



**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 6 November 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
Dr Neil O'Brien, Chief Medical Officer
Dr Mike Smith, Primary Medical Services Partner Member and Chair
- In attendance:** James Duncan, SRO Infrastructure, Estates and Capital
Lis Dunning, Director of Finance, System Medium Term Financial Planning and Recovery
Emma Ottignon-Harris, Executive Assistant (minutes)
David Stout Independent, Non-Executive Director

FPI/2025-26/40 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/2025-26/41 Apologies for absence

Apologies for absence were received from Rajesh Nadkarni (Executive Medical Director, Cumbria Northumberland Tyne and Wear NHS FT)

FPI/2025-26/42 Declarations of interest

There were no declarations of interest raised.

FPI/2025-26/043 Minutes of the previous meeting held on 2 October 2025

A late declaration was noted for the 2 October minutes by Eileen Kaner,

independent non-executive director, 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

RESOLVED:

The Finance, Performance and Investment Committee **AGREED** that the minutes of the meeting held on 2 October 2025 were a true and accurate record.

FPI/2025-26/044 Matters arising from the minutes

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

FPI/2025-26/045 Action Log

FPI/2025-26/036/01 ICB finance update: Chief Delivery Officer had shared a copy of the ADHD and Autism pathways update report to the Medical Director, Cumbria Northumberland Tyne and Wear NHS FT, since it has been presented and approved at NENC Executive Committee in October 2025. **Action closed**

FPI/2025-26/037/01 ICB performance update: 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. It had been confirmed that there were no concerns expressed regarding impacts of neighbouring FTs providing mutual aid. **Action closed**

FPI/2025-26/046 Notification of urgent items of any other business

None received.

FPI/2025-26/047 NENC infrastructure strategy and capital / CDEL update

The SRO Infrastructure, Estates and Capital provided a presentation which included an update on capital finance (in-year and medium-term planning), capital funding, infrastructure strategy and void estate.

Key points were:

- The system was broadly in line with its allocation and in a better position than previous years.
- Northumbria Healthcare NHS FT (NHCFT) was flagged as a significant risk for overspend; local discussions were ongoing regarding slippage and limited flexibility.
- National capital scheme slippage could offer some brokerage opportunities.
- Any brokerage offered must be repaid, and the aim was to lock down the position by the end of Q3.
- A recent issue had emerged regarding the capital freedom and flexibilities incentive scheme, affecting Cumbria Northumberland Tyne and Wear

NHSFT (CNTW) where an expected £2.9m was no longer available due to current operations.

- The unpredictability of national allocations and operational capital continued to challenge planning, but the system was managing well.

Following a discussion the following points were noted:

- Local brokerage arrangements would be finalised by the end of November.
- The infrastructure strategy would be refreshed, with an update to be provided in the Q4.
- The January Infrastructure Board would run as a workshop to focus on strategy refresh and mapping clinical priorities.
- Work would continue on mapping and managing void and tail estate, which would be led by the ICB.
- The committee noted the need for a sustainable approach to managing void estate and reducing costs further.

FPI/2025-26/048 NENC ICB and ICS financial performance update month 6

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 six months to 30 September 2025.

Key points and risks were highlighted:

- As at 30 September 2025, the ICS had reported a year-to-date deficit of £25.1m compared to a planned deficit of £31.1m. The favourable variance to plan of £6.0m is an improved position from the previous month (£4.8m ahead of plan at month 5) but continues 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 financial year.
- ICS efficiency plans were on track, but there was greater reliance on non-recurrent savings, particularly at Newcastle upon Tyne Hospitals (NUTH) which was reported to have the most material variances on recurrent efficiency delivery.
- ICS mid-year reviews had been conducted in early October which had resulted in actions to improve organisation financial positions and an improved net risk position of £27m against forecast outturn. The action log from the mid-year reviews had been included as an appendix in the finance report and would be managed through the System Recovery Board.
- ICS risks included industrial action, dental clawback and shifting financial planning guidance.
- As at 30 September 2025, the ICB had reported a year-to-date surplus of £7.2 compared to a plan of £5.9m, a favourable variance of £1.3m, which largely reflected underspends on staffing costs due to vacancies. However, risks remained in the independent sector activity in

ASD/ADHD, all-age continuing care and volatile prescribing costs. A paper had recently been approved at Executive Committee regarding independent sector ADHD / ASD expectations which was expected to release approximately £6m of risk.

- ICB contracting colleagues are working with the independent sector on affordability and activity management plans due to concerns around ERF and overperformance.
- A letter is expected from the Chief Executive Officer, NHS England (NHSE), regarding block contracts and other financial arrangements. Similarly, further guidance is expected on redundancy costs, medium term financial planning and allocations.
- It was highlighted that the underlying position is a critical financial metric and a measure of an organisation's recurring financial performance, excluding one-off or non-recurrent items.

There was an opportunity for comments and questions.

A query was raised about plans to resolve the £21m underlying deficit. It was explained that the approach would include reliance on some non-recurrent income and the need for prudence in the three-year financial plan around the 3% flexibility which was highlighted in the guidance.

