

North East and North Cumbria Integrated Care Board

**Minutes of the Board meeting in public held
on 27 January 2026, 10:30am at Durham Centre, DH1 1TN**

Present: Professor Sir Liam Donaldson, Chair
Samantha Allen, Chief Executive
Ken Bremner, Foundation Trust Partner Member
Levi Buckley, Chief Delivery Officer
David Chandler, Chief Finance Officer
David Gallagher, Chief Contracting and Procurement Officer
Tom Hall, Local Authority Partner Member
Professor Sir Pali Hungin, Independent Non-Executive Member
Dr Hilary Lloyd, Chief Nurse and AHP Officer
Dr Saira Malik, Primary Medical Services Partner Member
Jacqueline Myers, Chief Strategy Officer
Dr Rajesh Nadkarni, Foundation Trust Partner Member
Dr Neil O'Brien, Chief Medical Officer
Claire Riley, Chief Corporate Services Officer
Dr Mike Smith, Primary Medical Services Partner Member
David Stout, Independent Non-Executive Member

In Attendance: Deborah Cornell, Director of Corporate Governance and Board Secretary
Christopher Akers-Belcher, Healthwatch Representative.
Michelle Evans, Director of Workforce
Lisa Taylor, Voluntary Community and Social Enterprise Representative
Toni Taylor, Board and Legal Services Officer (minutes)
Alison Marshall, Interim Chair County Durham and Darlington NHS Foundation Trust (agenda item 11)
Steve Russell, Chief Executive County Durham and Darlington NHS Foundation Trust (agenda item 11)

B/2025/106 Welcome and Introductions (agenda item 1)

The Chair welcomed colleagues and members of the public to the Board meeting of North East and North Cumbria (NENC) Integrated Care Board (ICB).

B/2025/107 Apologies for Absence (agenda item 2)

Apologies were received from Kelly Angus Chief People Officer.

B/2025/108 Declarations of Interest (agenda item 3)

Members had submitted their declarations prior to the meeting which had

been made available in the public domain.

Item 11 – County Durham and Darlington NHS Foundation Trust (CDDFT)

Dr Neil O'Brien's wife works for CDDFT. It was agreed this was an indirect conflict which was noted, and Neil O'Brien could remain in the meeting and take part in the discussion.

B/2025/109 Quoracy (agenda item 4)

The Chair confirmed the meeting was quorate.

B/2025/110 Minutes of the previous meeting held 25 November 2025 (agenda item 5)

RESOLVED:

The Board **AGREED** the minutes of the Board meeting held on 30 September 2025 were a true and accurate record.

B/2025/111 Action log and matters arising from the minutes (agenda item 6)

There were no updates to the action log or matters arising.

B/2025/112 Notification of items of any other business (agenda item 7)

None.

B/2025/113 Chief Executive's Report (agenda item 8)

The report provided an overview of recent activities carried out by the ICB team, as well as some key national policy updates.

Holocaust Memorial Day

Today is Holocaust Memorial Day and as an ICB we honour victims and reaffirm our zero-tolerance stance against racism and religious hate. There has been a significant impact on health service colleagues, with a reported 55% increase in racism-related calls to the Royal College of Nursing helpline over three years.

The North East and Yorkshire Anti-Racism Hub, available through the Boost Learning Academy for 23,000 users, offers anti-racism resources. Health service leaders must continue to promote anti-racism and address all forms of discrimination.

ICB Strategic Commissioning Transition Programme

A significant change programme is currently underway, following an extensive consultation with staff regarding the transition to a strategic commissioning role. Comprehensive feedback has been gathered, and the final proposed structure will be presented to the Board for approval in February. The implementation phase will run from February through to the end of April. Staff exits via voluntary redundancy have begun, with the initial 100 departures approved; further targeted rounds of voluntary redundancy will follow as appointments progress. This change extends beyond structural adjustments, it represents a fundamental reset in our role as a strategic commissioner, focusing on enhancing our commissioning capabilities and improving the planning and procurement of services.

Urgent Dental Access Centres

As part of the ICB's Oral Health Strategy and as part of recovering NHS dental services and responding to the requirement to provide 700,000 additional urgent dental appointments nationally, 30 Urgent Dental Access Centres (UDACs) have been commissioned in 23 centres across NENC. These provide urgent access for people with a range of conditions including severe toothache, dental abscesses, broken or knocked out teeth or fillings.

North East and North Cumbria are the first ICB in the country where patients can now book their own appointment slots on our website through an online booking system, or via 111, where they will be triaged according to clinical need.

Vaccination Campaign

Preventative efforts were implemented through a vaccination campaign, initially experiencing a slow start. However, the programme successfully reached over 50% of frontline health workers. In the context of Covid, targets were exceeded particularly vulnerable segments of the community, with a vaccination rate of over 63% achieved among individuals aged over 75. These accomplishments reflect the dedication and collaboration of community pharmacists and teams throughout the system.

