NHS
North East and North Cumbria

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

Minutes of the meeting held on Tuesday 13 January 2026, 11:50hrs in the Tom Cowie Suite, Pemberton House, Colima Avenue, Sunderland

Present:
Sam Allen, Chief Executive (Chair)
Craig Blair, Director of Strategy, Planning and Performance deputising for Jacqueline Myers, Chief Strategy Officer
Levi Buckley, Chief Delivery Officer
Michelle Evans, Director of Workforce deputising for Kelly Angus, Chief People Officer
Dave Gallagher, Chief Contracting and Procurement Officer
Richard Henderson, Director of Finance (Corporate) deputising for David Chandler, Chief Finance Officer
Hilary Lloyd, Chief Nurse and AHP 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

EC/2025-26/225 Agenda Item 1 - Welcome and introductions

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

EC/2025-26/226 Agenda Item 2 - Apologies for absence

Apologies for absence were received from David Chandler, Chief Finance Officer, Jacqueline Myers, Chief Strategy Officer.

No further apologies for absence were received.

EC/2025-26/227 Agenda Item 3 - Declarations of interest

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

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

EC/2025-26/228 Agenda Item 4 - Minutes of the previous meeting held on 9 December 2025

RESOLVED:
The Committee AGREED that the minutes of the meeting held on 9 December 2025, were a true and accurate record.

EC/2025-26/229 Agenda Item 5 - Matters arising from the minutes and action log

The Chair noted that the action log had been updated and circulated to members.

Minute reference EC/2025-26/152 Integrated Delivery Report
The Director of Strategy, Planning and Performance informed the Committee that this action will be postponed until April 2026.

Minute reference EC/2025-26/156 Strategic Principles for AI in Health
The Chief Corporate Services Officer confirmed that the principles have now been circulated.

Minute reference EC/2025-26/211 Integrated Delivery Report
The Chief Corporate Services Officer confirmed the cancer recovery plan update has been provided.

The Chair also noted the establishment of work between KPMG and the Strategic Head of Commissioning Estates and Premises. This was acknowledged as part of ongoing organisational development work.

EC/2025-26/229 Agenda Item 5.1 - Niche Report

The Chief Nurse and AHP Officer introduced the item which provided the Committee with an update on progress following receipt of the full Niche Report.

It was confirmed that the report had been received in full and has been reviewed by the members. It was noted that not all partners had participated in the original review (including CNTW), and the Chief Nurse and AHP Officer set out a plan to write to all parties to share the full report and outline next steps.

The Committee discussed the importance of ensuring that all relevant system partners were appropriately briefed and engaged in the follow up work arising from the report. The Chief Nurse and AHP Officer noted that there had been written correspondence from some organisations over the holiday period, and that next steps would include agreeing how actions stemming from the Niche Report would be taken forward. This included ensuring appropriate Executive oversight of learning, system implications, and organisational improvements. Members recognised the cross system relevance of the findings and the importance of timely progression of agreed actions.

The Committee are requested to approve the following recommendations:

- Share the Niche review with:
    - Organisations who provided data submissions
    - The wider sector
    - Local Authority partners.
- Ensure sharing report is handled carefully with useful directional communications.
- Jointly engage with the sector on the future approach to NHS fee setting
- Engage with transparency that ICB is minded to:
    - End the Continuing Healthcare premiums
    - Reinvest savings into a new approach to complexity premiums
- Develop a new approach to fee setting for 2027/28, with the current arrangements continuing through 2025/26 and through 2026/27

The Chair confirmed that the Committee received the update and agreed the proposed approach to sharing, communicating, and action planning.

RESOLVED:

1) **The Committee APPROVED to share the Niche Review with useful directional communications**
2) **The Committee APROVED the approach to jointly engage with the sector on the future approach to NHS fee setting with transparency regarding ending the Continuing Healthcare premiums and reinvesting savings into a new approach to complexity premiums**
3) **The Committee APPROVED the development of a new approach to fee setting for 2027/28, with the current arrangements continuing through 2025/26 and through 2026/27**

EC/2025-26/230 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/2025-26/231 Agenda Item 7.1 – Board Assurance Framework and Risk Management Report – Quarter 3

The Chief Corporate Service Officer introduced the report which provided the Committee with the quarter three Board Assurance Framework (BAF) and Corporate Risk Register update.

