

Item: 7

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	✓

BOARD

04 JUNE 2024

Report Title:

Chief Executive Report

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.

Key points

The report includes items on:

- Infected Blood Inquiry
- Finance update
- Executive Committee annual review
- Update on implementation of Martha's Rule
- Assurance review of the Fuller Inquiry recommendations
- Closure of 2.0
- WorkWell Bid outcome
- Quality strategy
- Measles vaccines
- Covid spring booster campaign
- ICP Area changes
- Sexual Harassment campaign

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This report provides an overview for the Board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

The Board is asked to receive the report for assurance and ask any questions of the Chief Executive.

Acronyms and abbreviations explained						
CQC - Care Quality Commission DHSC – Department of Health and Social Care DWP – Department for Work and Pensions ICB – Integrated Care Board ICP – Integrated Care Partnership ICS – Integrated Care System NENC - North East and North Cumbria NECS - North East Commissioning Services NEMCA - North East Mayoral Combined Authority NHSE - National Health Service England MMR – Measles, Mumps and Rubella						
Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair					
Report author	Samantha Allen, Chief Executive					
Link to ICP strategy priorities (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	None noted.					
Has there been/does there need to be appropriate clinical involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be any patient and public involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be partner and/or other stakeholder engagement?	Engagement has taken place throughout the ICB 2:0 assurance process with NHS England and provider organisations. We continue to engage with all stakeholders on a wide range of subjects.					

Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. National

2.1 Infected Blood Inquiry

The final report of the Infected Blood Inquiry¹ was published on Monday 20 May 2024.

Led by Sir Brian Langstaff KC, this independent public statutory inquiry was established to examine the circumstances in which men, women and children treated by the NHS in the United Kingdom were given infected blood and infected blood products, in particular since 1970.

The inquiry has examined why people were given infected blood and/or infected blood products; the impact on their families; how the authorities (including government) responded; the nature of any support provided following infection; questions of consent; and whether there was a cover-up.

The inquiry's detailed recommendations will be considered by a clinically led NHS England (NHSE) task and finish group, with next steps shared as soon as possible.

Blood is now distributed to NHS hospitals by NHS Blood and Transplant, which was established in 2005 to provide a national blood and transplantation service to the NHS. Modern safety standards are extremely rigorous and NHS Blood and Transplant's services follow strict guidelines and testing to protect both donors and patients and are subject to regular inspections by independent regulators.

A new online resource is available for patients and the public to find support services from across the NHS and the Government and NHS staff can access their local employers' support services. We thank the inquiry for its hard work and final report which today represents a hugely significant day in understanding how this unacceptable tragedy was able to happen in this country.

For the families, patients and our wider community who have been impacted by this scandal we offer our unreserved apology for the avoidable suffering, pain and loss that they and their families have experienced following the supply and use of infected blood products in the NHS.

The ongoing public inquiry into events at The Post Office are also of interest to all Corporate Boards. Whilst the inquiry will report on their recommendations in due course the issue of the information we receive and consider as a Board as well as organisational cultures should be an area we scrutinise and reflect on without delay. In discussion with our Chair this will be an area for consideration through our Board Development programme.

¹[The Inquiry Report | Infected Blood Inquiry](#)

2.2 WorkWell Bid Outcome

Despite submitting a strong application that had the support of our local and combined authority partners, the North East Work and Health Network and our local Job Centre Plus colleagues, we were disappointed to learn that our bid was not successful.

Our plan was to pilot a WorkWell Vanguard Service in three key delivery sites to - South Tyneside, Middlesbrough and Cumberland to provide evidence-based, low intensity work and health assessments that support individuals with their low-level occupational health needs and to overcome barriers to work.

Feedback from the DWP/DHSC Joint Work and Health Unit was that there was a high number of very strong applications but only 15 out of 42 ICBs could be funded. Given the importance of this work in tackling the extremely high rates of worklessness in our region we are now exploring what alternative sources of funding may be available to deliver some of these services with our local partners and I will update the board on this work as it develops. We have received £89,000 of funding from the Joint Work and Health Unit to develop a local work and health partnership and strategy and we are taking this work forward with our partners who are keen to work with us on this important agenda.

Related to this, we are hosting an event on 24 June to explore the creation of a NHS Anchor Institutions Network for the North East and North Cumbria (NENC), and how such a network could help us to meet the fourth objective of ICBs to 'support the NHS to contribute to broader social and economic development'. We have already seen excellent practice in this field from some of our Foundation Trusts, especially in terms of targeted recruitment in disadvantaged communities and the cultivation of local supply chains, which we are keen to build on expand.

2.3 Update on the National Performance Management of Planned Care ('The Tiering System')

NHS England operates a system whereby provider trusts whose performance in relation to planned care waiting times requires improvement, are placed in a 'tier' system and subject to enhanced oversight and support. Tier 2 involves the NHSE regional team and Tier 1 the national team.

Following the delivery of significant improvements in their performance, Newcastle Hospitals NHS Foundation Trust and South Tees Hospitals NHS Foundation Trusts have both been notified that they are being removed from the tiering system. North Cumbria Integrated Care NHS Foundation Trust has been escalated to Tier 2 for their cancer waiting times performance.