Limited Liability Partnerships and Material Subcontractors

Further work is underway across the system to review Limited Liability Partnerships (LLPs) and Material Subcontractors. As the commissioner of services, it is important we seek assurance on the oversight and governance arrangements in place. Work continues to test the assurances given through regular contract meetings with provider organisations.

Welfare Car

The NENC ICB Chief Executive joined North East Ambulance Service (NEAS) colleagues on the frontline, traveling in NEAS welfare vehicles between accident and emergency departments across the region. This experience offered valuable opportunities to engage with a variety of staff, including paramedics. The commitment and motivation observed was truly impressive. There were discussions about how technicians can progress to become paramedics, as well as reflections on the ambulance service's broader role—not only responding to emergencies but also supporting neighbourhood health services to help prevent hospital admissions. We should take pride in the quality of our ambulance service.

Suicide Prevention

The NENC ICB Chief Executive, together with the Chief Constable of Northumbria Police, officially launched Operation Blue Monday. The initiative emphasises the importance of suicide prevention and encourages open dialogue on the topic, recognising that it is a collective responsibility. Notably, many individuals who die by suicide have never accessed mental health services.

Emergency Preparedness, Resilience and Response

Following the completion of the 2025 annual assurance process in November 2025, NENC ICB reported to NHSE a position of Substantial Assurance (in 2024 NENC reported a position of Partially Compliant) with 89% of standards fully compliant.

Comments were received from members of the Board which included;

- Thank you for your ongoing commitment to anti-racism. It is essential that, as a Board, we prioritise psychological safety for all members.
- Vaccine uptake remained at about 50%, especially among our workforce, a concern during a period when their presence is critical. Efforts should be made to boost uptake next year.
- The ongoing evolution of the ICB and ICS at both regional and national levels remains a subject of considerable discussion. Senior executives, colleagues, and peers are working collaboratively to establish a strategic commissioning network designed to facilitate the sharing of best practices and provide peer support as we transition into new commissioning roles. Our organisation, following further streamlining, will focus on population health initiatives and preventative strategies, prioritising commissioning and development of service specifications. We aim to strengthen our quality monitoring processes to ensure optimal outcomes and effectively address any variations.
- A targeted initiative designed to substantially reduce healthcare-associated infections in the region is currently under development, with support from World Health Organisation (WHO) experts. A comprehensive report will be made available in due course.

RESOLVED:

The Board **RECEIVED** the Chief Executive report for information.

The Board **ENDORSED** the NENC ICB Emergency Preparedness, Resilience and Response Core Standards Self-Assessment Declaration of substantially compliant and **ACKNOWLEDGED** the workplan in place to further enhance the standards during 2026-27.

B/2025/114 Board Assurance Framework Quarter 3, 2025/26 (agenda item 9)

The Board received a revised Board Assurance Framework (BAF) for the third quarter of 2025/26, as well as an updated corporate risk register for review.

The BAF is regularly reviewed by several committees including; Executive, Audit, Quality and Safety and Finance Performance and Investment prior to its submission to the Board.

The report notes some reduced risk scores around;

- All Age Continuing Care
- Care, Education and Treatment Reviews and Dynamic Support Registers
- Right to Choose Providers
- Financial Duty to manage running costs

Four new corporate risks have been identified: NHS England's proposed delegation to practices, the 2026/27 Covid vaccination programme delivery, a BadgerNet maternity record incident, and changes to out-of-hours provision in the North region.

A further review of the BAF will take place as part of the transition to becoming a strategic commissioner.

A concern was raised in relation to ongoing risks in the Covid vaccination programme, particularly in light of reduced funding. In preparation for 2026/27, it is proposed that efforts will focus on targeted vaccinations supported by accurate and accessible information. The Vaccination Oversight Group coordinates with local place-based arrangements, and ongoing initiatives aim to engage community pharmacists and general practices in administering Covid vaccines, starting with the spring booster and continuing through the autumn campaign. While some recent national contractual changes have presented challenges, alternative solutions are being explored to mitigate risks and maintain good population coverage. Feedback and suggestions are encouraged to further enhance this work.

The Chief Finance Officer reported a reduction in capital risk since the submission of the report to the Board. This improvement follows a review of the capital plan forecast conducted by the Infrastructure Board and more capital resource being allocated by NHs England to provider trusts.

RESOLVED

The Board **APPROVED** the Board Assurance Framework for quarter 3, 2025/26 and **RECEIVED** the corporate risk register for assurance.

B/2025/115 Highlight Report and Minutes from the Executive Committee held on 11 November and 9 December 2025 (agenda item 10.1)

The confirmed minutes and detailed decisions logs were provided from the Executive Committee meetings held in November and December 2025.

