

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

**Minutes of the meeting held on Tuesday 9 June 2026, 10:30hrs in the
Boardroom, North Ormsby Health Village**

- Present:**
- Sam Allen, Chief Executive (Chair)
 - Levi Buckley, Deputy Chief Operating Officer
 - David Chandler, Chief Finance Officer
 - Michelle Evans, Interim Director of Workforce
 - Jacqueline Myers, Chief Operating Officer
 - Dr Neil O'Brien, Chief Medical Officer (Vice Chair)
 - Rachel Mitcheson, Director of Commissioning (Neighbourhood North & North Cumbria)
 - Karen Hawkins, Director of Commissioning (Neighbourhood South)
 - Lynn Wilson, Director of Commissioning (Neighbourhood Central)
 - Craig Blair, Director of Commissioning (Secondary Care Central & South Alliance)
 - Peter Rooney, Director of Commissioning (Mental Health and Learning Disabilities (MHLD))
 - Paul Turner, Director of Commissioning (Secondary Care Northern Alliance)
 - Ewan Maule, Director of Medicines and Pharmacy
 - Robin Hudson, Medical Director
 - Alex Kent, Medical Director
 - Mike Smith, Medical Director
 - Louise Mason-Lodge, Director of Nursing (Quality and Secondary Care)
 - Richard Scott, Director of Nursing (Safeguarding and Neighbourhood Health) deputising for Hilary Lloyd, Chief Nursing Officer
 - Richard Henderson, Director of Finance (Corporate and Insights)
 - Phil Argent, Director of Finance (Secondary Care)
 - Lynne Walton, Director of Finance (Neighbourhood Health and GPOD)
 - Deb Cornell, Director of Corporate Governance, Communications and Involvement
 - Dan Jackson, Director of Policy and Stakeholder Affairs
- In attendance:**
- Rebecca Herron, Corporate Governance Officer (Committee Secretary)
 - Linda Reiling, Deputy Director of Commissioning (MHLD and Individual Packages of Care)

LC/2026-27/23 Agenda Item 1 - Welcome and introductions

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

LC/2026-27/24 Agenda Item 2 - Apologies for absence

Apologies for absence were received from Nicola Hutchinson, Chief Executive, Health Innovation NENC (HI NENC), Hilary Lloyd, Chief Nursing Officer, Louise Mason-Lodge, Director of Nursing (Quality and Secondary Care), Marc Hopkinson, Director of System Resilience Ben Anderson, Director of Population Health Management, Kate O'Brien, Director of Nursing (All Age Continuing Care (AACC), Mental Health, Learning Disabilities and Neurodiversity (MHLND)), Mark Dornan, Chief Clinical Information Officer, Martin Short, Director of Commissioning (Neighbourhood Newcastle Gateshead & GPOD), Kate Hudson-Halliday, Director of Finance (MHLND and AACC)
No further apologies for absence were received.

LC/2026-27/25 Agenda Item 3 - Declarations of interest

Members had submitted their declarations prior to the meeting. There were no additional declarations of interest made at this point in the meeting.

LC/2026-27/26 Agenda Item 4 - Minutes of the previous meeting held on 12 May 2026

RESOLVED:

The Committee AGREED that the minutes of the meeting held on 12 May 2026, were a true and accurate record.

LC/2026-27/27 Agenda Item 5 - Matters arising from the minutes and action log

The Chair observed that the actions listed in the action log were transferred over from the Executive Committee's action log.

Minute reference LC/2025-26/299 Manchester Arena Inquiry Update

The Chief Operating Officer informed the Committee this action is now complete.

Members were asked to notify the Committee Secretary promptly when actions were completed to ensure clear audit trails and timely updates.

LC/2026-27/28 Agenda Item 6 - Notification of urgent Items of any other business

The Chief Corporate Officer requested an Item on the Lord Mann Review Letter and Actions to be included under any other business.

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

LC/2026-27/29

Agenda Item 7.1 – Board Assurance Framework (BAF) and Risk Management Report – Quarter Four, 2025/26

The Chief Corporate Officer introduced the report which provided the Committee with a refreshed Board Assurance Framework for quarter four, 2025/26 and the updated corporate risk register.

The Chief Corporate Officer presented the updated position, highlighting that several risks had been closed and new risks added based on recent discussions across committees and operational forums.

