

Agenda

Formal Meeting in Common of the Boards of Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB held in Public

Date: Friday 27 March 2026

Time: 11:00 – 13:00

Venue: MS Teams

No.	Agenda Item	Purpose	Lead	Timings
1.	Welcome, Introductions and Apologies	Note	Chair	11:00
2.	Relevant Persons Disclosure of Interests	Note	Chair	
3.	Minutes from the previous Board meeting held in-Common with NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB on 6 February 2026	Approve	Chair	
4.	Review of Joint Action Tracker for NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB	Note	Chair	
5.	Questions from the Public:	-		11:05
5.1	• BLMK			
5.2	• C&P			
5.3	• H&WE			
6.	Chairs Report	Note	Chair	11:25
7.	CEO Board Report	Note	Chief Executive	11:20
8.	Combined Performance Close-Down Report for BLMK, C&P and H&WE	Note	Executive Director of Finance, Resources and Contracts	11:30
9.	Combined Month 10 Finance Report for BLMK, C&P and H&WE	Note	Executive Director of Finance, Resources and Contracts	11:45
10.	Board Assurance Framework Reports:	Approve	Transition Director and Executive Director of Corporate Services and ICB Development	11:55
10.1	• BLMK			
10.2	• C&P			
10.3	• H&WE			
Governance and Assurance				
11.	Audit and Risk Committee Chair's Report – Verbal Update	Note	Chairs of the Audit and Risk Committee	12:05

No.	Agenda Item	Purpose	Lead	Timings
12.	Combined Finance Planning and Payer Function Committee Close-Down Report for BLMK and C&P Only Strategic Finance and Commissioning Committee Close-Down Report, H&WE Only	Note	Chair of Finance Planning and Payer Function Committee Chair of Strategic Finance and Commissioning Committee Report	12:15
13.	Combined Utilisation Management and Quality Improvement Committee Close-Down Report for BLMK and C&P Only System Transformation and Quality Improvement Committee Close-Down Report, H&WE Only	Note	Chair of Utilisation Management and Quality Improvement Committee Chair of System Transformation and Quality Improvement Committee	12:25
14.	BLMK Neighbourhood Health Delivery Committee Chair's Report	Note	Chair of BLMK Neighbourhood Health Delivery Committee	12:35
15.	Governance Update	Approve & Note	Transition Director and Executive Director of Corporate Services and ICB Development	12:45
16.	Any Other Business <ul style="list-style-type: none"> • BLMK • C&P • H&WE 		Chair	12:50
17.	Formal Close Down Statement		Chair	12:55

Date of next meeting – Wednesday 1 April 2026

Draft Minutes

Formal Meeting in Common in Public of the Boards of NHS Bedfordshire, Luton and Milton Keynes ICB, Cambridgeshire and Peterborough ICB and Hertfordshire and West Essex ICB

Date: Friday 6 February 2026

Time: 10:00 – 12:00

Venue: MS Teams

Meetings were held in-Common and these minutes reflect all of the items listed on the Business Transaction Order Agenda and provides details from the meetings relevant to NHS Bedfordshire, Luton & Milton Keynes (BLMK) ICB, NHS Cambridgeshire & Peterborough (C&P) ICB, and NHS Hertfordshire and West Essex (H&WE) ICB.

Members in Attendance:

Non-Executive Members		
Robin Porter	Chair, BLMK ICB, C&P ICB and H&WE ICB	RP
Alison Borrett	Non-Executive Member, BLMK ICB and C&P ICB	AB
Dorothy Gregson	Non-Executive Member, BLMK ICB and C&P ICB	DG
Sarah Hughes	Non-Executive Member, BLMK ICB and C&P ICB	SH
Vineeta Manchanda	Non-Executive Member, BLMK ICB and C&P ICB	VM
Nick Moberly	Non-Executive Member, H&WE ICB	NM
Gurch Randhawa	Non-Executive Member and Deputy Chair, BLMK ICB, C&P ICB and H&WE ICB	GR
Thelma Stober	Non-Executive Member, H&WE ICB	TS

BLMK ICB Only		
Michael Bracey	Chief Executive, Milton Keynes City Council – Local Authority Partner Member	MB
David Carter	Chief Executive, Bedfordshire Hospitals NHS Foundation Trust – NHS Trust Partner Member	DC
Joe Harrison	Chief Executive, Milton Keynes University Hospital NHS Foundation Trust – NHS Trust Partner Member	JH
Omotayo (Tayo) Kufeji	GP Partner – Primary Medical Services Provider Partner Member	TK

C&P ICB Only		
James Howard	GP Partner – Primary Medical Services Provider Partner Member	JH
Eilish Midlane	Chief Executive, Royal Papworth Hospitals NHS Foundation Trust – NHS Trust Partner Member	EM
Stephen Moir	Chief Executive, Cambridgeshire County Council – Local Authority Partner Member	SM

Central East Leadership Team		
Jan Thomas	Chief Executive	JT
Karen Barker	Transition Director and Executive Director of Corporate Services and ICB Development	KB
Sarah Griffiths	Executive Director of Finance, Resources and Contracts	SG
Fiona Head	Executive Clinical Director Utilisation Management (Medical Director)	FH
Louis Kamfer	Executive Director of Strategy, Planning and Evaluation	LK

Sarah Stanley	Executive Clinical Director Total Quality Management	SS
Kate Vaughton	Executive Director for Neighbourhood Health, Place and Partnerships	KV

HWE ICB Only		
Matthew Coats	Chair, South and West Herts Health and Care Partnership and Chief Executive, West Hertfordshire Teaching Hospitals NHS Trust – Ordinary Member - Senior Responsible Officer South West Hertfordshire Health and Care Partnership	MC
Trevor Fernandes	GP Partner - Primary Medical Services Providers Partner Member	TF
Prag Moodley	GP Partner - Primary Medical Services Providers Partner Member	PM
Mark Hanna	Chief Executive, Age UK Hertfordshire – Ordinary Member, Voluntary, Community, Faith and Social Enterprise (VCFSE) Alliance	MH
Ian Perry	GP Partner - Primary Medical Services Providers Partner Member	IP
Angie Ridgwell	Chief Executive, Hertfordshire County Council, Local Authority Partner Member	AR
Adam Sewell-Jones	Chief Executive, East and North Hertfordshire NHS Trust – NHS Trust Partner Member	ASJ
Karen Taylor	Chief Executive, Hertfordshire Partnership University NHS Foundation Trust – Ordinary Member - Senior Responsible Officer Mental Health & Learning Disabilities & Autism Health and Care Partnership	KT

In attendance:

Michelle Evans-Riches	Head of Corporate Governance, BLMK ICB	MER
Sharon Fox	Director of Corporate Governance, C&P ICB	SF
Laura MacSweeney	Corporate Governance Officer, BLMK ICB (Minutes)	LMS
Simone Surgenor	Deputy Chief of Staff – Governance and Policies, HWE ICB	SS

There were 10 members of the public in attendance

Apologies from members:

Elliot Howard-Jones	Chief Executive, Hertfordshire Community NHS Trust – Ordinary Member - Senior Responsible Officer East and North Herts Health and Care Partnership	EHJ
Thom Lafferty	Chief Executive, The Princess Alexandra Hospital NHS Trust – Ordinary Member - Senior Responsible Officer West Essex	TL
Chris Martin	Director for Strategic Commissioning (Children and Families), Essex County Council – Local Authority Partner Member	CM

No.	Agenda Item	Action
	Opening Items	
1.0	<p>Chair</p> <p>The Chair welcomed all present to the formal meetings held in common in public of the Boards of NHS Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care Board (ICB), NHS Cambridgeshire and Peterborough (C&P) ICB and NHS Hertfordshire and West Essex ICB. The Chair welcomed the appointment of the Partner Member for Primary Medical Services for Cambridgeshire and Peterborough</p>	

	<p>ICB, Dr James Howard. The Chair advised that the meeting was being recorded for the purpose of the minutes only.</p> <p>Apologies were noted as above and the meeting was confirmed as quorate for each statutory Board of the ICBs.</p>	
2.0	<p>Relevant Persons Disclosure of Interests</p> <p>Members of each statutory Board of the ICBs were asked to confirm that the Register of Interests was up to date in respect of their declarations. Members were also asked to declare any gifts or hospitality that had been received. No declarations were made.</p>	
3.0	<p>Approval of the Minutes</p> <p>The minutes for the Board Meeting held in-common in public with NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire & Peterborough ICB and NHS Hertfordshire and West Essex ICB held on 28 November 2025 were approved by all statutory Boards as an accurate record of the meeting</p>	
4.0	<p>Review of Joint Action Tracker</p> <ul style="list-style-type: none"> • Action 1 – Data Query: SG confirmed that there was an error in the data shown on the CEO report in November 2025 in relation to C&P ICB figures on children and young people under 18 years old receiving NHS-funded mental health services. This error has now been rectified, and the correct data is reflected in the current report. It was agreed the action could be closed. • There were no further actions. 	
5.0	<p>Questions from the Public</p>	
5.1	<p>BLMK ICB received no questions from members of the public.</p>	
5.2	<p>C&P ICB received no questions from members of the public.</p>	
5.3	<p>H&WE ICB received no questions from members of the public.</p>	
6.0	<p>Chair's Report (verbal) <i>Presented by Robin Porter, Chair, BLMK ICB, C&P ICB and H&WE ICB</i></p> <p>The Chair provided a verbal update covering activities since the last Board meeting. Key points highlighted:</p> <ul style="list-style-type: none"> • The Chair has undertaken extensive engagement with stakeholders across the system and region, including local government, MPs, voluntary and community sector partners, Healthwatch, and NHS system leaders, to discuss key priorities and benchmark progress. Discussions reinforced confidence in the approach being taken within Central East. • Key visits included: <ul style="list-style-type: none"> • 11 December: Visit to Watford with Matthew Coats and team to understand challenges relating to the ageing estate. • 13 December: Attendance at the BLMK Neighbourhood Delivery Committee meeting. • 15 January: Visit to the Urgent Care Coordination Hub in Luton, observing strong multi-agency work reducing pressure on emergency departments. • 21 January: Delivery of the keynote address at the University of Bedfordshire's Public Health and Health & Social Care graduation, focusing on the importance of collaboration across the system. 	

	<ul style="list-style-type: none"> • 29 January: Visit to Hertfordshire Community Trust in Stevenage, including their Hospital at Home service and urgent care coordination hub supporting the left shift. • 2 February: Quarterly review meeting with the Regional Director of NHS England (NHSE), Clare Panniker, noting positive progress and regional support for the emerging strategy. • 3 February: Meeting with the NHSE Chair, Penny Dash and Chief Executive, Jim Mackey, reaffirming the importance of wider determinants of health and strong partnerships with local government and the voluntary and community sector. • 9 February: Visit to Granta Medical Practice in Sawston to understand innovations and improvements in GP accessibility. <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the Chair’s Report.</p>	
7.0	<p>Chief Executive Officer’s Report <i>Presented by Jan Thomas, Chief Executive Officer, BLMK, C&P and H&WE</i></p> <p>JT highlighted several key areas for the Board’s attention, particularly reflecting on system performance over winter and progress on the transition to the new Central East ICB.</p> <p>Key Points highlighted:</p> <p>Winter Pressures and System Response</p> <ul style="list-style-type: none"> • It was emphasised that, although winter remains a challenging period, strong system-wide planning and collaboration had resulted in a difficult but manageable season. JT thanked partners across the provider landscape for their sustained efforts. • Key contributors to improved winter resilience included: <ul style="list-style-type: none"> ○ Admission avoidance initiatives, including strengthened partnership working. ○ Innovative models of care, such as hospice-led support, urgent care hubs and the continued expansion of virtual wards. ○ Enhanced primary care access, with digital solutions and improved triage approaches supporting high levels of patient demand. • The need to maintain focus on care closer to home, ensuring that planning and resources support services that deliver maximum value for local populations was reiterated. The Board was reminded that primary care remains the most frequently accessed part of the system and that investment and planning must reflect this. <p>Transition to the Central East ICB</p> <ul style="list-style-type: none"> • Technical transition work led by the governance team is progressing strongly, and the organisation holds a high level of assurance for readiness. • The staff consultation concluded on 12 January 2026, with feedback incorporated into the finalised structures, published on 2 February 2026. • Work is underway to support: <ul style="list-style-type: none"> ○ Individuals seeking voluntary redundancy; ○ Staff eligible for slotting-in or protected placement processes; ○ Fair and transparent recruitment to future structures. • The organisation continues to deliver business-as-usual operations alongside transition activity, recognising the complexity and uncertainty this creates for staff and partners. • GR highlighted the importance of taking a strengths-based approach to the transition, noting that strong collaborative work already exists across systems and should be recognised and built upon as the new strategy is implemented. Continued engagement with stakeholders throughout the change process was 	

encouraged. JT agreed, emphasising the breadth of high-quality work underway across Central East, noting the opportunity to adopt the best approaches at scale rather than redesigning services separately within each area. Key examples referenced included:

- Diabetes and dermatology pathways developed in Hertfordshire and Cambridgeshire & Peterborough, which offer strong models for wider adoption with appropriate local adaptation.
- Hospice-led palliative care access models, where the C&P 111 Option 4 service provided strong patient satisfaction but a high return rate to 111, while the BLMK model achieved significantly lower returns through resident-designed pathways.
- The need for openness and curiosity in adopting the most effective models across the system, recognising local achievements while avoiding duplication was reiterated. It was stressed that the cultural shift of celebrating success while applying best practice consistently, will be central to delivering improved outcomes for the population.
- TF welcomed the acknowledgement that a one-size-fits-all approach would not be appropriate across a population of this scale. The importance of recognising different population needs and baselines, learning from best practice, and supporting transformation in a way that is both realistic and sustainable was highlighted. Two key areas were emphasised:
 - The need for strong two-way communication between Health and Care Partnerships and the ICB.
 - Ensuring there is appropriate support for those leading transformation, particularly given financial constraints.
- KV agreed and outlined how the emerging model aims to address these points, noting:
 - Each area will have a Place Director and flexible local team, designed to support both ongoing delivery and transformation.
 - Significant opportunity to bring together leaders already delivering successful models across the cluster, drawing on existing strengths rather than redesigning work.
 - The neighbourhood and place model will focus on reducing unwarranted variation, scaling what works, and providing structured support to system leaders not based within the ICB.
 - A continuous feedback loop will be central to understanding what is working, what needs adjustment and where additional focus is required.
- The importance of collective learning and supporting those delivering change across communities was reiterated.
- SM welcomed the progress made on staffing changes and emphasised the importance of ensuring colleagues leaving the organisation are supported with dignity and respect during what is a challenging period for all staff. Thanks were extended to the Executive Team for their leadership throughout the transition.

Planning and Strategy

- It was noted transition is part of a broader shift toward ensuring long-term sustainability across health and care. Additional activity without improved efficiency and productivity would not be viable; therefore, system reform must continue to evolve.
- JT confirmed that the new strategic framework, covering both ambition and delivery, will be brought forward in the coming weeks. The organisation is prioritising clarity around points of contact, listening to population feedback, and ensuring risks are managed effectively throughout the transition period.
- Despite the scale of change, the organisation continues to:
 - Maintain financial discipline;
 - Drive performance improvements;

- Uphold governance standards.
- TS queried how the organisation ensured that seldom-heard and underserved communities are engaged meaningfully when gathering views to inform decisions on essential services. JT emphasised that tackling health inequalities must be embedded in everyday delivery. The use of data-driven approaches and resident-led design to reach communities whose voices are not typically heard was highlighted and the need to scale and spread successful local models, so all communities benefit was stressed.
- Examples of current work shared included:
 - An 18-month blood pressure improvement programme delivered in partnership with the Institute for Healthcare Improvement.
 - Equal participation from clinicians and residents, with each local authority area selecting a population experiencing inequalities (e.g., autistic communities, Roma Gypsy and Traveller groups, Black African and Caribbean communities).
 - Locally tailored interventions designed and led with residents, such as on-site engagement in traveller camps or community-based activities in faith settings.
 - Outcomes showed significant improvement in blood pressure control, rising from an average of 37% to 87% within 18 months.

Board Discussion

- SM raised a query regarding Emergency Preparedness, Resilience and Response (EPRR), noting previous issues with provider compliance in Cambridgeshire and Peterborough and asking when local resilience forums would be engaged, given the multi-agency nature of this work. In response, JT confirmed:
 - The ICB remains focused on fulfilling its statutory EPRR responsibilities while maintaining strong local relationships and trust during the transition period.
 - Work is underway to ensure alignment between strategic planning and local delivery, with engagement of local resilience forums expected to increase over the coming weeks as roles are confirmed.
 - Although dedicated teams will not operate for each of the current ICB geographies, a shared model will support consistent learning across Central East while ensuring local context is retained.
 - The ICB will also continue to work with provider trusts to ensure they are meeting their multi-agency EPRR obligations.
- AR noted the interdependency of the reports presented and highlighted the shared risks faced by both the ICB and local authorities as each undergoes major structural change. It was emphasised that both organisations are experiencing financial pressure and workforce instability, which could impact services and increase demand if not managed collectively. Concerns regarding the following were outlined:
 - Cost shunting between organisations as each seeks to balance its budget, rather than reducing system costs as a whole.
 - The potential loss of strong existing relationships during organisational transitions.
 - Significant service pressures, particularly in paediatrics and mental health, and the need for transparency on how ICB funding decisions are prioritised.
 - The importance of working jointly to direct investment into areas of greatest need and to mitigate shared risks at place level.
- AR reaffirmed the local authority's commitment to partnership working and called for closer collaboration to ensure investment decisions support improvements in inequalities without shifting burdens between organisations.

	<p>JT agreed that maintaining a shared focus on what best serves the population is essential, noting:</p> <ul style="list-style-type: none"> ○ The planning round will require difficult decisions to create capacity for community-based innovation and to address priority areas, particularly children and young people’s mental health. ○ There are variations both across NHS providers and in funding arrangements with local authorities; transparency will be central to resolving these effectively. ○ The ICB is committed to working jointly to identify and address risks in the wider system so that benefits are shared rather than gained by one partner at the expense of another. ○ That collaboration on funding decisions and service prioritisation will continue to be strengthened as the transition progresses. <ul style="list-style-type: none"> ● NM sought an update on the national position regarding neighbourhood health models, asking whether clear guidance was now available or whether ICBs were expected to develop their own approaches. It was confirmed that: <ul style="list-style-type: none"> ○ The emerging strategy is focused on specifying what integrated neighbourhood teams must deliver, rather than prescribing how they should operate, recognising the importance of local expertise and resident-led design. ○ National guidance is beginning to emerge, with draft materials in circulation; however, the content aligns with existing local work and does not require a shift in current direction. ○ The aim is to develop consistent neighbourhood archetypes to support future contracting and delivery from April 2027, building on learning from existing models during the coming year. ○ The draft national expectations reinforce existing practice and that the key challenge is enabling teams to come together operationally so neighbourhood working becomes embedded as business-as-usual rather than a standalone transformation programme. <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB:</p> <ol style="list-style-type: none"> 1. Discussed and noted the content of the Chair’s Report. 2. Endorsed the appointment of the Partner Member for Primary Medical Services for Cambridgeshire and Peterborough ICB, Dr James Howard, until 31 March 2026. 	
8.0	<p>Combined Performance Report for BLMK, C&P and H&WE ICBs <i>Presented by Sarah Griffiths, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB</i></p> <p>SG presented a combined performance report covering all three ICBs, highlighting key national indicators, local risks and areas requiring escalation.</p> <p>National Performance Indicators</p> <p>Cancer Performance:</p> <ul style="list-style-type: none"> ● 28-day Faster Diagnosis performance improved in October, with C&P and H&WE above plan; and several trusts exceeded 80%. ● 62-day performance remains significantly off plan across all three ICBs, with particularly Milton Keynes University Hospital Foundation Trust (MKUHFT) and Princess Alexandra Hospital most challenged. Both remain under NHSE Tier 1 oversight. ● East and North Hertfordshire shows the strongest performance locally. ● Recovery actions include provider recovery plans, NHSE tiering support, monthly assurance, and system-level work to address pathway bottlenecks. <p>Referral to Treatment Time (RTT):</p>	

- BLMK and H&WE are above trajectory; Cambridgeshire & Peterborough has fallen below plan.
- All three ICBs remain off plan for 52-week waits, and the 1% long-wait target is not being met.
- Mitigations include national elective sprint funding, provider-level recovery plans and revised trajectories, with diagnostics recognised as a critical dependency.

Urgent and Emergency Care:

- 4-hour performance remains variable; strongest in H&WE.
- Significant pressures remain in Tier 1 performance at North West Anglia NHS Foundation Trust and MKUHFT.
- High numbers of 12-hour Emergency Department waits continue, particularly across Cambridgeshire & Peterborough.
- Category 2 ambulance response times are above target in BLMK.
- Actions include enhanced weekly tracking, winter governance arrangements, surge and flow measures, and ongoing NHSE tiered support.

Mental Health & Learning Disability:

- Performance slightly behind plan in BLMK and C&P; only H&WE is on track.
- Recovery plans focus on capacity, workforce and pathway improvements.

Mental Health Out-of-Area Placements:

- High in H&WE, with 11% of adult acute bed days out of area.
- Work underway to improve discharge flow, crisis and step-down capacity, and to secure future funding stability.

Primary Care:

- Year-on-year improvements in access continue, though practice-level variation remains under targeted review and commissioning oversight.

Finance:

- The national requirement to reduce agency expenditure by 30% is being met across all three ICBs. Further financial detail was considered under item 9.

Paediatric Audiology:

- Ongoing concerns due to fragile workforce and historical quality issues.
- A dedicated programme of work is underway, overseen through the Utilisation Management and Quality Improvement Committee, including actions responding to the Kingdon review of children's hearing services and consideration of future commissioning arrangements for 2026/27.

Community Waiting Times for Children and Young People:

- Significant long waits persist, including 52- and 104-week waits in H&WE and pressures across C&P, particularly community paediatrics, speech and language therapy and dietetics. Actions include targeted workforce and estate measures, mutual aid, and wider review of community paediatric service models across the three ICBs.

Diagnostics:

- Performance remains below plan across all ICBs.
- Though not a 2025/26 national metric, diagnostics will be a national priority for 2026/27.
- Capacity is constrained by outsourcing rules; mitigations include new internal capacity and demand/variation reviews.

Winter Performance:

- Overall winter performance is stronger than the same period last year.
- Two areas remain below last year's levels: discharge on ready date and mental health waits over 24 hours.
- ICBs continue to play a significant operational role in winter management pending further clarity from NHSE on the future division of responsibilities with Regions.

Oversight and Assurance:

	<ul style="list-style-type: none"> • Several acute providers remain in NHSE tiering due to persistent performance challenges. • Updated segmentation under the National Oversight Framework (NOF) shows mixed provider performance, with most in Segment 3. Work is underway to integrate tiering and NOF ratings into the governance and contractual framework ahead of transition to Central East. <p>Board Discussion</p> <ul style="list-style-type: none"> • NM sought assurance on how learning and best practice will be shared across providers in the future operating model. SG confirmed that the transition provides an opportunity to understand differences in models across the three ICBs and to identify what is working well. Teams from all three ICBs are increasingly working as a single team, despite operating as separate statutory entities. Work is underway to analyse variation and embed consistent best practice through future commissioning arrangements, supported by the ICB’s quality improvement approach. • DG welcomed the positive collaborative culture emerging across Committees and queried whether the ICB intends to reintroduce the use of Statistical Process Control (SPC) charts in performance reporting, given their value in identifying variation, distinguishing random movement from systematic change, and understanding trends over longer periods. SG confirmed that reporting approaches from the three legacy ICBs are being aligned and that SPCs will be considered as part of the new unified performance framework. FH added that SPC is fundamental to the ICB’s quality improvement approach and will feature more prominently as the organisation moves toward a total quality management model. • VM raised concerns about ongoing 12-hour waits, querying whether variation across the three ICBs, particularly BLMK’s differing position, reflected system flow, hospital processes, demand management or triage issues, and whether learning had yet been identified. SG agreed further analysis is needed and noted the causes are likely multifactorial. KV confirmed work is already underway to understand variation across the three places, emphasising the importance of neighbourhood and place-level metrics and noted that many solutions will be system-wide, reinforced by data held with local authority partners. • KT highlighted existing provider collaboration, particularly in mental health, and the strong integrated health and care partnership model in Hertfordshire. The ICB’s role in creating the conditions for cross-organisational improvement and the value of including both SPC analysis and forward trajectories in future reporting was stressed. <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the report.</p>	
9.0	<p>Combined Month 8 Finance Report for BLMK, C&P and H&WE ICBs <i>Presented by Sarah Griffiths, Executive Director of Finance, Resources and Contracts, BLMK, C&P & H&WE ICB</i></p> <p>SG presented the financial position at Month 8 for the three ICBs and their respective system control totals. While the transition to a single cluster is underway, each ICB remains a separate statutory entity and is accountable for delivering its own control total for 2025/26.</p> <p>All three systems continue to forecast delivery of their agreed break-even plans, though risks remain. Month 8 positions were outlined as follows:</p> <ul style="list-style-type: none"> • BLMK: £8.1m system deficit year-to-date (ICB £0.1m deficit; providers £8m), £6.4m adverse to plan. 	