Key points from the discussions of the Executive Committee meeting in January included;

Sexual Misconduct Policy

The Committee considered and approved the new Sexual Misconduct Policy. This policy is designed to ensure full compliance with the NHS England (NHSE) Sexual Safety Charter and incorporates the national sexual misconduct framework. All NHS trusts and integrated care boards (ICBs) have committed to the Sexual Safety Charter.

Freedom to Speak up Policy

The Committee approved the updated Freedom to Speak Up (FTSU) Policy, which supports staff in safely voicing their concerns while meeting legal requirements, the NHS People Promise, and national FTSU standards.

All Age Continuing Care

The Committee received a report that detailed the latest progress of the ICB All Age Continuing Care (AACC) Taskforce.

RESOLVED:

The Board **NOTED** the key highlights from the Executive Committee meeting held in January 2026 and **RECEIVED** the decision log and confirmed minutes for the meetings held on 11 November and 9 December 2025 for assurance.

B/2025/116 Highlight Report from the Quality and Safety Committee held on 15 January 2026 and Confirmed Minutes from 13 November 2025 (agenda item 10.2)

The Board was provided with a summary of the key points from meeting of the Quality and Safety Committee held on 15 January 2026 and confirmed minutes from 13 November 2025.

Safeguarding Children, Adults and Cared for Children

Safeguarding is being adapted as the Integrated Care Board evolves. Specific clinicians have identified increased risks and are considering how best to deliver this service. The Committee is assured that the appropriate procedures and governance frameworks are being adhered to.

The Chair queried the safeguarding responsibilities and the accountability of the ICB as outlined in the Health and Care Act (HCA) 2022. A question was posed about whether reducing staffing levels and functions, in line with legislative requirements, might introduce risks related to ambiguous accountability or understaffing. The Chief Executive confirmed that the ICB remains a statutory Board, and the executive team is confident in the ICB's ability to continue fulfilling all statutory obligations during this transitional period, including those pertaining to safeguarding. While certain approaches may need to be adjusted to accommodate a reduced workforce, particularly in relation to partner relationships, the statutory duties will remain in place until such time that the legislation is amended.

Involvement and Engagement Group

The Committee acknowledge the importance of hearing the public voice as role of the ICB evolves in relation to commissioning and outcomes.

Closing Referral Black Holes

The Healthwatch England report provided an update to previous Healthwatch England research undertaken in 2023, to understand if the patient experience of referrals had improved. The report highlighted key findings and indicated up to 1 in 7 referrals made into hospital sector were going astray. Although this is a national report, it was a matter of concern for the Committee, and the plan is to dig deeper into local data to try and understand.

Healthwatch has not received local information confirming whether this is a regional issue, but joint work with the ICB involvement team was suggested to assess the local impact of the national report.

The value of raising such concerns with the Board was recognised, and members received an update on the improvements made since the issue of hospitals not communicating test results was raised. Significant progress has occurred in Northumbria, where custom software now allows for comprehensive tracking of test results from start to finish. On the primary care side, ongoing efforts aim to ensure every patient can use the NHS app to view their test results as soon as they're filed at the practice. This added step enhances safety for patients.

RESOLVED

The Board **NOTED** the key highlights from the Quality and Safety Committee

meeting held on 15 January 2026 and **RECEIVED** confirmed minutes for 13 November 2025 for assurance.

B/2025/117 Highlight Report from the Finance, Performance and Investment Committee held on 4 December 2025 and 15 January 2026 and Confirmed Minutes from 6 November 2025 (agenda item 10.3)

The Board was provided with an overview of the key points Finance, Performance and Investment Committee meeting held on 4 December 2025 and 15 January 2026 and confirmed minutes from 6 November 2025.

The Committee's focus has been reviewing the NHS Medium Term Plan.

RESOLVED

The Board **NOTED** the key highlights from Finance, Performance and Investment Committee meetings held on 4 December 2025 and 15 January 2026 and **RECEIVED** confirmed minutes from 6 November 2025 for assurance.

B/2025/118 County Durham and Darlington NHS Foundation Trust (agenda item 11)

Dr Neil O'Brien's wife works for CDDFT. It was agreed this was an indirect conflict which was noted, and Neil O'Brien could remain in the meeting and take part in the discussion.

At the Board meeting today, Interim Chair Alison Marshall and Chief Executive Steve Russell of County Durham and Darlington NHS Foundation Trust addressed the findings from the recently published Aubrey Review, which highlighted concerns regarding leadership and governance. The Board acknowledged that both leaders commenced their roles following the events referenced in the report and recognised their contributions to date. The ICB and NHS England continue to collaborate closely with the Trust, ensuring all necessary support is provided.

The Interim Chair began the discussion by apologising to all patients, families, and carers who placed their trust in CDDFT for quality care and compassion, acknowledging that some women did not receive this. The apology was also directed to Trust staff who were let down, either because they felt unable to speak up or, when they did, were not heard. The Interim Chair pledged future openness and transparency to prevent such issues from recurring, welcomed today's discussion as a chance for collective learning, and recognised the valuable support provided by the ICB and NHS England.

