NHS
North East and
North Cumbria

Item: 8

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	✓

BOARD 27 JANUARY 2026	
Report Title:	**Chief Executive Report**

Purpose of report

The purpose of this report is to provide an overview of recent activity carried out by the ICB team, as well as some key national policy updates.

Key points

The report includes items on:

- ICB Transition Programme
- System finance
- Industrial action
- EPRR annual assurance
- Winter plan
- Limited liability partnerships and material subcontractors
- Anti-racism across the NE&Y region
- Welfare car
- Suicide prevention conference

Risks and issues

This report highlights ongoing areas for action linked to financial pressures, the delivery of the ICB running cost reduction, quality of services and other broader issues that impact on services.

Assurances

This report provides an overview for the Board on key national and local areas of interest and highlights any new risks.

Recommendation/action required

The Board is asked to:

- Receive the report for assurance and ask any questions of the Chief Executive.
- Endorse the NENC ICB EPRR Core Standards self-assessment declaration (Appendix 1) of Substantially Compliant as validated by the Local Health Resilience Partnership (LHRP) and Regional Health Resilience Partnership (RHRP). This was approved by the ICB Executive Committee on 9 December 2025.
- Acknowledge that a workplan is in place, overseen by the ICB EPRR Steering Group, to ensure rapid progress in further enhancing EPRR Core Standards during 2026-27.

Acronyms and abbreviations explained
EPRR - Emergency Preparedness, Resilience and Response FLHCW - Front line healthcare workers ICB - Integrated Care Board ICS - Integrated Care System LLP - Limited Liability Partnership NENC - North East and North Cumbria NHSE - National Health Service England UDAC - Urgent Dental Access Centres

Sponsor/approving executive director	Professor Sir Liam Donaldson, Chair
Report author	Samantha Allen, Chief Executive

Link to ICP strategy priorities	
Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	
If yes, please specify						
Equality analysis completed	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**		**No**		**N/A**	✓

Essential considerations	
Financial implications and considerations	Not applicable – for information and assurance only.
Contracting and Procurement	Not applicable – for information and assurance only.
Local Delivery Team	Not applicable – for information and assurance only.
Digital implications	Not applicable – for information and assurance only.
Clinical involvement	Not applicable – for information and assurance only.
Health inequalities	Not applicable – for information and assurance only.
Patient and public involvement	Not applicable – for information and assurance only.
Partner and/or other stakeholder engagement	The ICB continues to engage with all stakeholders on a wide range of subjects.
Other resources	None noted.

NHS
North East and North Cumbria

Chief Executive Report

1. Introduction

The purpose of this report is to provide an overview of work across the Integrated Care Board (ICB) and key national policy updates and reports.

2. ICB Strategic Commissioning Transition Programme

A 52-day consultation with our staff commenced on 26 November 2025 and closed on 16 January 2026.

On 19 November 2025, the ICB received approval from NHS England (NHSE) for its Voluntary Redundancy Scheme, which includes approval to draw down up to £5.6m of additional funding to support the redundancy costs.

A voluntary redundancy scheme to mitigate the need for numbers of compulsory redundancies and minimise the requirement for competitive processes for appointments into the new structure has been utilised.

The consultation report, final structures, and People Impact Assessment and Equality Impact Assessment will be communicated to staff during a virtual all-staff briefing mid-February, following Board approval.

NHSE has issued an update to the ICB Blueprint, and we are reviewing this to determine if our proposed structure meets the requirements.

3. North East and North Cumbria

3.1 Financial Position

As noted within the finance report, at month 8 the overall Integrated Care System (ICS) financial position is £3.8m better than plan. This is a slight deterioration from the previous month largely reflecting pressures being reported by one provider trust in particular.

There are ongoing pressures from under-delivery of efficiencies, particularly recurrent efficiencies, and additional costs relating to industrial action. It is pleasing to report that NHSE have now confirmed additional funding will be received by provider trusts to mitigate the additional costs of industrial action. This equates to £13.6m and will help in delivery of the plan for the year. In addition, deficit support funding for Q4 has also now been confirmed by NHS England and received.

The forecast for both the ICB and ICS remains in line with the plan for the year however this relies on non-recurrent measures and continued cost control. Significant pressures and an increased risk to delivery of the planned position have been identified by one provider trust and work is ongoing with that organisation, in collaboration with NHSE, to consider recovery plans and any

further actions required in line with the agreed change of forecast protocol. It is expected that mitigations can be identified across the system and this will be finalised prior to month 10 reporting.