The Chief Corporate Services Officer informed the Committee this is standard quarterly BAF and risk update. Members were reminded that movements within the BAF since the previous reporting period were set out in the accompanying documentation.

The Committee was directed to the new corporate risks that had been added during the quarter.

The Chief Contracting and Procurement Officer provided additional explanation regarding Corporate Risk 0119, relating to responsibilities associated with external bodies. The Committee heard that the team continued to work through the organisation's responsibilities and that the matter was being escalated to NHS England due to ongoing concerns and delays in receiving necessary responses.

The Chief Corporate Services Officer expressed thanks to the Chief Medical Officer and his team for their diligence in ensuring risk information remained current and well tracked. The comment echoed confidence in the rigour of the organisation's risk management arrangements, particularly around timely updates and ensuring no overdue actions remained outstanding.

The Chief Corporate Services Officer also confirmed that the BAF continued to be aligned to the Integrated Care Strategy; however, this will need to be updated further to reflect the organisation's forthcoming transition to a new commissioning model. It was noted that this work was already planned for the April 2026 cycle as part of the wider transitional governance framework.

The Committee agreed that the report provided the necessary assurance and that the BAF should proceed for Board approval.

RESOLVED:

1) **The Committee RECOMMENDED the approval of the BAF for quarter 3 2025/26 by the Board**
2) **The Committee RECEIVED the corporate risk register for assurance**
3) **The Committee NOTED that the breakdown of risks identified at placed-based level is included within the Chief Delivery Officer's Report**

EC/2025-26/232 Agenda Item 8.1.1 – All Ages Continuing Care Strategic Transformation Group Highlight Report

The Chief Nurse and AHP Officer introduced the report which provided the Committee with the All Ages Continuing Care (AACC) Strategic Transformation Group Highlight Report.

The Chief Nurse and AHP Officer noted there is a projected significant increase in next year's AACC spend of 11%, which had been identified ahead of an upcoming planning meeting. This was raised as a notable concern requiring financial and operational scrutiny.

The Chief Nurse and AHP Officer informed the Committee that work was already underway to address the underlying drivers of the projected increase. In particular, a solution involving procurement of a new Broadcare system had been identified. This upgrade was expected to

address long standing data quality challenges, coding variation and system limitations that had affected the visibility and accuracy of recorded activity and expenditure. The Committee was advised that progressing this solution at pace was a priority.

The Chair expressed agreement regarding the urgency of addressing the identified inconsistencies and emphasised the need for clarity around what expenditure was currently being coded within the existing Broadcare system. The Director of Finance (Corporate) confirmed that they would review and validate the 11% figure, including determining which elements of spend were captured under Continuing Healthcare or related budgets. This action was highlighted as necessary to support accurate planning assumptions and ensure financial governance.

The Chief Nurse and AHP Officer additionally confirmed that the business case for the Broadcare upgrade, previously considered at the Investment Panel, would be shared with Committee Members to support transparency and collective understanding of the required improvements.

The Committee discussed the importance of ensuring a stable and reliable infrastructure for the AACC function, noting that the current reporting inconsistencies risked affecting assurance, planning, and resource allocation. Members acknowledged the significance of AACC within the wider system and the need for continued visibility of transformation work.

ACTION:
The Chief Nurse and AHP Officer to circulate the Broadcare System Business Case to members

RESOLVED:
The Committee RECEIVED the report for assurance

EC/2025-26/233 Agenda Item 8.1.2 – Clinical Effectiveness and Governance Subcommittee Highlight Report

The Chief Medical Officer introduced the report which provided the Committee with the Clinical Effectiveness and Governance Subcommittee Highlight Report.