Reviewing the Aubrey report and fully grasping its significance has been very challenging for both staff and the public. However, there is a strong commitment to making improvements for our patients, communities, and colleagues. The report identified several major shortcomings, particularly in oversight and accountability, as well as repeating warning signs related to leadership, governance, and organisational culture. The Board received a summary of the findings from the Interim Chair and Chief Executive outlining prompt corrective steps that had already been implemented.

Board and Committees

The Board initially comprised a limited number of executives and Non-Executive

Directors (NEDs), with five members each plus the Chair. Recognising the need to enhance capability and capacity, the trust subsequently increased the number of executives and NEDs. The system previously led to concerns regarding the lack of independence, which was addressed by introducing councillor governors and broadening representation across the Board. The Trust has appointed five new non-executive directors and a Deputy Chief Executive. Currently, interim executives serve as Medical Officer, Finance Officer, and Chief Nurse on the Board, with steps underway to make these appointments permanent.

The Board strengthened its committee structure by establishing a People and Culture Committee to address organisational cultural and personnel issues. Previously, these matters were handled by a combined committee that also covered finance and performance, but the roles are now separate. NHS provider governors are supporting the trust's governors by clarifying their role and ensuring community perspectives are represented at the Board level.

Leadership and Corporate Governance

The Interim Chair explained the need to clarify our priorities and reset the tone. The primary focus should be outcomes for patients and their caregivers, along with listening to staff and ensuring value for money. The interim Medical Director and Chief Nurse are visibly emphasizing quality. Staff input is encouraged through various communication channels, including weekly team check-ins where colleagues can ask questions. To assist with updated governance arrangements, two Board advisors, Margaret Kitching and Hugo Masso Taylor, will help guide us through these changes.

Clinical Governance

A review of Board to Ward governance revealed areas needing improvement. The "governance chart on a page" is not functioning as intended, and there are gaps in specialty-level governance, such as in breast services. A proposal has been developed and reviewed by the senior leadership team, offering a new approach to identifying and managing risk. Instead of using multiple approval steps, frontline clinical teams would directly identify and highlight risks. Staff will need assurance that any concerns they raise will be addressed with supportive action.

Culture

Improvements will be implemented as part of a medium to long term journey. The People and Culture Committee will closely monitor progress throughout. Leadership development initiatives are designed to realign organisational culture, with leaders taking an active, visible role by engaging directly with staff through listening and collaboration. Roadshows scheduled for later in February will provide opportunities to identify employees' issues and priorities. Over time, we aim to transition from a top-down, command-and-control approach to a model that is significantly more clinically led.

Management of and support for doctors

Updates have been made to the recruitment process for new colleagues. Only those who achieve CCT within six months are eligible for appointment. Adjustments are also underway in appraisal and job planning procedures. The consultant title is reserved solely for those holding that position, and discussions are ongoing with affected colleagues to support those seeking advancement through this pathway. There have been several changes in how contracts are

issued, with all LLPs terminated except one, which maintains robust governance. clinical governance arrangements are established.

Breast Service

The Aubrey report was initiated due to breast services concerns, revealing broader system failures. The review covers 1,472 women who had surgery between 01/01/2023 and 21/02/2025; 315 cases are complete so far. Four external reviewers are currently involved, with plans to recruit more to accelerate progress. 34 women have been identified as having experienced moderate or severe harm, and 500 calls have been received through the helpline to date. Efforts continue to provide clinical and psychological support, expand specialist capacity, and determine whether the review period should be extended. An oversight meeting on 16 February 2026 will help finalise methodology and next steps.

The partnership with Newcastle upon Tyne Hospitals NHS Foundation Trust, alongside the appointment of new Oncoplastic Surgeons in Spring 2025, has led to improvements for patients with more women receiving breast conserving surgery. Outcomes are audited against the national expected outcomes on a routine basis and moving towards meeting GIRFT expected standards.

Psychological support is available for patients affected by the review, with Breast Patient Safety Matrons making referrals when necessary. Additionally, the Interim Chair and Chief Executive have written to all women identified as experiencing significant lapses in their care, offering them a meeting so they can share their experiences and be heard.

Integrated Improvement Plan

Following a recent CQC inspection, the Trust faces multiple challenges, including two S29a warning notices. Immediate feedback highlighted specific areas for improvement, and a well led inspection is expected in February. The Board has been tasked with creating a unified action plan, and a workshop has already taken place; updates will be shared at the Trust's next Board meeting.

The ICB Chair thanked the Interim Chair and Chief Executive for their presentation. Noting the issues extend beyond breast cancer services, increasing complexity but allowing for a more comprehensive review of quality and safety. Problems such as dysfunction and lack of accountability reflect broader clinical and organisational culture concerns, with each area facing distinct issues.