Alongside management of the current year financial position, work is continuing on medium term financial plans, with each organisation expected to submit three year plans by 12 February 2026. From 2026/27 all organisations have been set individual financial plan limits and although organisations are still expected to work collaboratively across the system, the joint requirement to manage the system financial position no longer applies and there is no system financial plan submission required.

The draft financial plan submitted in December 2025 delivered a breakeven position for the ICB as expected. Work will continue prior to final submission in February 2026 to review and update the plan, including alignment with provider submissions. The draft plan submissions indicated a deficit of £120m in total across NENC. The final plan will be presented to Board prior to submission.

3.2 Industrial Action

The British Medical Association Resident Doctors undertook a period of industrial action prior to Christmas between 07:00am on Wednesday 17 December until 7:00am, Monday 22 December. Whilst the impact of this action was significant, NENC ICB Emergency Preparedness, Resilience and Response (EPRR) team worked closely with Trusts to develop and implement plans which ensured that core services were maintained, including:

- Emergency care
- Maintaining flow throughout the hospital and into the community
- Ensuring elective care was delivered to the fullest extent possible (95%); and
- Maintaining priority treatments, including urgent elective surgery and cancer care.

The System Coordination Centre provided oversight, coordination and worked collaboratively with Trust partners to successfully manage system pressures and ensured that all operational and service delivery risks were mitigated and managed. Importantly no patient safety concerns were escalated during this period

3.3 EPRR Annual Assurance

As outlined in appendix 1, the NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. This is referred to as emergency preparedness, resilience and response. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to demonstrate that they are ready and can deal with such incidents when they arise whilst also maintaining services.

The 2022 Health and Care Bill amended the 2004 Civil Contingencies Act to designate Integrated Care Boards as “Category 1 responders”, which means that they are, and will remain, at the core of any emergency response.

As a Category 1 responder, the ICB must:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans and business continuity management arrangements.
- Make information available to the public, including warning and informing in the event of an emergency.
- Co-operate with and share information with other local responders.

NHSE has a statutory duty to ensure that the NHS in England is properly prepared for dealing with an emergency. This includes monitoring the compliance of each ICB and their commissioned service providers with EPRR requirements via an annual assurance process.

The NHS Emergency Preparedness, Resilience, and Response Annual Core Assurance process is a critical framework designed to ensure that all NHS organisations are fully prepared to respond to emergencies and incidents, whether they are health-related or otherwise. It is part of the broader resilience planning within the NHS, ensuring that organisations can continue to deliver essential services during a crisis and recover quickly afterwards.

In June 2025 NHSE published their self-assessment toolkit which required NHS organisations to annually assess their compliance and readiness against a number of core standards using a matrix template. These core standards are the minimum standards which NHS organisations and providers of NHS funded care must meet and require organisations to:

- Have suitable, proportionate and up to date plans which set out how ICB's plan for, respond to and recover from emergency and business continuity incidents as identified in national and community risk registers.

- Exercise these plans through:
  - A communications exercise every six months
  - A desktop exercise once a year; and
  - A major live exercise every three years

- Have appropriately trained, competent staff and suitable facilities available round the clock to effectively manage an emergency and business continuity incident.

- Be able to share their resources as required to respond to an emergency or business continuity incident.

- Have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks; for example, severe weather, IT failure, an infectious disease, a fuel shortage or industrial action.

Organisations are expected to state overall whether they believe they are fully, substantially, partially or non-compliant with the NHSE Core Standards for EPRR as well as provide evidence to support their declaration.

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

NENC ICB as a commissioner again took the lead across the Local Health Resilience Partnership to ensure that providers of NHS funded services remained accountable for their arrangements, overseeing and coordinating the process for each acute Trust, Mental Health Trust and ambulance service. 5 Acute Trusts and NEAS reported to NENC ICB a Substantial Assurance, whilst the remaining 5 acute and mental health trusts reported partial compliance.

3.4 Winter Plan

The Winter Planning Assurance and Delivery Group, which is chaired by our Chief Medical Officer, Dr Neil O'Brien, continues to meet to monitor progress with the delivery of our ICS winter plan and provide assurance to the ICB Executive.

Despite a challenging Christmas period our system has demonstrated significant improvements across several key performance metrics when compared to the same period last year. However, the winter is by no means over, and we are continuing to see sustained pressure across our Urgent and Emergency Care services which the group will continue to monitor and will implement remedial actions with system partners to address any areas of concern.