The Chief Medical Officer informed the Committee that the system is currently non-compliant with National Institute for Health and Care Excellence (NICE) Technology Appraisal guidance concerning high end treatments for severe allergic rhinitis and conjunctivitis. The Committee was informed that this compliance gap had arisen primarily due to funding constraints and limitations in the commissioning of relevant services within some tertiary providers. The Committee were assured work was already underway with those providers to ensure alignment with NICE standards, and discussions would continue until full compliance could be secured.

The Chief Medical Officer further highlighted a series of national clinical audit findings, covering areas such as oesophageal cancer, paediatric diabetes and metastatic and primary breast cancer pathways. These audits had revealed data inconsistencies, clinical variation and risks associated with transitions of care, particularly in paediatric diabetes services. These findings aligned with issues previously raised through the quality governance framework.

The Committee was also informed of ongoing concerns regarding data quality at CDDFT, noting that gaps in the quality of submitted data were continuing to affect performance indicators such as Summary Hospital-level Mortality Indicator. Members queried whether a data quality improvement plan had yet been received from the trust; it was confirmed that this had not yet been provided, and that this had been formally escalated. The Chief Contracting and Procurement Officer agreed to chase the action and liaise with the appropriate clinical leadership to secure progress.

The Chief Delivery Officer noted the link between clinical effectiveness, quality governance and contract performance, highlighting the importance of strengthening levers available through contracting arrangements. The Committee discussed the opportunity to embed strengthened quality requirements within forthcoming contracting intentions, ensuring that quality shortfalls such as the NICE non-compliance could be addressed more robustly via contractual routes.

Additionally, the report highlighted emerging themes in clinical governance, including concerns in children's diabetes pathways, metastatic breast cancer follow up, and national audit benchmarking. It was noted that these were being monitored through the established governance cycle and would continue to receive executive oversight.

The Chair summarised that, while challenges remained, particularly regarding NICE compliance and data quality the Committee was assured that appropriate mitigations were in progress.

RESOLVED:
The Committee RECEIVED the report for assurance

EC/2025-26/235 Agenda Item 8.2 - Place Subcommittee Minutes

County Durham - noted for information and assurance only
South Tyneside - noted for information and assurance only
Sunderland - noted for information and assurance only
South Tees - noted for information and assurance only
Gateshead - noted for information and assurance only
North Tyneside - noted for information and assurance only

RESOLVED:

The Committee RECEIVED the Subcommittee minutes as listed above for assurance

EC/2025-26/236 Agenda Item 8.3 - Clinical Effectiveness and Governance Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Clinical Effectiveness and Governance Subcommittee Minutes for assurance

EC/2025-26/236 Agenda Item 8.4 - Mental Health, Learning Disability and Autism Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Mental Health, Learning Disability and Autism Subcommittee Minutes for assurance

EC/2025-26/236 Agenda Item 8.5 - Pharmaceutical Services Regulatory Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Pharmaceutical Services Regulatory Subcommittee Minutes for assurance

EC/2025-26/237 Agenda Item 8.6 - Primary Care Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Primary Care Subcommittee Minutes for assurance

EC/2025-26/238 Agenda Item 8.7 - Specialised Commissioning Subcommittee Minutes

Noted for information and assurance only.

RESOLVED:
The Committee RECEIVED the Specialised Commissioning Subcommittee Minutes for assurance

EC/2025-26/239 Agenda Item 9 – Place Based Delivery

No update for this item.

EC/2025-26/240 Agenda Item 10 - ICB Delivery

No update for this item.

EC/2025-26/241 Agenda Item 11.1 - NENC ICB and ICS Finance Update Month Eight

The Director of Finance (Corporate) 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 seven months to 30 November 2025.

As at 30 November 2025 the ICS is reporting a year-to-date deficit of £14.4m compared to a planned deficit of £18.2m. The favourable variance to plan of £3.8m is a deterioration from the previous month and continues to include 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 are now ahead of plan with a forecast over-delivery of £3.6m overall.

ICB running costs:

- The ICB is reporting a year-to-date underspend on running cost budgets of £4.9m reflecting current vacancies within the ICB. A breakeven position is currently forecast against running cost budgets.

