



**North East and
North Cumbria**

**North East and North Cumbria Integrated Care Board
Executive Committee (Public)**

**Minutes of the meeting held on Tuesday 9 September 2025, 10:40hrs in the Joseph
Swan Suite, Pemberton House, Colima Avenue, Sunderland**

- Present:** Sam Allen, Chief Executive (Chair)
David Chandler, Chief Finance Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Karen Hawkins, Director of Delivery (Tees Valley) deputising for Levi
Buckley, Chief Delivery Officer
Hilary Lloyd, Chief Nurse and AHP Officer
Jacqueline Myers, Chief Strategy Officer
Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
Claire Riley, Chief Corporate Services Officer
- In attendance:** Rebecca Herron, Corporate Committees Manager (Committee Secretary)
Dr Mark Dornan, Chief Clinical Information Officer
Deb Cornell, Director of Corporate Governance and Board Secretary
Nicola Hutchinson, Chief Executive, Health Innovation North East and
North Cumbria (HI NENC)
Dr Mike Smith, Primary Care Partner Member
Matt Thubron, Deputy Director of Planning and Performance for item 12.2
only
Jill Simpson, Clinical Strategy Lead, NENC Provider Collaborative for item
10.2 only
Dr Chris Snowden, Clinical Lead, NENC Provider Collaborative for item
10.2 only

EC/2025-26/140 Agenda Item 1 - Welcome and introductions

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

EC/2025-26/141 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Levi Buckley Chief Delivery Officer, Kelly Angus, Chief People Officer.

No further apologies for absence were received.

EC/2025-26/142 Agenda Item 3 - Declarations of interest

Members had submitted their declarations prior to the meeting which had been made available in the public domain.

• Item 11.1 – NENC ICB and ICS Finance Update Month Four

A number of the Chief Officers declared a conflict on this item due to having family members or friends working within the foundation trusts.

The Chair noted the conflicts and that all Chief Officers will receive the papers and take part in the decision making, the conflicts are minimal as the allocations have been set out by NHSE and no Foundation Trusts are being favoured over others.

There were no additional declarations of interest made at this point in the meeting.

EC/2025-26/143 Agenda Item 4 - Minutes of the previous meeting held on 12 August 2025

This item was deferred to the next meeting.

EC/2025-26/144 Agenda Item 5 - Matters arising from the minutes and action log

This item was deferred to the next meeting.

EC/2025-26/145 Agenda Item 6 - Notification of urgent items of any other business

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

EC/2025-26/146 Agenda Item 7 – Governance and Risk Management

No update for this item.

EC/2025-26/147 Agenda Item 8 – Subcommittee and Group Assurance

This item was deferred to the next meeting.

EC/2025-26/148 Agenda Item 9.1 – Chief Delivery Officer Report August

This item was deferred to the next meeting.

EC/2025-26/149 Agenda Item 10.1 – Primary Care Access Recovery Plan

The Director of Delivery (Tess Valley) introduced the report which provided the Committee with the final report of the Primary Care Access Recovery Plan (PCARP) for the period 2023-2025.

The Committee were informed that this report marks the formal closure of the PCARP programme and the transition to the Modern General Practice Access (MGPA) model, which will now be embedded within the Integrated Neighbourhood Health framework.

The of Delivery (Tess Valley) highlighted the significant achievements of the PCARP, including:

- An 18% increase in NHS App registrations.
- 99% of practices enabling the four core NHS App functions.
- A 270% increase in record views
- A 229% increase in repeat prescription orders via the NHS App
- A 28.7% increase in Pharmacy First consultations
- 85,100 additional appointments enabled through estates improvements
- A 77% overall patient satisfaction rate with GP practices

It was noted that while the programme had delivered substantial improvements in digital enablement, patient experience, and access, there remained areas requiring further development. These included the need for continued support for digital compliance, particularly among a small number of practices that had not yet enabled online sharing and record access.

The Chief Clinical Information Officer (CCIO) acknowledged the positive outcomes but raised concerns about the number of practices still noncompliant with digital requirements. There is a monthly report on prospective record access, which has indicated that some practices have not progressed in enabling online sharing. The CCIO questioned the system's appetite for addressing these outliers and suggested a more proactive approach.