The ICB is working closely with this latter provider to support them in sustaining their recent improvements in cancer performance.

3. ICB Development

3.1 Conclusion and Close Down of the ICB 2.0 Programme

The 2.0 programme concluded at the end of April 2024. An assessment of the delivery of the 10 key success measures was made, with all of them assessed as fully or partially achieved. Of note, the 2024/25 running cost allowance reduction requirement was achieved together with an element of the 2025/26 requirement. A reduction of £17.5m was required to meet the 30% reduction and £15.5m has been delivered in addition to over £2m of additional cost pressures in relation to functions non-recurrently funded by the North of England Commissioning Support Unit (NECS) being absorbed.

A small number of ongoing pieces of work were identified and handed over to executive leads to progress:

- The remaining reduction for 2025/26 to the Financial Sustainability Group. In support of this the ICB estate rationalisation work is being progressed.
- The small number of staff still at risk have all been offered suitable alternative employment or redundancy; compulsory redundancies arising from the programme will be fewer than 10 in total.
- The organisational development plan for the ICB is being refreshed following its focus on supporting the programme in 2023/24.

Throughout April, the ICB 2.0 program team have undertaken a 'lessons learned' exercise with the steering group and supporting teams. The aim of the exercise is to evaluate the program and provide continuous learning for future ICB complex reform areas. The exercise concluded on the 14 May via a workshop.

All transition documentation has been communicated and completed across the organisation in March, thereby facilitating managers to support staff and teams as they transferred into new roles. Staff conferences have taken place in April to co-produce future ways of working. Information from these events will support the development of the post 2.0 organisational development plan.

3.2 NECS In-housing

The ICB is currently developing a business case to in-house a significant number of the staffing currently provided to the organisation via a service level agreement with NECS. It is anticipated this case will be considered by NHSE in July 2024 and if approved, transition of these teams over to ICB employment will occur over successive months, up to April 2025.

4. North East and North Cumbria

4.1 Financial Position

The outturn financial position for 2023/24 is detailed within the separate finance report. Whilst this position remains subject to audit, with final accounts expected to be signed in June 2024, it is pleasing to report that the ICB has delivered its key financial duties with a surplus of £4.5m being reported for 2023/24 in line with the expected position agreed by Board.

Across the ICS, a relatively small surplus of £0.4m has been reported, although as previously noted this is after receipt of £35m of additional funding from NHSE to offset the planned deficit.

Significant underlying financial pressures remain across the system and the final financial plan submitted for 2024/25 shows a total planned deficit across the ICS of £75.6m, or just under £50m if a technical accounting change relating to PFI costs is excluded. This position includes extremely challenging efficiency plans and a number of currently unidentified mitigations. Work continues as a priority across the system to review the position and seek to identify potential further options to reduce the system deficit. This was the focus of a planning meeting with the NHSE executive team on 22 May 2024.

4.2 Quality Strategy

The Quality Strategy continues to progress well and detailed engagement has been carried out with stakeholders within the system and internally with ICB staff. So far, the feedback received has been really positive about adopting the strategy across the system.

We now begin wider engagement with online surveys for members of the public, individual members of staff and organisations/other stakeholders in the system. We are planning to publish our Quality Strategy in July 2024.

4.3 Assurance Review of Fuller Inquiry

Following the publication of the independent inquiry into the issues raised by the David Fuller case (phase 1) report², the ICB requested assurance from all NENC acute providers that they have completed a gap analysis against the 17 recommendations in the Inquiry.

The report and action plan for the trusts not fully compliant have been to Provider Trust Boards. Progress will be discussed at the ICB Quality and Safety Committee.

4.4 Update on Implementation of Martha's Rule

The pilot sites for early adoption of Martha's Rule have been notified and six of our Trusts have been chosen and are awaiting further guidance. Learning from the pilot sites will be shared to all providers to ensure readiness for the national roll out in April 2025.

4.5 Measles Vaccines

A national and local campaign has been initiated to tackle the national outbreak of measles.

The NENC overall has very good coverage with MMR vaccinations, but one risk the region has is small areas of the population, which have low coverage of MMR. These areas are often vulnerable to outbreaks of measles, leading to illness, distress for both the patient and parents along with disruption to health services.

We have proactively undertaken various activities to increase MMR vaccinations. We have worked with our GPs, who have been part of the national campaign led by NHSE to identify and undertake a comprehensive follow up for children under 5, who are unvaccinated. Furthermore, in February and March 2024, NHSE directly contacted parents of every child of primary school age, who is unvaccinated to advise them to contact their GP to arrange a vaccination.

Our region has gone above and beyond the national campaign working alongside partners in NHSE Public Health Programmes team who have given the school vaccination services more resources to identify schools with low rates and to offer vaccinations to children in schools and community clinics.

So far, the data is telling us that there has been a significant increase in MMR vaccinations due to this activity.

We are continuing to review the data and work with partners to make sure that it is enough and to plan our next approaches, as we expect low MMR coverage and the measles risk to continue into coming months as this issue has developed over a number of years.