Questions from NENC ICB Board Members

1. The Chief Medical Officer noted the importance with regards to maintaining public confidence in consultant training. It is reassuring to know that steps are being taken to address this issue to ensure accurate job titles and improve recruitment processes. Could you please advise on the expected timeline for the review and changes in relation to those individuals in scope?

There are 43 colleagues, several of whom are aiming to join the specialist register. Each individual pursuing the portfolio pathway has been considered, with some having already submitted their portfolios. Those who are less advanced in the process will be supported in developing an appropriate plan,

while those unable to complete the portfolio will discuss alternative options. The consultation period is expected to last between 14 and 30 days. It is important to address these matters whilst taking into account their current employment arrangements.

2. The Chief Nurse and AHP Officer recognised the good progress and detailed improvement work and sought assurance for women living in area needing breast services within County Durham and Darlington.

Women referred to this service will receive the same quality of options and diagnostic procedures as they would at other hospitals in the region. The approach to assessments has been updated and the appointment structure adjusted to ensure everything happens in the correct sequence. Diagnostic tests are performed using the appropriate standard of equipment, ensuring women receive the appropriate type of test. Input from external multi-disciplinary teams, breast surgeons and radiologists supports sound decision-making. These outcome measures are designed to reassure women that the service has undergone meaningful improvements.

3. Primary Care Partner Member and Chair of the ICB Finance, Performance and Investment Committee expressed concerns around entrenched behaviour of staff members, silo working and a potential focus on finance and performance at the expense of quality. He questioned how the Trust can be confident those parts of the organisations are making the appropriate improvements?

We want to foster a culture that values openness and active listening, being proactively curious rather than just reacting. It's important to identify siloed working situations, especially in teams like breast services, small groups facing team behaviour challenges and experiencing either low or high staff turnover. We have pinpointed some services for further review and examined departments where notable cultural shifts have occurred. Our goal is to generally address and bridge the gap between clinicians and managers. Currently, there's a feeling of disengagement from senior leadership, and although there is interest in re-engaging, there is also a desire for meaningful organisational change.

4. The Chief Corporate Services Officer noted it to be encouraging to hear of improvements to date and emphasis on listening to staff and patients, establishing trust and confidence within the community is crucial. How can you maintain open communication with patients and staff while fostering trust and confidence in the services provided, acknowledging that prioritising community engagement is essential for rebuilding those relationships?

There is work to do, for example, we need to improve how we handle complaints – responses in the past have been slow, defensive, and sometimes incomplete. It's important to be curious, honest, and willing to apologise. Building trust means being transparent about challenges while also celebrating successes, keeping in mind the need for balance when serious issues remain. There's still much to do culturally and organisationally, despite examples of good care.

5. The Chief Finance Officer recognised quality and safety as upmost

importance but noted the Aubrey report highlighted shortcomings for financial and contractual arrangements in the trust including oversight and conflicts of interest. It is good to see the importance being made around governance and strengthening processes making sure quality is embedded into arrangements. How can you assure us that similar issues won't arise in the future around conflicts of interest or quality if Limited Liability Partnership arrangements are being considered?

A Limited Liability Partnership (LLP) is an independent entity established to procure services on behalf of the contractor. The report highlighted concerns regarding procurement procedures and insufficient oversight of these outsourced clinical arrangements.

A robust procurement process is now in place, requiring the declaration of conflicts before entering any contracts. The Trust has established a firm position to avoid the use of LLPs that are owned by trust staff and clinicians are clear on this. While there are successful LLP arrangements across the NHS, our approach, when insourcing, is to further strengthen the commercial function. We continue to evaluate the extent to which activities should be managed independently versus collaboratively with colleagues, as this area requires highly specialised skills.

6. The Chief Finance Officer acknowledged the financial challenges in the organisation and asked the trust to share their approach in ensuring financial sustainability for the organisation moving forward.

A plan for the upcoming year is in development which includes a focus on value for money challenges, some of which can be resolved in the short term, while others may necessitate changes to service models. The Trust Board has committed to developing a new clinical strategy. Given the considerable scale of this challenge, it is anticipated that addressing these issues will take a number of years.

7. Foundation Trust Partner Member acknowledged the Trust's Medical Director and Chief Nurse were working collectively in leadership to take forward the quality agenda. From a culture perspective it is pleasing to see the improvements being made including the establishment of a new Committee. How will the People and Culture Committee work with the Quality and Effectiveness Committee to ensure the Trust is much more proactive and learning is shared across the system?

Triangulation is integral to the organisation's management system, encompassing personnel matters as well as clinical outcomes. The composition of all Committees has been revised, with new chairs appointed and cross-representation among Committees to promote effective communication and triangulation while allowing each Committee to concentrate on its area of expertise.