- **Cambridgeshire & Peterborough:** £7.7m system deficit (ICB break-even; providers £7.7m), £2.9m adverse to plan.
- **Hertfordshire & West Essex:** £20.9m system deficit (ICB £7.3m; providers £13.6m), £3.1m adverse to plan, inclusive of deficit support funding. The year-to-date position reflects planned profiling, including efficiencies phased later in the year, and the treatment of a system-wide efficiency gap held within the ICB. It was confirmed that, following extensive system-wide work, the system remains on track to deliver its break-even plan, though individual organisational positions may vary.
- Deterioration at Month 8 was noted, primarily due to industrial action in November. National NHSE funding has been received to offset industrial action costs for November and December.

Key financial risks were highlighted, including:

- **ICB pressures:**
 - Continued growth in continuing health care (CHC), mental health, learning disability and autism placements.
 - Higher-than-planned elective activity in the independent sector, requiring active contract and clinical prioritisation management.
 - Rapid rise in neurodiversity assessment costs under Right to Choose, informing future commissioning considerations for 2026/27.
- **Provider-risks:**
 - Additional winter-related urgent and emergency care (UEC) pressures.
 - Costs associated with elective recovery.
 - Operational pressures arising during industrial action.
- It was emphasised that tight cost control, delivery of recovery actions, and system-wide approaches to efficiency remain essential to financial sustainability heading into 2026/27.

Board Discussion

- TS queried how confident the ICB is in eliminating the deficit by year-end and sought clarification on what happens to any remaining deficit if full recovery is not achieved. SG confirmed that if a system were not to achieve its control total, any overspend would be added to the Central East ICB's brought-forward deficit and subject to recovery; there is no underwriting of deficits under standard business rules.
- SM highlighted the operational issues associated with the transition to the new Integrated Single Financial Environment 2 (ISFE2), referenced in the report, and asked for further assurance on this, given its increasing criticality as year-end approaches. SM also asked whether there was anything further the Board should do to support escalations with NHS Shared Business Services. SG confirmed that ISFE2 went live for all ICBs and NHSE on 1 October, replacing the previous ISFE1 system. It was acknowledged that some teething issues were expected, particularly given the timing alongside significant organisational change. Weekly escalations, targeted issue-resolution clinics and national support are in place, and the three ICBs transitioning to become Central East from 1 April 2026 are receiving enhanced support, including a dedicated national relationship manager. It was confirmed that workarounds are in place, no significant control issues are anticipated, and the matter is being monitored through the Audit and Risk Committee.

The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the report.

10.0

Board Assurance Frameworks

Presented by Karen Barker, Executive Director of Corporate Services and ICB Development

<p>10.1</p> <p>10.2</p> <p>10.3</p>	<p>KB introduced the three separate Board Assurance Frameworks (BAFs), explaining that until the three ICBs formally merge on 1 April into the new Central East ICB, each organisation will continue to operate its own BAF and associated risk management framework. A single, unified BAF will be developed for approval at the first meeting of the new ICB.</p> <p>BLMK Board Assurance Framework</p> <ul style="list-style-type: none"> Two reductions in risk scores, BAF 2 relating to workforce, and BAF 3 relating to urgent and emergency care,) and the addition of a new estates-related risk. No questions were raised. <p>C&P Board Assurance Framework</p> <ul style="list-style-type: none"> It was noted that no changes were proposed and that all risks had been aligned to the appropriate executive Senior Responsible Officers. No questions were raised. <p>H&WE Board Assurance Framework</p> <ul style="list-style-type: none"> It was confirmed that all risks had been reviewed and no amendments were proposed. <p>VM highlighted that the three BAFs had been developed using different underlying methodologies, as noted in the recent Audit and Risk Committee, emphasising that substantial work would be required to create a coherent and unified risk management approach for the new organisation. It was noted that the transition presents a good opportunity to draw on the strengths of each existing framework and to establish a robust new system for the Central East ICB. AS-J added that system instability is a major risk within his own organisation and encouraged the team to consider whether this should be reflected explicitly as a strategic risk within the new combined BAF.</p> <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB noted and discussed the content of the three reports.</p>	
<p>11.0</p>	<p>Combined Finance Planning and Payer Function Committee Report for BLMK and C&P Only Strategic Finance and Commissioning Committee Report, H&WE Only <i>Presented by Dorothy Gregson, Chair of Finance Planning and Payer Function Committee, BLMK & C&P and Nick Moberly, Chair of Strategic Finance and Commissioning Committee, H&WE ICB</i></p> <p>DG noted the detailed financial discussion already held and referenced the earlier explanation regarding year-end adjustments. The work undertaken to bring the finance teams together across the three ICBs was commended, highlighting that the Board is now receiving coherent, system-wide reports with clear themes and risks consistently reflected. No additional comments or questions were raised.</p> <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the report of meeting held in common on 16 January 2026.</p>	
<p>12.0</p>	<p>Combined Utilisation Management and Quality Improvement Committee Report for BLMK ICB and C&P ICB Only System Transformation and Quality Improvement Committee Report for H&WE ICB Only</p>	

	<p><i>Presented by Sarah Hughes, Chair of Utilisation Management and Quality Improvement Committee, BLMK & C&P and Dr Trevor Fernandes, Chair of System Transformation and Quality Improvement Committee, H&WE ICB</i></p> <p>SH expressed her appreciation for the exceptional efforts of the executive and leadership teams, noting that despite significant pressures, it demonstrated strong command of the data and produced clear, accessible reports. It was emphasised that every discussion within the Committee was consistently patient-centred. SH drew attention to the Committee’s constructive discussion on the paediatric audiology review, acknowledging this as a sensitive and high-profile area. It was confirmed that the Committee endorsed the plan presented. The Committee also approved a number of policies requiring refresh. No additional comments or questions were raised.</p> <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB noted the report of meeting held in common on 23 January 2026.</p>	
<p>13.0</p> <p>13.1</p> <p>13.2</p> <p>13.3</p>	<p>Neighbourhood Health Delivery Committees</p> <p>BLMK <i>Presented by Michael Bracey, Chair of BLMK Neighbourhood Health Delivery Committee</i></p> <p>MB reported that the Neighbourhood Delivery Committee had held its first meeting on 13 December, confirming that while there is substantial work ahead, the Committee has made a positive start with strong engagement from partners. There were no issues to escalate to the Board at this stage.</p> <p>C&P <i>Presented by Dorothy Gregson, Non-Executive Member, BLMK & C&P ICBs and Kate Vaughton, Executive Director of Neighbourhood Health, Place and Partnerships</i></p> <p>DG reported that the Committee held a highly positive and well-attended development session on 30 January, with strong partner energy and a clear shared ambition for a refreshed, more impactful neighbourhood focus. Frailty emerged as a common priority across partners. KV added that partners had asked for joint workshops before moving to a formal committee structure to avoid duplicating existing place-based governance and to ensure other ICB Committees are not unintentionally displaced. Engagement across all workshops has been strong, and work is progressing well. Formal reporting will follow, with early work focusing on building shared understanding, aligning with Health and Wellbeing Board priorities, and shaping an integrated delivery model that supports both neighbourhood-level delivery and system-wide strategic commissioning.</p> <p>H&WE <i>Presented by Kate Vaughton, Executive Director of Neighbourhood Health, Place and Partnerships and Gurch Randhawa, Non-Executive Member and Deputy Chair, BLMK, C&P and H&WE ICBs.</i></p> <p>KV explained that the workshop was held as part of the Hertfordshire Health and Wellbeing Board meeting and it followed a constructive discussion throughout the</p>	

	<p>session. There was strong appetite from partners to build on the well-established joint working already in place, including existing joint commissioning arrangements. The group focused on understanding the added value of bringing Hertfordshire partners together at neighbourhood level, particularly around improving the use of shared data to understand variation and identifying where collective strategic commissioning could strengthen progress. Key priority themes emerging from the discussion included:</p> <ul style="list-style-type: none"> • Frailty • Children and young people • Wider determinants of health. <p>GR emphasised that partners recognised both their existing successes and their limitations and welcomed the opportunity to develop a more holistic Neighbourhood Delivery Committee to add value to current arrangements.</p> <p>No further comments or questions were raised.</p> <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB:</p> <ol style="list-style-type: none"> 1. Noted the report of BLMK NHDC meeting held on 13 December 2025. 2. Noted the verbal update of the C&P NHDC meeting held on 30 January 2026. 3. Noted the verbal update of the H&WE workshop held on 16 January 2026. 	
14.0	<p>Governance Update <i>Presented by Karen Barker, Executive Director of Corporate Services and ICB Development</i></p> <p>KB provided a governance update with key points including:</p> <ul style="list-style-type: none"> • A summary of current Board membership across the three ICBs to support transparency while the Boards continue to meet in common. • Identification of statutory and nationally required roles frequently queried by stakeholders. • Confirmation that updated role designations will be presented to the new Central East ICB on 1 April 2026 and included in the governance handbook which will be published and available publicly. • A summary of Board sub-committee meetings and revisions to current Terms of reference was provided in the report for noting. <p>Due Diligence</p> <ul style="list-style-type: none"> • Work continues as part of the NHSE assurance process to establish the new organisation. • Key upcoming governance tasks include finalising the new constitution for approval by NHSE and governance handbook for approval on 1 April 2026. • KB highlighted one additional item for approval by each statutory Board: the need to extend the list of officers authorised to countersign the ICB’s legal seals. Due to the size and geography of the system, logistical challenges have arisen in obtaining signatures from the current limited approved signatories. Board approval to extend seal-signing authority to all six Executive Directors, with provisions to be reflected in the governance handbook, was requested. <p>The Boards of BLMK ICB, C&P ICB and H&WE ICB:</p> <ol style="list-style-type: none"> 1. Noted the pre-transition Board construct for each ICB. 2. Noted the due diligence updated. 	

	<p>3. Noted the Board sub-committee meetings and revisions to current Terms of Reference.</p> <p>4. Approved the extension of the list of officers authorised to countersign the ICBs legal seals to all six Executive Directors.</p>	
13.0	<p>Any Other Business</p> <p>The Chair invited items of any other business from each ICB in turn:</p> <ul style="list-style-type: none"> • Bedfordshire, Luton and Milton Keynes: No items raised. • Cambridgeshire and Peterborough: No items raised. • Hertfordshire and West Essex: No items raised. <p>Before formally closing the meeting, the Chair thanked Ruth Bailey, Non-Executive Member at Hertfordshire and West Essex ICB, who left the organisation on 31 January 2026, for all of her work and contributions over her term of office.</p> <p>Resolution to exclude members of the press and public:</p> <p>The Board of the Integrated Care Board resolves that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, Section 1(2), Public Bodies (Admission to Meetings) Act 1960.</p> <p><i>The meeting finished at 12:00</i></p>	
<p>Details of Next Meeting: Friday 27 March 2026 10:00 – 13:00, MS Teams</p>		

Approval of Draft Minutes by Chair only:		
Name	Role	Date
Robin Porter	Chair	24 February 2026

NHS Bedfordshire, Luton and Milton Keynes ICB, NHS Cambridgeshire and Peterborough ICB and NHS Hertfordshire and West Essex ICB Boards in Public Meeting in Common - Action Tracker as at 23/12/2025

Key	
Escalated	Escalated - Items flagged RED for 3 subsequent
Outstanding	Outstanding - no actions made to progress OR actions
In Progress	In Progress. Outstanding - actions made to progress &
Not Yet Due	Not Yet Due
COMPLETE: Propose closure at next meeting	COMPLETE - GREEN
CLOSED (dd/mm/yyyy)	CLOSED

Action No.	Meeting Date	Item Title	Action	Responsible Manager (Enter full name)	Past deadlines (Since Revised)	Current Deadline	Current Position	RAG
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Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 7:	Chief Executive’s Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Jan Thomas, Chief Executive
Report Author:	Sharon Fox, Director of Governance
Reason for the report to the Committee/Board:	For information as part of the cycle of business.
Recommendation/s:	The Board is asked to discuss the report and note the content.

1 Executive Summary

1.1 This report provides an overview of some of the key issues facing Central East (NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB), NHS Cambridgeshire and Peterborough ICB, NHS Hertfordshire and West Essex ICB) to bring to the attention of the Integrated Care Board (ICB) board at its meeting on 27 March 2026.

2.2 Performance Overview

2.2.1 The table overleaf provides a summary of performance across three ICBs against national priority indicators as outlined in 2025/26 planning guidance including cancer standards, elective recovery, urgent and emergency care, and mental health.

2.2.2 A performance paper is included on the agenda which provides more information, and the three ICB integrated performance reports are discussed at length at the Utilisation Management and Quality Improvement Committee that took place on 13 March 2026.

