North East London
Integrated Care Board

Agreed minutes – Audit & Risk Committee
30 August 2023, 2.00pm – 4.00pm, 4th floor, Unex Tower, Room F01

Members:	
Cha Patel (CPa) - Chair	Non-executive member
Imelda Redmond (IR)	Non-executive member – MS Teams
Sue Evans (SE)	Associate non-executive member
In attendance:	
Auditors	
Dean Gibbs (DG)	External Auditor, KPMG
Clive Makombera (CM)	Internal Auditor, RSM
Mark Kidd (MK)	Local Counter Fraud Specialist, RSM
Henry Black (HB)	Chief Finance and Performance Officer
Charlotte Pomery (CPo)	Chief Participation and Place Officer
Anne-Marie Keliris (AMK)	Head of Governance
Paul Hunt (PH)	Finance Manager - MS Teams (item 9.3)
Anna McDonald (AMc)	Senior Governance Manager
Apologies:	
Kash Pandya (KP)	Associate non-executive member
Nick Atkinson (NA)	Internal Auditor, RSM
Steve Collins (SC)	Director of Finance
Sunil Thakker (ST)	Director of Finance
Tracy Rubery (TR)	Director of Partnerships, Impact and Delivery: Redbridge
Rob Adcock (RA)	Director of Finance
Carl Van Den Berg (CVdB)	External Auditor, KPMG
John Elbake (JE)	Internal Auditor, RSM

1.0	**Welcome, introductions and apologies**
	The Chair welcomed everyone to the meeting. Apologies were noted. The Chair advised that KP had to give his apologies for the meeting and had submitted his comments on the papers in advance of the meeting.
1.1	**Declaration of conflicts of interest**
	The register of interests was noted and the Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared. Declarations declared by members of the Committee are listed on the ICB's register of interests. The register is available either via the Governance Team or the ICB's website.
1.2	**Minutes of the last meeting**
	The minutes of the meeting held on 22 June 2023 were agreed as a correct record.

1.3	**Actions log**
	Freedom to Speak Up (FTSU) - forum in primary care – CPo clarified that funding for this sits with primary care providers and that ICB colleagues will require assurance from system partners that they have effective FTSU processes in place. CPo confirmed that the reporting line for FTSU is directly to the ICB board. Committee members noted that all other outstanding actions were complete.
2.0	**Performance and planning**
	2.1 Procurement Group progress report The Chair advised that TR was unable to attend to present the progress report due to the overrunning of a pre-existing diary commitment. The following questions include those asked during the meeting in addition to those submitted by KP in advance. The Chair advised that the responses would be provided by TR after the meeting and circulated by e-mail: • How will the new Provider Sector Regime work and any resultant risks? • What is being done to address the situation in regard to STWs that have had to be approved retrospectively and are the requests from particular Teams? • A number of STW s keep coming back for renewal, which implies that the STW extensions were not long enough or that the procurement process is not working as well as it might. Will the organisation's restructure resolve resourcing issues in the Procurement Team? • Procurement progress - given that a new Finance System is expected to be implemented from April 2024 are we confident that we will get to 100% by March 2024 and what are the risks if we don't? • Slow progress being made in regard to PO compliance - what action is being taken to improve that? • Where we're extending contracts beyond one year, what are we doing in terms of value for money in order to obtain the best price from suppliers? Responses to all the questions raised will be responded to by Tracy Rubery (TR) and circulated by e-mail after the meeting. **ACTION: TR** As part of the discussion: • The Chair recapped on discussions held at previous meetings about issues relating to PO compliance, the continued use of single tender waivers, the contracts register including contracts data and procurement pipeline. • RSM colleagues advised that progress in completing the outstanding actions from the procurement review continues to be slow. • Committee members were updated on the process that has commenced recently whereby Chief Officers are being asked to review the contracts that currently that sit with them and to confirm where the ownership sits. • Committee members noted this is a huge and complex area of work. The Audit and Risk Committee: • Noted the report • Noted the register of procurement group decisions – April to June 2023 • Noted the summary of single tender waivers
3.0	**Information Governance and IT**
	No items
4.0	**Governance**

	No items
5.0	**Risk**

	5.1 Risk management update
	CPo presented the report and updated the committee on the Board Assurance Framework (BAF) and corporate risk register as part of the overall risk update. The key messages were:
	• The current key system risks on the BAF relate to:
	  ○ collaborative working across partners
	  ○ wider determinants of health/environment
	  ○ quality and safety of care
	  ○ delivery against control total and operating plan
	  ○ workforce
	  ○ population growth
	  ○ mutual accountability for commitments
	  ○ digital and estates
	  ○ anti-racist commitment
	  ○ being outward looking
	• There is a regular process for updating the BAF which in turn, links to our corporate risk register and individual departmental risk registers. The corporate risk register is due to be reviewed in detail by the Executive Management Team (EMT) of the ICB in early September.
	• The financial risk rating of 20 reflects the current significant financial recovery position. This will regularly be reviewed.
	• A meeting with risk champions is planned to review chief officer portfolio risk registers.
	• A template risk report has been developed to ensure consistency across all committees.
	• The Head of Governance is working with RSM, our internal auditor to plan organisational risk management training which will be rolled out in October and November 2023.
	
	The key discussion points were:
	• The current risk rating of 20 for the financial risk – HB confirmed that at this point in time, he is comfortable with the current risk rating. Everything possible is being done to address the current financial position. Committee members agreed that the significant financial position alongside quality and safety of care are the biggest risks we face.
	• Risk targets - DG commented that this is often based on where we would like to be rather than were we can get to and it is important for us to consider how far from the target we are. CM commented that some of the target dates are ambitious and emphasised the importance of taking a realistic approach.
	• The need to break down the BAF and corporate risk register in terms of what can be done this year and next year so they present the longer term versus the mid and short term.
	• Having a target risk and a trajectory risk would be more useful.
	
	CPo to consider the comments made. **ACTION: CPo**
	
	The Audit and Risk Committee:
	• Noted the update
	• Noted that the BAF was considered by the Board

	5.1.1 Board Assurance Framework
	Included as part of the discussion under 5.1.
	
	5.1.2 Corporate risk register
	Noted as part of the discussion under 5.1
	• Digital risk
	  ○ HB confirmed that the business case for BHRUT's electronic patient record has been approved by NHS England. The committee welcomed this positive news which is a milestone for the key digital program for the system.
	  ○ The committee noted that the action from the last meeting relating to the cyber-attack experienced by Barts Health was now closed as the lessons learnt have been shared via the Cyber Associates Network on NHS Futures.

6.0	**External Audit**
	6.1 Progress report DG presented the report. The key messages were: • A meeting with management is scheduled for 5 September 2023 in regard to the 2023-24 audit cycle. • Planning will soon commence on the Mental Health Investment Standard (MHIS) audit for the year ending 31 March 2023 which is required to be completed by February 2024. The Audit and Risk Committee noted the update.
7.0	**Internal Audit**

	7.1 Progress report
	CM presented the report. Two final reports have been issued since the last meeting. The key messages were:
	• ICB draft assurance map:
	  ○ Most business areas have adequate first and second line assurances.
	  ○ Following the transformation from the CCG to the ICB, there is an increased need to enhance assurance across the HR area.
	  ○ Clarification was given that third party providers are included as part of the assurance map.
	• Procurement & Contract Management -follow up
	  ○ Some progress has been made in regard to implementing agreed management actions but more is needed.
	• Work programme – there are no issues in terms of delivery
	  ○ Work is progressing to undertake reviews as part of the 2023/24 Internal Audit Plan.
	  ○ Work is ongoing on the Workforce Strategy and Digitalisation and IT Strategy.
	• Changes to the 2023/24 IA Plan
	  ○ People Plan - a two-phase review will be undertaken as part of the 2023/24 plan and will be reported to the committee in due course.
	• Benchmarking exercise – overall this looks positive for the ICB.
	