The next objective for the group will to be to analyse the data to quantitively and qualitatively evaluate the wide range of initiatives that were put in place as part of our winter plan using a suite of metrics to help ensure we are intelligence-led in our decision making. Looking forward, the group has already begun to consider how we will capture the lessons from the 2025/26 winter planning and delivery process and build these into our next winter plan to help ensure continuous improvement, strategic commissioning of future services, and to support our mission to be the best at getting better.

3.5 Vaccines – Prevention to Support the Winter Plan

As of the 12 January 2026, the ICB has delivered 243,972 (59.31%) COVID (412,593 total eligible population) and 1,006,162 (57.31%) Flu (1,755,489 total eligible population) vaccinations. NHSE set ICB minimum ambition targets for this autumn / winter campaign. Progress against these targets are as follows.

For COVID, the ICB has exceeded its target for care home residents by 3.56%, with current uptake at 69.68%. For 75 and over, at 63.89% uptake, exceeding ambition by 2.35%. For 6 months to 74 with immunosuppression, the ICB ambition has been exceeded by 3.50%, at 29.80%. The variance from last season is 14,171 more patients vaccinated than last season. The COVID campaign closes 31 January and transitions to the year-round offer with 16 providers with availability in every place area.

For the immunosuppressed the ICB has delivered 47.61%. Front line healthcare workers (FLHCW) employed by Trusts (52.28%), children aged 2 and 3 years (46.46%), pregnant women (42.51%), patients with a specified clinical risk from flu (45.58%), primary school children (54.88%) and secondary school children (46.89%). These cohorts are all above delivery uptake when comparing the 24/25 to 25/26 seasons. For care home residents (73.58%), aged 65 and over (75.68%), and household contacts (6.57%). These are lower when comparing the 24/25 to 25/26 seasons, but the variance is a total of 35,410 more patients vaccinated than last season.

For the 5% target increase in uptake for FLHCW 8 of our 12 exceeded, the remainder missed ambition by a level of variance of between 0.2 - 0.4%. This is a good level of improvement overall.

For the forthcoming year, and for the first time, all Practices and Pharmacies can deliver the COVID service. This matches the model of offer with the flu campaign, and the arrangement is contained in a single service specification. The contractual sign-up window runs from 05 January to 02 February for delivery of the 2026 Spring campaign, which commences 13 April (campaign runs for 10 weeks rather than 12). There will be additional opportunity for providers to express their intention for Flu and COVID this Autumn winter.

The advantage of this new approach of harmonising flu and COVID specifications is that it reduces complexity for the system and is expected to help increase COVID uptake overall to come closer to flu uptake. It also normalises COVID as a vaccination within the routine vaccination schedule. We aim to encourage all practices and pharmacies to take up the specification, anticipating the uptake benefits and system efficiency.

The fee for administering COVID vaccines is changing and the supplement for delivering housebound vaccination ceases from 01 February. NHSE want to promote the coadministration opportunities so providers can maximise the financial opportunity of one patient interaction.

Finally, the COVID vaccine supply process is fundamentally shifting; the SVOC is unsighted on the model and its associated operational impacts.

Currently, there are 21 days remaining for providers to confirm their intention to deliver the new combined enhanced service. The sign up rate is very low (18% across all primary care), and 7 practices have rejected the offer. SVOC is following up with these providers to ascertain reasons for their decisions.

It is highly likely that providers do not have enough information from NHSE about changes to the COVID programme to make an informed choice at this stage.

Currently, the risk to deliver a spring campaign is high due to provider sign up rates; SVOC is seeking to mitigate through system engagement. SVOC is contacting practices that rejected the service to understand reasons. Over the coming weeks a series of webinars will be held with providers over and above routine communications.

3.6 Urgent Dental Access Centres

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

Patients should initially seek an appointment first where possible from a local high street dentist or from a number of local dentists who have been commissioned to provide additional urgent appointment slots. There is a list of providers for this on the ICB website.

Access to the UDACs needs to be booked as self referral via the ICB website, where patients can now book their own appointment slots via an online booking system, or via 111, where they will be triaged according to clinical need.

Patients can book into any of the UDACs across NENC and normal NHS dental charges apply.

3.7 Limited Liability Partnerships and Material Subcontractors – Progress Update

NHS Foundation Trusts have established subsidiaries and limited liability partnerships (LLPs) to support effective service delivery and maximise productivity. Additionally, they use subcontractors to deliver elements of their services where appropriate. Providers remain liable to the ICB for the acts and omissions of any subcontractors, subsidiaries or LLPs. They should therefore ensure they have robust subcontracts, governance, and processes for monitoring the arrangements.