NHSE have also funded the Child Health Information Services to send direct letters to parents of every child of primary school age if they have no MMR vaccinations.

4.6 Covid Spring Booster Campaign

As part of the Covid Spring Booster Campaign 2024, the public have access to a network of 284 services across Primary and Secondary care.

²[Independent inquiry into the issues raised by the David Fuller case: phase 1 report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

System Vaccine Operations Centre and other providers have achieved a 31.2% uptake in the first four weeks of the campaign, which will conclude on 30 June 2024. There are sufficient national booking service appointments released across the ICB and Place area with 35% booked to date. The programme to date has delivered:

- 3.9% increase in boosters compared to the Spring Booster 2023.
- All care homes across the region have been allocated a visit date and assigned a provider.
- 77% of care homes have been visited resulting in an uptake of 60.7%.
- Data for over 75s is 36.2% (an increase of 5.8% in delivery compared to Spring Booster 2023 on current week).
- Adult immunosuppressed is 14.4% (an increase of 7.5%).
- Child immunosuppressed is 0.3% (showing a decrease of -0.4%).
- Housebound uptake is 40.2% and rates would suggest that the programme will at least reach last year's uptake of 67.3%.

4.7 County Durham and Darlington Foundation Trust

County Durham and Darlington Foundation Trust continue to progress against the must do actions from the CQC report and the Ockenden Peer Review visit recommendations in relation to maternity services. Progress is being made in relation to staffing modules and governance. Further assurance against actions through consistent auditing remains a challenge. The CQC have re-inspected in line with the section 29A notice and the Trust has been rated as requires improvement for both Darlington and Durham in both safe and well-led. The Trust has commenced on the Maternity Improvement Programme and is waiting for the visit from the National Team.

The ICB has initiated a Quality Improvement Group to oversee the improvements required at the Trust. This group is in two parts with the second part, led by the ICB, relating to urgent and emergency care and infection prevention and control practices.

4.8 Sexual Harassment Campaign

All of our NHS organisations have signed up to the NHS England sexual safety in healthcare charter and as part of our efforts across the region to ensure all our staff are safe at work, we have launched a joined-up approach to our communications to ensure consistency in message and approach across the region.

#ItsNeverOK was launched in April and the aim of the campaign is to create a movement to:

- Raise awareness of our commitment to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace; which includes the fact we have signed up to NHS England's sexual safety charter.
- Encourage people to report any incidents and raise of awareness of how they can do it.
- Reassure staff they will be supported if they need help and/or if they report an incident.
- Support and raise of awareness of sexual safety initiatives and programmes within organisations to enable staff to understand what sexual safety means and what are appropriate behaviours in the workplace. For example, training opportunities, information about freedom to speak up guardians etc.

We will continue to work with partners in our quest to eradicate this unacceptable behaviour from our NHS.

4.9 ICP Area Changes

Back in 2022 the members of our Integrated Care Partnership (which is a statutory joint committee of the ICB and the fourteen local authorities in our region) decided that we should operate our partnership based on one Strategic ICP that meets twice a year, supported by four Area ICPs that meet on a bi-monthly basis. Alongside their role in developing the Integrated Care Strategy for the NENC, the Area ICPs provide key forums for the sharing of intelligence and learning, and as an important means to strengthen relationships between political, clinical and professional leaders from the health and care sector.

The formation of the North East Mayoral Combined Authority (NEMCA) in May of this year presented an opportunity to realign some of our Area ICPs to match the boundaries of the two Combined Authorities in the NENC, i.e., the LA7 Area (County Durham, Gateshead, Newcastle upon Tyne, North Tyneside, Northumberland, South Tyneside and Sunderland), as well as the existing Tees Valley Combined Authority. Having discussed this with the elected member chairs of our Area ICPs, and at our Strategic ICP in December 2023, ICP members agreed that this change can be made by combining the North and Central Area ICPs into a single Area ICP that matches the boundaries of NEMCA. The other existing Area ICPs – in Tees Valley and North Cumbria – would remain as they are now.

With regards to the chairing and membership of the new NEMCA Area ICP, the current chairs of the North and Central Area ICPs – Cllr Lynne Caffrey (Gateshead) and Cllr Kelly Chequer (Sunderland) have agreed to a co-chairing arrangement going forward. The membership of the new Area ICP would need to be reviewed and agreed at its first meeting, to which the members of the pre-existing North and Central Area ICPs will be invited.

We will continue to review the position of the Area ICP meetings to ensure overall effectiveness and impact.

5. Recommendations

The Board is asked to receive the report and ask any questions of the Chief Executive.

Name of Author: Samantha Allen

Name of Sponsoring Director: Professor Sir Liam Donaldson

Date: 21 May 2024

Appendix 1

Between 27 March 2024 – 21 May 2024 the NENC Executive Team have undertaken the following visits:

NENC Organisations	Number Of Visits
NHS Foundation Trust / Providers	20
Local Authority	10
Place (including community and voluntary sector)	14
Community and primary care (including general practice)	12