ICB Revenue:

- As at 30 November 2025 the ICB is reporting a year-to-date surplus of £11.8m compared to a plan of £7.9m, a favourable variance of £3.9m which largely reflects underspends on staffing costs due to vacancies.
- There continues to be four main pressure areas to highlight within the ICB position at month seven:
  1) Risk around growth in elective activity
  2) Significant growth in Right to Choose Attention Deficit Hyper Activity Disorder / Autism Spectrum Disorder (ADHD/ASD) assessments with non-NHS providers
  3) Pressure on all-age continuing care (AACC) budgets particularly relating to the challenging efficiency targets
  4) Growth in prescribing costs over budget

ICS Capital:

- The ICS capital spending forecasts are £1.7m above the confirmed capital allocation

Net unmitigated risk in the plan amounts to £244m 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. At month eight, ICS risk has reduced overall with a net unmitigated risk reported of £83m, compared to £98m last month.

The Director of Finance (Corporate) informed the Committee that It was noted that CDDFT was unlikely to deliver its £20m gap, and that this risk would need to be managed at system level during month ten.

In relation to national systems infrastructure, the Director of Finance (Corporate) briefed the Committee on multiple delays and data quality issues associated with ISFE2 (Integrated Single Financial Environment 2). These issues had increased the risk rating within the Corporate Risk Register and were generating substantial additional workload for finance teams. The Chief Contracting and Procurement Officer highlighted the risk that some providers might not be paid promptly due to ISFE2 complications, the Director of Finance agreed to discuss mitigations offline.

The Chief Delivery Officer noted challenges relating to bank and agency spend across the system. The Committee discussed ways in which underspends in primary care (GP and Pharmacy, Optometry and Dentistry budgets) continued to offset pressures in secondary care, although it was agreed this flexibility would tighten in coming years due to committed investments in primary care and Local Enhanced Service arrangements.

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 NOTED the issues presenting with ISFE2 and mitigations being taken to manage control risks**

EC/2025-26/242 Agenda Item 12.1 - Integrated Delivery Report

The Director of Strategy, Planning and Performance 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 76.8% remains above the national average of 75%. Ranking fifth out of 42 ICBs
- Category two ambulance response times were at 23 minutes 17 seconds, ranking first nationally
- 6% of patients are waiting over 12 hours in Accident and Emergency

- For elective care, 71% of patients are seen within 18 weeks, and just 1.3% wait over 52 weeks - both better than national averages
- Dementia diagnosis prevalence is 69.8%, consistently meeting targets
- Dental access for unique adult patients stands at 40.5%, now at national target
- 72% of patients receive a faster cancer diagnosis, and 68.6% are treated within 62 days
- 69.3% of patients experience reliable improvement in talking therapies, with a 48.7% reliable recovery rate which is consistent with last month

The Committee discussed early impacts of modality changes introduced in October relating to face to face and online consultations. The Director of Strategy, Planning and Performance indicated that while shifts were anticipated, it was too early to interpret long term effects on demand, access and quality due to differing clinical value of consultation types.

A substantial discussion was initiated by the Chair regarding whether the ICB was fully utilising all commissioning levers available, especially for underperforming providers in Referral to Treatment (RTT), Urgent and Emergency Care and Cancer. The Chief Procurement and Contracting Officer confirmed that while contract levers had been used “many years ago,” the new commissioning model required re introducing performance notices and clear recovery expectations. The Committee agreed that providers currently in escalation should now receive performance notices to reinforce required actions.

The Chief Delivery Officer added that contract meetings were currently bi-monthly, which was insufficient for the volume and complexity of performance concerns. The Committee agreed these would need to be reinstated with greater frequency and rigour as part of the system’s transition to a more formal commissioning model.

ACTION:
The Director of Strategy, Planning & Performance to draft and send performance notices to those providers in escalation

RESOLVED:
The Committee RECEIVED the report for information and assurance

EC/2025-26/244 Agenda Item 12.2 – NHS Medium Term Planning Update

The Director of Strategy, Planning and Performance introduced the report which provided the Committee with an NHS Medium Term Planning Update.