	As part of the discussion, SE queried the assurance mapping entry relating to Individual Funding Requests (IFRs). CM to review the entry. **ACTION: CM**
	
	The Audit and Risk Committee noted the report.

8.0	**Local Counter Fraud Specialist (LCFS)**
	8.1 Progress report MK presented the report. The key messages were: • Referrals continue to be received across the ICB with six new referrals received within the current reporting period. • A number of intelligence bulletins have been issued in response to the increasing number of fraud referrals. • National Fraud Initiative (NFI) – the graph included in the last report will be included in future reports. • The strong focus on training will continue. The Audit and Risk Committee noted the report. **8.2 Reactive benchmarking** The Audit and Risk Committee noted the report.
9.0	**Finance**
	9.1 Finance overview HB presented the detailed report and gave the following key messages: • A very challenging break-even plan has been submitted to NHS England in line with the operating plan and NHS England's protocol. • Within the overall ICS operating plan, we have a Cost Improvement Plan (CIP) savings target of circa £280m of which, £82m was assigned to the ICB. • At month 4, we are approximately £58m off plan which equates to a £63m deficit across the whole ICS. This is a further deterioration from month 3. • Our financial recovery plan (FRP) was submitted before the month 4 data was finalised and we had calculated a trajectory from month 4 onwards. We are now approximately £8m off where we said we said we would be in the revised FRP trajectory. However, taking the impact of industrial action into account, we are approximately £2m off and that has been discussed with the Chief Finance Officer at NHS England. • Some allowance is being made but only in regard to the Elective Recovery Fund (ERF) target. No allowance is being made for the increase in agency costs due to the industrial action. • We have initiated a very comprehensive financial recovery process and action being taken includes: o recruiting a financial recovery director o initiating a double lock approval process which means that anything over £50m anywhere in the system needs to be signed off by the Provider Chief Finance Officer (CFO) and HB as the ICB CFO. o Establishing a financial recovery group which will report into the ICB Executive Committee and the Finance, Performance and Investment Committee. o Setting up an ICB internal financial recovery group. o Considering having a 'Star Chamber' to review every line of expenditure. o Considering all other possible options as we move forward. • Committee members were advised that a triple lock option could still be put in place, whereby NHS England's approval must be sought before any money is spent. As part of the discussion, committee members: • Agreed that the financial recovery process cannot be left to finance teams. It is crucial to engage staff at all levels in the recovery process, including chief

nurses, medical directors and chief operating officers, noting that a lack of willingness to engage poses a risk.
- Discussed the CIP process that was in place prior to the pandemic.
- Discussed the possibility of adapting the format of the NEL Audit Chairs' meeting which NEL Finance Chairs are invited to attend. Chair/HB to explore this further outside of the meeting. **ACTION: Chair/HB**

The Audit and Risk Committee:
- Noted the report and the risks associated with the delivery of the finance operating plan.

9.2 Update on implementation of the recommendations made in the ISA260
HB reported that the two recommendations made in the report have both been completed.

9.3 Update on progress relating to the new finance system for April 2024
PH presented the report and gave the following key messages:
Shared Business services (SBS) are in the process of building the new finance system which is due to be implemented from 1 April 2024.
- Guidance from SBS and NHS England is awaited, in the meantime, finance colleagues are working with them both along with peers across London to fully understand the impact of the new system.
- PO compliance is being monitored across the whole organisation and finance colleagues are currently reviewing all non-compliance within individual teams/departments and working closely with them to improve the non-compliance.
- The training requirements are huge and wide ranging as the system will be new to everyone including finance staff. This is one of the main areas of focus along with cleansing the ledger.
- Continuing Healthcare (CHC) transactions are an issue nationwide and also locally for a number of reasons leading to a significant resource pressure on the CHC team to raise, approve and receipt the high number of POs.
- The conclusion of the ICB's consultation is a risk as it is hindering the ledger cleansing process and 'Oracle' hierarchy changes.

Committee members:
- Discussed the challenging risks in terms of being able to deliver this by 1 April 2024.
- Raised concerns about the delay in receipt of the implementation plan and guidance from SBS - PH advised that it is likely to be very similar to the implementation plan followed as part of the CCG merger and the move to the ICB and HB added that the overall system architecture is being built by SBS which is a very well resource organisation commissioned by NHS England.
- Discussed the concerns relating to building the departmental ledger which is reliant on the re-structure being very clear. Chief Officer accountability also needs to be very clear.
- Discussed the need to consider the governance for our own internal program. It cannot be driven solely finance colleagues. A decision needs to be made as to whether all staff will be given access to raise requisitions or whether chief officers decide to have two or three individuals within their teams to do it. HB to take the discussion to the Executive Management Team (EMT).
ACTION: HB
- Noted that 'train the trainer' will be rolled out across the organisation.

	• Noted that the ICB is taking part in a London wide scheme to target suppliers to utilise the 'Tradeshift' function which will speed up the process of invoices being registered on the finance system.
	• Noted that we are in a very similar place to other London organisations.
	• Noted the need to:
	  ○ Consider what the governance for the project team needs to be
	  ○ ensure the data input is the best it can be
	  ○ ensure there is 'buy-in' at all levels
	  ○ ensure regular comms messages go out to staff
	  ○ minimise the number of invoices that are outstanding when migration take place. **ACTION: HB/PH**
	
	The Chair drew the discussion to a close, noting that there is a lot of risk and uncertainty involved.
	
	The Audit and Risk Committee:
	• Noted the report
	• Requested a further update report for the next meeting. **ACTION: PH**

10.0	**Future planning**
	10.1 Committee workplan – 23/24 The Committee members noted the workplan. **10.2 Items for exception report to next ICB board meeting** The Chair advised that an exception report for the September board meeting would be drafted in advance of the board meeting based on the minutes. **10.3 Items to disseminate** The Chair noted the need to ensure the Executive Management Team members are fully aware of the new finance system and the discussion points under section 9.3. **ACTION: HB**
11.0	**Items for information**
	11.1 Procurement group minutes The committee noted the minutes of the meetings held in June and July 2023. **11.2 Information governance group minutes** The committee noted the minutes of the meetings held in June and July 2023. **11.3 Emergency Preparedness, Resilience and Response Steering Group minutes** The committee noted the minutes of the meetings held in March and June 2023. The Chair asked for the minutes to include an attendance list of members and regular attendees at the top going forward. AMc to liaise with the EPRR lead. **ACTION: AMc**
12.0	**Any other business and close**
	There were no additional items discussed.
	Date of next meeting – 18 October 2023

Minutes of the Executive Committee

Thursday 7 September 2023; 3.30pm – 4.30pm; via MS Teams

Members:	
Paul Calaminus (PC) - Chairing	Chief Executive, NELFT
Paul Gilluley (PG)	Chief Medical Officer, NHS North East London
Charlotte Pomery (CP)	Chief Participation and Place Officer, NHS North East London
Johanna Moss (JM)	Chief Strategy and Transformation Officer, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Diane Jones (DJ)	Chief Nursing Officer, NHS North East London
Louise Ashley (LAs)	Chief Executive Officer, Homerton Healthcare NHS Foundation Trust
Lorraine Sunduza (LS)	Interim Chief Executive, East London NHS Foundation Trust
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Sarah See (SS)	Managing Director of Primary Care, NHS North East London
Gladys Xavier (GX)	Director of Public Health, London Borough of Redbridge
Julie Hull (JH)	Interim People Director, NHS North East London *(representing Francesca Okosi)*
Attendees:	
Claire Hogg (CH)	Director of Planned Care, North East London Acute Provider Collaborative & ICS *(For item 4.0 only)*
Anna Carratt (AC)	Deputy Director of Strategic Development, NHS North East London
Laura Anstey (LAn)	Chief of Staff, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London
Apologies:	
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Francesca Okosi (FO)	Chief People and Culture Officer, NHS North East London
Shane DeGaris (SD)	Group Chief Executive, Barts Health NHS Trust
Matthew Trainer (MT)	Chief Executive, Barking, Havering and Redbridge University Hospitals Trust
Heather Flinders (HF)	Strategic Director of People, London Borough of Waltham Forest