Off plan vs. local trajectory

On plan vs. local trajectory

Indicators	Latest month	BLMK	C&P	HWE
Cancer 28 day waits (faster diagnosis standard)	Dec '25	78.61%	84.4%	79.2%
Cancer 62-day performance	Dec '25	69.27%	75.1%	78.9%
Proportion of total waiting list over 52 weeks for treatment	Dec '25	1.8%	2.1%	2.2%
RTT Performance % (ICB)	Dec '25	59.76%	58.9%	62.9%
Patients waiting for first attendance who have been waiting less than 18 weeks	Dec '25	63.30%	61.8%	65.5%
A&E four-hour performance	Jan '26	74.86%	70.2%	76.6%
Attendances at Type 1 A&E departments where the patient spent more than 12 hours	Jan '26	7.03%	11.1%	8.3%
Category 2 ambulance response times (minutes) – average across 2025/26 (EEAST Only)	Jan '26	31.31mins	28.3mins	34.4mins
Reliance on mental health inpatient care for adults with a learning disability	Jan '26	13	9	10
Reliance on mental health inpatient care for autistic adults	Jan '26	18	15	24
Average length of stay for adult MH acute beds	Dec '25	56	66	49
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Dec '25	14,000	11,705	22,660
Proportion of those surveyed whose experience with accessing primary care has improved in last 12 months (ONS Survey)	Jan '26	20.5%	23.4%	22.1%
Deliver a balanced net system financial position for 2025/26 (variance YTD)	Dec '25	(£9.5m)	(£1.0m)	(£2.6m)
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	Dec '25	£4.2m	£9.9m	£2.5m

2.2.2 BLMK key headlines and risks

- 4 out of 15 priorities were on/above plan whilst 11 are below plan.
- Cancer metrics are currently under plan. Actions identified in improvement plans continue to be worked on.
- 52 week waits are above plan but have seen a significant reduction over the last 5 months. 18 Week Referral to Treatment performance has been improving month on month.
- A&E 4-hour waits remains under plan. 12-hour journey time performance has deteriorated and remains under plan.
- Child and Adolescent Mental Health Services (CAMHS) access is currently 7.4% under plan, with mitigation to improve in place.

2.2.3 C&P key headlines and risks

- 5 out of 15 priorities were on/above plan whilst 10 are below plan.

- Cancer 62-day performance continues to improve. Elective activity & performance challenges remain a key area of focus and attention.
- A&E performance remains challenged.

2.2.4 HWE key headlines and risks

- 8 out of 15 priorities were on/above plan whilst 10 are below plan.
- Performance vs the four-hour A&E standard has been maintained above plan throughout the winter despite attendances being 4.1% higher in winter financial year 2025/26 so far vs winter 2024/25. Performance vs the 12-hour standard is also ahead of plan. Both of the cancer targets were slightly below plan in December 2025. However, the 28-day Faster Diagnosis Standard (FDS) was only 0.5% below plan.
- At a system level 18-week performance is ahead of plan. However, both West Herts Teaching Hospital (WHHT) and Princess Alexandra Hospital (PAH) are below plan for both their 18-week performance and >52-week recovery trajectory.

3 Mount Vernon Cancer Centre – Public Consultation Update – Central East

- 3.1 The public consultation on proposals for the future of the Mount Vernon Cancer Centre launched on 19 January 2026, following national and ICB approval to proceed. The consultation, which runs until 29 March 2026, seeks views on the proposed relocation of the cancer centre to Watford and on the options for an additional satellite radiotherapy unit.
- 3.2 A comprehensive engagement programme is underway to ensure broad participation across Hertfordshire, parts of Central Bedfordshire and Luton. This includes a series of online and in-person events, comprising general discussion sessions, topic-specific sessions focused on travel and access, and dedicated sessions for clinical and professional groups. Events are being delivered across the Central East geography impacted by the proposals, supported by targeted promotion through system, local authority and community networks. A microgrants scheme is also in place to enable voluntary and community sector organisations to engage with seldom-heard groups and facilitate local discussions. For more information please visit www.mvccreview.nhs.uk.
- 3.3 Early feedback indicates a strong response to the online survey across the new Central East ICB areas. For some residents, the proposals may offer improved access through the development of networked and local models of care, including the potential for satellite radiotherapy provision and increased care closer to home where clinically appropriate. Travel and access impacts are a key focus of the consultation, and feedback from patients and communities will be critical in shaping the final recommendations.
- 3.4 All feedback gathered through the consultation will directly inform the Decision-Making Business Case (DMBC), which is scheduled to be completed by Q2 of 2026/27. Central East ICB will continue to be represented on the Mount Vernon Cancer Centre Programme Board to ensure that the proposals reflect the needs of local populations and support improved outcomes and equity of access across Hertfordshire, Bedfordshire and Luton.

4 Transition

4.1 Transition Governance

- 4.1.1 An update to the Due Diligence Checklist was submitted to NHSE on 13 February 2026 along with a draft Level 3 Schedule of Staff and Property being transferred to Essex ICB on 1 April 2026. As part of the assurance process, there have been a series of Checkpoint meetings with NHSE and the last one was on 18 February 2026, which considered the Due Diligence submission and Level 3 Schedule. NHSE was impressed with the level of detail in our submission and pleased with the progress being made.

- 4.1.2 NHSE is preparing the transfer of staff, property, assets and liabilities following the transfer schedule being signed by the CEOs of Central East and Essex ICBs. NHSE has approved the Central East Constitution which will be reported to the ICB Board on 1 April 2026 for adoption.
- 4.1.3 We are finalising the Governance Handbook and this will be presented to the first meeting of the Central East ICB Board which will take place on 1 April 2026.
- 4.1.4 As the Board is aware, this Report and the Board meeting is the final time that our ICB Boards will be meeting, and each organisation will formally be dissolved on the 31 March 2026 and the new Central East ICB will be established.
- 4.1.5 I would like to take this opportunity to thank all three Boards and the staff of each ICB for their support during the transition period.

4.2 ICB Reconfiguration

- 4.2.1 In line with our agreed timetable, we have now commenced slotting in and matching staff to the new structure and roles within the Central East ICB. Interviews for roles are taking place in the next two weeks and will continue into April. Directors continue to maintain high visibility and support for staff throughout the process. We look forward to publishing our new ICB strategy – Our Way – to underpin the creation of the new ICB, and guide in the months and years to come.
- 4.2.2 Significant activity continues to take place to support colleagues who are leaving the organisations to leave well, including handover support and farewell events. A programme of staff calls, and video updates were taking place to provide clarity and support.

5 Recommendation

- 5.1 The Boards are asked to discuss the Chief Executive's Report and note the content.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 8:	Combined Performance Close-Down Report for BLMK, C&P and H&WE
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Sarah Griffiths, Executive Director of Finance, Resources and Contracts
Report Author:	Stacie Coburn, Director of Contracting and Procurement Gary Hardy, Head of Performance & Planning (C&P)
Reason for the report to the Committee/Board:	ICB Board oversight of performance against operational plan commitments for 2025/26, including winter performance, current national oversight rankings of Central East providers and NHS England-led tiering arrangements where provider performance is reviewed.
Recommendation/s:	The Board is asked to note the report.

1.0 Executive Summary

1.1 This report is split into five main sections:

- 1.1.1 A high-level overview of Integrated Care Board (ICB) performance against key national performance indicators in 2025/26, identified as must do commitments in the national operational planning guidance along with a summary of local risks and areas of escalation that do not form part of the national suite of indicators.
- 1.1.2 A summary of winter performance to date.
- 1.1.3 A summary of the NHS National Oversight Framework (NOF) rankings for Central East providers.
- 1.1.4 A summary position of NHS England-led tiering where performance is particularly challenged.
- 1.1.5 Next actions.

1.2 Extensive performance and quality content is included within individual ICB integrated reports, which are discussed at length at sub committees. The most recent reports were discussed at Utilisation Management and Quality Improvement Committee on 13 March 2026, and headlines summarised from this meeting, also shared with the ICB Boards.

2.0 Key Implications

2.1 Financial implications – There are no implications identified.

2.2 Equality and / or health inequalities implications – Equality and health inequalities impact considered for individual performance indicators, as part of ongoing work to mitigate variation and risk.

2.3 Engagement – ICB Integrated Performance reports have been considered by the Utilisation Management and Quality Improvement Committee in January 2026 prior to this summary being provided for Board.

2.4 Green Plan commitments – Not applicable.

2.5 Risk – Risks are already sufficiently captured in ICB Board Assurance Frameworks and no proposed changes are required at this stage.

3.0 Performance Overview

National key performance indicators

3.1 The table below outlines performance at ICB level against the key priority national indicators for 2025/26. Performance is shown as on plan or off plan, assessed against the monthly trajectories submitted by each ICB as part of planning.

Off plan vs. local trajectory

On plan vs. local trajectory

Indicators	Latest month	BLMK	C&P	HWE
Cancer 28 day waits (faster diagnosis standard)	Dec '25	78.61%	84.4%	79.2%
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Reliance on mental health inpatient care for autistic adults	Jan '26	18	15	24
Average length of stay for adult MH acute beds	Dec '25	56	66	49
Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact	Dec '25	14,000	11,705	22,660
Proportion of those surveyed whose experience with accessing primary care has improved in last 12 months (ONS Survey)	Jan '26	20.5%	23.4%	22.1%
Deliver a balanced net system financial position for 2025/26 (variance YTD)	Dec '25	(£9.5m)	(£1.0m)	(£2.6m)
Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems	Dec '25	£4.2m	£9.9m	£2.5m

3.2 For Cancer, as of December 2025, 28-day Faster Diagnosis Standard (FDS) performance continued to see C&P above plan at 84.4%. H&WE and BLMK are below plan at 79.2% and 78.6% respectively. A similar picture is seen for 62-day performance with C&P above plan at 75.1% whilst H&WE and BLMK remain below plan at 78.9% and 69.27% respectively. Both Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) and Princess Alexandra Hospital NHS Trust (PAH) remain in NHS England Tier 1 arrangements.

3.3 Referral to treatment (RTT) December '25 performance remains above plan for BLMK and H&WE (59.76% and 62.9% respectively) but has recently dipped below plan for C&P at 58.9%. BLMK have recently improved for the proportion of patients waiting over 52-weeks for treatment standing at 1.8% and now below plan; the expectation is to reach 1% by March 2026. C&P and H&WE are both above plan at 2.1% and 2.2%. 52-week clearance activity continues to be supported through national elective sprint and 52-week wait clearance funding which has become available in late December. Work remains to monitor provider level performance through tiering and contract oversight routes. Diagnostic waits continue to impact RTT recovery for specific specialities and remains a core area of focus for improvement.

3.4 Urgent and emergency care performance in January 2026 was variable across the cluster and remains a continued risk through coming months. Weekly performance tracking against key indicators, additional surge capacity plans and forecasting for seasonal illness is in place. See section [4.0 Winter performance](#) herein.

3.4.1 All type Accident & Emergency (A&E) four-hour performance is strong at H&WE at 77.9% (2/42 ICBs) and at BLMK at 74.9% (11/42 ICBs) against national performance of 72.5%. C&P is most challenged at 67.7% (34/42 ICBs). A summary of provider performance is below with national rankings:

BLMK:

- Bedfordshire Hospitals NHS Foundation Trust 75.3% (95/188)
- Milton Keynes University Hospital NHS Foundation Trust 69.1% (127/188)

H&WE

- The Princess Alexandra Hospital NHS Trust 81.2% (74/188)
- West Hertfordshire Teaching Hospitals NHS Trust 81.7% (72/188)

C&P

- North West Anglia NHS Foundation Trust 67.5% (141/188)
- Cambridge University Hospitals NHS Foundation Trust 67.9% (138/188)

3.4.2. Type 1 A&E four-hour performance against the national performance of 57.3% is strong at H&WE at 60.3% (11/42 ICBs). BLMK is at 57.4% (22/42 ICBs) and C&P is at 56.4% (25/42). A summary of provider performance is below with national rankings:

BLMK:

- Bedfordshire Hospitals NHS Foundation Trust 61.0% (39/121)
- Milton Keynes University Hospital NHS Foundation Trust 50.4% (87/121)

H&WE

- The Princess Alexandra Hospital NHS Trust 74.9% (7/121)
- West Hertfordshire Teaching Hospitals NHS Trust 65.4% (20/121)

C&P

- North West Anglia NHS Foundation Trust 58.1% (59/121)
- Cambridge University Hospitals NHS Foundation Trust 53.9% (75/121)

3.4.3 Within emergency departments, a significant proportion of type 1 patients spend longer than 12hrs in department prior to admission, discharge or transfer. C&P has the highest proportion at 11.1% (above plan) followed by H&WE at 8.3% (but below plan) and 7.03% at BLMK (above plan).