The Director of Strategy, Planning and Performance provided a comprehensive update on the Medium Term Financial Plan (MTFP),

emphasising that the first draft of the medium term plan had been submitted in December 2025, in line with national requirements. They explained that regional teams had now begun reviewing the draft and had issued initial high level feedback, which was described as “generic” and requiring more substantial refinement ahead of the full submission deadline in February 2026.

The Committee were advised that the next two days would include intensive assurance meetings with NHS England regional colleagues, with the Chair and Deputy Chair joining these sessions to review the draft in depth and to provide the necessary strategic direction. Pre-meetings had also taken place with individual trusts before the draft submission, enabling early sight of emerging challenges. Further one to one sessions have been held with four particularly challenged providers, indicating that “significant work” was required before February 2026 to secure an acceptable set of plans.

The Director of Finance (Corporate) summarised the financial position within the first draft. The system was reporting a net deficit of £120 million, even after assuming receipt of national deficit funding. Four trusts had submitted non-compliant financial plans, including those with substantial workforce related risks. Providers' efficiency plans typically ranged from 5-7%, which he emphasised would require a decisive shift toward transformational rather than transactional savings, as opportunities for non-recurrent releases were diminishing.

It was highlighted that the significant, ongoing work to deconstruct block contracts, explaining that earlier modelling identified two underfunded providers (Newcastle Hospitals Foundation Trust and Northumbria Healthcare Foundation Trust) with potential gains totalling £44m, offset by £52m of potential reductions across others. Because there would be no national funding to support any redistribution, this would be a contentious issue at system level and require Executive level decision making before final submission.

The Chief Delivery Officer also noted that flash returns submitted by some providers showed substantial variation compared with their drafts, including significant movement in activity projections and performance trajectories. NHS England region had queried how the ICB intended to articulate its position whether as a combined ICS view or a commissioner view before formal submission.

Members discussed the need for strengthened productivity expectations, with the Chair referencing approaches used by other systems to model

RTT productivity requirements and communicate these clearly to trusts. The Committee agreed this would be beneficial.
The Chair summarised that the Committee received the update and noted that the next three to four weeks would be critical in shaping a credible and deliverable plan.

RESOLVED:
The Committee RECEIVED the update for assurance

EC/2025-26/245 Agenda Item 12.3 - Regulation 28 Prevention of Future Death Reports Issued Across North East and North Cumbria 2025/26 Year to Date (YTD) (April to November 2025)

The Chief Nurse and AHP Officer introduced the report which provided the Committee with Regulation 28 report update.

The Chief Nurse and AHP Officer began by explaining that Regulation 28 reports were routinely escalated through the System Quality Group, the Chief Nurses' Network, and the Quality and Safety Committee, with the intention of ensuring visibility and shared learning across the system. The report was described as "sobering," noting that although the overall number of Regulation 28 reports had not significantly increased year on year, the themes had remained stable and persistent, reflecting entrenched quality and safety issues.

It was highlighted that the most frequently occurring themes across reported cases remained pressure damage, falls, medication errors, clinical oversight concerns, and communication failures, consistent with the highest reported categories of patient safety incidents more broadly. The Chief Nurse and AHP Officer also noted a particular rise in incidents relating to residential and nursing care homes, many of which related to failures in escalation of patient deterioration, avoidable harm relating to pressure injuries, and concerns about opioid prescribing in cases where both old and new prescriptions had been issued simultaneously.

Members discussed the extent to which learning from Regulation 28 reports was disseminated nationally. The Chief Nurse and AHP Officer stated that while some cases resulted in notifications to national bodies such as the Royal Colleges, the Secretary of State, and NHS England feedback back to local systems was rare, and there was no clear national mechanism for returning system level learning to support prevention of similar incidents. It was suggested that the system should request more formal national reporting via established forums.

The Chair noted the potential importance of ensuring that the findings informed future commissioning decisions, given the continued emphasis in Regulation 28 reports on preventable causes of death and avoidable harm. The Chair queried whether any additional actions or system wide interventions were required. In response, the Chief Nurse and AHP Officer

advised that while no single pattern of concern was evident across care homes, the system should consider whether broader learning events or targeted communications to care homes might strengthen preventative practice.