The Director of Delivery (Tees Valley) responded that digital compliance was being addressed through local delivery teams and quality and variation groups. However, the CCIO noted that while digital teams were aware of the issues, there was a lack of clarity on ownership and accountability for managing non-compliant practices. It was proposed that further offline discussions take place to resolve this.

The Chief Corporate Services Officer supported the report and praised the progress made. It was proposed that the final presentation to the Board include absolute figures alongside percentage increases to provide clearer context. The Board will expect to see these numbers to fully understand the scale of improvement.

The Chair expressed a concern about the 1% of practices that had not enabled the required digital functions. It was requested that all such practices be contacted within the week and asked to comply. If they refused, the Chief Delivery Officer will inform the Chair of the specific practices and their reasons for non-compliance, the Chair proposed writing to them personally and suggested that persistent non-compliance could be raised at the upcoming public Board meeting.

The CCIO confirmed that nine practices were particularly non-compliant and agreed to share the list with the Chair. The Director of Delivery (Tees Valley) committed to working with the CCIO and local delivery teams to ensure these practices were contacted and supported to meet compliance standards.

The Chair concluded the discussion by commending the local team's efforts and noted that national colleagues had expressed their admiration for the region's progress under the PCARP.

ACTION:

- 1) The Director of Delivery (Tees Valley) to ensure all noncompliant practices are contacted within the week and requested to enable online sharing and record access
- 2) The CCIO to provide the Chair with a list of the nine noncompliant practices and their reasons for non-compliance
- 3) The Director of Delivery (Tees Valley) to ensure the final Board presentation includes absolute figures alongside percentage improvements
- 4) The Director of Delivery (Tees Valley) and CCIO to discuss offline the ownership and escalation process for managing digital non-compliance
- 5) The Director of Delivery (Tees Valley) to ensure that to ensure that outstanding actions from PCARP are carried forward into the MGPA oversight process

RESOLVED:

- 1) The Committee RECOMMENDED the PCARP report be presented to Board with figures alongside percentage improvements included.

EC/2025-26/150

Agenda Item 10.2 – Strategic Approach to Clinical Services Framework

At 10:52am the Clinical Strategy Lead, NENC Provider Collaborative and the Clinical Lead, NENC Provider Collaborative attended the meeting to present the report.

The Chief Medical Officer introduced the report which provided the Committee with the draft Strategic Approach to Clinical Services (SACS) Framework.

The framework aims to provide a system-wide approach to developing sustainable acute, secondary, and tertiary clinical services over the next decade, aligned with the NHS 10-Year Plan and the NENC Better Health and Wellbeing for All Strategy.

The Clinical Strategy Lead outlined the development process, which included extensive clinical engagement, patient insight analysis, service vulnerability assessments, and data modelling of future demand. The framework sets out:

- Four strategic clinical ambitions for all NHS Foundation Trusts (FTs) and networks
- Four clinical collaborative priorities (blueprint areas): Gynaecology, Neurology, Cardiology (Heart Failure), and Oral and Maxillofacial Surgery
- Strategic enabling ambitions focused on digital, workforce, estates, and early warning systems
- A delivery model based on shared system resources and costneutral or cost-saving assumptions

The Clinical Lead emphasised the importance of focusing on pathways rather than isolated services, highlighting the need for collaboration across providers and the integration of primary and secondary care. It was noted that the framework is designed to be flexible and reviewed annually, allowing for the escalation of emerging issues.

The CCIO welcomed the framework but noted that the digital elements were high-level and stressed the need for more detailed work on digital integration, particularly around clinical portals and interoperability across the ICB footprint. The CCIO proposed an offline session to be planned to align digital initiatives with the clinical strategy.

The Chief Strategy Officer praised the inclusive development process and the framework's potential to support the ICB's strategic commissioning intentions. The Chief Strategy Officer highlighted the importance of translating the framework into tangible outcomes and aligning it with the ICB's five-year strategic plan.

The Chief Finance Officer questioned whether the framework was ready for Board approval, suggesting that further refinement was needed to clarify the financial implications and strategic commissioning impact. Concerns

were raised regarding the lack of detail on conflict resolution mechanisms between providers and commissioners.