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair welcomed members to the meeting of the Executive Committee of the Integrated Care Board and apologies were noted.
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee. No additional conflicts were declared.
1.2	Minutes of the meetings held on 13 June and 13 July 2023

	The minutes of the meetings held on 13 June and 13 July 2023 were agreed as an accurate record.
1.3	Actions log
	Members noted the actions taken since the last meeting and agreed to close ACT009, ACT010, ACT011 and ACT012.
1.4	Matters arising
	The Chair advised members that a paper was circulated for virtual approval on 14 July regarding the Same Day Access Hubs Business Case. A quorate decision was reached and therefore approved by the committee. The Executive Committee ratified the approval of the Same Day Access Hubs Business Case.
2.0	**Deep dive: primary care in north east London**
	SS presented the report and explained the following points: • The deep dive report is due to be discussed at the September ICB Board meeting, therefore it would be helpful if members could provide feedback on the draft report and discuss the following questions: o How can we engage and work together with people to drive improvements in accessing good quality primary care? o How can we ensure that modernising access to primary care and the delivery of the system integration programme remains a priority in all that we do as a system? o How can we work effectively to support primary care providers through the current challenging circumstances that they are working in? The committee discussed the report and key points included: • Members highlighted the importance of effective communication and engagement with residents to explain that there are alternative clinicians and healthcare professionals who can provide treatment and support, other than a GP. • Engagement and interfacing with neighbourhood teams and secondary care providers will be key to creating efficient patient pathways and will also help to reduce the pressures being faced in emergency departments. • As the committee approved the business case for Same Day Access Hubs in July, this will ensure that the demand in the system that would otherwise put pressure upon already stretched Urgent and Emergency Care services is met effectively through primary care provision whilst also enabling further strategic development under the System Integration Programme (Fuller). The Executive Committee noted the report.
3.0	**Codesigning our System Planning Cycle**
	JM presented the report and highlighted the following points: • A system planning process has been codesigned to ensure planning is driven by local needs and agreed ways of working, while at the same time meeting the national requirements set out by the Department of Health and Social Care and NHS England. • The roadmap sets out a process which is a staging post towards the new ways of working that will ultimately increase integration, collaboration and trust. The system planning process will continue to evolve as we continue our system development journey, gaining greater clarity on key outstanding questions in relation to roles and

	accountabilities, as well as developing the culture and behaviours needed to underpin successful system working. • A further report will be presented to the committee which explains how this links with the financial recovery plan and financial strategy. Members discussed the report and key points included: • Determining which funds can be devolved to places in the future will require a lot of complex data. Due to the complexities involved, the data will not be perfect but will need to be approximately 95% useful. • There is a need to ensure that work is not being duplicated; if particular workstreams and fora currently exist, these should be utilised. • Ongoing leadership of the committee will be essential in order to mitigate the risk of reverting to historic behaviours and ways of working. The Executive Committee approved the system planning roadmap.
4.0	**Update on the Delivery of the National Patient Choice Programme**
	CH presented the report and explained the following points: • The National Patient Choice Programme is a personal commitment of the Prime Minister to improve patient choice for elective care. The commitment was to ensure that patients are offered at least five choices of providers 'where this is practicable, clinically appropriate, and preferred by the patient'. • A draft return was submitted to NHS England on 31 August 2023 to provide assurance on the system's readiness to deliver the requirements. As an ICS, collectively, north east London is in a good level of preparedness to deliver on the requirements including: o ensuring that our providers of acute care are registered on the national 'Digital Mutual Aid System (DMAS)' o ensuring that our GPs and primary care services are aware and have the digital capability to offer patient choice at the point of referral. o a review of all referral management systems and providers to ensure that choice is offered in line with national requirements. • There are some actions relating to the roll out of the Patient Initiated Digital Mutual Aid System (PIDMAS) which require further development as new and additional information was communicated via a national webinar on 30 August. The committee discussed the report and key points included: • This work could affect health inequalities and, whilst there are no financial inequalities, it was noted that the residents would require access to a digital device in order to access the Patient Initiated Digital Mutual Aid System (PIDMAS). The Integrated Care System (ICS) is taking a proactive approach to mitigate any potential impact this could have by actively talking to patients to minimise the need to use a digital system. The Executive Committee noted the current progress of the programme.
5.0	**Month 4 2023-24 finance overview**
	HB presented the report and highlighted the following points: • The month 4 year-to-date ICS position is a variance to plan of £58.4m. The year-to-date variance to plan means that a formal finance recovery plan (FRP) has been developed and shared with regulators. This suggests that there is a potential system gap at year-end of £54.9m. • The drivers of the month 4 position include pressures relating to inflation, payroll, the impact of industrial action and run rate pressures such as ICB prescribing and

	mental health expenditure. Additionally, there is under delivery of efficiency schemes. • In light of the FRP, the ICB will be recruiting a recovery director as well as commissioning an independent review of cost improvement plans and the governance to deliver them. Members discussed the report and key points included: • The delay to implementing the ICB's restructure has put pressure on the operating plan. A voluntary redundancy scheme is being developed which will include eligibility criteria and provision has been made in the plan to deliver this. • It could be beneficial to review any plans that had been halted due to Covid-19 to determine whether these could improve the position. • Enhanced governance will be required due to the fast pace required to improve the position. The Executive Committee noted the report.
6.0	**Clinical Advisory Group update**
	PG presented the report and explained the following points: • The NEL Crisis Improvement Network has been established, bringing together clinical and operational leadership across partners to drive improvements. Funding has been secured through the 2023/24 planning round to advance key projects. • The Group noted the current position of the ICB primary care prescribing budget and the steps being taken to reduce the financial risk associated with the prescribing budget. Assurance was given that there are plans in place to address prescribing efficiency costs in primary care and further assurance is required to demonstrate that other providers have implemented prescribing costs efficiency plans. • Post Covid assessment and rehabilitation services have been established across all places in NEL since 2021. Long Covid affects mostly working age patients, with symptoms impacting on work and caring duties, however referrals are not necessarily representative of the diverse populations. There have been funding challenges which has delayed pro-active case finding, contribution to research and business continuity planning. Service provision for 2024/25 is uncertain, therefore there is a need for specialist input and consideration of how the other components can be incorporated into business as usual services at place. • The Group received updates from two of the Primary Care Collaborative Provider Subgroups; General Practice and Community Pharmacy. The collaborative will oversee the transformation cycle, including impact assessments, return on investment, and governance for the primary care transformation fund. It will support the ICB in its ambition to level up and address inequalities among the population. Each place-based partnership will establish a Primary Care Delivery Group and will be non-decision making bodies with a purpose to bring together transformation initiatives across place that impact on primary care and be responsible for designing local models of care. The Executive Committee noted the report.
7.0	**Any other business**
	<u>Covid-19 vaccinations</u> GX advised members that a new variant of Covid-19 known as BA2.86 has led to an increase in infections. As such we have been asked to stand up the vaccination programme from 11 September with the objective to vaccinate as many people as possible by the end of October. For those unvaccinated by this date, the programme will continue in designated sites until 15 December and outreach activities to increase access will be available until 31