RESOLVED:

1) **The Committee RECEIVED the report for assurance**
2) **The Committee NOTED the key themes of concern identified in the Regulation 28 reports in 2025/26 YTD**

EC/2025-26/245 Agenda Item 13.1 - Provider Requested Service Change Proforma

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with the proposed Provider Requested Service Change Proforma.

The Chief Procurement and Contracting Officer reminded members that they were asked to approve the contents of the proforma and approve trialling use of the proforma with a Trust prior to full roll out.

The Chief Procurement and Contracting Officer outlined that the proforma had been developed following an informal engagement exercise undertaken in late 2025, during which a range of stakeholders had provided extensive and constructive feedback. The Chief Contracting and Procurement Officer explained that the revised version before the Committee incorporated as much of this feedback as was practicable, though some suggestions were not feasible to implement due to proportionality, duplication or operational constraints.

The proforma represents an important step towards standardising how providers notify the ICB of proposed service changes. While many voluntary notifications were already submitted to the ICB, these varied in format and level of detail; therefore, the introduction of a structured proforma would strengthen oversight, minimise ambiguity, and support commissioners to understand potential impacts on contract performance, patient quality and system resilience.

Members discussed specific elements of the proposed document. The Chief Nurse and AHP Officer suggested including, as an appendix, the service change process diagram to visually align the new form with existing pathways for service intelligence and change assurance. This was supported by the Committee.

The Chief Procurement and Contracting Officer confirmed that the proforma included a section on quality impact assessments, consistent with regulatory expectations. Members agreed that such assessments would initially apply to NHS Foundation Trusts but could be extended to independent sector providers where relevant.

In response to a query from the Chief Delivery Officer, the Chief Procurement and Contracting Officer clarified that future notifications should be routed via the Chief Executive's Office for appropriate visibility and triage, while operational correspondence would continue to flow through contract managers.

The Committee further agreed that the proforma should be trialled initially with CNTW, given the number of ongoing issues relevant to that provider, before being rolled out system wide.

The Chair confirmed Committee approval and noted that the proforma would also be taken to the Strategic Change Advisory Group (SCAG) for information and assurance.

ACTION:
The Chief Contracting and Procurement Officer to submit the Provider Requested Service Change Proforma to SCAG for information and assurance

RESOLVED:

1) **The Committee APPROVED the contents of the proforma**
2) **The Committee APPROVED trialling use of the proforma with a Trust for further feedback and refinement before full roll out**

EC/2025-26/245 Agenda Item 14.1 - Limited Liability Partnerships (LLPs) and Material Subcontractors – Progress Update

The Chief Contracting and Procurement Officer introduced the report which provided the Committee with Limited Liability Partnerships (LLPs) and Material Subcontractors – Progress Update.

The Chief Procurement and Contracting Officer informed the Committee that this update followed from the earlier paper brought to the Committee in 2025/26 after the ICB had written formally to all NHS Foundation Trusts requesting detailed information on their subcontracted clinical services.

The Chief Procurement and Contracting Officer reported that this latest update specifically focused on County Durham and Darlington NHS Foundation Trust (CDDFT), as it was the only Trust with outstanding assurance gaps following the wider system review. All other Trusts had now provided sufficient evidence to give the ICB reasonable confidence regarding subcontracting governance, quality oversight, financial arrangements, and business continuity planning. CDDFT, however, remained subject to further scrutiny because several elements of its assurance pack had required external validation.

Members were informed that CDDFT had commissioned KPMG to undertake an independent external review of its subcontractor arrangements. This review was still ongoing, with the final report expected

shortly. Once the report was received by CDDFT, it will be shared with the ICB for full evaluation. Until then, the position remained “work in progress,” though emerging indications were encouraging.

The Chair emphasised the importance of transparency in this area, particularly given the Committee’s recent consideration of governance, due diligence, and ICB accountability. The Chief Procurement and Contracting Officer confirmed that, for this reason, they had deliberately brought the item in the public section of the meeting to ensure openness. It was noted that the ICB had previously received a Freedom of Information (FOI) request on this topic and that publishing assurance updates in the public domain strengthened organisational transparency.