The Chair echoed these concerns, noting that while the framework was a strong starting point, it required more specificity before being presented to the Board. She proposed a development session with the Board to build understanding and refine the framework further.

The Chief Executive, HI NENC, offered to collaborate on embedding innovation into the delivery of the framework, particularly in areas like heart failure.

The Clinical Strategy Lead, Provider Collaborative acknowledged the feedback and agreed to work with the Chief Medical Officer and Chief Strategy Officer to refine the framework. The Clinical Strategy Lead, Provider Collaborative confirmed that mental health, learning disabilities, and autism services were engaged in the SACS Board, although not currently prioritised in the blueprint areas. It was agreed to improve the narrative to reflect their involvement and to ensure alignment with the Cancer Alliance and other system partners.

The Chief Finance Officer noted the importance of understanding the financial impact of the proposed changes, particularly in relation to demand growth and service fragility.

The Committee agreed that while the framework was directionally sound, it required further development before Board approval. A development session was proposed to engage the Board and primary care stakeholders more fully.

ACTION:

- 1) **The Chief Medical Officer and Chief Strategy Officer to work with the Provider Collaborative to refine the framework, incorporating feedback on:**
 - **Financial implications and cost modelling**
 - **Conflict resolution mechanisms between providers and commissioners**
 - **Greater specificity in clinical ambitions and delivery plans**
 - **Inclusion of mental health and learning disability services**
- 2) **The CCIO to arrange an offline session to align digital initiatives with the clinical strategy**
- 3) **The Chief Corporate Services Officer to schedule a Board development session prior to formal Board approval**
- 4) **The Chief Executive, HI NENC to collaborate with the Provider Collaborative on embedding innovation into the delivery of the framework**

RESOLVED:

The Committee REJECTED the draft SACS framework for approval by NENC ICB Board

At 10:52am the Clinical Strategy Lead, NENC Provider Collaborative and the Clinical Lead, NENC Provider Collaborative left the meeting.

EC/2025-26/151 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Four

A number of the Chief Officers declared a conflict on this item due to having family members or friends working within the foundation trusts.

The Chair noted the conflicts and that all Chief Officers will receive the papers and take part in the decision making, the conflicts are minimal as the allocations have been set out by NHSE and no Foundation Trusts are being favoured over others.

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 (NENC ICB) and NENC Integrated Care System (ICS) in the financial year 2025/26 for the three months to 31 July 2025.

As at 31 July 2025 the ICS is reporting a year-to-date deficit of £24.99m compared to a planned deficit of £28.19m. The favourable variance to plan of £3.2m largely reflects a one-off benefit of £6.5m relating to a land sale in one provider trust which was planned for later in the financial year.

Across the ICS, total year to date efficiencies continue to be behind plan but the position has stabilised in month four at a £4.6m shortfall. Particular challenges are being seen in the delivery of recurrent efficiencies which are £17m behind plan after four months.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £2.1m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 31 July 2025 the ICB is reporting a year-to-date surplus of £5.21m compared to a plan of £3.95m, a favourable variance of £1.3m which largely reflects underspends on staffing costs due to vacancies.

ICS Capital:

- The ICS capital spending forecasts are currently in line with the confirmed capital allocation

Net unmitigated risk in the plan amounts to £169m across the system although there was inconsistency in recording of risk across the ICB. Risks largely related to the delivery of required efficiency plans which are higher than those delivered in 2024/25.

It was noted that significant pressures are being seen on mental health budgets relating to Attention Deficit Hyperactivity Disorder (ADHD)/Autism Spectrum Disorder (ASD) assessments at non-NHS providers, with a forecast pressure for the full year of around £14m now expected (£24m forecast against a budget of £10m), however this could increase if current activity growth trends continue.

The Chief Finance Officer reiterated that the key financial risks were concentrated in prescribing, All Age Continuing Care (AACC), and the Right to Choose programme. It was suggested that addressing these areas would allow the system to free up resources currently being held back, enabling more proactive investment rather than reactive firefighting, they encouraged executive colleagues to view these risks as shared responsibilities, not isolated to individual portfolios.