	January. There will be a focus in line with public health recommendations and wherever possible on flu and Covid-19 vaccines being administered at the same time. The Clinical Advisory Group will decide on Wednesday 13 September as to whether infection, prevention and control measures should be increased in north east London NHS Trusts. <u>Reinforced Autoclaved Aerated Concrete (RAAC) in NHS buildings</u> JM reminded the committee of its duty to check whether our buildings are affected by the recent information that RAAC can be unsafe. Of the properties the ICB is responsible for, it has been identified that one property's roof is affected. The ICB is not responsible for primary care buildings, but is reviewing whether any support can be offered. <u>NELFT</u> The Chair informed members that NELFT has been charged by the Metropolitan Police with corporate manslaughter in relation to a 2015 case. The Executive Committee noted the verbal updates.
	Date of next meeting – 9 November 2023 *(rescheduled from 2 November 2023)*

NHS
North East London

Minutes of the NEL Finance, Performance and Investment Committee meeting

Monday 4 September 2023, 1400 – 1645
held in room FO1, 4th Floor, Unex Tower, Station Street, Stratford, London, E15 1DA

Members:	
Kash Pandya (KP) - Chair	Associate Non-Executive Member, NHS North East London
Cha Patel (CP) via MS Teams	Non-Executive member for Audit, NHS North East London
Henry Black (HB)	Chief Finance and Performance Officer, NHS North East London
Dr Mark Rickets (MR)	Primary Care Partner Member
Mohit Venkataram (MV)	NHS Trust Partner Member
Attendees:	
Steve Collins (SC)	Executive Director of Finance, NHS North East London
Rob Adcock (RA)	Deputy Chief Finance Officer, NHS North East London
Clive Walsh (CW)	Interim Director of Performance, NHS North East London
Carolyn Botfield (CB)	Director of System Improvement & Infrastructure - for item 3
Charlotte Pomery (CPo)	Chief Participation and Place Officer – for items 4 and 5
Clare Parker (CPa)	Urgent Care Programme - For item 5
Keeley Chaplin (KC)	Minute taker - Governance Manager, NHS North East London
Apologies	
Mayor Philip Glanville (PG)	Local Authority Partner Member
Marie Gabriel (MG)	Chair, NHS North East London
Fiona Smith (FS)	Associate Non-Executive Member, NHS North East London
Michael Duff (MD)	Deputy Director of Finance – North East London, NHS England - London

Item No.	Item title
1.	**Welcome, introductions and apologies:** The Chair, Kash Pandya (KP) welcomed those in attendance to the September 2023 meeting of the NHS North East London (NEL) Finance, Performance and Investment Committee (FPIC), noting apologies as indicated above. • Declaration of conflicts of interest The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the committee. There were no additional declarations made pursuant to the agenda. Cha Patel advised the interest for the Community Health Partnerships ended as at 31/08/2023 and this will be reflected in the next register.
2.	**Committee business:** • Minutes of the last meeting • Action Log • Matters Arising

	The Committee received the minutes of the last meeting held on Tuesday 26 June 2023. The following amendments were requested: • Item 2 - last para "delated" should be "delayed" • Item 3 - 2nd bullet last sentence "agree" should be "agreed" • Item 5 - CFPO Risk Register – change "Steve Collins" to "Henry Black" • Item 6 - 2nd bullet should read "..secondary sectors as a whole to start.." • Item 8 - should read "FPIC members thanked SP and team…." Subject to the changes made above the Committee agreed that they represented an accurate record of the meeting. The Committee noted the updates in the action log and commented as follows: • 1601-02 – to provide exception reports to this committee and action is now closed. • 0601-22 – a board development session will be arranged on Finance which will include financial position, financial recovery and use of resources. This action is now transferred to the board development forward plan. • 2702-02 – this action is complete
3.	**Estates Progress report** Carolyn Botfield (CB) briefed the Committee on the report provided, highlighting that: • The NEL Directors of Estates have been regularly meeting for a number of years but are now looking to formalise this by creating a collaborative that will be able to focus on areas such as capacity and resources. The group will address challenges collectively and is planning to set up a graduate scheme that could take up to three candidates per year who will rotate across the ICS. • Following the consultation on the restructure there will be a new ICB regeneration and infrastructure team. The corporate estates team have moved into a new asset Management team. • An infrastructure strategy is being developed which will link with the clinical strategy and the population health strategy. Funding from the primary care SDF can be used but as there is a robust NEL strategy which can be refreshed it is hoped this may not be required. There is a commitment to publish the strategy in December 2023. The team are working on detail with the local authorities on regeneration. The Committee thanked CB for the briefing and discussed the following points: • Where there are vacant positions people could be seconded in from across the system. • All contracts across the system are being mapped and where they can be merged into one contract this could bring savings. • All void space that can be used could be brought together, managed centrally used more efficiently. Currently void space equates to £9.5m per year. However a lot of this void space is for specialist services so may contain diagnostic equipment and discussions at place need to be held if they are planning to use these. • GP practices would welcome having a central function they can contact for help with their sites. • Some LIFT buildings will be coming to the end of their lease terms so decisions will soon need to be made if they are to be kept. • There are a lot of opportunities to working as a system such as a new central leasing system could help to make spaces flexible for places.

	• A methodology has been developed that will give weighted scoring based on access, transport links and ratings and would like to use that to go back to treasury to advise what are core assets and need modernisation. • Members acknowledge there is a great deal of work to be undertaken to meet the deadline to complete the strategy and that there may not be adequate staffing to achieve this therefore external resources may be required to do this and to seek joint ownership from partnership boards. **ACTION:** CB should arrange for presentations to each place partnership board to highlight issues on estates budgets and challenges. The committee noted the update and next steps and that a deep dive on Estates will be presented at a future meeting.
	The order of the agenda was changed from this point:
4a	**Winter planning update** CPo provided the committee with an overview of the winter plan which has been further developed following NHS England guidance published in July 2023. CPo highlighted: • The two key measures identified as related to the winter plan are 76% of patients admitted, transferred or discharged within 4 hours by March 2024 with further improvement in 2024/25 and ambulance response time for category 2 incidents to 30 minutes average over 2023/24 with further improvements in 2024/25. • Winter Planning has commenced with place based partnership plans in development and the creation of a comprehensive north east London system plan. • Proposed governance is through place and collaboratives reporting through to the NEL UEC Board and UEC Executive Board • There has not been any winter pressure funding made available but there is access into various pots of money to incentivise the approach. Discussion points and questions for consideration included: • How will collaboratives work with places? • Focus should include continuity of care. • How improvements can be made with financial pressures/constraints in place. • Community alternatives is fundamental to success. • Look at previous successful initiatives such as GP outreach. • What learning has come from the previous winter and is there a plan if another Covid outbreak occurs? • The improvement programme is looking at keeping people well at home, prevention and rehabilitation. The Committee thanked CPo for the update noting: • The overall requirement of the Operations Resilience Plan for Winter • An ICS workshop is being arranged to bring plans into one comprehensive system Operational Resilience plan which will be presented to the October NEL UEC board. • The additional establishment of a North East London Winter taskforce aligned to the National framework and guidance • Capital incentive schemes are being considered for A&E Performance and ambulance handovers