Members engaged in an extensive discussion regarding the robustness and alignment of the BAF. While it was acknowledged that the principal strategic risks broadly reflected organisational objectives, concerns were raised about the consistency between reported risk scores and operational realities. Some members questioned whether reductions in risk ratings were sufficiently evidenced, particularly given perceived service pressures.

The Committee discussed the need for clearer articulation of mitigation actions and for stronger linkage between risk scoring and tangible improvements. It was noted that risk aggregation processes must ensure that operational risks were accurately reflected at strategic level.

Concerns were raised regarding the alignment of risk ownership following organisational restructuring, with agreement that lead responsibilities required updating. Members also highlighted the importance of embedding risk discussions within directorate-level meetings to strengthen ownership and understanding.

The Chair emphasised that this represented an opportunity to refresh the entire risk framework, ensuring alignment with new committee structures, governance arrangements, and strategic priorities. Members agreed that further work was required to ensure clarity, ownership, and effective escalation of risks.

ACTION:

The Director of Corporate Governance, Communications and Involvement to sense check the BAF with all four Subcommittees and provide an update back to the Committee

RESOLVED:

- 1) The Committee RECEIVED the BAF and Risk Management Report – Quarter Four, 2025/26 for assurance**
- 2) The Committee RECOMMENDED the approval of the BAF for quarter four 2025/26 to the Board**

LC/2026-27/30

Agenda Item 7.2 – Draft NENC ICB Annual Report and Accounts

The Chief Corporate Officer introduced the report which provided the Committee with the North East and North Cumbria Integrated Care Board draft annual report, for the period 01 April 2025 – 31 March 2026 ahead of submission to the Extraordinary Board meeting scheduled for 16 June 2026.

The Chief Corporate Officer expressed appreciation to teams across the organisation for their contributions during a period of significant transition.

Members noted that the report captured a substantial volume of work undertaken during the year and provided a comprehensive overview of organisational performance.

The Chief Finance Officer confirmed that the accounts were progressing through external audit and that early feedback was positive, although final sign-off was pending.

Members discussed arrangements for presenting the report to local authority scrutiny committees, recognising the importance of consistent messaging and stakeholder engagement.

The Committee supported the development of a summary report and presentation materials for public and scrutiny purposes, ensuring accessibility while maintaining transparency about both achievements and areas for improvement.

Members acknowledged the significant effort required to produce the report within the context of organisational change and commended staff for their work.

RESOLVED:

- 1) The Committee RECEIVED the Draft ICB annual report 2025/2026**
- 2) The Committee NOTED the ICB Annual Assessment requirements for 2025/26**
- 3) The Committee NOTED the Corporate Governance Team are continuing to work with colleagues over the coming weeks to progress with the narrative and statements to update the final version of the annual report to be submitted to NHS England on 22 June 2026**

LC/2026-27/31

Agenda Item 8.1.1 – Neighbourhood Health Subcommittee Escalation and Assurance Report and minutes

The Chief Operating Officer introduced the report which provided the Committee with the Neighbourhood Health Subcommittee Escalation and Assurance Report and Subcommittee minutes.

The Committee noted progress on the Primary Care Action Plan, obesity pathway development, and arrangements for oversight of quality and contractual matters in general practice, pharmacy, dental and optical services. The Chief Operating Officer explained that, beneath the subcommittee, additional infrastructure was still being developed to provide a more standardised and robust process for issues such as contractual intervention and challenge arrangements.

The Medical Director noted the need to strengthen community pharmacy arrangements in the same way as general practice, with the relevant group moving under the Neighbourhood Subcommittee.

Further discussion highlighted the need to ensure that risks identified in neighbourhood-level discussions flowed appropriately into the wider corporate risk management system. The Chief Corporate Officer noted that committee decisions would increasingly require internal and external communications support, so that staff and stakeholders were aware of developments and could be engaged positively.

The Committee agreed that further work was needed on the handling of risk at subcommittee level and on ensuring that communication opportunities were not missed.

RESOLVED:

The Committee RECEIVED the Escalation and Assurance Report and Subcommittee minutes for assurance

LC/2026-27/31

Agenda Item 8.1.2 – Integrated Mental Health and Complex Care Subcommittee Escalation and Assurance Report and minutes

The Chief Operating Officer introduced the report which provided the Committee with the Integrated Mental Health and Complex Care Subcommittee Escalation and Assurance Report and Subcommittee minutes.