There was a discussion about the need to address underlying deficits across the system and the importance of collaborative planning. ICS Directors of Finance had met recently to discuss financial planning over the next three years and had agreed a set of aligned principles and governance flowchart which could be shared with the committee.

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/2025-26/049 Finance sustainability approach highlight report

The Director of Finance, Corporate, introduced the financial sustainability group efficiency assurance report. Key points were highlighted:

- As of month 6 the ICB is forecasting an over delivery of £3m which is an improvement against the 2025-26 efficiency plan.
- Although the overall risk level in the ICB plan continues to improve relative to plan, a significant remaining high risk is associated with the continuing healthcare (CHC) programmes. Additional capacity has been put in place to address the backlog and overdue reviews but progress is slow, focussing on larger, more expensive packages of care.

RESOLVED:

The Finance, Performance and Investment Committee:
Were **ASSURED** of robust process in place to provide assurance to NHS England that ICB FSG are working collectively to achieve delivery of financial efficiencies for 2025/26.

FPI/2025-26/050 System recovery board highlight report

The Director of Finance, System Medium Term Financial Planning and Recovery, introduced the system recovery programme board highlight report which included high level information from the recent board meeting in October 2025. The work undertaken by the workstreams had been included in the mid-year reviews held in early October. Key points were highlighted:

- The provider collaborative remained central to system recovery efforts.
- Workstreams included electives, workforce, procurement, and service reform.
- Electives and workforce had not delivered significant cash savings but had seen some stabilised productivity. With regard to workforce, papers had been written regarding collaborative bank, occupational health and there was an action to agree a standard sickness policy and a focus to drive down agency costs as workforce spending remained over plan.
- Procurement savings of £1.3 had been achieved to date and service reform had delivered transactional savings and some decommissioning.

An explanation was given regarding the additional work that was underway around bank, agency and temporary workforce spend and the positive impact of a collaborative bank, which is in line with the national planning guidance.

RESOLVED:

The Finance, Performance and Investment Committee:

NOTED the assurance report from System Recovery Board and the progress made within the last reporting period.

FPI/2025-26/51 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. This report incorporated all monthly metrics. The report used published performance and quality data largely covering August and September 2025 and finance data was for September 2025 (month 6).

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

Urgent and Emergency Care (UEC):

- NENC was reported to be 2.2% below plan which was linked to a seasonal deterioration as NHSE data had indicated that flu season had started 6 weeks earlier to the previous year and was expected to remain as a challenge during other winter pressures. Work is underway to bring forward

winter capacity plans.

- 12 hour waits position was 4.5% which was very slightly below NENC plan of 4.4%.
- Category 2 ambulance response mean time was just under 21 minutes which was an improvement to the September position.
- The new national compliance metrics for 45 minute ambulance handovers was explained. Engagement is underway with trusts of concern to support achieving the 5% compliance target although patient safety is paramount and plans are in place for additional capacity at alternative sites if appropriate.
- Activity had increased in same day emergency care (SDEC) across NENC although virtual wards was still reported as underutilised and seasonable adjustments should be considered in future planning rounds.

Elective and Diagnostics:

- The number of patients on waiting list referral to treat incomplete (RTT) within 18 weeks did not achieve plan this month.
- The overall waiting list had decreased month on month although the number of patients waiting in excess of 52 weeks for treatment was growing. As well as the national tiering escalation process, ICB oversight meetings have been implemented with trusts in tier 3 on a fortnightly basis to provide further support.

Cancer:

- Faster diagnostic standards and 62 day referral for suspected cancer had been impacted due to 3 NENC trusts taking referrals from CDDFT breast services where there are ongoing quality issues and a change in GP referrals, which is in place until the end of March 2026. Further work is underway with providers, the northern cancer alliance and other commissioners to agree an alternative and sustainable long term breast services model.
- A non-recurrent recovery plan had been agreed at North Cumbria Integrated Care (NCIC) due to ongoing and significant pressures, in particular the 62 day RTT position, but it is widely recognised that a sustainable approach is required with its cancer services.

Dental:

- The number of urgent dental appointments in month had been achieved for the first time which is a result of additional capacity from the rollout of urgent dental access centres, and is expected to improve, although there is still some caution whether the national manifesto pledge will be met.

MHLDA:

- Talking Therapies reliable recovery rate had exceeded plan and for the second month there were no out of area (OOA) placements recorded.

Community Services:

- There is a concern with the growing over 52 week community waitlists and

a review of action plans is required which can be updated on at the next meeting.

There was a discussion in response to a question raised about future commissioning processes and performance management arrangements, which will need to take into account the operating model blueprint and being efficient and effective as a smaller organisation. Performance management is expected to be done through contract management interactions although further clarity is required on the regional performance management approach.

A performance deep dive on Cancer and survival rates had been requested for Board which was likely to be presented in the new year.

It was agreed that an update on NHSE medium term planning 2026/27 to 2030/31 would be scheduled for discussion at the FPIC Committee meeting on 4 December, in advance of December submission deadlines.

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/2025-26/052 AOB

There was no other business discussed.

The next meeting is scheduled on 4 December 2025 via MS teams.

Signed:



Dr Mike Smith

Position:

Chair

Date:

4 December 2025