4.0	**Performance Report – June 2023 period** Clive Walsh (CW) briefed the Committee on the circulated performance report, highlighting that: • NHSE and DHSC have agreed changes to the cancer waiting times standards that will come into effect on 1 October 2023 which include the removal of the 2 week wait standard in favour of a focus on the faster diagnosis standard with three core measures: The 28-day Faster Diagnosis Standard (75%), currently achieving 73%; 62-day referral to treatment standard (85%) currently achieving 67%; and 31-day decision to treat to treatment standard (96%) currently achieving 95.7%. The London Transforming Cancer team are calculating the new standards from July. The faster diagnosis 62 day standard for breast cancer is doing better than the national level. • Contracts for Dental, Optometry and Pharmacy (DOPs) has now transferred to the ICB. An appendix detailing dentistry was presented providing information on Primary, Secondary, Community and Specialist Dentistry. Optometry and Community Pharmacy are measured through the financial payment system to practitioners therefore more work is required on how to measure performance in these areas. • Nationally it is estimated that 890,000 procedures and appointments have been lost with a cost to the NHS of £1b following medical staffing industrial action. There will be a national study into the harm resulting from the delays to treatment caused by industrial action. The Committee thanked CW for the briefing and discussed the following points: • Ethnicity data will be useful to have detailed in areas such as waiting lists and particularly relating to cancer. • There may be some benefit from taking over the commissioning of DOPs and CW will review whether there are opportunities to maximise the benefits to patients from the available funding. • Site level details are looked at by providers and the cancer team and CW was asked to provide a governance chart on information flows. • CW was asked to provide information on waiting lists for community services. • A number of the ambitions and targets have passed. The plan is developed but there is a need to relate the actions with the change in the data. CW and KP to review if there is a different way to present the data. **ACTION:** CW to review DOPs investments **ACTION:** CW to provide cancer data governance chart **ACTION:** CW and KP to meet to discuss performance data. The Committee noted the report.
6.0	**Month 4, 2023-24 Finance Report** Henry Black (HB) briefed FPIC members on the circulated Month 4, 2023/24 Finance Report, highlighting: • The ICS has reported a year to date deficit at month 4 of £62.9m. This gives an adverse variance to plan of £58.4m. The year-to-date position suggest there is a risk of a year-end deficit. This has resulted in a formal Financial Recovery Plan (FRP). • In line with the operating plan and NHSE protocol the system is reporting a breakeven position at year-end.

	• The year-to-date variance to plan means that a formal finance recovery plan (FRP) has been developed and shared with regulators. This suggests that there is a potential system gap at year-end of £55m. • The drivers of the month 4 position include pressures relating to inflation, payroll, the impact of industrial action and run rate pressures such as ICB prescribing and mental health expenditure. Additionally, the is under delivery of efficiency schemes. • There is a high level of risk associated with delivery of the financial plan that will continue to be reported against throughout the financial year. HB continued to outline the financial recovery plan: • There is a staged process to recovery with the plan to return to operating plan run rate by month 6 with full delivery of existing cost improvement programmes (CIPs). • It has been agreed to appoint a system recovery director who will primarily focus on undertaking a risk assessment and review of existing CIPs and assurance on delivery and further stretch that may exist and wider system collaborative savings. • A double lock approval process for expenditure over £50k has been approved across the system. • Enhanced governance reporting in to the ICS Executive committee which brings together all CEO and key system partners. • Overall delivery progress will be tracked, reviewed and escalated as needed through the NEL Financial Recovery Group, reporting to the ICS CEOs • A meeting has been scheduled for end September with NHSE London region to go through the detail of each CIP for all six organisations. Committee members thanked HB and the Finance Team for the report and raised or discussed the following points: • As a result of industrial action NHSE have made some allowance but only in regard to the Elective Recovery Fund (ERF) target. • It was agreed that the target would reduce by 2% for April and the financial value will be put into a block contract to the providers. If we can generate ERF above total target there may be more money from the treasury. If the number of referrals into the independent sector are reduced then it would reduce the amount we have to pay. Work will be done to calculate the benefit by not sending patients to the independent sector • No allowance is being made for the increase in agency costs due to the industrial action. • The £22m investment fund has reduced and therefore some work has been deferred. • The primary care budget is ringfenced however the conversion factor has negated any headroom. The DOPs delegated budget is separate to the primary care budget. • The ICB has met with each Chief Finance Officer (CFO) in the system to understand the challenges and to support to accelerate the pace. • Progress being made to review and where possible stop discretionary spending. The Committee remained concerned at the size of the challenge being faced by the NEL system but welcomed the efforts being made to restore stability and deliver to NHSE requirements. Steve Collins (SC) provided an overview of the current costs following the restructure for running and programme costs and progress towards achieving the Running Cost Allowance (RCA) target expenditure for 2023-2026 highlighting:

	• the remaining gap to deliver the target for 2024-25 is £5m and additional savings of £10m for 2025-25 • A number of options are being considered such as in the Estates Strategy highlights third party rentals. • Similar conversations are being held across providers and are there any functions that all have and there may be some opportunities to take some costs out that may be double funded. The Committee noted the finance update and associated appendices.
7.0	**CFPO Risk Register** Steve Collins (SC) briefed the Committee on the Chief Finance and Performance Officer's (CFPO) Risk Register since being presented at the last meeting. The register includes risks rated as scoring over 12. Committee members discussed the following points: • The risks and scoring method have been discussed in detail at the recent Audit and Risk Committee. • Members asked if those highest rated risks could be broken down to make them more manageable. The Committee noted the contents of the report and the risks to future expenditure limits.
8.0 8.1	**Updates from Committee sub groups:** • **Primary Care Contracting Sub-Committee** The Committee received and noted an update report from the 24 July 2023 Primary Care Contracts Sub-Committee.
9.0 9.1 9.2	**Any Other Business** • **Specialised commissioning** Specialised commissioning will be delegated to ICBs from 1 April 2024. There is a significant long term strategic financial risk but management for 2024/25 is positive and there is an underspend on the budget. There will be one ICB that holds the accounting entries for the year before it is fully delegated. Longer term disaggregation of funding is our biggest concern. • **Forward plan** No items were added to the forward plan.
Date of next meeting: Monday 30 October 2023, 1400-1700	

A part 2 meeting was then convened to consider the Urgent Treatment Centre Business Case due to the confidential nature of the business.

NHS
North East London

Minutes of the Population Health and Integration Committee

Tuesday 5 September 2023; 2.00pm - 4.00pm; Unex Tower

Members:	
Imelda Redmond (IR) Chairing	Non-executive member, NHS North East London
Zina Etheridge (ZE)	Chief Executive Officer, NHS North East London
Cllr Maureen Worby (MW)	Local authority partner member
Charlotte Pomery (CP)	Chief participation and place officer, NHS North East London
Paul Gilluley (PG)	Chief medical officer, NHS North East London
Fiona Smith (FS)	Associate non-executive member, NHS North East London
Louise Ashley (LA)	Chief Executive, Homerton Healthcare NHS Foundation Trust
Attendees:	
Johanna Moss (JM)	Chief strategy and transformation officer, NHS North East London
Paul Calaminus (PC)	Chief Executive, NELFT
Hilary Ross (HR)	Director of Provider Development and Collaboration, NHS North East London
Katie McDonald (KMc)	Governance Manager, NHS North East London (minute taker)
Apologies:	
Marie Gabriel (MG)	Chair, NHS North East London and North East London Health & Care Partnership
Dr Jagan John (JJ)	Primary care partner member
Noah Curthoys (NC)	Associate non-executive member, NHS North East London
Andrew Blake-Herbert (ABH)	Chief Executive, London Borough of Havering
Colin Ansell (CA)	Interim Chief Executive, London Borough of Newham
Adrian Loades (AL)	Corporate Director of People, London Borough of Redbridge
Fiona Taylor (FT)	Chief Executive, London Borough of Barking and Dagenham
Dr Neil Ashman (NA)	Chief Executive, The Royal London and Mile End Hospitals

Item No.	Item title
1.0	**Welcome, introductions and apologies**
	The Chair welcomed those in attendance to the meeting and apologies were noted.
1.1	Declaration of conflicts of interest
	The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. No additional conflicts were declared.
1.2	Minutes of the meeting held on 21 June 2023
	The minutes of the meeting held on 21 June 2023 were agreed as an accurate record.
1.3	Matters arising