3.4.4 Category 2 (C2) ambulance response performance was better than plan in January '26 in C&P at 28.3 minutes. However, both BLMK and H&WE has response times greater than 30 minutes standing at 31.31 minutes and 34.4 minutes respectively.

- 3.5 Performance against Mental Health and Learning Disability indicators is behind plan in BLMK and C&P across all four metrics, with only H&WE achieving plan for 3 of 4 key performance indicators (KPIs). Discussions are ongoing with providers through contract routes to understand drivers for variation and ensure appropriate recovery plans are in place to return performance to expected levels as quickly as possible.
- 3.6 January 2026 data demonstrate a continued improvement in our population's experience of accessing primary care compared to 12-months ago. All three ICBs are reporting positive experience improvement compared to the March 2025 baseline, though this aggregate position hides significant practice level variation, which is being picked up through individual practice level conversations and through other oversight forums including Primary Care Commissioning Committees.
- 3.7 Delivery against financial commitments, including reduction in agency and bank usage are covered in the ICB Boards finance report. In summary for the period up to and including December 2025, all three ICBs are reporting negative variances against their financial plans totalling £14.005m. Positively, all three ICBs are performing better than anticipated in relation to reducing agency expenditure.

Local risks and areas of escalation

- 3.8 Paediatric audiology remains a concern across all three ICBs in Central East cluster, with contractual and regional escalation in place for several hospital sites. Services are fragile due to national shortages of suitably qualified workforce, and several providers are now conducting reviews of historical activity following national identification of quality concerns in paediatric hearing services. The pressures are most acutely seen in H&WE where, despite some recovery, have now seen a decline in performance across providers. This has resulted in monthly meetings with providers by the ICB and NHSE for assurance. Mutual aid has been enacted with NHSE supporting.

A key component missing nationally is a national service specification that will support discussions, strategic commissioning and pathway redesign. It is understood this is in development centrally. Updates will continue to be provided to the Utilisation Management and Quality Improvement Committee.

- 3.9 Community waiting times across the Central East area remain prolonged, driven predominantly by neurodiversity pathways and audiology.
- H&WE reports the highest proportion within the cluster, with 42.3% of all paediatric patients waiting over 52 weeks, continuing an upward trend.
 - In C&P, a total of 16 adults and 1,218 children and young people (CYP) were waiting beyond 52 weeks. Significant pressures are evident within community paediatrics, speech and language therapy, and dietetic services.
 - In BLMK, as of January 2026, the total waiting list was 11,927 with 9,353 (78%) waiting under 18 weeks. There were 140 adults and 398 children and young people waiting over

52 weeks. Main areas of pressure are community paediatrics, adults podiatry and paediatrics podiatry.

Work is underway to improve performance across the cluster, including through use of additional funding in Q4, which should support a reduction of >1,000 long waits removed from the waiting list by the end of March. Strategic redesign work is also underway on Paediatric audiology and Neurodiversity with discussions taking place through ICB Committees on these topics.

- 3.10 Mental health out of area placements (OAPs) were variable across the cluster in October 2025: BLMK had 20 validated out of area mental health placements at the end of M9 against a plan of 2 and a zero national threshold. 40 in C&P (below 1%) and 3,535 in H&WE (11%) with 30 patients active in an inappropriate setting at the end of October. Action is being taken across the ICBs to support core flow improvements, including focus on supporting discharge, crisis provision and addressing step down capacity. Alongside these operational actions, strategic mitigations are also underway, including mobilisation of a short stay admission pilot and creation of nine additional mental health inpatient beds in BLMK. West Essex continues to be consistent throughout the year compared to the rest of Essex, with four service users at the end of January 2026 with overall length of stay of 423 days. There were 9 OAPs for December. In Herts, inappropriate OAPs have significantly declined from a peak of 32 in March 2025 to four at the end of December 2025, continuing an overall improved trend.
- 3.11 Diagnostic performance across all three ICBs remains challenged; all three ICBs are in the lowest quartile nationally in December 2025. BLMK ranked 37/43 (42 ICBs plus NHSE for centrally commissioned services along with national diagnostic programmes) with the percentage of patients waiting over six weeks at 33.90% against a national average of 24.8%, C&P ranked 38/43 with performance at 34.1% and H&WE ranked 39/43 based on a performance of 38.6%. While not a national priority indicator in 2025/26, expectations are that this will be reintroduced in 2026/27, with an expectation that no more than 5% of patients wait more than 6 weeks for their diagnostic test. Performance in this area is also intrinsically linked to overall RTT delivery. A significant driver for the deterioration seen in 2025/26 to date is the removal of additional insourcing and outsourcing providers were able to fund in the previous year. The ICB is continuing to assess demand to identify areas of variation to plan, and discussions are ongoing with providers through appropriate contract routes and performance tiering to ascertain recovery plans.

4.0 Winter Performance

- 4.1 As of the end of February 2026, urgent and emergency care (UEC) activity has been similar to the same week 12-months ago. Of the eleven key performance indicators, ten show a positive improvement year-on-year. This progress can be attributed to several factors: similar demand for UEC services but that due to stronger provider performance in the pre-winter period relative to last year this has been managed better; despite isolated peaks over winter, flu bed occupancy remains lower compared to the previous winter; and overall the system deployed a more robust approach to winter resilience and planning, underpinned by enhanced oversight and control measures.
- 4.2 The metric which performed worse than a year ago was the percentage of patients discharged on their discharge ready date, but the change is marginal.
- 4.3 The winter dashboard below outlines the Central East position compared to 6-weeks ago, last year along with 12-week trend. Please note, the dashboard includes West Essex (WE), but teams are actively collaboratively working with Mid and South Essex ICB on the transition approach given the imminent transition.

Central East UEC winter performance dashboard

Select system / cluster>>** Central East

Metric*	Date of latest data	Latest week's performance	Last week's performance vs 6 weeks ago	Last week's performance vs same week last year	12 week trend
111 abandonment rate	01/03/2026	1.1%	-0.3%	-0.7%	
C2 mean response times	23/02/2026	00:26:49	-12m 8s	-13m 22s	
Number of handovers	02/03/2026	4,316	-14	-38	
Mean handover time	02/03/2026	00:30:10	-7m 54s	-10m 14s	
A&E attendances - type 1	28/02/2026	18,178	+231	+477	
A&E attendances - type 2+3	28/02/2026	10,295	+350	-109	
A&E attendances - paed	25/02/2026	4,910	+392	+327	
A&E attendances - total	28/02/2026	28,473	+581	+368	
4-hour performance type 1	28/02/2026	60.0%	+4.1%	+6.8%	
4-hour performance type 2+3	28/02/2026	97.9%	-0.2%	+0.4%	
4-hour performance paed	25/02/2026	86.3%	-2.7%	+1.8%	
4-hour performance total	28/02/2026	75.5%	+1.1%	+2.5%	
Type 1 12-hour performance	25/02/2026	9.3%	-4.1%	-2.0%	
Mental health >24 hours performance	25/02/2026	7.7%	+1.3%	+0.3%	
Admissions via A&E	28/02/2026	5,439	-200	-68	
G&A bed occupancy	28/02/2026	93.4%	-1.0%	-1.3%	
% pts discharged on discharge ready date	21/02/2026	82.9%	+3.9%	-0.8%	
Ave daily G&A beds occupied by flu patients	28/02/2026	30.6	-112.6	-42.1	

- 4.4 Multidisciplinary teams have commenced a structured process to capture insights and lessons learned from operational performance over the winter period. This exercise outcome will include a review of demand patterns, capacity utilisation, service resilience, and patient flow challenges experienced during peak pressures. The findings will be translated into actionable recommendations to inform winter planning for the forthcoming year.
- 4.5 An immediate observation from ICB teams is that contrary to the original intention for ICBs to step back from System Control Centre (SCC) responsibilities, there has been a notable increase in requests for information, situation reports, and updates, alongside a continued expectation for ICBs to manage risk and patient flow within systems. This raises critical questions regarding the impact of these expectations on the new Central East organisation, which is structured to focus on strategic commissioning and planning with reduced emphasis on operational performance and delivery. It also prompts consideration of the ICB's ability to plan effectively for next winter within this context. At the time of writing, and as previously indicated in the previous performance report, there remains no clarity on the national or regional Urgent and Emergency Care model, nor on future functions and responsibilities.

5.0 Next Steps

- 5.1 Work continues to address the risks relating to Paediatric Audiology and Neurodiversity community waiting times. Updates will be presented to the Utilisation Management and Quality Improvement Committee on a rolling basis.
- 5.2 Routinely, provider performance variation is being addressed through contractual routes, with recovery plans requested as appropriate and through NHSE oversight mechanisms such as tiering. Delivery against provider recovery plans will continue to be reported through ICB integrated performance reports.
- 5.3 Multidisciplinary teams have commenced a structured process to capture insights and lessons learned from operational performance over the winter period. This exercise outcome will include a review of demand patterns, capacity utilisation, service resilience, and patient flow challenges experienced during peak pressures. The findings will be translated into actionable recommendations to inform winter planning for the forthcoming year.
- 5.4 Work continues to identify suitable indicators for ICB performance reporting in 2026/27. These will align with anticipated national oversight framework KPIs for ICBs, indicators of effective commissioning (including demand management), and local priorities and outcomes as defined in the 'Our way' document. This approach will represent a substantial shift from the current reporting, which largely focuses on aggregated provider performance against constitutional standards. A draft proposal is anticipated to be presented to the Utilisation Management and Quality Improvement Committee for consideration in the coming months, taking account of ongoing work to align data infrastructure in the context of organisational workforce changes.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 9:	Combined Month 10 2025/26 Finance Report for BLMK, C&P and H&WE
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Executive Lead:	Sarah Griffiths, Executive Director of Finance, Resources and Contracts
Report Author:	Emma Kriehn-Morris, Director of Finance
Reason for the report to the Committee/Board:	This paper provides the Board with an update on the Month 10 (M10) 2025/26 financial position for the three ICBs and the three systems, highlighting the in-year financial position, emerging risks, and the control mechanisms in place. The Board is also asked to note the strategic financial risks linked to overall financial sustainability, demand growth and elective recovery targets. This report provides early sight of financial sustainability challenges that will influence planning for 2026/27 and beyond.
Recommendation/s:	The Board are asked to <ul style="list-style-type: none"> • Note the Month 10 position for each ICB and system. • Note the scale of full-year risk and the mitigations in progress. • Acknowledge the statutory accountability for delivery of three ICB control totals and three system-level control totals. • Acknowledge continued work on medium-term financial sustainability.

1.0 Executive Summary

- 1.1 Each ICB has a statutory duty to deliver a breakeven financial position, and each system remains collectively accountable for delivering the agreed system financial plan for 2025/26. At the beginning of this financial year, each system agreed to a breakeven financial plan which included £12.2m of NHS England Deficit Support Funding (DSF) for H&WE.
- 1.2 At M10, the financial position across all three ICBs remains under pressure linked to rising healthcare demand – particularly in the areas of Continuing Healthcare (CHC), elective recovery and neurodiversity assessments. There remains a reliance on several non-recurrent measures to meet financial plan commitments for 2025/26.
- 1.3 At a system level risk remains around the delivery of ambitious efficiency plans alongside winter Urgent and Emergency Care (UEC) demand and costs of delivering elective activity to meet agreed recovery targets.
- 1.4 All three systems continue to report a full year forecast in line with the breakeven plans set at the beginning of the financial year with recovery actions and offsetting mitigations

underway involving all system partners. Enhanced financial control measures remain in place.

- 1.5 The reported **M10 Integrated Care System (ICS)** position reflects:
- **Bedfordshire, Luton and Milton Keynes:**
ICB Year-to-Date (YTD) breakeven. Full year £5.2m favourable to plan
Providers YTD £7.8m adverse to plan. Full year £5.2m adverse to plan
 - **Cambridgeshire & Peterborough:**
ICB YTD breakeven. Full year breakeven
Providers YTD £2.0m adverse to plan. Full year breakeven.
 - **Hertfordshire & West Essex:**
ICB YTD £2.4m adverse to plan. Full year £2.4m adverse to plan
Providers YTD £0.1m favourable to plan. Full year £2.4m favourable to plan
- 1.6 The implementation of Integrated Single Finance Environment Programme 2 (ISFE2) remains a significant governance and operational risk post October implementation with ongoing implications now being managed at a local level. Progress and risk are being tracked via the Audit and Risk Committee.
- 1.7 Medium-term financial plans were submitted in February 2026 in line with the national timetable and show an ICB breakeven financial plan for the three years forming the current planning cycle (2026/27 to 2028/29). Further work is underway to align the latest contracting position with NHS provider organisations.