The Chair acknowledged the challenges and emphasised the need for system-wide collaboration to manage risks and deliver efficiencies. The Committee agreed that financial pressures in ADHD/ASD, AACC, and prescribing required prioritised attention and resource allocation.

RESOLVED:

- 1) The Committee NOTED the draft outturn financial position for 2025/26**
- 2) The Committee NOTED there are a number of financial risks across the system still to be managed**
- 3) The Committee NOTED the latest ICB underlying position,**
- 4) The Committee APPROVED the budget virements in Table 18 of the report to realign funding across budget categories based on agreed contract variations (nil net effect)**

EC/2025-26/152 Agenda Item 12.1 - Integrated Delivery Report

The Chief Strategy Officer introduced the report which provided the Committee with an overview of quality and performance, highlighting any significant changes, areas of risk and mitigating actions.

It was noted that this report is the first edition of a bi-annual version of the newly formatted NENC Integrated Delivery Report (IDR) for 2025/26 which incorporates a full suite of metrics (including quarterly and annual metrics).

The Committee was informed of the key messages as follows:

- Accident and Emergency performance stands at 80.5% remains above the national average of 75%. Ranking fifth out of 42 ICBs

- Category two ambulance response times were at 20 minutes 51 seconds, ranking second nationally
- 3.4% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 70.8% of patients are seen within 18 weeks, and just 1.3% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.2%, consistently meeting targets
- Dental access for unique adult patients stands at 40.8%, just below monthly plans
- 76.6% of patients receive a faster cancer diagnosis, and 65.9% are treated within 62 days
- 66.7% of patients experience reliable improvement in talking therapies, with a 44.1% reliable recovery rate which is lower than last month

The Committee discussed the need for deeper dives into specific areas, including bowel screening, which showed unexpectedly low uptake rates.

The Chair requested more detailed analysis on variation and actions to improve performance, particularly in preparation for the upcoming Board meeting.

The Chief Nurse and AHP Officer confirmed that a dashboard for Infection Prevention and Control (IPC) was in development and would be presented to the Quality and Safety Committee. The Chief Strategy Officer noted that the dashboard was a significant development challenge but was nearing completion.

The Committee agreed that the Integrated Delivery Report was a valuable tool for identifying system-wide issues and tracking progress. Members supported the continued refinement of metrics and the development of targeted recovery plans.

ACTION:

- 1) **The Chief Strategy Officer to develop a deep dive on bowel screening uptake, including variation analysis and improvement actions**
- 2) **The Committee Secretary to share the Integrated Delivery Report slides with Committee members for further review and discussion**

RESOLVED:

The Committee RECEIVED the report for information and assurance

EC/2025-26/153 Agenda Item 12.2 – 2026/27 ICB Medium Term Planning (MTP)

At 11:36am the Deputy Director of Planning and Performance attended the meeting to present the report.

The Deputy Director of Planning and Performance introduced the report which provided the Committee with an update regarding the national expectations for the NHS to develop five-year medium-term plans and set out a high-level approach to the development of the ICB's five-year strategic commissioning plan for 2026/27 to 2030/31.

The Deputy Director of Planning and Performance informed the Committee that the MTP process was being initiated earlier than in previous years to align with national expectations and to allow for more robust engagement and co-production. The planning round would run in parallel with the implementation of strategic commissioning changes and would be informed by the NHS 10-Year Plan, the NENC Integrated Care Strategy, and the Clinical Conditions Strategic Plan.

The Committee was informed that the draft national planning framework, while still pending final publication, required ICBs to submit a five-year strategic commissioning plan by December 2025, with final acceptance expected by February 2026. The plan would cover the period 2026/27 to 2030/31 and would be refreshed annually. The planning process would also include the development of place-based neighbourhood health plans, provider delivery plans, and Better Care Fund (BCF) submissions.

The Chief Strategy Officer emphasised the importance of aligning the MTP with the Strategic Approach to Clinical Services (SACS) framework and the Service Reform Programme. It was noted that the planning process would be underpinned by a population health approach, with a focus on reducing health inequalities, improving outcomes, and ensuring financial sustainability.