	There were no matters arising.
1.4	Actions log
	Members noted the actions taken since the last meeting and agreed to close ACT016.
2.0	**Effective system working between and across places, collaboratives and system**
	CP presented the item and outlined the following points: • The purpose of this discussion item is to explore how we can ensure effective working between and across places, collaboratives and system and any recommendations on how this can be improved. • North east London has a very diverse and rapidly growing population of over two million people. It is rich in history, culture and deep-rooted connections with huge community assets, resilience and strengths. Despite this, local people experience significant health inequalities. An understanding of our population is a key part of addressing this. • New guidance on decision making is being worked through as our complex governance means that more efficient routes need to be created. • Place-based partnerships and provider collaboratives have opportunities to share updates at various fora, however these are often the same reports and are not built on for the different audiences which may not lead to effective discussions. • One of the good examples of system working is the Urgent and Emergency Care (UEC) improvement plan which all provider collaboratives and place partnerships are involved in which leads to effective co-production and a co-ordinated system strategic approach. Members discussed the following points: • A development partner has been procured to support everyone's ability to develop effectively at pace. • Chief Executive colleagues within the ICS have highlighted that codesigning a behavioural framework will be an integral element to Organisational Development (OD). • A system planning cycle is being codesigned which will enable the ICS to: o meet the needs of our growing population, for example aligning prevention programmes and sharing best practice o sustain core services and drive greater value while reducing inequalities in access to healthcare, experience and outcomes o operate within our financial envelope and move money effectively around the system by facilitating the development of the new ICB finance environment and finance mechanisms needed to support change o develop a cohesive workforce plan that meets the need of our system o better understand the inter relationships and inter dependencies in delivering health and care as a system partnership, ensuring codesign and input from all partners o support the system in developing appropriate roles, responsibilities and an accountability framework. • An example of a potential barrier to system working is that there are staff currently in hybrid roles which sit across a number of organisations as part of a pilot funding initiative. At the end of the pilot it will need to be determined what happens to these roles and which organisation will hold responsibility for

	their budget; as these are health and care roles, these could sit with any of our partner organisations. • The traditional governance structure that is implemented means that all reporting goes up to the relevant committee or board. Consideration should be given as to where the report could go next; this could be to another place or collaborative sub-committee and could report laterally opposed to always escalating upward. • The Integrated Care System (ICS) has a form, however its function requires strengthening. The Mutual Accountability Framework will strengthen the ICS's function and enable place-partnerships to mature and have enhanced focus on their populations. • Several place partnerships have demonstrated that they want permission from the ICB to start new initiatives or continue with existing ones, which highlights that they do not feel as empowered as they should. • Maturing the system and sub-committees, and having a shared ethos and values will be a key OD piece. The Clinical Advisory Group and City and Hackney place-based partnership are good examples of how partnership maturity can lead to effective challenge, collaboration and positive outcomes for residents. • Attendance at system meetings should be reviewed regularly as, if engagement dissipates, this could help to identify any possible tensions within the partnership. • It is important to demonstrate that working as a system is more effective than working as individual sovereign organisations. If it can be demonstrated to staff that residents will have better outcomes by us working as a system then they are likely to be happier at work and feel more valued, which could lead to improved workforce productivity. We need to continue asking and answering the question 'so what?' in all areas of work to enable this to happen. The workforce strategy may also be able to address some of these issues. • There is a need to be more transparent and open regarding challenges and tensions within the system in order to build relationships and improve. Consideration should be given as to whether tensions are discussed at this committee and where we hold equity of resources across place. **ACTION:** A further discussion on this topic to be scheduled at a future committee meeting to expand on the points raised. The Population Health and Integration Committee noted the report.
3.0	**Matters for escalation from Collaborative or Place Sub-committees**
	CP advised that Waltham Forest is exploring options to hold Health and Wellbeing Boards aligned with its ICB Sub-committee. The Population Health and Integration Committee noted the update.
4.0	**Health Inequalities Funding: allocation of shared ambition funding**
	HR presented the report and explained the following points: • The report proposes the shared ambition allocation of the health inequalities fund to be used for a commissioned service from community pharmacists. The service would provide support to residents on low incomes and the most socially vulnerable residents, to self-manage their minor ailments with clinical advice from the pharmacist, and access to free over the counter medication

	where eligible. Support on health and wellbeing and referrals to other services, such as smoking cessation, will also form part of the service. • This is a priority in the current context of significant health inequalities within our population, with those living in more deprived areas experiencing poorer health outcomes, and high cost of living pressures across north east London. • Other initiatives relating to homelessness and childhood obesity were considered for use of the fund, however this selfcare advice service would reach to a greater proportion of the population living in areas of deprivation. Members considered the proposal and key feedback included the following points: • It would be beneficial to demonstrate how the funding will be divided across north east London and within places and outline the benefits we expect to see if the proposal is approved. • It would be helpful for the committee to understand the rationale for deciding why the fund should be used for this initiative opposed to others, outlining the engagement that has been undertaken to date. The Population Health and Integration Committee requested further information is provided prior to taking a decision on the use of the shared ambition fund, as detailed above. *Following the meeting, it was agreed that this item would be presented to the committee for approval at its next meeting on 25 October 2023.*
5.0	**Any other business and close**
	There was no other business to note.
Date of next meeting: 25 October 2023	

Final

North East London

Minutes of the Quality, Safety, and Improvement (QSI) Committee

Held on 13th September 2023

Members:	
Imelda Redmond (IR) - Chair	Non-Executive Member
Marie Gabriel (MG)	NEL ICB – Chair (V)
Diane Herbert	Non-Executive Director
Dr Paul Gilluley (PG)	Chief Medical Officer (item 4.0)
Diane Jones (DJ)	Chief Nursing Officer
Charlotte Pomery (CP)	Chief Participation and Place Officer
Attendees:	
Chetan Vyas (CV)	Director of Quality for item 3.0 & 8.0
Polly Pascoe (PP)	Head of Quality Development, NHS NEL - for item 2.0
Dawn Newman-Cooper (DNC)	Assistant Director of Maternity Programmes, NHS NEL (V) – for Part of item 3.0
Femi Odewale (FO)	Interim - NEL Cancer Alliance Managing Director – for item 5.0
Olu Omotayo(OO)	Deputy Head of Provider Performance Improvement – for item 6.0
Stephen Hynes (SH)	Designated Professional for Adult Safeguarding- for part of item 7.0
Beatrice Kivenga (BH)	Learning Disability Mortality Review (LeDer) Coordinator – for part of item 7.0
Korkor Ceasar (KS)	Associate Director of Safeguarding Children NHS NEL – for part of item 7.0
Dotun Adepoju (minutes)	Senior Governance Manager, NHS NEL
Ada Onyeagwara	Head of Medicines Optimisation (V) – for information paper.
Apologies:	
Dr Jagan John	Primary Care Partner Member
Cllr Maureen Worby	Local Authority Partner Member
Fiona Smith	Associate Non-Executive Member
Mamta Vaidya	Chief Medical Officer (BHRUT)
Celia Jeffreys	Associate Director of Safeguarding Adults, NHS NEL

Item No.	Item title	Action
1.0	**Welcome, introductions and apologies**	
	The Chair welcomed all members and attendees to the meeting. Apologies were noted as above. (V) connotes attendees who joined the meeting virtually otherwise all other listed attendees were physically present at the meeting in person. • As some members of the Committee had sent their apologies, the Chair observed that the meeting was inquorate. Therefore, reports and papers presented for approval at the meeting would be circulated online	

