has been further refined and will be discussed with NHS England the following week. <p>The Board then discussed the paper. It was noted that the delay in the 2024/25 financial settlement means that the financial year is underway, and therefore the clock is already running in terms of meeting the various cost pressures and targets, so it will be a challenging year ahead.</p> <p>The Board of Members NOTED the update.</p>
<p>3.</p>	<p>OVERVIEW REPORTS</p>
<p>3.1</p>	<p>Integrated Performance and Quality Escalation Report</p>
<p>3.1.1</p>	<p>Chris Caldwell and Richard Dale introduced the paper, highlighting the following key points:</p> <ul style="list-style-type: none"> • There is a continuing focus on the pressures around emergency care - colleagues are working through some emerging potential quality risks

	<ul style="list-style-type: none"> • Local Trusts which have expressed an interest in the implementation of Martha’s Rule will learn later in the week whether they have been successful • Three local Trusts have been advised that they have been successful in applying for the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme, whereby Trusts which can demonstrate that they meet 10 quality and safety indicators can recover the element of their contribution to the incentive fund, as well as a share of any unallocated funds • Although the report shows improvements in patient flow and out of area placements, the latest operational figures show a deterioration. Work is taking place with partners to understand the cause and look at how this can be reversed • The system failed to meet the 76% target for the four hour A&E standard, although within the last quarter all sites did meet the standard, so this is a reflection of volatility of demand and inconsistency of process. All partners are working hard to address this • NMUH remains below the criteria set around the System Oversight Framework for Improvement around UEC. The system has been working collaboratively to support the Trust to improve performance and a trial has been put in place with LAS to redirect ambulances to other sites to alleviate the pressure at NMUH • Assurance was given that ambitious targets are being set for 2024/25 and while the report focuses on the mandated targets, assurance was also given within that there are real ambitions that the ICB and partners are focused on. Looking at these target areas for improvement, particularly from a patient perspective, might warrant discussion at a future Board Seminar. This suggestion was well received. <p>3.1.2 The Board then discussed the paper, making the following comments:</p> <ul style="list-style-type: none"> • It was highlighted that General Practice is now nationally in dispute with NHS England and the Government. The ICB has received a letter from the Londonwide LMC suggesting that the developing plans for GP industrial action should be put on the ICB Risk Register because of the significant impact this would have and the implications of this are being worked through. • The ICB is keen to work with LMC colleagues to understand what can be done to support hard-working general practitioners in NCL. The opportunity heralded earlier around NCL being a potential pilot for new ways of working in general practice is a positive opportunity to work on this together to create something new for the future which could set a national precedent. • Primary care colleagues were congratulated for exceeding 50% for providing same day appointments. This an extremely positive achievement. <p>3.1.3 The Board of Members NOTED the key issues set out in the paper for escalation and the actions in place to support improvement.</p>
3.2	Board Assurance Framework (BAF)
3.2.1	<p>Ian Porter introduced the paper, highlighting the following points:</p> <ul style="list-style-type: none"> • The score for the risk relating to the ICB’s Running Cost Allowance (FIN29) had decreased as a result of the working being undertaken on the Change Programme • The risk relating to the ICB meeting its 2023/24 Financial Plan (FIN16) has been closed • The score for the risk concerning meeting the national target for long term waits (PERF8) had been reduced, following a change to the national guidance. The Board was assured that this change would not lessen the focus on improving outcomes for patients.
3.2.2	<p>The Board of Members discussed the paper:</p> <ul style="list-style-type: none"> • It was highlighted that the risk relating to industrial action (PC4) has been updated and will be kept under review in light of the letter regarding the planned GP industrial action.

	<ul style="list-style-type: none"> It was noted that this Risk Report had not been previously scrutinised by the Audit Committee. Although the risk score for PERF8 had been reduced after a change to the central target, consideration needs to be given to how the ICB is framing risk as it feels slightly uncomfortable to reduce a risk score based on a shifting target. It would be helpful to cover this as well in a future seminar discussion It was agreed that the focus should be more on the risk to patients rather than the risk to the ICB meeting its targets. This wider point also applied to the commentary in the report on paediatric dentistry and it might be helpful to pick this up in due course at the Audit Committee.
3.2.3	The Board of Members NOTED the Board Assurance Framework.
4.	GOVERNANCE
4.1	Update to Committee Terms of Reference
4.1.1	Ian Porter introduced the item. A number of minor changes had been made to Committee Terms of Reference, which reflected organisational structure changes and strengthened arrangements regarding Standing Participants. In addition, the frequency of Strategy and Development Committee meetings has been increased. All changes had been discussed with the respective Committees and Committee Chairs.
4.1.2	<p>The Board of Members:</p> <ul style="list-style-type: none"> APPROVED the Strategy and Development Committee Terms of Reference; APPROVED the Primary Care Committee Terms of Reference; APPROVED the Integrated Medicines Optimisation Committee Terms of Reference; APPROVED the Local Care Infrastructure Delivery Board Terms of Reference; APPROVED the Individual Funding Requests Panel Terms of Reference; APPROVED the Individual Funding Requests Appeals Panel Terms of Reference; APPROVED the amendments to the Functions and Decisions Map and to other governance documentation.
5.	ITEMS FOR INFORMATION AND ASSURANCE
5.1	Minutes of the Finance Committee Meeting on 30 January 2024
5.1.1	The Board of Members NOTED the minutes of the Finance Committee.
5.2	Minutes of the People Board Meeting on 20 November 2023
5.2.1	The Board of Members NOTED the minutes of the People Board.
5.3	Minutes of the Quality and Safety Committee Meeting on 9 January 2024
5.3.1	The Board of Members NOTED the minutes of the Quality and Safety Committee.
5.4	Minutes of the Strategy and Development Committee Meeting on 7 February 2024
5.4.1	The Board of Members NOTED the minutes of the Strategy and Development Committee.
6.	ANY OTHER BUSINESS
6.1	There was no other business.
7.	DATE OF NEXT MEETING
7.1	23 July 2024.
8.	PART 2 MEETING
8.1	The Board of Members RESOLVED that as publicity on items contained in Part 2 of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and members of the public should be excluded from the remainder of the meeting.