2.0 Key Implications

- 2.1 Financial implications - All covered within this report.
- 2.2 Equality and / or health inequalities implications - No specific implications identified.
- 2.3 Engagement - The financial position and risks have been reviewed and discussed with provider Chief Finance Officers, NHS England and the Finance, Planning and Payer Function Committee. The risk associated with the transition to ISFE2 has been discussed with NHS England, NHS Shared Business Services and The Audit and Risk Committee.
- 2.4 Green Plan commitments - No specific implications identified.
- 2.5 Risk - The ongoing financial challenges present several risks to our overall financial sustainability, ability to deliver agreed financial plans as well as to operational and performance standards. These are covered in more detail within the report.

3.0 Report

- 3.1 This paper sets out the M10 financial position for BLMK, C&P and H&WE covering both the ICB financial performance and the three system control totals. The paper also covers the risks to the delivery of the full year financial plans, key recovery and mitigation factors and work on medium term financial sustainability.
- 3.2 Each ICB has a statutory duty to deliver a breakeven financial position, and each system remains collectively accountable for delivering the agreed system financial plan for 2025/26.

At the beginning of this financial year, each system agreed a breakeven financial plan which included £12.2m of NHS England Deficit Support Funding (DSF) for H&WE.

- 3.3 The table below shows the reported M10 financial position for each organisation, noting that the figures for organisations within H&WE are net of £10.2m of Deficit Support Funding (DSF) for M10 year-to-date (YTD) and £12.2m for the full year:

System YTD Surplus/ Deficit						
BLMK ICS	YTD - M10			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Bedford Hospital NHS FT	0.000	(8.136)	(8.1)	0.0	(5.2)	(5.2)
Milton Keynes University Hospital NHS FT	(1.548)	(1.197)	0.4	0.0	0.0	0.0
Total Provider - BLMK	(1.5)	(9.3)	(7.8)	0.0	(5.2)	(5.2)
ICB	0.0	0.0	0.0	0.0	5.2	5.2
Total System - BLMK	(1.5)	(9.3)	(7.8)	0.0	0.0	0.0
Cambridge & Peterborough ICS	YTD - M10			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
Cambridge University Hospital NHS FT	(1.7)	0.2	1.9	0.0	0.0	0.0
Cambridge and Peterborough NHS FT	(0.8)	(3.5)	(2.7)	0.0	0.0	0.0
Cambridge Community Services NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
North West Anglia NHS FT	(1.0)	(2.1)	(1.1)	0.0	0.0	0.0
Royal Papworth NHS FT	0.0	0.0	0.0	0.0	0.0	0.0
Total Provider - C&P	(3.5)	(5.4)	(1.9)	0.0	0.0	0.0
ICB	0.0	0.0	0.0	0.0	0.0	0.0
Total System - C&P	(3.5)	(5.4)	(1.9)	0.0	0.0	0.0
HWE ICS	YTD - M10			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£m	£m	£m	£m	£m	£m
East and North Hertfordshire NHS Trust	(4.6)	(4.6)	0.0	0.0	2.4	2.4
Hertfordshire Community NHS Trust	0.0	0.0	0.0	0.0	0.0	0.0
Hertfordshire Partnership University NHS FT	(1.4)	(1.4)	0.0	0.0	0.0	0.0
The Princess Alexandra Hospital NHS Trust	(0.5)	(0.6)	(0.0)	0.0	0.0	0.0
West Hertfordshire Teaching Hospitals NHS Trust	(2.1)	(2.1)	0.0	0.0	0.0	0.0
Total Provider HWE	(8.7)	(8.7)	0.0	0.0	2.4	2.4
ICB	(2.3)	(4.7)	(2.4)	0.0	(2.4)	(2.4)
Total System - HWE	(11.0)	(13.4)	(2.4)	0.0	0.0	0.0

- 3.4 The main risks to the delivery of the ICB financial positions are set out below. In total, net risks of £2.4m remain across the three ICBs which is a much-improved position from Month 8 where net risks were noted at £13.5m. This improvement arises from continued reviews of risk areas and actions to manage activity and expenditure run rates. The risks below are emerging across all three ICBs with non-recurrent mitigations offsetting the YTD position:

- Independent sector providers continue to overperform on elective activity compared to Indicative Activity Plans and agreed financial envelopes. Discussions are in place with providers to manage activity levels and make appropriate clinical prioritisation within overall contract values. (C&P and H&WE)

- Continuing Healthcare (CHC) and complex Mental Health, Learning Disabilities and Autism (MHLDA) placements. Cost pressures are due to rising demand, historic appeals and cost escalation. This is compounded by an under-delivery of planned efficiencies. *(BLMK, C&P and H&WE)*
- Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) Assessments: Demand and activity levels continue to rise under the Right to Choose framework. *(BLMK, C&P and H&WE)*
- Prescribing continues to be an area of financial focus given the scale of the spend with higher drug costs driving increased cost and ongoing delivery of efficiencies key to delivery of the full year financial plan. *(BLMK and H&WE)*
- These risks are mitigated via a number of non-recurrent items and alongside a continued focus on enhanced financial and budgetary control mechanisms. Financial recovery oversight is provided via ICB-led Improvement Groups.

3.5 The £2.4m YTD adverse variance in H&WE ICB arises from the remaining component of unidentified efficiencies held on behalf of the system.

3.6 In line with our requirement to deliver the agreed breakeven system control total for 2025/26, the following changes in ICB forecast position were formally agreed with NHS England at M10:

- BLMK ICB is forecasting a £5.2m surplus to offset the expected forecast deficit of £5.2m in Bedfordshire Hospitals NHS Foundation Trust.
- HWE ICB is forecasting a deficit of £2.4m arising due to shortfall in system-wide efficiency scheme delivery. This is offset by forecast surplus of £2.4m in East and North Hertfordshire NHS Trust.

Discussions continue with provider organisations alongside NHS England to formally confirm any further expected changes in financial forecasts before the end of the 2025/26 financial year. Oversight and assurance are provided via the Finance Planning and Payer Function Committee with delegated approval to the ICB Chief Executive Officer and Executive Director of Finance, Resources and Contracts to formally agree any further final changes.

3.7 During November national funding was announced for ICB redundancy costs in relation to Organisational Change Programmes required to deliver the £19 per head allocation. This cost will form part of the reported financial position for 2025/26.

3.8 The transition to the new finance ledger (ISFE2) presents an ongoing operational risk to ICBs which will extend into the new single ledger for Central East once established. While the finance teams have prepared extensively, there are operating processes issues to resolve at a national level which remain open. Solutions for national support have transitioned recognising the aging of the original programme with new focus groups on remaining issues, particularly for merging ICBs.

System financial position

3.9 The system financial position also presents some delivery risks with organisations stepping up financial recovery actions to address YTD deficits and variances to plan. Specific work is underway, led by NHS England, with those providers that are at greater risk of being unable to deliver their financial plans. System level support discussions are in progress. The

expected changes to full year forecasts are set out in Section 3.6 above. We expect to meet the agreed financial plans for all 3 systems.

- 3.10 The main risks continue to relate to operational pressures from urgent and emergency care pathways over the winter period, the cost of delivering agreed elective performance targets and delivery of ambitious efficiency plans. All NHS trusts have been asked to reduce their reliance on temporary staffing during 2025/26 with good progress made in reduced agency and bank spend.
- 3.11 Efficiency delivery for M10 YTD is £437.8m across the three systems, which is £24.6m (5.5%) below plan. For the full year, the three systems are expecting to deliver efficiencies of £533.7m, a shortfall of £15.3m against the plan of £549.0m. Focus is on further non-recurrent measures to address these risks, and where possible recurrent mitigations to support into the next financial year.

Medium term financial sustainability

- 3.12 The NHS continues to operate within a challenging financial environment. Our approach to financial sustainability needs to balance our responsibility for commissioning the right level of safe healthcare services for our resident population alongside a move towards greater strategic commissioning and transformation in line with the aims of the 10 Year Health Plan.
- 3.13 NHS England has asked ICBs and NHS Trusts to develop multi-year plans with aligned assumptions on activity, demand, capacity and productivity opportunities. Over time, ICBs will be looking to fully align funding flows with population health demand, using appropriate contractual mechanisms to ensure that quality, activity and financial outcomes are monitored and managed appropriately.
- 3.14 Medium-term financial plans were submitted on 12 February 2026 in line with the national timetable and show an ICB breakeven financial plan for the three years forming the current planning cycle (2026/27 to 2028/29). Further work is underway to align the latest contracting position with NHS provider organisations and a plan to reflect the latest position was submitted on 18 March 2026.

4.0 Next Steps

- 4.1 Continued strong oversight and risk management to deliver the 2025/26 financial position alongside supporting financial sustainability into subsequent years. Recognising challenges faced and with an emphasis on recurrent mitigation strategies to support financial sustainability. Strong collaborative working with all system partners to remain on track to deliver a breakeven plan as a system.
- 4.2 Continued progress on financial recovery workstreams as part of the Medium-Term Financial Planning with a particular focus on areas of high demand and appropriate contract management, ensuring service need and performance targets can be met from within agreed financial budgets.
- 4.3 Continue to closely monitor the likely ICB restructuring costs and required running cost savings in line with the overall programme of work.
- 4.4 Continue to work through challenges arising from ISFE2. Further updates to be provided via the Audit and Risk Committee.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 10.1:	Board Assurance Framework (BAF) Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK)
Executive Lead:	Karen Barker – Transition Director and Executive Director of Corporate Services and ICB Development
Report Author:	James Bielby – Corporate & Systems Risk Manager
Reason for the report to the Committee/Board:	Report is for assurance to the Board
Recommendation/s:	That the Board: <ul style="list-style-type: none"> • Note the BAF risks • Support the ongoing development of the revised BAF and Corporate Risks aligned to the <i>Our Way</i> strategy. • Agree that the final updated BAF will be presented for Board approval early in the next financial year. • Approve the next steps in section 4.0

1.0 Executive Summary

- 1.1 This report provides an overview of the System Risk Register/Board Assurance Framework (SRR/BAF). The SRR/BAF contains 19 strategic and system risks. Notably, 16 out of 19 risks are rated as HIGH, underscoring the need for focused mitigation strategies which are in place.
- 1.2 Committee assurance of system risks: All SRR/BAF risks are assigned to relevant committees for oversight. Since the November 2025 Board meeting the Finance Planning and Payer Function Committee, Management Executive Committee and Utilisation Management & Quality Improvement Committee have reviewed the SRR/BAF risks that they are responsible for and relevant updates from these.
- 1.3 The Audit and Risk Committee (ARC) review the full SRR/BAF Risk Register at each meeting, including the last meeting on 20 February 2026.
- 1.4 The table below maps the BAF/SRR risks to the current risk profile. All BAF risk scores except have remained the same. BAF0002

Risk Ref	Risk Title	Current Risk Rating	Trend
BAF0001	Recovery of Elective Services	20	→
BAF0002	Developing suitable workforce	12	→
BAF0003	Pressure on Urgent and Emergency Care (UEC) in the BLMK System	12	→
BAF0004	Widening Inequalities	16	→
BAF0005	System Transformation	20	→
BAF0006	Financial Sustainability & Underlying Financial Health	20	→
BAF0007	Climate Change: Health, inequality and healthcare service impacts from Climate Change and environmental degradation	16	→
BAF0008	Impact of Population Growth on Health and Care Services Infrastructure	20	→
BAF0009	Impact of Rising Cost of Living on Residents and Staff Wellbeing	16	→
BAF0010	Partnership Working	9	→
BAF0011	Health literacy - Denny Review	16	→
BAF0012	System Collaboration	9	→
BAF0013	VCSE sustainability	16	→
BAF0014	Maternity Services at BHFT	16	→
BAF0015	Failure to Deliver the Operational and Financial Plan	16	→
BAF0016	ICB Reconfiguration and potential destabilisation of BLMKs ICB's delivery and impact on statutory function delivery	20	→
BAF0017	Data Security Breach within or impacting BLMK	20	→
BAF0021	Estates & Infrastructure	9	→
BAF0022	Achieving Net Zero	12	→

Status Key	
→	No change
↑	Escalated
↓	De-escalated
●	Closed
★	New Risk

BAF Heat Map						
Impact	5			2		
	4		2	7	4	
	3		3	1		
	2					
	1					
		1	2	3	4	5
	Likelihood					

2.0 Key Implications

- 2.1 *Financial implications* – There are no implications identified.
- 2.2 *Equality and / or health inequalities implications* – There are no implications identified.
- 2.3 *Engagement* - There are no implications identified.
- 2.4 *Green Plan commitments* - The risk report notes updates to risks on net zero and climate change, demonstrating strong alignment with the ICB's Green Plan and supports delivery of the Green Plan's sustainability objectives.
- 2.5 *Risk* – These factors are dealt with in the body of the report which focuses on risk oversight and making appropriate recommendations.