The Committee were informed that there were no matters which required escalation but that key advisory matters had been discussed.

The Director of Commissioning (MHLD) thanked governance colleagues for supporting the first meeting and observed that the assurance template had been helpful in framing issues clearly.

Members noted ongoing oversight of the relocation of the adult eating disorder ward and the associated quality concerns that would inevitably arise with service moves of that scale. The discussion also covered the national requirement to achieve full rollout of Mental Health Support Teams by 2029, with members noting the scale of the resource implications and welcoming the move toward an ICB-wide procurement approach rather than multiple former local arrangements.

The Committee also noted broader work under way in South Tyneside and Sunderland to support more partnership-based community delivery models.

Members were informed that a revised title for the subcommittee would be brought back through the formal terms of reference process

RESOLVED:

The Committee RECEIVED the Escalation and Assurance Report and Subcommittee minutes for assurance

LC/2026-27/32

Agenda Item 8.1.3 – Acute Subcommittee Escalation and Assurance Report and minutes

The Chief Operating Officer introduced the report which provided the Committee with the Acute Subcommittee Escalation and Assurance Report and Subcommittee minutes.

The Chief Operating Officer updated member that the meeting had focused on development of a more integrated framework bringing together contract management and quality oversight across acute and independent sector arrangements. Members welcomed work to create a single approach, while recognising that there was further detail still to be worked through.

The Chief Operating Officer also referred to contract sign-off, provider issues including breast services discussions, and the depreciation funding matter that had required a formal decision at subcommittee level.

More broadly, members discussed how financial and operational risk in acute activity could affect neighbourhood investment and left-shift ambitions.

The Committee agreed that such cross-cutting risks would need to sit clearly within the refreshed risk framework and be owned formally while also being worked on across multiple committees and professional groups.

RESOLVED:

The Committee RECEIVED the Escalation and Assurance Report and Subcommittee minutes for assurance

LC/2026-27/33

Agenda Item 8.1.4 – Specialised Subcommittee Escalation and Assurance Report and Minutes

The Deputy Chief Operating Officer introduced the report which provided the Committee with the Specialised Subcommittee Highlight Report and Minutes.

The Deputy Chief Operating Officer noted the report covered specialised cancer pathways, mechanical thrombectomy, delegated arrangements and provider collaborative oversight.

A particular concern was expressed about equitable access to thrombectomy services, and members asked that engagement with national partners continue, especially in relation to longer-term service development and funding.

Members also highlighted the importance of robust governance arrangements where specialised services were delegated into provider collaboratives, particularly where those providers also acted in commissioner roles.

The Chief Corporate Officer emphasised that organisational learning from previous delegation needed to be reflected in due diligence and oversight arrangements.

The Committee considered the request and supported approval of the proposed changes to the Subcommittee Terms of Reference.

RESOLVED:

- 1) The Committee RECEIVED the Escalation and Assurance Report and Subcommittee minutes for assurance**
- 2) The Committee APPROVED the updated specialised commissioning subcommittee terms of reference**

LC/2026-27/34

Agenda Item 9.1 – Strategic Commissioning and Delivery Planning Update

The Deputy Chief Operating Officer introduced the report which provided the Committee with a presentation on the final version of the system strategic commissioning narrative submitted to NHS England and on the proposed approach to developing a single associated delivery plan.

The Deputy Chief Operating Officer explained that the purpose of this work was to translate strategic intent into a coherent set of measurable programmes, with clear ownership, delivery expectations, benefits tracking and risk management. The Subcommittees were described as the primary vehicles through which delivery, assurance and mitigation of risk would be monitored, with information then aggregating upwards into wider organisational oversight. Members were reminded that this was part of a broader effort to establish a clearer, more disciplined way of working across the newly structured organisation.

The Committee discussed why delivery plans were needed and how they should relate to national policy, the five-year strategy, supporting enabling strategies and provider plans.

The Deputy Chief Operating Officer described the intention to produce a single delivery plan with standardised approaches to ownership, performance measures, milestones and governance, supported by an internal programme management framework. A number of broad strategic themes were referenced, including demand management, shifting care closer to home, urgent and emergency care, digital and productivity, prevention and inequalities, and the role of neighbourhood health as a delivery model. Members supported the principle that plans needed to distinguish between what the ICB owned directly and what needed to be delivered in partnership across the system.