Item No.	Item title	Action
	to all members of the Committee for approval by correspondence after the meeting. • Chetan volunteered to coordinate the Committee's approval by correspondence of the particular reports and papers. • The terms of reference of the Committee would also be reviewed at the next meeting. • **Action Point :** ➢ ***Chetan to coordinate the approval by correspondence of the Safeguarding annual reports and the Patient Safety Incident Response Framework (PSIRF) policy document.*** ➢ ***Committee to review the ToR.***	**CV**
1.1.	**Declaration of conflicts of interest (DoI)**	
	• The Chair reminded members of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the ICB. • No additional conflicts of interests were declared.	
1.2	**Draft Minutes of meeting of the previous meeting of 14-06-23**	
	• To correct the job title of Diane Herbert by deleting the word 'associate'. • The minutes were agreed as accurate.	
1.3	**Actions Log**	
	• The closed items were noted as were updates on the open items. • ACT 013.2 **Review of Risk Register** - The Committee to have session on risk appetite to enhance understanding of the risks it holds. ➢ ***The Strategic risk item will at future meetings be nearer the top of the agenda rather than at its end.***	**DJ**
2.0	**Patient Safety Incident Response Framework (PSIRF)**	
	Further to her presentation at the previous meeting, Polly Pascoe (PP) presented Patient Safety Incident Response Framework (PSIRF) policy paper for approval. <u>Highlights</u> • The North East London ICB Patient Safety Team have been working to deliver a range of workstreams to ensure the ICB and providers within the Integrated Care System (ICS) are prepared for, and are able to deliver against, the NHS Patient Safety Strategy. The paper provided an update on these workstreams. The Quality, Safety & Improvement Committee was asked to note the content of the update. • The North East London Patient Safety Incident Response Framework Policy detailed the ICB's responsibilities and set out how North East London ICB will realise these responsibilities. • The Quality, Safety & Improvement Committee was asked to approve the North East London Patient Safety Incident Response Framework Policy.	

Item No.	Item title	Action
	Comments • To the question raised as to whether and/or how the policy and its incorporation into the national framework would address inequalities in the system, the Committee was informed that this is being addressed in ongoing work with local authorities and it also addresses how patients/the public are engaged. Providers are mandated to work within certain quality framework guidelines that are monitored and provide assurance when reported incidents are investigated. • The policy looks at learnings from reported incidents and examines trends to identifying a thematic overview from a strategic and system approach. • There is need for Specialist Partners in patient care who will play specific roles independent of the Quality and Safety teams. • As to whether the policy could be stretched to reflect the partner-provider relationship, this is possible. Chairs of the Safeguarding Boards could be involved in the process as a system approach in the implementation of the framework. • Whilst the paper does not reflect the recent issues of the Nurse Lucy Letby case, there would be a need to address the concerns raised by the incident. The ICB/ICS has a CDOP[1] review panel assurance group panel which provides review in cases of child deaths. • There is a need to clarify the role and responsibility of the ICB and its relationship with partners in the implementation of the PSIRF policy and to ensure that our partners are operating in a safe and just culture. This is more so as the policy does not indicate a formalised line of reporting but rather a learning process from reported incidents. The meeting heard that this will develop over time as the right questions are asked of providers. • The ICB would be supporting this policy implementation via 2 networks, namely (i) the Patient Safety Partner Network which would have an independent role and will work across the system and (ii) the Learning Network across the ICS. • With regards to services commissioned by the ICS but outside of NEL region, the policy would be communicated to the service provider. There is plan to write to every commissioner through the national portal systems and networks to inform them of the policy. The PSIRF is a national policy. • It noted that the Coroner does not accept the PSIRF approach and enquired about how this would be resolved. The Committee was informed that engagement work has been undertaken with the Coroner both at national and regional levels over the past year. London ICBs are hoping to work together to undertake further communications with the coroners and providers are being encouraged to attend webinars with London coroners where appropriate to support further understanding of the approach. The Committee want to be kept updated on the outcome of these discussions • The strategic risk on the implementation of the PSIRF was noted by the Committee. The Quality Team will provide assurances to the Committee on the effectiveness of the mitigations in place for managing this risk.	

[1] child death overview panel (CDOP)

Item No.	Item title	Action
	• As implementation of the PSIRF is a huge programme, the Committee will, over time, like to see its impact on the system from a strategic view. • The meeting learnt that there would be an internal audit in the near future to review the implementation of the PSIRF. • The Committee thanked Polly Pascoe and her team for the work done. **Approval:** Members of the Committee present at the meeting confirmed their approval of the PSIRF paper. The Committee members who were not present will be communicated with via email. • **Action Point :** ➢ ***Polly Pascoe to provide feedback on the impact of the implementation of the PSIRF on the system from a strategic overview.***	**PP**
3.0	**Quality Highlight Report**	
	The report was presented by Chetan Vyas (CV). The paper outlined the range of exceptions across the Chief Nursing Officer portfolio areas (following agreement with the Chair to move away from individual area exception reports). Each area provides an update (were possible reported across Place) and North East London, with an outline of actions that have been undertaken or are being planned to support improvements. • The report presented covered the following areas: o NEL System Issues o Barking and Dagenham o City & Hackney o Havering o Redbridge o Newham o Tower Hamlets o Waltham Forest o Covid Vaccination Programme o Infection, Prevention and Control o Individual Funding Requests o Adults Safeguarding o Children's Safeguarding o Maternity Improvement at Place *Comments* The Chair had, prior to the meeting, noted that report seems to have become more voluminous over time at each meeting. There is a need to review its content as it could lose its focus on strategic issues due to granular details in the report. Granular details could otherwise be in the appendix section. Future reports should inform on overarching systemic aspects of quality issues in the ICS. • For assurances purposes the Committee's attention was directed: o at the update regarding Chaseview Care Home which had been rated as Inadequate by the CQC review. Update: All the 31	

	residents of the home have all now been moved and placed elsewhere. o ELFT MSK service in Newham have indicated that they will cease to accept referrals for children and under 18 year olds. MSK service sees children / under 18 years in the adult MSK services as there is no provision for children. Update: ELFT MSK have now agreed to accept 18 years referrals. o Partnership of East London Co-operatives (PELC) - CQC identified significant delays in patients to be streamed and treated in November 2022. As a result, PELC were issued with a Notice to Impose Conditions on registration related to Section 31 of the Health & Social Care Act. Update: Recent review carried out in June 2023 shows an improvement in CQC rating has moved from 'inadequate' to ' require improvements'. • Dawn Newman Cooper (DNC) presented an update on the Local Maternity Neonatal System (LMNS) with focus on the increases in stillbirths across the system and what actions were being taken to address it. Mitigating actions have ranged from identifying the possible causes and media campaigns within the affected communities. There have been learnings and deep dives. The reports from these are shared periodically through safety meetings. • Stillbirths are reported through the CDOP review panel process. A lot of the reported cases have underlying issues such as wellbeing, housing, pre-term unwell babies, co-sleeping, overcrowding and social practices. Priority areas have been identified through the CDOP process and these are where the public enlightenment campaigns have been targeted. Dawn agreed to provide an update and assurance at the December meeting • CP asked of any implications on this following the Lucy Letby rulings. DJ informed the Committee that the providers across NEL will have reviewed this themselves and have taken assurance papers through their internal quality governance processes. • PG updated that London Chief Medical Officers (CMO) have also had a discussion regarding this and noted the workforce impacts outlined within the rulings and are keeping an eye on this. • The Committee were verbally informed that NELFT as an organisation and an individual member of staff at the time have been charged with corporate manslaughter regarding an incident in 2015. The ICB are not required to do anything regarding this and any process will be led through NHSE and the Crown Prosecution Service • The Committee were advised that due to concerns regarding the Prevention of Future deaths/ Regulation 28 coroner notices, lack of assurances regarding grip, learning and embedding learning, NELFT have been placed under an Enhanced Surveillance regime, by NHS NEL, following the National Quality Board guidance on quality and safety risks/ concerns. This results in a formal assurance process/ regime • **Action Point :** ➢ ***The Quality Highlight Report to the QSI Committee to reflect thematic strategic overviews and granular details could be added as appendices.*** The Chair thanked the Quality team for the report.	**CV**