8. The Primary Care Partner Member supported efforts to improve organisational culture and referenced recent media coverage of a nurse tribunal case. Could cultural awareness and the new ways of working have prevented this, and what have you learned to reduce future public spending on similar issues?

There were chances to take a different approach, but whether that would have made a difference is uncertain. We acknowledged we did not listen to concerns with enough openness. After reviewing the judgement and discussing it with colleagues, we do not plan to appeal. Our focus now is on resolving the issues at hand. Looking ahead, we aim to ensure proper oversight and balanced decision-making regarding risks.

9. Foundation Trust Partner Member shared their reflections on the Trust's new Board composition. What skills do they have to help address the issues identified in the report specifically clinical skills and expertise to act as that challenge to the Nurse Director and Medical Director but also provide support?

Of the five NEDs appointed, four were already working in the region. They brought with them valuable experience as NEDs, knowing how to be inquisitive and challenging while still offering support. One member with a finance background currently chairs the Finance Committee and will continue that role here. Another individual chairs the Quality Committee and will do so again, while someone else chairs the People Committee. The chair of the Quality Committee has a clinical background, as does another executive. Their direct experience in these roles brings essential knowledge for effective performance and will enable them to rise to the challenge.

10. The Chief Medical Officer described the complexity identified in the breast services look back exercise and determining how far you look back. As Co-Chair of the Breast Oversight Group where this was debated, reassurance was given to the Board that NENC ICB will have an opportunity to feed into this as part of an external scrutiny process.

11. Non-Executive Member and Chair of the ICB's Quality and Safety Committee recognised the difficulties experienced across the Country in attracting high quality clinicians who are fully qualified. What strategies might the Trust use to attract high quality, fully qualified consultants and clinicians in a very competitive area?

It's important to remember that problems in breast services do not apply everywhere, and there are many excellent colleagues within the organisation. Effective recruitment often depends on creating a welcoming environment for trainees. When recruitment is difficult, we should look to identify the reasons, this applies at both undergraduate and postgraduate levels. Feedback from medical students in undergraduate training can highlight areas needing improvement; positive experiences often lead students to return. Partnering with other organisations can also support recruitment efforts.

12. The Chair highlighted existing formal collaborative arrangements among foundation trusts in North East and North Cumbria. Previously, CDDFT had not engaged in such collaborations under its former leadership. Are there any plans to pursue these arrangements now, and if so, what is the expected timeline?

The Trust is actively exploring collaborative opportunities within the central alliance, and discussions are currently in progress. There is a recognised

need to pursue this collaboration from a clinical pathway perspective, which may facilitate a timelier resolution.

13. The Chair questioned whether the foundation trusts taking on responsibility for neighbourhood health as part of the current reorganisation of NHS services could be complimentary to the transformational work on the hospital services?

Certain services demonstrate distinct strengths, and the Trust is committed to fostering collaboration while ensuring that the clinical strategy reflects a focus on population health and local communities.

14. The Senior Independent Non-Executive Member and Audit Committee Chair asked how the Trust will assure itself and its Board that clinical standards are being delivered and meets national clinical expectations.

This will begin by reviewing national clinical audits to identify gaps or areas for improvement and subsequently prioritise them. A similar approach will be taken with Getting it Right First Time (GIRFT) reviews. While many aspects are positive, some areas requiring attention have been highlighted, including infection prevention and control.

15. The Chair recognised recent concerns around breast services has triggered thinking of configuration of the service. It is important to emphasise that the decision around location of services, which is in the interest of patients, should be guided by strong evidence whilst ensuring the service has enough volume of work to develop the expertise to get the best outcomes for women.

16. The Chief Executive expressed curiosity in the contact made with women affected by this and whether there was anything identified that wasn't covered within the Aubrey Report that has informed improvement work.

Viewing things from their perspective has been enlightening. Even small details, such as how they are spoken to or signs on the wall that might cause discomfort, are significant to them. It is important to listen carefully and take action. It is hoped the meetings have been beneficial for the women; it was brave of them to come and see us, and hopefully they've felt listened to.

CDDFT's Interim Chair and Chief Executive thanked NENC ICB for their welcome and the opportunity to engage. The Trust aims for openness to support shared learning across the system. NHS organisations interested in one-to-one discussions are encouraged to reach out.

The NENC ICB Chair expressed thanks on behalf of the Board for a valuable discussion and stewardship during a very difficult time with a spirit of openness and many examples of the compassion being shown for patients and staff.

RESOLVED:

The Board **RECIEVED** an update regarding County Durham and Darlington NHS Foundation Trust and, after questioning the trust's Interim Chair and Chief Executive, were **ASSURED** that improvements are underway.

Sir Pali Hungin left the meeting.

B/2025/119 NHS Medium Term Planning Submission (agenda item 12)

The Board were provided with an update on medium-term planning for the Integrated Care Board (ICB) and Integrated Care System (ICS) including an overview of the first submission on 17 December 2025.