Members also had a substantive discussion about implementation and practicality. The Chair emphasised that the work might at first appear highly process-driven, but argued that clearer architecture, ownership and tracking would support rather than hinder delivery if implemented well. Several members raised concerns about prioritisation, asking how programmes would be culled, re-prioritised or supplemented when urgent new demands arose mid-year. The Chief Corporate Officer stressed the need for corporate services, public voice and multidisciplinary teams to be visibly built into the model, so that strategic commissioning did not become detached from enabling functions or patient and public perspectives.

The Chief Corporate Officer highlighted the importance of training and support for the organisation if the model was to be adopted consistently. There was further discussion about whether the terminology and user interface associated with the programme management office were sufficiently intuitive and whether software options should continue to be explored beyond spreadsheet-based tools.

The Committee endorsed the overall direction of travel but made clear that implementation, usability and culture would be as important as technical design.

The Chair concluded that the next stage of work should focus not only on the content of delivery plans, but also on embedding the approach as an organisational way of working, with support from organisational development. Members also agreed that user testing should continue and that further refinement would be needed before implementation could be fully embedded across teams.

The Chair requested that the Deputy Chief Operating Officer work with Organisational Development to embed the approach, strengthen related knowledge, skills and culture, and provide an implementation update at the July meeting.

ACTION:

The Deputy Chief Operating Officer work with Organisational Development to embed the approach, strengthen related knowledge,

skills and culture, and provide an implementation update at the July meeting

RESOLVED:

- 1) The Committee NOTED the final version of the System Strategic Commissioning Narrative submitted to NHS England**
- 2) The Committee NOTED the work taking place to develop an associated delivery plan which brings together the work being done to deliver on the ambitions outlined in the 5-year Strategic Commissioning Plan and 2026/27 Commissioning Intentions to provide a consistent, consolidated set of commissioning and transformation priorities for the ICB**

LC/2026-27/35

Agenda Item 9.2 – Programme Delivery Model and Training Programme

The Deputy Chief Operating Officer introduced the report which provided the Committee with the proposed programme delivery model and associated training programme.

The Deputy Chief Operating Officer informed the Committee that the paper set out that there was significant variability in programme and project management practice across the organisation and sought endorsement for a more standardised programme approach, including formation of a dedicated programme group and a fuller programme plan for approval in July 2026.

This Item was discussed in close conjunction with the preceding strategic commissioning delivery planning update, and members treated the two Items as complementary components of a broader organisational change in how delivery would be structured, monitored and supported.

Further discussion focused on the extent to which the organisation was ready to embed a common delivery model and whether teams had the capacity and practical support to do so.

The Chair and other members made the point that a programme delivery model should not be seen only as a central control mechanism or as the responsibility of a small Project Management Office (PMO) resource. Rather, it needed to become a wider organisational discipline, supported by accessible tools, a clear training offer, and visible examples of use in practice. It was noted in discussion that the PMO itself had limited capacity and could not directly run all projects across the organisation; instead, its role would be to maintain systems, pull reporting together and provide support, while delivery ownership would remain with programme and project leads in operational teams.

A number of members underlined the central importance of training and implementation. It was specifically noted that a training package already

existed, that several cohorts of staff had completed it, and that there was value in teams undertaking training together using live examples from their own work. Members observed that this would help reinforce project and programme management principles at a practical level and support the cultural change required. There was also recognition that different staff groups, including safeguarding and wider corporate and professional teams, would need support to understand how they fitted into a commissioning-led delivery model. Members suggested that knowledge resources, case studies and opportunities to test the tools in practice would all help improve adoption.

Overall, the Committee was content with the proposal to continue developing the model and to bring back a more detailed implementation proposal. Members were clear that the operational success of the programme model would depend on usability, clarity of ownership, appropriate integration with risk management, and a learning and development offer that was sufficiently practical and collaborative.

RESOLVED:

- 1) The Committee NOTED the current status of programme management variability across the ICB**
- 2) The Committee APPROVED the formation of a Programme Group dedicated to implementing and delivering the recommendations outlined in this report**
- 3) The Committee APPROVED a comprehensive programme plan to be presented to the Leadership Committee for approval in July 2026**

LC/2026-27/36

Agenda Item 9.3 – Attention Deficit Hyperactivity Disorder (ADHD) and Autism Update and the draft Adult ADHD Commissioning Policy

The Director of Commissioning (MHLD) introduced the report which provided the Committee with an update on the ADHD and autism pathways, strategic commissioning actions and the proposed Adult ADHD Commissioning Policy.