3.0 Report

- 3.1 Since the last risk report presented to the Board on 06 February 2026, there have been no significant changes to the risks recorded on the Board Assurance Framework (BAF). Overall risk positions remain stable, and no new escalations or material shifts in risk scores have been identified during this period.
- 3.2 The Risk Management Team is currently developing a revised suite of BAF and Corporate Risks aligned to the priority measures set out in the “Our Way” strategy. This work will ensure that the organisation's strategic risks are directly connected to delivery outcomes, and performance metrics to target strategic priorities.
- 3.3 Once drafted, these revised risks will undergo review by the Management Executive Committee, prior to submission to the Audit & Risk Committee for scrutiny. Subject to that review, the updated BAF will be presented to the Central East Board for approval in the next financial year.
- 3.4 For details of the BAF risks refer to Appendix A – BAF risk register

4.0 Next Steps

- 4.1 **Finalisation of Revised BAF and Corporate Risks**
The Risk Management Team will complete the drafting of the updated BAF and Corporate Risk registers, ensuring alignment with the priority measures set out in the Our Way strategy and the organisation's emerging delivery framework.
- 4.2 **Internal Review by the Management Executive Committee**
The revised risks will be presented to the Management Executive Committee for initial review, challenge, and refinement. This will ensure that the emerging risk profile accurately reflects operational and strategic realities across the system.
- 4.3 **Audit & Risk Committee**
Following Executive review, the updated BAF and Corporate Risks will be submitted to the Audit & Risk Committee for formal scrutiny, including assessment of scoring, controls, assurances, and any identified gaps.

4.4 **Board Approval in the Next Financial Year**

Subject to Audit & Risk Committee recommendations, a finalised version of the BAF will be presented to the Central East Board for approval early in the next financial year, enabling the organisation to begin 2026/27 with a refreshed and strategically aligned risk framework.

4.5 **Embedding and Communication**

Once approved, the updated BAF and Corporate Risks will be shared with directorates, programme leads, appropriate partners to ensure consistent understanding. The Risk Management Team will support embedding activities, including updated guidance, training sessions, and integration into performance and assurance cycles.

4.6 **Ongoing Monitoring and Iteration**

The Risk Management Team will continue horizon scanning and monitoring to ensure risks remain current and reflective of the strategic context. Further updates will be provided through routine reporting cycles and escalations as required.

List of appendices

Appendix A – BAF risk register

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 10.2:	C&P Board Assurance Framework Report
Report in relation to:	NHS Cambridgeshire & Peterborough ICB (C&P)
Executive Lead:	Karen Barker, Executive Director of Corporate Services & Governance
Report Author:	Sharon Fox, C&P Director of Governance
Reason for the report to the Committee:	Assurance – cycle of business
Recommendation/s:	The Board is asked to note report

1.0 Executive Summary

- 1.1 A Board Assurance Framework (BAF) records the principal risks that could impact on the organisation achieving its strategic objectives and provides a framework for reporting key information to the Cambridgeshire & Peterborough Integrated Care Board (ICB) Board. The BAF forms a key part of the ICB Risk Management Framework.
- 1.2 The ICB BAF and Risk Management Framework is subject to annual internal audit review, the outcome of which will contribute to the Head of Internal Audit Opinion (HoIAO) at year end. For 2024/2025, the ICB received Reasonable Assurance.

2.0 Key Implications

- 2.1 Financial Implications - N/a regular update report to Audit and Risk Committee. Financial risks specifically referenced in BAF06 – *Respecting the Public Pound*.
- 2.2 Equality and / or health inequalities implications – N/a regular update report to Audit and Risk Committee
- 2.3 Engagement - N/a regular update report to Audit and Risk Committee
- 2.4 Green Plan commitments - N/a regular update report to Audit and Risk Committee
- 2.5 Risk – Relates to the C&P Board Assurance Framework (BAF) – all risks

3.0 Assessment

- 3.1 The Cambridgeshire and Peterborough (C&P) Board Assurance Framework (BAF) currently comprises ten principal risks, which reflect the most significant threats to delivery of the organisation's strategic objectives while C&P remains a separate statutory entity until 31 March 2026. In parallel, work is underway to develop a single BAF for the new Central East Integrated Care Board, which will be established on 1 April 2026.
- 3.2 The C&P BAF sets out the organisation's core strategic risks and the actions through which the Board holds itself to account. The BAF, included as an appendix, provides:
 - a) A summary of the current risks and their status.
 - b) A detailed risk page for each BAF risk which includes cause and effect and the existing controls and mitigations that are in place, along with gaps identified and the current planned actions and progress.
- 3.3 Since the previous Board update, no substantive changes have been made to the ten BAF risks. All risks have been aligned to Senior Risk Owners within the new Executive Team, strengthening accountability and executive oversight.
- 3.4 C&P's BAF and wider risk management arrangements are subject to annual internal audit review, with outcomes contributing to the Head of Internal Audit Opinion (HoIAO). The 2025/26 internal audit review of the C&P ICB BAF and risk management arrangements has now been completed and the draft report issued for management comment.
- 3.5 As previously reported, the risk and governance teams across C&P, BLMK, and HWE continue to work collaboratively to develop new risk arrangements and a single BAF for Central East ICB from April 2026. Consideration will also be given to any legacy issues relating to existing risks as part of the ICB close down process.
- 3.6 The latest version of the C&P ICB BAF is included as Appendix A.

4.0 Recommendation

- 4.1 To **note** the latest version of the C&P BAF circulated for information.

List of appendices

Appendix A – C&P Board Assurance Framework (February 2026)

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 10.3:	Board Assurance Framework (BAF) Report
Report in relation to:	NHS Hertfordshire and West Essex ICB
Executive Lead:	Karen Barker, Executive Director of Corporate Services and Delivery
Report Author (s):	Tatiana Njendu, Risk Compliance Officer Leon Adeleye, Corporate Governance Lead – Risk and Regulation
Reason for the report to the Committee/Board:	To provide the Board with its final assurance on the effectiveness of Hertfordshire and West Essex ICB's risk management framework prior to the transition to the Central East ICB. This Board Assurance Framework (Appendix A) sets out eight principal risks to the delivery of the organisation's strategic objectives, reflects the evolution of the BAF since the previous update, and confirms that appropriate governance, oversight, and mitigation arrangements remain in place during a period of organisational change.
Recommendation/s:	The Board is asked to note the current BAF position and principal risks.

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 12:	Combined Finance Planning & Payer Function Committee Meeting in Common with HWE Strategic Finance and Commissioning Committee 6 March 2026 – Chair’s Alert, Advise and Assure Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Report Author:	Simone Surgenor, Deputy Chief of Staff – Governance & Policies, H&WE ICB
Report Approved by:	Nick Moberly – Chair and Non- Executive Member, H&WE ICB Dorothy Gregson - Chair and Non-Executive Member, C&P ICB and BLMK ICB Sarah Griffiths – Executive Director of Finance, Resources and Contracts, H&WE ICB, BLMK ICB, C&P ICB
Reason for the report to the Committee/Board:	For information.
Recommendation/s:	The Board is asked to note the report.

Agenda items covered:

- Strategic Commissioning Plan 2026-31:
 - Overarching risk that contract negotiations and offers have not concluded.
 - Risk around contract management with providers.
 - Financial risk with West Essex disaggregation elements.
 - Need to ensure that commissioning and de-commissioning decisions are data driven, transparent and aligned to population needs across the different contracts.
 - If there are going to be difficult conversations, equality impact assessments and quality and clinically led detail will need to be available to form conversations around reasonable tests.
 - The committee is assured that activity data and four-year trend analysis has been carried out with the correct matrix to support contract offers and expected performance improvements within 26/27.
 - The committee is assured that the policy is evidence based.
 - Priority to focus on acute contracts in the commissioning approach.
 - Link to quality and outcomes will be improved as the quality of papers is driven.
 - Recognising the committee needs to understand how it moves forward in preparing for future contracting rounds. Assurance was provided that going forwards the committee will receive visibility over the full range of contracts.
- Contracting and procurement Update:
 - Ongoing monitoring of commissioning outcomes and contract performance with performance pack linking to those outcomes and mechanisms.
 - Noting the ICB’s increasing understanding of Provider Selection Regime and understanding its practical application against risk appetite.
- M10 2025/26 Finance Report:
 - The committee is assured over current position.

<ul style="list-style-type: none"> • Going forwards, there will need to be consideration as to how budget management will align. Management of risks will continue into 2026/27. • The statutory responsibility of the systems was noted and acknowledged. • The committee stressed the importance of understanding patient impact. • Committee update: <ul style="list-style-type: none"> • Primary Care Commissioning Committee – summary noted. With decisions ratified for HWE. • HCP Committee update reports – noted. • HWE Area Prescribing Committee report – noted with approvals ratified. • Review of Forward Agenda Items: • Noted and Committee acknowledging review of ongoing programme.
<p>ALERT: Matters that need the Board's attention or action, e.g. an area of non-compliance, safety or a threat to the ICS strategy</p> <ul style="list-style-type: none"> • No additional points for altering to the Boards.
<p>ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance</p> <ul style="list-style-type: none"> • These will be noted in the legacy report.
<p>ASSURE: Inform the Board where positive assurance has been received</p> <ul style="list-style-type: none"> • M10 2025/26 Finance Report: both Committees: <ul style="list-style-type: none"> • Noted the Month 10 position for each ICB and system. • Noted the scale of full-year risk and the mitigations in progress. • Acknowledged the statutory accountability for delivery of three ICB control totals and three system-level control totals. • Supported continued work on medium-term financial sustainability
<p>RISK: Advise the Board which risks were discussed and any new risks identified</p> <ul style="list-style-type: none"> • Noted as above.
<p>CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding</p> <ul style="list-style-type: none"> • The work and professionalism conducted by members of these committees.
<p>Forward plan issues:</p> <p>The committee acknowledged review of ongoing programme.</p>
<p>Date and time of next meeting:</p> <p>17 May 2026 – as NHS Central East ICB – Finance Planning and Payer Function Committee.</p>

List of appendices

N/A

Background reading

N/A

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 13:	Utilisation Management & Quality Improvement Committee meeting in Common with the H&WE ICB System Transformation and Quality Improvement Committee Chair's Alert, Advise, Assure and Legacy Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire and Peterborough ICB (C&P) NHS Hertfordshire and West Essex ICB (H&WE)
Report Author:	Simon Surgenor, Deputy Chief of Staff, Governance & Polices, H&WE ICB / Simon Barlow, Corporate Governance Manager, C&P ICB
Reason for the report to the Board:	For information.
Recommendation/s:	The Board is asked to note the report.

Agenda items covered:
<ul style="list-style-type: none"> Paediatric Audiology Services Update Strategic Planning Commissioning Plan 2026-2031: Update Receipt of Child Death Overview (CDOP) Annual Report 2024/25 for BLMK, C&P and HWE. Interim Joint Clinical Policy Group Update and Ratification of Interim Aligned Clinical Policies Central East overview reports covering performance and quality – supported by ICB specific reports. Verbal update provided on governance and risk arrangements. Potential escalations and legacy matters to be included as part of handover to new ICB Committee post 1 April 2026 discussed.
ALERT: Matters that need the Board's attention or action, e.g., an area of non-compliance, safety or a threat to the ICS strategy
<ul style="list-style-type: none"> None reported or raised.
ADVISE: The Board of areas subject to on-going monitoring or development or where there is insufficient assurance
<ul style="list-style-type: none"> Valproate Prescribing - Committee informed North West Anglia NHS Foundation Trust (NWAFT) – as of 12 February 2026 have been given 28 working days to fully implement the requisite secondary signature from clinicians. Assurance will be sought on the 24 March 2026 this has been implemented. Paediatric Audiology Services – Received further paper describing current position and concerns of service provision across Central East and described the best practice elements of what should be included within a future service specification for paediatric audiology services. It also outlined four potential service model options for commissioning a sustainable, high-quality service for the Central East ICB population. The Committee supported Option 2- which was the preferred option – a cross-ICB (future Central East ICB footprint) hub and spoke model, with option 3 (NHS-led service with selective outsourcing of tier 2 activity) - as an option for short-term capacity mitigation. The favoured model will seek to deliver a single designated specialist hub; local NHS delivered spokes in each existing ICB area; shared clinical governance and leadership; and agreed escalation thresholds and pathways. A key next step will require collaborative engagement with system partners to establish whether there is system interest and agreement on which organisation should take the hub leadership role. Subject to this, a full implementation plan with timescales will be developed for future sharing and discussion. Going forward, the Committee emphasised the need for effective and early engagement with patients and for consideration to be given to identified areas of concern such as estates, future demand and population profiles, and workforce capacity.