The Deputy Director of Planning and Performance outlined the proposed governance structure, which included a system-wide planning infrastructure to support alignment and coordination. A strategic planning launch workshop is scheduled for 25 September 2025, bringing together ICB executives, provider leaders, clinical directors, and system partners. The workshop will focus on identifying strategic priorities, co-producing commissioning intentions, and aligning plans across the system.

The Committee discussed the importance of engaging with a wide range of stakeholders, including primary care, the voluntary and community sector (VCSE), and independent providers. The Chair stressed the need to improve communication and transparency with non-foundation trust providers, who often feel disconnected from the planning process. It was proposed to run a dedicated engagement session with the VCSE sector to ensure their inclusion in the MTP.

The Chief Strategy Officer confirmed that priority leads, such as those for women's health, would be included in the planning process. It was noted that the planning round presented an opportunity to provide multi-year

certainty to providers, particularly in the VCSE sector, by aligning contracts with the five-year plan.

The Chief Finance Officer highlighted the need to consider financial constraints and the importance of aligning workforce and financial planning. The planning round will be challenging due to limited allocations and the need for significant efficiency savings.

The Committee agreed that the MTP was a critical priority and supported the proposed approach. Members endorsed the planning timeline, governance arrangements, and stakeholder engagement strategy.

RESOLVED:

- 1) The Committee NOTED the key points of the draft national planning framework which sets out the key requirements of ICBs for 2026/27 to 2030/31**
- 2) The Committee Noted the ambitious timetable for the ICB to produce a Five-Year Strategic Commissioning plan for submission in December 2025**
- 3) The Committee SUPPORTED the proposed high-level approach to the development and production of the plan**
- 4) The Committee SUPPORTED stepping up the proposed ICB and ICS planning infrastructure at the right points in the planning round to support the production and alignment of plans**

At 11:58am the Deputy Director of Planning and Performance left the meeting.

EC/2025-26/154 Agenda Item 12.3 – All Age Continuing Care (AACC) Client Record System Challenges and Recommendations August 2025

The Chief Nurse and AHP Officer introduced the report which provided the Committee with an update on the current state around the operability and outputs of the current AACC Client Record System.

The Broadcare system, currently operates in three separate instances across the ICB, with Northumberland using an alternative system (Azeus). This fragmentation has led to inconsistent data recording, inefficiencies in contract identification, and financial reporting challenges.

The Chief Nurse and AHP Officer outlined the operational and financial risks posed by the current system setup. Manual processes for identifying providers requiring contracts were described as resource-intensive, particularly in County Durham and Tees Valley. Poor data quality and incomplete contractual information within Broadcare are flagged as significant concerns, alongside the lack of real-time updates on provider ownership changes. It was noted that the absence of integration between

Broadcare and local authority systems is resulting in disconnected workflows and increased administrative burden.

The Committee were informed that the Finance Team supported these concerns, highlighting the financial risks due to data inaccuracies and manual rework. The finance team recommended improvements in financial reporting, provider rate tracking, and the development of a provider portal to streamline payments. A user survey revealed that while 96% of respondents felt confident using Broadcare, only 50% found it easy to navigate, and report generation was inconsistent. This indicated a clear need for improved training and system usability.

The report set out three potential approaches:

1. **Direct award of a new contract to Broadcare** – low risk of disruption but potential breach of procurement regulations.
2. **Open procurement process** – allows market testing but requires significant resources and may impact productivity.
3. **Procurement via a relevant framework** – quicker and less resource-intensive but limits customisation and control.

The preferred recommendation is option one which would merge the three Broadcare instances and onboard Northumberland data into a single system led by NECS. This would cost £71,400 as a one-off fee, with additional staffing costs of £68,372 for a six-month support period. The total non-recurrent investment required is £139,722.

Benefits of a unified system include improved consistency, enhanced provider management, better financial accuracy, and support for strategic decision-making. Risks associated with the merger include short-term productivity impacts, data transfer challenges, payment disruptions, staffing constraints, and potential delays in procurement planning. Mitigating actions were proposed, including phased training, data audits, contingency plans, and early engagement with Broadcare.

The implementation timeline spans from September 2025 to July 2026, with key milestones including executive approval, onboarding of Northumberland data, data cleansing, training, specification development, and procurement planning.

The Committee unanimously supported the recommendation and approved the investment.