The Committee was advised that the paper had two connected purposes: first, to provide a wider strategic overview of ADHD and autism pathways; and second, to seek support for implementation of the draft Adult ADHD Commissioning Policy.

Members were reminded that the policy related initially to adults aged over 18 in respect of ADHD, with the intention that autism pathway elements would be developed further in future revisions. The Director of Commissioning (MHLD) outlined major features of the policy, including the principle that the ICB would only fund ADHD providers where continuity of care arrangements existed, the use of indicative activity plans, a move toward greater waiting time standardisation, clearer arrangements for handling private diagnoses and subsequent requests for NHS treatment,

and the introduction of an elective referral hub to support referral management and disposition decisions. It was explicitly noted that over 100,000 people were waiting for ADHD-related services and that very long waits in some NHS pathways were a major system issue.

The Committee held an extensive and detailed discussion on prioritisation, equality implications, clinical discretion, governance, communications and implementation risk. Senior clinical contributors stressed the importance of prioritising those with the greatest need and functional impact and highlighted the inequalities inherent in the current system, where individuals often needed to be highly organised and persistent in order even to access referral routes. It was explained that the proposed approach would be “digitally supported but not digitally determined”, with a clinician still involved in decision-making and with a review process built into the early phase of implementation.

Members welcomed the recognition that prioritisation was necessary but raised concerns about how the policy would work in practice and how it would be perceived externally. There was discussion about the Equality, Quality Impact Assessment, which members felt needed strengthening, and about the importance of documenting legal and equality considerations clearly. Members also highlighted the need for careful wording in relation to clinical discretion and function-based prioritisation, so that the policy remained robust and understandable.

Concerns were also raised about conflicts of interest and operational safeguards within the proposed referral management arrangements, especially where pathway organisations might hold multiple roles. Members sought additional assurance around skill mix, provider accreditation, ongoing care capacity, communications with the public, and the way waiting times and benefits of investment would be articulated.

The Chair acknowledged that the debate had been appropriately detailed, given the scale of existing waits, the level of public interest likely to be generated, and the fact that this was a novel approach nationally.

The Committee agreed that the overall direction of the policy was necessary and supported it in principle, while making clear that it required further refinement before final sign-off. It was noted that the policy was approved subject to strengthening of the Equality Quality Impact Assessment, tidying the wording, recirculating the final revised documentation, and bringing a further post-implementation review back to Committee.

ACTION:

- 1) The Director of Commissioning (MHLD) to revise and strengthen the Equality Quality Impact Assessment**
- 2) The Director of Commissioning (MHLD) to refine policy wording in relation to clinical discretion, prioritisation and terminology**

- 3) **The Director of Commissioning (MHLD) to bring a post-implementation review/update back to the Committee in October 2026**

RESOLVED:

- 1) **The Committee NOTED the content of the report**
- 2) **The Committee APPROVED the draft Adult ADHD Commissioning Policy for implementation, noting that it will be transferred into the ICB policy template and subject to minor amendments before publication. The final version will be recirculated to members prior to publication.**
- 3) **The Committee NOTED the planned future amendments to the policy**

LC/2026-27/37

Agenda Item 10.1 - NENC ICB and ICS Finance Update Month One

The Chief Finance Officer introduced the report which provided the Committee with an update on ICB budgets for 2026/27 and the financial position of the ICB at Month One for the financial year ending 31 March 2027.

The Chief Finance Officer advised that budgets had now been allocated to chief officers in accordance with decisions already taken by the Board and that it remained early in the financial year, meaning that Month One reporting would inevitably contain some lag.

Members were asked to note the position on ICB budgets for 2026/27, agree proposed virements across ISFE categories, note the initial Month 1 position, and approve the transfer of Cancer Alliance funding of £11.608 million in line with the relevant memorandum of understanding.

The Chief Finance Officer outlined that the transfer of Cancer Alliance funding to the host organisation was required in order to support delivery of agreed programmes and workstreams. Members noted the continuing importance of performance management and monitoring in relation to nationally agreed plans and financial accountability.

There was no recorded challenge to the proposed transfer or the virements, and the Committee were satisfied that the recommendations were appropriate at this stage of the year.

