NHS
North East and North Cumbria

North East and North Cumbria Integrated Care Board

Finance, Performance and Investment Committee

Minutes of the meeting held on Thursday 2 October at 10:00hrs
Via MS teams

Present:	Ken Bremner, Chief Executive South Tyneside & Sunderland NHS FT Levi Buckley, Chief Delivery Officer/ SRO for Mental Health, Learning Disability and Autism David Chandler, Chief Finance Officer Richard Henderson, Director of Finance, Corporate Eileen Kaner, Independent Non-Executive Director Jen Lawson, Head of Corporate Governance Jacqueline Myers, Chief Strategy Officer Rajesh Nadkarni, Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT Dr Mike Smith, Primary Medical Services Partner Member and Chair
In attendance:	Robin Hudson, Medical Director Emma Ottignon-Harris, Executive Assistant (minutes)

FPI/2025-26/029 Welcome and introductions

The Chair welcomed all those present to the meeting and it was confirmed that the meeting was quorate.

It was agreed that the meeting would be recorded for the purpose of minutes.

FPI/2025-26/030 Apologies for absence

Apologies for absence were received from Dr Neil O'Brien (Chief Medical Officer) and David Stout Independent (Non-Executive Director).

FPI/2025-26/031 Declarations of interest

Eileen Kaner, Independent Non-executive Director, declared a late conflict of interest related to the work carried out under the university sector, but it was deemed appropriate to be part of the discussion under agenda item **FPI/2025-26/036.**

FPI/2025-26/032 Minutes of the previous meeting held on 4 September 2025

RESOLVED:
The Finance, Performance and Investment Committee **AGREED** that the minutes of the meeting held on 4 September 2025 were a true and accurate record.

FPI/2025-26/033 Matters arising from the minutes

No items of any urgent business were received at this point in the meeting.

FPI/2025-26/034 Action Log

FPI/2025-26/130/01 ICB Performance update – deep dive: The Chief Strategy Officer confirmed that an additional slide which provided data on community waiting times by profile and time band had been included in the community waiting list deep dive for ICB Board on 30 September 2025. **Action closed**.

FPI/2025-26/035 Notification of urgent items of any other business

None received.

FPI/2025-26/036 NENC ICB and ICS financial performance update month 5

The Chief Finance Officer introduced the report which provided the Committee with an update on the financial performance of the North East and North Cumbria Integrated Care Board (ICB) and NENC Integrated Care System (ICS) in the financial year 2025/26 for the five months to 31 August 2025.

Key points and risks were highlighted following on from a recent update at Board on 30 September 2025:

- As at 31 August 2025, the ICS had reported a year-to-date deficit of £28.9m compared to a planned deficit of £33.7m. This was an improved position from the previous month but continued to include a one-off benefit of £6.5m relating to a land sale in one provider trust which was planned for later in the year.
- It was reported that there were no significant issues with individual organisation plan positions to escalate to NHS England (NHSE), and a formal letter was expected to confirm receipt of deficit support funding for Q3. It was highlighted that this would be of significant benefit to cashflow but would be repayable if plan was not met.
- Pressures continue across the system due to under-delivery of efficiencies, impact of industrial action and high-cost drugs and diabetes devices. A high-cost drug spend comparison review had suggested that funding and spend are aligned at a regional level.
- There were three main pressure areas to highlight within the ICB position at month 5:
    - Right to choose ADHD/ASD (attention deficit hyperactivity disorder / autism spectrum disorder assessments).

    - AACC (all-age continuing care) budgets particularly relating to the challenging efficiency targets.
    - Growth in prescribing costs over budget.
- There are other financial risks related to growth in elective activity and the reliance on elective recovery funding (ERF), excess in planned pay award funding and additional industrial action.
- The recurrent CIP shortfall position across the ICS was at £43m. Newcastle upon Tyne Hospitals NHSFT (NUTH) had the most material variances on recurrent delivery at month 4 and subsidiary savings were not expected to progress this financial year due to lack of union approval and an alternative plan.
- A NENC systemwide mid-year finance and performance delivery workshop had been scheduled for the following week with senior leaders and directors of finance to agree any additional actions necessary to deliver the ICS 2025-26 plan.
- There had been no further guidance regarding the national budget reduction programme and voluntary redundancy (VR) funding.
- Dialogue was ongoing with NHSE regarding the credibility of data quality and variances for the funding allocations rebasing exercise and a number of concerns were raised regarding underfunding calculations.

There was an opportunity for comments and questions.

- A request was made for information and learnings from the recovery work at NuTH to be shared across the NENC financial director network.
- A description of some in depth financial opportunity reports which had been undertaken for County Durham and Darlington NHS FT (CDDFT) and Gateshead Health NHS FT (GHFT) was given and a member of the professional association for heathcare finance, Simon Worthington, was recommended as a contact for carrying out in-depth financial scrutiny reports. Further details would be provided to ICS directors of finance at their upcoming monthly meeting.
- With regard to ICB primary care, there was some nervousness in potential changes to GP contracts and service reviews in 2026-27 plan, but the oxygen contract favourable variance of £1.3m was noted.
- There was a lengthy discussion regarding the complexities of patients' right to choose and the change in diagnosis criteria for ADHD and ASD (which had driven the significant growth in activity), the assessment process, indicative activity plans and concern of financial prioritisation. A question was raised how and if NENC ICB could influence the clinical needs diagnosis. A detailed paper on ADHD and Autism pathways, approach to indicative activity plans and commissioning intent will be presented to NENC Executive Committee in October which could be shared.