The Board approved the ICB's outlined strategic commissioning intentions on 25 November 2025, and these are published on the ICB internet page.

Regular updates have been provided to the Executive Committee and Finance, Performance and Investment Committee (FPIC) with a dedicated Non-Executive Director session ahead of the first national submission on 17 December 2025.

For the first submission on 17 December 2025, the ICB and each Trust was required to submit two-year finance, workforce and performance plans. The ICB workforce submission is for primary care and non-Foundation Trust mental health workforce only.

For full submission on 12 February 2026, three-year plans are required which also included four-year capital plans and for the ICB, a five-year strategic commissioning plan. The ICB Board will receive the full set of ICB plans for review and consideration in an extraordinary ICB Board on the 12 February 2026.

Performance

The ICB submitted a performance plan that was broadly not compliant other than for mental health, learning disabilities and autism. Due to the requirement to submit separate plans, there is also alignment issues between the ICB and Trust submissions for key performance metrics such as referral to treatment (RTT) and cancer. A high-level summary across the key performance domains:

- Elective, diagnostics and cancer: not compliant at first submission stage for the ICB with variation at Trust level
- Primary and community care: Compliant for all metrics except for 52-week waiters for children and young people (CYP) in community services.
- Urgent and emergency care (trust submissions): Compliant for all metrics at NENC trust aggregate level.
- Mental health, learning disabilities and autism: Compliant for all metrics except Individual Placement Support (IPS). The ambition is to be compliant for this in year three.

There are ongoing challenges regarding efforts to reduce diagnostic waiting times. Providers are diligently working and initial progress updates are beginning to emerge. While substantial improvement is anticipated, it remains an area of risk.

Provider of Concern Plan Reviews continue to support trusts facing challenges, and several quarter four sprints have been announced. These are NHSE-led initiatives, supported by additional non-recurrent funds, aimed at addressing areas of underperformance. The sprints will occur in multiple phases, with funding provided to help deliver in-year.

The Board Assurance Framework is currently being updated incorporating

several changes and engagement with the Board will be maintained throughout this process.

NENC ICB Financial Planning 2026/27 and 2027/28

The ICB submitted a compliant financial position and seven of the eleven Foundation Trusts submitted a break-even plan. Four organisations could not submit financial balance at this stage. These were Newcastle Upon Tyne Hospitals (NUTH), County Durham and Darlington (CDDFT), North Cumbria Integrated Care (NCIC) and South Tees Hospitals (STEES) NHS Foundation Trusts. The level of cost improvement within plans is set around 5-7% for most organisations.

The three trusts in deficit in 2025/26 are expected to reduce deficits in 2026/27 which, reduces the national deficit support funding available;

- Gateshead Health NHS Foundation Trust
- North Cumbria Integrated Care NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

Three year allocations and detailed technical guidance published included;

- ICB allocation growth on average of 2.7%
- Cost uplift factor set at 2.03% with an efficiency requirement of 2%, making net uplift of 0.03%.
- Remaining uplifts split out between acute, community, mental health and prescribing growth.
- Nationally calculated uplifts of 7% to deliver improvements like waiting times.
- Elective recovery funding to be issued to ICBs on a fair share basis.
- Removal of NHS England foundation trust deficit support funding at 2% of NHS income per annum.
- Contract rebasing - expectation to move Acute FTs to cost of providing acute services at maximum of 2.5% per annum of contract value.
- Additional funding to flow if pay award exceeds estimate in allocations.
- An expectation all NHS organisations break even.

A block deconstruction exercise was completed Summer 2025 based on national guidance to compare current contracts to an activity and price model. Initially this was collected for information only. National planning guidance now requires ICBs to consider moving funding to close perceived gaps to a maximum of 2.5% of NHS income per year, for Acute contracts, subject to affordability.

A national exercise showed a £90m over-funded position across all Acute FTs;

- a maximum movement of £75m on two underfunded FTs (NuTH and Northumbria).
- Offset by a £165m maximum defund on the other six over-funded FTs;

There is no national funding to support this change process, which must therefore be managed within system resource.

Adjusting for the required deficit movements in three trusts suggested for 2026/27:

- £29m extra for "underfunded" trusts

- £30m reduction applied to "overfunded" trusts (STSFT, CDDFT and N Tees)

The ICB needs to decide approach and pace of implementing outcomes. NHSE expectation that ICB make progress in addressing this issue. There are concerns over the accuracy of data and risks of implementing change at pace. This important piece of work needs to be finished before the final submission.

Workforce

The initial submission indicated that Trusts forecast a total workforce 2.9% higher than the original March 2026 projections, followed by a planned reduction of 2% by March 2027 across all Trusts except CDDFT and NEAS, which anticipate growth, and an additional 1.5% reduction by March 2028 for all Trusts except NEAS.

Further detail was included in the initial submission around substantive, bank and agency staff.