The Committee discussed the expected trajectory of this work. The Chief Procurement and Contracting Officer advised that once the KPMG review was concluded and assurance was complete, the ICB intended to treat subcontractor oversight as business as usual, with routine cyclical checks and escalation routes via the contracting and quality teams. A further progress update would be scheduled for the next quarter, consistent with the assurance plan outlined previously.

The Chair thanked the Chief Procurement and Contracting Officer for the update and highlighted the diligence of the Director of Contracting (South) leading the work.

Committee members agreed that the update should also be referenced in the Executive Committee summary report to the Board, given the profile of CDDFT issues within the system.

RESOLVED:

1) **The Committee NOTED the update provided in relation to the arrangements at CDDFT and the external review being undertaken by KPMG which will be shared with the ICB for review**
2) **The Committee NOTED the work that continues to test the assurances provided by providers with a particular focus on a sample of subcontracted arrangements for clinical services**
3) **The Committee NOTED assurances being sought from the Independent Sector on the services they are delivering under subcontract for NHS Trusts.**
4) **The Committee NOTED a further progress update will follow in the next quarter**

EC/2025-26/246 Agenda Item 15.1 – ICB HR10a – Probation Policy

The Director of Workforce informed the Committee that this policy requires further updates.

The Chair agreed to defer the policy to a future meeting.

RESOLVED:
The Committee DEFERRED the ICB HR10a – Probation Policy to a future meeting

EC/2025-26/247 Agenda Item 15.2 – HR13 – Freedom to Speak Up Policy

The Committee is asked to approve the updated HR13 – Freedom to Speak Up Policy.

The Chief Nurse and AHP Officer explained that the revised policy had been updated to ensure alignment with national Freedom to Speak Up guidance, which had recently been refreshed to strengthen expectations on openness, transparency and staff empowerment. She confirmed that the policy was now fully compliant with those national requirements.

It was noted that the policy set out a clear framework for staff to raise concerns, emphasising psychological safety, duty of candour and the organisation's legal responsibilities. The Chief Nurse and AHP Officer also drew attention to refinements made to roles and responsibilities, including strengthened expectations on senior leaders, managers and Freedom to Speak Up Guardians.

The Director of Workforce contributed to the discussion, noting that the policy had not yet completed staff side consultation, and that although initial informal discussion had taken place the previous evening, formal engagement via Staff Side still needed to be undertaken. The Committee were assured that they did not anticipate any objections, given the policy's foundation in national guidance, but emphasised that staff side consultation should be completed before final implementation.

Members discussed the organisation's broader approach to policy governance. The Chief Nurse and AHP Officer noted that during the transition to the new operating model, the Executive Team had recognised the need for a more systematic, centralised approach to maintaining policy oversight, referencing the earlier conversation under Matters Arising. The Director of Corporate Governance added that a policy register existed but required improved visibility and tracking to avoid delays or outdated documents.

The Chair supported the need for stronger policy discipline, citing discussions at a recent Chairs' meeting about organisational learning and ensuring policies are current, particularly following recommendations in the Niche report. The Chair reiterated the expectation that the Executive Team have sight of the policy management matrix to monitor updates and maintain compliance across the organisation.

The Committee agreed that the policy should proceed subject to the completion of staff side engagement.

RESOLVED:
The Committee APPROVED the HR13 – Freedom to Speak Up Policy subject to staff side consultation, and supported its dissemination once finalised

EC/2025-26/248 Agenda Item 16.1 – Any Other Business

There were no items of any other business for consideration.

EC/2025-26/249 Agenda Item 16.2 - New Risks to add to the Risk Register

No new risks were identified.

EC/2025-26/250 Agenda Item 17 - CLOSE

The meeting was closed at 12:35hrs.

Date and Time of Next Meeting

Tuesday 10 February 2026 10:30am.

Samantha Allen
Executive Committee Chair
10 February 2026