Item No.	Item title	Action
4.0	**NEL UEC Programme Update**	
	Dr. Paul Gilluley presented the paper on NEL ICB UEC System Resilience Review Report. <u>Highlight</u> As a system, NEL requires a joint rapid review of its current urgent, emergency and unplanned care (UEC) services in order to: • Agree and implement a clear plan for delivering system resilience ahead of Winter 2023/24. • Have oversight of long-term transformational opportunities ahead of Winter 26/27. • Begin to work towards its future governance of system-wide improvement across UEC. • The report laid out the approach taken to develop and prioritise opportunities, which will be owned by NEL Collaboratives and Places, to support the delivery of care through Winter 23/24. <u>*Comments*</u> • There are problems with Care Homes' resilience and a need for this to be addressed. Secondly, progress to date indicates that the ICS is within the Amber range in terms of ratings for Winter Plan preparation. • The Committee enquired would this move to Green as we go into Winter. The meeting heard that progress was ongoing at Place to build resilience for winter and there are a number of plans along the way up until through early next year. A significant amount of the items shown as Amber in the report would go Green by the time we go into Winter as there plans in place with real time dashboards operating on 24-7. • While the UEC Programme Board looks after the implementation of the winter plan, Exception reports could in future be brought to the Committee. • The Chair requested a programme update to come to the Committee of all programmes that report into the NEL UEC Programme Board. The Chair thanked PG for the presentation of the report. • **Action Point :** ➢ ***Dr Paul Gilluley to provide a programme update to the QSI committee of all programmes that report into the NEL UEC Programme Board.***	**PG**
5.0	**Cancer Quality (Deep dive)**	
	Femi Odewale (FO) presented the paper the 'Deep Dive into North East London Cancer Alliance'. The report included : • Introduction to the North East London Cancer Alliance • NEL Cancer Alliance Governance • Programme overview • Key Achievements 22/23 • Key Challenges & Actions Taken	

Item No.	Item title	Action
	The meeting was informed that discussions are ongoing with how best to work with the Quality teams so that QSI Committee has an oversight of how the Cancer Alliance manages its risks. *Comments* • The Screening and Awareness slide in the presentation showed a low uptake of bowel, breast and cervical cancer screening year-on-year. • In response, the Committee was informed that NEL has a very diverse population and engaging them could be very challenging. However, leaflets have been produced in different languages, more translators have been introduced within the area, there have been engagements with mosques and different teams to try to encourage an increase of uptake in cancer screening. The current Patient Model is not representative of the population and needs to be updated. • People with disabilities and learning difficulties have challenges accessing cancer services. The Cancer Alliance team was advised to address this issue. • As the campaign has not yielded the desired results, the Committee advised that there is need to review the current population engagement strategy and methodologies with a view to improving take up rate of cancer screening in NEL. The Chair thanked FO for his presentation. .	
6.0	**Performance Report**	
	As this was the first time such a performance data report was going to be presented to the Committee, the Chair explained the overlap between performance data and quality issues within our system at NEL. Olu Omotayo (OO) presented the paper. • The presentation described the performances in June 2023. These were in the following areas: o Planned Care Recovery & Transformation o Outpatient Transformation o Diagnostics o Cancer o Urgent and Emergency Care o Health Services in the Community o Mental Health *Comments* • It was noted that whilst similar reports are received at Finance Performance and Investment Committee (FPIC) to which some members of the QSI belong, the interpretation of the data at QSI would reflect on concerns for patient safety. If for example, the data indicated that 60 % of patients have been seen and treated, the concern at the QSI would be for the remaining 40% and how long before they are treated. Concern for the QSI would this be for the effectiveness of the system in clearing up the waiting list. • There has been a national concern with paediatric audiology - every new born gets their hearing screened. There has been a significant	

Item No.	Item title	Action
	reduction in new born babies' hearing screening reporting. This is due to delays in reporting the data from the initial test of new born babies with problems who then go on to Tier 2 services. Consequently, this has led to poor outcomes for the new born babies who, if had they been called in earlier, would have received treatment and avoid the hearing impairments we have amongst our young people. • There is an urgent piece of work that has been requested across the country on paediatric audiology. The two main providers are Barts Health and NELFT and reports to the Quality Groups are due by the 31st of October. The findings from this piece of work will be brought to the QSI Committee's 6th December meeting. • This is the first time the Quality Team have seen a performance report and going forward it will now review these reports through a Quality lens to understand its impact on patient safety or quality. The chair thanked OO for the presentation. • **Action Point :** ➢ ***Diana to bring findings from the paediatric audiology national investigation to the December meeting.***	**DJ**
7.0	**Safeguarding Annual Reports – 2022-23**	
	Introduction: The Quality team has a statutory duty to provide assurance on Safeguarding practices and governance via the QSI Committee's approval to the ICB Board. Korkor presented two reports together namely – (i)**Annual Safeguarding Children's Report & (ii)Annual Looked after children Report**. She highlighted 3 keys areas in the report: o overarching themes around risks o System learning from national report (information sharing systems). o Achievements – Safeguarding governance consistently rated as Green over the past 18 months. The Committee would want future reports to reflect the learnings and also use of more data to show progress and achievement rather descriptive narratives. Stephen Hynes (standing for Celia Jeffreys) presented the **Annual Safeguarding Adult report**. The annual report reflected themes across key priority areas as follows: o Domestic abuse across Place. o Increase in safeguarding adult reviews. There is a live tracker that monitors learnings from Safeguarding reviews. o Good work in Primary Care. o Local Quality Surveillance Groups looks at previous provider and partner services. o Asylum seekers and the number of hotels accommodating them in the NEL region. The Committee thanked Stephen for his presentation.	

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	Beatrice Kivenga presented the **LeDer Annual Report**. • The report summaries key findings from completed reviews between April 2022- March 2023. Also covered in the report are the roles of families in making the LeDeR reviewing process a success, areas that of good performance, areas needing improvement and some of the local initiatives (service improvements) as a result of LeDeR Programme. • The Committee found the report very informative. The Committee would in future (and for inclusion in the Forward Job Plan) like a deeper dive into why people with learning difficulties and autism seem to suffer from cardio-vascular problems that are preventable and sometimes leading to avoidable deaths. The issue of access-to- care was once again raised. The Committee thanked the Safeguarding team for the presentations and congratulated them for their successes in the 2022-23 reporting year. **Approval:** Members of the Committee present at the meeting approved the annual reports. The Committee members who were not present will be communicated with via email.	
8.0	**Strategic Risk Register**	
	• The register which reflected strategic risks on NEL's corporate objectives and were not much different from that presented at the previous meeting albeit contents in the risk register spreadsheet had changed. • The risk agenda item would be featured earlier in the agenda for future meetings. It was also agreed to have a discussion re-strategic risks that are likely to impact on the standing item on risk.	
9.0	**Any Other Business** • Delegation of Specialised Commissioning: This will be coming to the NEL in three stages and will be under the purview of the Chief Medical Officer. The Committee was being informed now as the process has a Quality component in its establishment in NEL. • As there is a requirement for the ICB to maintain quality oversight of the delegated services, this will need to be reflected in the QSI terms of reference.	
10	**Information Paper**	
	IMOC QSIC highlight report The paper was noted.	
Date of Next meeting:	11th October 2023 @ 10:00 am – 12:30 noon	