The ICB worked with colleagues and NHS England to develop Key Lines of Enquiry (KLOEs), assisting Trusts in gaining insight into their challenges and the wider data context. Workforce reductions and the importance of triangulating data were emphasised, particularly regarding implementation feasibility and potential impacts on quality and safety. An ambitious sickness reduction target has been set, alongside discussions on how best to support staff wellbeing throughout the system.

Questions from members of the Board

1. How realistic are the workforce targets?

The KLOEs have helped to understand this further and as part of the Provider Collaborative a review is underway on the use of banking agencies and how they can be reduced further. There is a significant amount of challenge, and it is anticipated the final outturn will change.

2. Are the triangulation and alignment with provider plans working well now that these plans go direct to region especially with Payment by Results (PbR) as there's a potential for providers to assume a higher level of income?

The situation presents challenges due to insufficient time for triangulation prior to the submission deadline, resulting in a reliance on informal sharing of intelligence. Several alignment meetings are scheduled within the upcoming week, and further iterations may occur by exception. We benefit from robust and collaborative relationships among our system partners, including between the ICB and providers as well as between the ICB and regional office. Ongoing discussions aim to improve information sharing and minimise duplication.

3. It is recognised the plans will continue to develop before the final submission deadline. How optimistic are we that the plans will improve during that process?

Recent soft intelligence suggests notable progress and compliance with national requirements. Financially, fewer organisations are expected to meet

compliance, as those previously reliant on deficit support funding may struggle to present balanced plans.

4. During the same period will we have time to develop our commissioning plan to include left shift and demand management?

Although the timelines are tight, work is underway on a demand management plan that also considers left shift initiatives, all within the current schedule. A template and final guidance are anticipated to help guide the creation of neighbourhood health plans by April 2026.

5. What risk assessment has been undertaken on the overall system impact where demand is increasing for clinical services?

A recommendation was made for the Board to allocate time to gain a clear understanding of demand management. From the perspective of local demand management, it is crucial to carefully evaluate initiatives to ensure they genuinely benefit patients rather than simply redirecting demand within the system. We are currently developing strategic demand management solutions; for instance, we are investigating tele dermatology to enhance the effectiveness of image capture and processing.

6. At the last Board meeting it was discussed there might be Voluntary, Community and Social Enterprise (VCSE) involvement in the medium term planning process but there hasn't been to date, is there anything in place to share and discuss with the sector?

It is important to highlight that the guidance was received only recently in November, and this submission represents an initial stage. During this phase, engagement with provider trusts commenced. More comprehensive collaboration will occur during the development of the neighbourhood health plan, and a session with the VCSE Programme Board shared the importance of fostering strong neighbourhood relationships as changes progress. Additionally, our governance arrangements are undergoing review and updates to facilitate the strategic commissioning transition.

Including the left shift as a risk in the Board Assurance Framework is crucial. Since investment in the left shift is a key element of the NHS ten year plan, it's essential that comprehensive details about this investment appear in the final plan.

A question submitted by Keep Our NHS Public North East was formally acknowledged and addressed during this agenda item.

Question

"At the ICB meeting on 25th November CEO Sam Allen publicly stated that over 50% of the NENC ICB budget is already spent outside of the NHS.

- Does this figure of > 50% include payments for General and Personal Medical Services, Dental Services, Continuing Health Care and prescribing costs?

- What is the breakdown of the >50% of the ICB budget spent outside of the NHS? Please provide the list of services and contractors that the ICB contracts with, excluding General and Personal Medical Services, Dental Services, care and nursing homes?

We have also noted that within Item 12 NENC ICB Medium Term Planning Update the actual plans are not being presented at a public board meeting but at an extraordinary ICB meeting on the 12th of February.

- Regarding transparency and collaboration, when will users of health services in the North East and North Cumbria have an opportunity to view and comment on the update to the ICB Medium Term Plans"?

Response

The core funding allocation for NENC ICB totals £7.5 billion, supplemented by additional allocations associated with delegated specialist commissioning responsibilities. Approximately 60% of this overall allocation is directed to NHS providers, while 40% is allocated to non-NHS providers. Of the latter portion, 30% is designated for primary care providers, prescribing, and packages of care. The remaining 10% is distributed to independent sector or voluntary sector organisations. Details of expenditures exceeding £25,000 are published and available on the NENC ICB website.

The plan will be presented to the public Board in March for full transparency. It is too early to share details; all available information has been provided today. The plan is based on approved Strategic Commissioning intentions.

RESOLVED:

The Board **RECEIVED** the medium term planning update for the Integrated Care Board and Integrated Care System including an overview of the first submission on 17 December 2025.

B/2025/120 Questions from the Public on agenda items (agenda item 13)

None.

B/2025/121 Any other business (agenda item 14)

There were no items of any other business to discuss.

The meeting closed at 13:40