RESOLVED:

The Committee APPROVED the system investment and staffing support to initiate the merger project at a non-recurrent cost of £139,722

EC/2025-26/155 Agenda Item 13 – Commissioning

No update for this item.

EC/2025-26/156 Agenda Item 14.1 – Strategic Principles for AI in Health

The Chief Corporate Services Officer introduced the report which provided the Committee with the Strategic Principles for Artificial Intelligence (AI) in Health, developed as a formal framework for the North East and North Cumbria Integrated Care System (NENC ICS).

The framework comprises ten principles designed to guide the safe, ethical, and effective implementation of AI technologies across commissioned providers. The principles aim to ensure consistency, mitigate risks, and support innovation while maintaining public trust.

The Primary Care Partner Member presented the framework, noting that it was developed collaboratively with providers, clinical leaders, and digital teams. The principles were intentionally kept high-level to ensure accessibility and applicability across diverse settings. The Committee were assured that the framework had undergone internal testing, including consultation with AI tools to identify gaps and refine content.

The Chair welcomed the framework and praised its clarity and pragmatism. Concerns were raised regarding the variable engagement levels in primary care, where digital governance structures are less robust than in secondary care.

The CCIO echoed these concerns, highlighting the risks of unregulated AI use in primary care. The Committee were informed that there are recent examples of ambient dictation tools being adopted without proper oversight and stressed the importance of clinical safety standards. The CCIO requested a communications strategy be developed to support rollout and suggested developing a patient-facing version of the principles.

The Chief Strategy Officer raised the issue of bias and hallucinations in AI systems, suggesting that these risks be more explicitly addressed in the framework. The Primary Care Partner Member agreed and proposed incorporating these concerns into the “safe and assured products” principle. It was noted that the DTAC (Digital Technology Assessment Criteria) process already includes bias evaluation but acknowledged the need for greater awareness among providers.

The Chief Executive, HI NENC offered to assist with implementation, training, and public reassurance. The Committee were informed that there is a recent regional survey that identified gaps in confidence and understanding among providers and the public. It was proposed to develop myth-busting resources and training modules to address these concerns.

The Chief Medical Officer supported the framework and suggested aligning it with CQC regulations on AI use in general practice. The Chief Medical Officer emphasised the importance of ensuring that providers understand the limitations of AI tools and use them appropriately.

The Committee unanimously approved the Strategic Principles for AI in Health and endorsed their circulation to all commissioned providers. Members agreed that the principles should be reflected in local AI strategies and reviewed regularly as the technology evolves.

ACTION:

- 1) **The Primary Care Partner Member and the Chief Corporate Services Officer to develop a communications plan to support rollout, including a patient-facing version of the principles and circulate the approved Strategic Principles for AI in Health to all commissioned providers once a communications plan is in place**
- 2) **The Primary Care Partner Member to incorporate explicit references to bias and hallucinations in the framework under the “safe and assured products” principle**
- 3) **The Primary Care Partner Member to align the framework with CQC regulations and ensure consistency with national standards**
- 4) **The Primary Care Partner Member to collaborate with HI NENC to develop training resources and myth-busting materials for primary care providers**

RESOLVED:

- 1) **The Committee APPROVED the Strategic Principles for AI in Health as the formal ICS-wide framework**
- 2) **The Committee SUPPORTED the circulation of the principles to all commissioned providers with the expectation they are reflected in local AI strategies**
- 3) **The Committee NOTED that the principles will be reviewed and iterated as the AI landscape evolves**

EC/2025-26/157 Agenda Item 14.2 – Women's Health Accelerator Plan

Due to time constraints, it was agreed that this item will be circulated and approved by email after the meeting.

EC/2025-26/158 Agenda Item 14.3 – NENC Green Plan - Refresh

Due to time constraints, it was agreed that this item will be circulated and approved by email after the meeting.

EC/2025-26/159 Agenda Item 15 – Policy Management

No update for this item.

EC/2025-26/160 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/161 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/162 Agenda Item 17 - CLOSE

The meeting was closed at 12:10hrs.

Date and Time of Next Meeting

Tuesday 14 October 10:30am.



12.8.25

Dr Neil O'Brien
Chief Medical Director
North East and North Cumbria ICB