The Committee therefore approved the proposals set out in the report. In doing so, members noted the importance of ongoing scrutiny and assurance as more detailed financial information became available in subsequent months. While Month One data was recognised as early and potentially incomplete in some respects, the Committee accepted the need to maintain clear accountability from the outset of the year and to ensure that delegated budgets and hosted arrangements were being managed consistently.

RESOLVED:

- 1) The Committee NOTED the position on ICB budgets for 2026/27
- 2) The Committee APPROVED the proposed virements across ISFE categories
- 3) The Committee NOTED the initial financial position for month one 2026/27
- 4) The Committee APPROVED the transfer of Cancer Alliance funding of £11.608m

LC/2026-27/38

Agenda Item 10.2 - New Establishment and Vacancy Control Process

The Interim Director of Workforce introduced the report which provided the Committee with the proposed Establishment and Vacancy Control Process Guidance.

The Interim Director of Workforce introduced the proposal as a replacement for the existing vacancy control process and had been developed jointly with finance colleagues. Members were advised that the process was intended to provide a more consistent and robust approach to establishment and vacancy decision-making across the ICB and that some linked work on investment definitions was still continuing between workforce and finance teams.

The Deputy Chief Operating Officer asked when the process would come into effect, and it was agreed that it would apply from the date of approval.

Members were content that the governance and approval arrangements described in the report were appropriate and that consistent application would be beneficial across the organisation.

The Committee approved the new process and endorsed its application across the ICB. In doing so, members recognised the importance of ensuring that vacancy and establishment decisions were aligned to financial controls, organisational priorities and emerging workforce planning arrangements. The underlying intention was to support a clearer and more transparent process for reviewing posts, controlling establishment growth and ensuring consistency in decision-making.

RESOLVED:

- 1) The Committee APPROVED the new Establishment and Vacancy Control Process
- 2) The Committee SUPPORTED the governance and approval arrangements outlined within the process
- 3) The Committee ENDORSED consistent application across the ICB

LC/2026-27/39

Agenda Item 11.1 - Integrated Delivery Report

The Chief Medical 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.

The Committee was informed of the key messages as follows:

- Accident and Emergency performance stands at 80.6% Ranking seventh out of 42 ICBs
- Category two ambulance response times were at 20 minutes 9 seconds, ranking second nationally
- 3.8% of patients are waiting over 12 hours in Accident and Emergency
- For elective care, 72.3% of patients are seen within 18 weeks, and just 0.7% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 68.9%, consistently meeting targets
- Dental access for unique adult patients stands at 40.5%, now at national target
- 75.6% of patients receive a faster cancer diagnosis, and 69.4% are treated within 62 days
- 68% of patients experience reliable improvement in talking therapies, with a 48.1% reliable recovery rate

It was noted that cancer metrics had been the biggest recurring pressure and that active recovery plans were required in order to improve the position. It was also acknowledged that, while many other indicators were gradually improving, these two areas continued to stand out as requiring more focused attention.

Members explored where recovery plans were sitting and what additional oversight or commissioning intervention might be required. The discussion recognised that work was already in train with the Northern Cancer Alliance and other partners, but there was a clear desire from the Committee to see more explicit recovery planning rather than relying only on general performance updates. The Chair specifically requested that cancer recovery and community wait recovery be brought back to the July meeting, and that the next Committee meeting should focus particularly on those areas.

Members were clear that assurance would require sight not only of the current performance position but also of the practical steps being taken to improve outcomes, including provider action, commissioning intervention and whether previous improvement efforts were proving effective. In this sense, the Item acted as a bridge between broad organisational performance reporting and more focused deep dives to be scheduled subsequently.

ACTION:

The Chief Medical Officer to bring a detailed cancer recovery update and a community waiting list recovery update to the July meeting

RESOLVED:

The Committee RECEIVED the report for information and assurance

LC/2026-27/40

Agenda Item 11.2 - Quality Update Report

The Chief Medical Officer introduced the report which provided the Committee with oversight of any key themes outlined in the ICB Area Quality reports for the North and South ICB footprint.

The Chief Medical Officer referenced a number of quality signals and areas of concern, including mortality indicators, serious incidents, never events, and specific concerns affecting providers such as County Durham and Darlington NHS Foundation Trust (CDDFT) and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW). Mortality concerns at CDDFT were discussed further and it was noted that members were not assured by the relevant recovery plan. There was also discussion of incidents in maternity and paediatric areas and reference to a clinical incident involving British Pregnancy Advisory Service, where assurance was sought that the pathway was secure.