Examples in NENC raised concerns about the overall decision making, governance (including clinical and business governance), oversight and assurance mechanisms by some NHS Foundation Trusts of these arrangements. In line with the NHS Standard Contract, the ICB wrote to NHS Foundation Trust Chief Executives in July 2025 seeking assurance on the oversight and governance arrangements in place. Assurance has now been received from all with the exception of CDDFT, who have commissioned an external review of their arrangements that is due to report early in 2026.

Alongside the assurance sought from FT Boards on their governance and monitoring arrangements in place to oversee subsidiaries and LLPs, the ICB's contract managers have worked with FTs to ensure material subcontractor lists are up to date.

Work continues to test the assurances given with a particular focus on subcontracted clinical services and triangulating with assurances from independent sector providers where FTs have subcontracts with them.

3.8 Anti-Racism Across the North East & Yorkshire Region

As part of our system leadership on anti-racism across the NEY region (four ICBs and NHSE), we co-created three anti-racism principles with partners, informed by online consultations in 2024 and workshops in 2025 centred on the lived experiences of Black, Asian and Minority Ethnic leaders and staff network leads. The agreed principles are:

1. An Anti-Racism education offer
2. Measurement and accountability for impact
3. A communications and engagement plan

These principles were endorsed by the four ICB CEOs and the NHSE Regional Director in 2025, with good progress to date.

The anti-racism education offer has been launched via the North East and Yorkshire Anti-Racism Hub, hosted on the Boost Learning Academy (23,000 active users), at no additional cost. The hub provides a comprehensive programme for staff and the public, drawing on contributions from NHS Trusts, Local Authorities, charities and partners nationally and internationally. It includes over 20 modules (and growing), covering allyship and bystander action, the origins of racism, anti-racist practice, hate crime awareness and manager responses to racist incidents.

The hub has been positively received and widely accessed across the North East and Yorkshire region, the UK and internationally, and commended by NHS partners, NHS Employers, the NHS BME Leadership Network, policing and Local Authorities.

Against a backdrop of rising racism and religious hate crime nationally, including a reported 55% increase in racism-related calls to the RCN helpline over three years, we continue to take a zero-tolerance approach. We are supporting Trusts, working with police and community partners, and expanding learning on antisemitism and Islamophobia in collaboration with NHS Jewish and Muslim Networks.

Anti-Racism and Anti-Religious Hatred will be embedded within our forthcoming five-year Health Equity and Inclusion Strategy, including strengthened commissioning, workforce support and community engagement. Staff are encouraged to report all incidents through appropriate channels, with assurance that these will be addressed robustly across NENC.

3.9 Welfare Car

On Friday 05 December, I had the chance to step away from the desk and spend time with our North East Ambulance Service (NEAS) colleagues out on the frontline. I joined Chief Executive, Kev Scollay in NEAS's welfare car as it travelled between A&Es in the region.

The welfare car is a simple but powerful idea – bringing hot drinks, snacks, and a friendly face to ambulance crews as they hand patients over in busy emergency departments. It creates space for conversations and gives teams a moment to pause during what can be incredibly demanding shifts.

Kev and I visited teams at Northumbria Specialist Emergency Care Hospital and the Royal Victoria Infirmary, and it was invaluable to talk with crews in a more informal setting. Hearing directly from them about their experiences, pressures, and ideas for improvement is something I always value deeply. Their commitment to patient care, even in the most challenging circumstances, is inspiring.

Spending time with colleagues in this way is a powerful reminder of why partnership working across our system matters so much.

3.10 Suicide Prevention Conference

On Monday 19 January, I jointly opened Operation Blue Monday with the Chief Constable of Northumbria Police. This event marked the North East's first Mental Health and Suicide Prevention Conference and was delivered in partnership with Northumbria Police. The conference brought together partners from emergency services, health and social care, the VCSE sector, the creative industries, and individuals with lived experience, with a shared focus on addressing mental health and suicide prevention.

The North East continues to have the highest suicide rate in England, and each death has a significant and lasting impact on families, friends, and communities. There is a clear moral and system-wide responsibility to work collectively to reduce suicide and improve mental health outcomes across the region.

The conference highlighted innovative and impactful local initiatives and facilitated the sharing of research, professional expertise, and lived experience across the life course, supporting a whole-system approach to prevention and early intervention.

4. Recommendations

The Board is asked to receive the report and ask any questions of the Chief Executive.

Name of Author: Samantha Allen
Name of Sponsoring Director: Professor Sir Liam Donaldson
Date: 19 January 2026