ACTION: Chief Delivery Officer to share a copy of the ADHD and Autism pathways update report to the Medical Director, Cumbria Northumberland Tyne and Wear NHS FT, after it has been presented and approved at NENC Executive Committee in October 2025.

RESOLVED:
The Finance, Performance and Investment Committee:
NOTED the latest year to date and forecast financial position for 2025/26.
NOTED there are a number of financial risks across the system still to be managed.
NOTED the latest ICB underlying position.

FPI/2025-26/37 ICB performance update

The Chief Strategy Officer introduced the NENC integrated delivery report (IDR) for 2025-26 which provides an overview of quality, performance and finance and aligns to the new 2025-26 operating framework and draft NHS performance assessment framework (NPAF). The report used published performance and quality data largely covering July and August 2025 for the monthly metrics. Less frequently reported metrics specified the latest available data point for reporting purposes. Finance data was for August 2025 (month 5).

A summary of key highlight areas relevant to the FPI Committee were:

Urgent and Emergency Care:
- Urgent and Emergency (UEC) performance was strong in comparison to national averages, although it was noted that there was some divergence from ICB plans, particularly in A&E 4 hour performance and the proportion of attendances in A&E over 12 hours.
- Virtual ward occupancy rate and same day emergency care (SDEC) activity were below plan. It was explained that ongoing development of care-coordination hubs across the system are key priorities featured in the ICB and Trusts Winter plans to strengthen utilisation of these alternative pathways to urgent and emergency care hospital attendance and admission.
- All NENC acute trusts have implemented the local 45-minute ambulance release protocol. This will be monitored on a daily and weekly basis going forward and introduced as an additional metric in the report.
- North East Ambulance Services (NEAS) have maintained a strong Cat 2 performance and remain one of the top performing ambulance trusts for all 4 response time metrics.

Elective Care and Cancer:
- Although NENC are in a stronger national position, for the first time since April, the plan for the number of patients waiting under 18 weeks had not been met in August and there had been a second monthly increase in the overall waiting list size with c. 4,700 patients waiting over 52 weeks.
- Concerns were highlighted at South Tees Hospitals (STHFT), Newcastle upon Tyne Hospitals (NuTH) and North Cumbria Integrated Care (NCIC) with the national requirement to eliminate the over 65 week wait list position by 21 December 2025.
- The position for the number of patients treated within 62 days of referral of suspected cancer had improved but there were ongoing issues in breast,

dermatology and urology tumour pathways. Four trusts are providing mutual aid due to ongoing breast cancer service issues at County Durham and Darlington NHS FT (CDDFT) and there is potential for commissioning a new tele-dermatology service.

Dental:

- Progress had been reported in access to urgent appointments but this was acknowledged as an ongoing challenge which will require a sustainable approach. NENC have published their 2025-27 Oral Health and Dental Strategy with a key priority to increase the amount of urgent dental appointments.

There was an opportunity for comments and questions:

- There was a further discussion regarding the breast cancer services pathway. A paper will be presented to NENC Executive Committee in October regarding the breast cancer services performance and service redesign, to address loss of capacity and support performance improvement to develop a breast service model that offers equitable and high-quality care for patients. It was confirmed that safety and quality was monitored through the CDDFT Breast Surgery and Oversight Group. The Medical Director offered to seek further information on potential harm and report back to FPI Committee.

ACTION: Medical Director to seek further information via the CDDFT Breast Surgery and Oversight Group on monitoring of quality, safety and potential harm in the breast cancer services pathway due to additional activity driven by mutual aid.

- A request was made to ensure that breast screening services in the central area of the region was considered in the above paper and the importance of a long-term sustainable service was highlighted.

- Work is ongoing with the skin and tele-dermatology services model which will include primary care engagement. It had become apparent that due to the ease of patients being able to use mobile phones in tele-dermatology, there had been an increase in activity, which was highlighted as an increase in cost although would ultimately result in better clinical outcomes.

RESOLVED:
The Finance, Performance and Investment Committee **RECEIVED** the content of the report and concluded it had received the required assurance in relation to performance, noting the areas where further information was requested.

FPI/2025-26/038 Risk register and board assurance framework

The Head of Corporate Governance introduced the board assurance framework and updated corporate risk register management report for Quarter 2, 2025-26, for review and consideration.

This report had been standardised across all NENC committees. Risks NENC 0004, 0065, 0032, 0109, 0103, 0031and 0022 were detailed in appendix 3 as specific risks aligned to Finance, Performance and Investment.

RESOLVED:
The Finance, Performance and Investment Committee:

- **SATISFIED** itself that the BAF accurately reflects the principal risks to achieving our objectives as well as their current mitigations, and
- **RECOMMENDED** the approval of the BAF for quarter 2 2025/26 by the Board;
- **RECEIVED** and **REVIEWED** the corporate risk register for assurance;
- **NOTED** the details of all risks aligned to the Finance, Performance and Investment Committee

FPI/2025-26/039 AOB

It was agreed to add the following items to the FPI Committee forward plan for further discussion as part of the integrated performance report deep dives:

- Community waitlist metrics
- 65 week wait lists
- 45 minute ambulance handovers
- ADHD and autism

The next meeting is scheduled on 6 November 2025 via MS teams.

Signed: 

Dr Michael Smith

Position: Chair

Date: 6 November 2025