Members emphasised the importance of triangulation between formal reporting and wider operational intelligence. The Chair observed that it was helpful to note the specific issues but stressed that the key requirement was to ensure appropriate curiosity, triangulation and escalation between the relevant teams rather than relying only on high-level summary reporting.

Reference was also made to Prevention of Future Death reports and to the need to maintain close attention to provider quality trends. Concerns were noted regarding quality performance at CNTW and CDDFT and it was agreed that continued oversight was considered essential.

The Committee accepted the report for assurance purposes but did so in the context of ongoing scrutiny rather than passive receipt. Members indicated that the quality picture needed to remain visible across the wider governance architecture and that persistent or worsening concerns should trigger further attention as necessary.

RESOLVED:

The Committee RECEIVED the report for information and assurance

LC/2026-27/41

Agenda Item 12 - Commissioning

No update for this Item.

LC/2026-27/42

Agenda Item 13 – Strategic Plans and Partnerships

No update for this Item.

LC/2026-27/43 Agenda Item 14 – Policy Management

Agenda Item 14.1 - ICBP020 Incident Reporting and Management Policy

The Committee are asked to approve the amendments to the Incident Reporting and Management Policy.

RESOLVED:

The Committee APPROVED the ICBP020 Incident Reporting and Management

LC/2026-27/44 Agenda Item 14.2 - ICBP055 Use of AI and Approval Policy

The Committee are asked to approve the amendments to the Use of AI and Approval Policy.

RESOLVED:

The Committee APPROVED the ICBP055 Use of AI and Approval Policy

LC/2026-27/45 Agenda Item 14.3 - ICBP025 Intellectual Property Management and Revenue Sharing Policy

The Committee are asked to approve the amendments to the Intellectual Property Management and Revenue Sharing Policy.

RESOLVED:

The Committee APPROVED the ICBP025 Intellectual Property Management and Revenue Sharing Policy

LC/2026-27/46 Agenda Item 14.4 - ICBP008 Confidentiality and Data Protection Policy

The Committee are asked to approve the amendments to the Confidentiality and Data Protection Policy.

RESOLVED:

The Committee APPROVED the ICBP008 Confidentiality and Data Protection

LC/2026-27/47 Agenda Item 14.5 - ICBP010 Data Quality Policy

The Committee are asked to approve the amendments to the Data Quality Policy.

RESOLVED:

The Committee APPROVED the ICBP010 Data Quality Policy

LC/2026-27/48

Agenda Item 14.6 - ICBP012 Electronic Signature Policy

The Committee are asked to approve the amendments to the Electronic Signature Policy.

RESOLVED:

The Committee APPROVED the ICBP012 Electronic Signature Policy

LC/2026-27/49

Agenda Item 14.7 - ICB Policy Overview Matrix for information

The Committee NOTED the Policy Overview Matrix for information

LC/2026-27/50

Agenda Item 15 – Any Other Business

Agenda Item 15.1 - Lord Mann Review Letter and Actions

The Chair provided a brief update regarding Lord Mann Review Letter and the associated implications for NHS organisations.

The Committee was advised that action planning was under way and that the review covered issues including racism, antisemitism and wider equality responsibilities.

Members noted that organisational policies would need to be challenged and reviewed in light of the review's findings and recommendations, including consideration of how equality and inclusion were being reflected both internally and through services.

The Committee were informed that that a task and finish group would be established to develop an action plan and review organisational arrangements further. Members noted that a subsequent update would return through the Leadership Committee.

LC/2026-27/51

Agenda Item 16 - New Risks to add to the Risk Register

The Committee agreed that a risk should be developed by the Chief Medical Officer in relation to cancer recovery and community waiting lists, reflecting the need for clearer recovery planning, continued oversight of provider action and assurance on the impact of commissioning interventions.

The Committee also agreed that a risk should be developed by the Director of Commissioning (MHLD) in relation to implementation of the Adult ADHD Commissioning Policy, recognising the scale of existing waits, the level of

public interest, equality considerations, provider capacity and the need for robust communications and post-implementation review.

No further risks were identified.

LC/2026-27/52 Agenda Item 17 - CLOSE

The meeting was closed at 12:55pm.

Leadership Committee Chair

A handwritten signature in black ink, appearing to read 'Neil O'Brien', followed by a horizontal line.

Dr Neil O'Brien, Chief Medical Director

09 June 2026