- **Strategic Planning Update** – Received and discussed an update on the Central East ICB Strategic Planning process for 2026-31 and supporting documents submitted to NHS England on 12 February 2026 in line with national guidance. The update provided further information of the plans to deliver on our priority areas together with the development of metrics that will enable us to measure progress in the short and medium term. The Committee was also apprised around work to develop population forecasts and strategic capital planning. Feedback from NHS England was expected in March 2026 and will be reflected on when producing a final version of the Plan for approval by the Board. The Committee commended the work done to date and was supportive of the direction of travel. The key role that Neighbourhood Committees will have and the importance of effectively embedding them in to this work was emphasised. The Committee also flagged a general concern around organisational capacity and capability to support the scale of work that would be required going forward. Assurance around these areas would be sought by Committee(s) in future updates. The need to clearly communicate and involve patients as this work progressed was also highlighted as key.

ASSURE: Inform the Board where positive assurance has been received

- **Child Death Overview Panel (CDOP) Annual Reports 2024/25** - The Committee received and **approved** the publication of individual COPD annual reports 2024/2025 for BLMK, C&P and HWE. The reports cover all child deaths reported to the respective Panels between 1 April 2024 – 31 March 2025. The child death review function is a statutory requirement of both the ICB and Local Authority as per the Working Together to Safeguard Children (2023). As such the documents presented were formal data driven reports written to a prescribed template. The Committee acknowledged the importance and poignancy of the information presented. With the onset of Central East ICB the need to consider how to effectively engage with partners to communicate wider messages and learning from these types of reports in a more accessible and joined-up way was raised. The Committee recommended that going forward future reporting should be supported by an action plan.
- **Interim Joint Clinical Policy Group Update** - As part of the transition to the NHS Central East ICB an interim Joint Clinical Policy Group was established to oversee the review and alignment of clinical policies for adoption during the transition period. An initial list of twenty-nine 'green-rated' aligned clinical policies were ratified by Committee in January 2026. For the latest meeting the Committee received and **approved** the Immediate **retirement** of twenty-four policies and the **adoption** of 15 Interim aligned policies. (A list of the policies is included at Appendix A). Assurance was given that the policies concerned were expected to have minimal or no impact on access, activity or costs across Central East. All clinical policies will be brought to the inaugural Central East ICB Board in April 2026 for re-ratification. However, it was recognised that in line with other ICBs, not all policies will be aligned by 1st April, due to the need for adequate public consultation, or lack of time to complete papers, approval and ratification processes. Legacy policies will therefore be recommended to continue with publication of the rationale and indicative timeframe for alignment.

The Committee acknowledged the complexity and scale of this task and formally recorded its thanks to the respective BLMK, C&P and HWE ICB teams for the work completed to date.

Under this item the Committee also **approved** the adoption of the new aligned interim Exceptional cases and Individual Funding Request (IFR) policy.

- **Central East Performance and Quality Overviews** –The Summary dashboards setting out Central East cluster performance against the national priorities were received and noted. It was recognised that reporting had commenced transition towards a total quality approach highlighting planning, improvement and assurance. Going forward the intention will be to report how improvement methodology and commissioning intentions translate into performance trajectories – underpinning the shift towards process-outcome alignment rather than only reporting against national targets. Reporting will continue to be developed post inception of the Central East ICB on 1 April 2026.. Leading up to this, each ICB continues to report their own performance and quality related updates as individual statutory organisations.

The high number of Never Events reported in C&P and HWE remained a concern. Issue was subject to regional scrutiny. Work to understand the context for why this increase had occurred being progressed.

The Committee **noted** the cluster performance and quality summaries alongside the individual ICB reports.

RISK: Advise the Board which risks were discussed and any new risks identified

- There were no new organisational risks reported or raised other than those included within the respective ICB risks reports received. It was noted work was continuing to further develop and align risks arrangements for the new organisation, while continuing to maintain individual assurance and compliance requirements for sovereign ICBs until year end.
- Committee discussed the approach to risks management – and highlighted the importance of adopting a measured risk framework and to explore the use of key risk indicators (KRIs) to provide objective evidence of movement to risks.

CELEBRATING SUCCESS: Share any practice, innovation or action that the Committee considers to be outstanding

- C&P: Reported a 40% sustained reduction in C. difficile following rollout of C.difficile toolkit.
- HWE: AGM Wheelchair Services: Performance and quality issues over the past year addressed, with sustained improvement shown. NHS England has engaged to understand and share learning.
- HWE: West Herts Hospitals Trust received national recognition in Parliament concerning improvements made in managing corridor waits and wider system learning.

Legacy Matters: Specific Matters identified by the Committee to be taken forward into the new organisation

- New Committee to maintain close monitoring of paediatric audiology developments.
- Retain and strengthen patient voice at the heart of the new committee.
- Embed an inequalities lens across reporting and decision-making.
- Continue to develop and Improve translation of data into meaningful impact narratives.
- Strengthen communication to residents, particularly on service changes and learning.
- Look to develop a clear risk-management approach based on strategic objectives, baseline-to-target trajectories and improvement methodology and Key Risk Indicators – secure clear measurement of risks and mitigations.

Date and time of next meeting:

Friday, 22 May 2026 at 10am - MS Teams (Central East ICB UMQIC).

Appendix A: Clinical Policies

Retired Policies (24):

1. Age Related Macular Degeneration - photo dynamic therapy
2. Chronic Fatigue Syndrome/ Myalgic Encephalitis (CFS & ME) Inpatient Treatment
3. Coloured overlays for reading difficulty
4. Lower gastrointestinal endoscopy (Colonoscopy or Sigmoidoscopy)
5. Extracorporeal Shockwave Therapy for Orthopaedic indications
6. Fitness for surgery - smoking and weight criteria
7. Assessment of Haematuria (Presence of Red Blood Cells in Urine)
8. Hydrotherapy
9. Hyperthermia treatment
10. Inpatient Pain Management Programmes
11. Joint Injections - ultrasound guided
12. Laser eye surgery in myopia
13. Lymphoedema advice - Primary and Secondary
14. Pathological demand avoidance
15. Peyronie's disease
16. Podiatry/ Chiropody
17. Prolapse of Pelvic Organ
18. Residential exercise therapy/ rehabilitation courses for the management of Ankylosing Spondylitis
19. Shoulder replacement
20. Simultaneous bilateral joint replacement
21. Spinal cord stimulation
22. Stop smoking before surgery
23. Video capsule endoscopy and balloon enteroscopy for small bowel investigation
24. Virulite cold sore machine

Adopted Interim Aligned Policies (15)

1. Breast - Breast prosthesis removal
2. Breast - Breast reduction surgery
3. Breast - Correction of asymmetry
4. Breast - Gynaecomastia
5. Colorectal - Haemorrhoid surgery
6. Cosmetic Plastics – Laser Treatment for All Skin Conditions
7. Cosmetic Plastics - Blepharoplasty
8. Cosmetic Plastics - Body Contouring Surgery – excluding abdomen
9. Cosmetic Plastics - Liposuction for lipoedema
10. Cosmetic Plastics - Scar Revision
11. Cosmetic Plastics - Tattoo Removal
12. Diagnostics - Open and Standing Magnetic Resonance Imaging (MRI) scans
13. ENT - Chronic Rhinosinusitis
14. Obesity - Referral to Consultant-Led Tier 3 Adult Weight Management Services
15. Orthopaedics - Dupuytren's contracture release

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 14:	BLMK Neighbourhood Health Delivery Committee (NHDC) Chair’s Alert, Advise and Assure Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK)
Report Author:	Michael Bracey, Chief Executive, Milton Keynes City Council
Reason for the report to the Board:	For information.
Recommendation/s:	The Board is asked to note the report.

Agenda items covered:

The Committee hosted a half day workshop on the 27 February 2026, with sessions held to consider:

- Neighbourhood Foundations and Architecture
- Integrated Neighbourhood Teams and Cohort-Based Models of Care
- Managed Care
- Planned Care

The workshop was attended by representatives from partner organisations in Bedfordshire and Milton Keynes, including NHS Trusts, local authorities, primary care and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector.

Summary of Workshop Findings:

Across all workshop sessions partners consistently identified the need for clearer neighbourhood leadership, a shared operational framework, and strengthened multi-disciplinary team working to drive transformation. A unifying message was that neighbourhood working must move beyond a medically-focused model and instead embrace a broader approach that includes social care, VCSE, prevention and population health. All workshops described issues with digital interoperability, variation across places, and limited workforce capacity to engage in transformation.

Participants advocated for more consistent data sharing, practical co-location opportunities, and commissioning models that reward prevention rather than activity. There was widespread agreement on the importance of improving communication, both systemwide and with residents, so that pathways become easier to navigate and expectations clearer. Common priorities included: investing in proactive, preventative care; building trust and shared risk across organisations; standardising access to specialist advice; empowering neighbourhoods through devolved funding; and developing meaningful metrics that reflect outcomes rather than process measures.

The collective conclusions emphasise that sustained investment in relationships, capacity, and leadership is essential for neighbourhood models to deliver improved population health outcomes, reduce crisis-driven demand, and create a more integrated and resilient system.

The Workshop also considered the “Our Way” strategy document, presented by Jan Thomas, Chief Executive, Central East ICB

Date and time of next meeting:

1 May 2026, 09:00

List of appendices

None

Background reading

None

Report to the:	(1) NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) – Board in Public (2) NHS Cambridgeshire and Peterborough ICB (C&P) – Board in Public (3) NHS Hertfordshire and West Essex ICB (H&WE) – Board in Public
Date of meeting:	27 March 2026
Item 15:	Governance Report
Report in relation to:	NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK) NHS Cambridgeshire & Peterborough ICB (C&P) NHS Hertfordshire & West Essex ICB (H&WE)
Executive Lead:	Karen Barker - Transition Director and Executive Director of Corporate Services & ICB Development
Report Author:	Simone Surgenor – Deputy Chief of Staff – Governance and Policies – H&WE ICB Michelle Evans- Riches - Head of Corporate Governance – BLMK Sharon Fox – Director of Governance – C&P
Reason for the report to the Committee/Board:	This report forms part of a regular agenda item to each sovereign board and is presented in support of good governance within each organisation.
Recommendation/s:	Sovereign Boards are asked to note the following: <ul style="list-style-type: none"> • Due Diligence update • 1 April – first day update • Data Security and Protection Toolkit

1.0 Executive Summary

- 1.1 As the Boards are aware, NHS England (NHSE) has approved the bringing together the ICBs of Bedfordshire Luton & Milton Keynes ICB (BLMK) Cambridgeshire & Peterborough ICB (C&P), and the Hertfordshire footprint of Hertfordshire and West Essex ICB (H&WE). This was formally announced by the Minister for Health in parliament on Tuesday 9 September 2025. Since this announcement, the ICBs have working through a period of transition to create a unified single entity with the utilisation of shared leadership and functions, whilst uniting the best of our legacy systems.
- 1.2 On 31 March 2026 the three current ICBs will be disestablished and in essence as we pass into the 1 April 2026, all duties and functions transition to the new ICB forms of NHS Central East, with the West Essex element of H&WE ICB passing to the new NHS Essex ICB.
- 1.3 This is the final governance report is be received by the sovereign boards in their current entity form and will also provide a summary of next steps from 1 April 2026 – supporting the smooth transition that has been carefully managed since the changes to ICBs forms were announced.
- 1.4 This report will address the following:
- Due diligence update
 - 1 April 2026 – and the first day of NHS Central East ICB from a governance perspective.

- Data Security and Protection Toolkit – update.

2.0 Key Implications

- 2.1 Financial implications – none
- 2.2 Equality and / or health inequalities implications - none
- 2.3 Engagement - none
- 2.4 Green Plan Commitments - none
- 2.5 Risk – collaboration between BLMK, Cambridgeshire & Peterborough and Hertfordshire and West Essex ICBs provides continuity during the transitional period to oversee the arrangements of the establishment of Central East ICB.

3.0 Report

3.1 Due Diligence update:

In support of the Governance update received by the Boards on 6 February 2026, it is confirmed the following deadlines have been met. The Board will note the update shared below with oversight of this work supported by the ICB Transition Committee:

- The Level 3 Schedule of Primary Care Providers, Staff, Assets and Liabilities related to West Essex being transferred to Essex ICB has been signed by the CEOs of Hertfordshire & West Essex and Essex ICBs. NHSE national team will be making the legal transfer which will be effective from 1 April 2026.
- The updated Due Diligence checklist was submitted to NHSE on 13 February and the subsequent Checkpoint meeting took place on 18 February, and NHSE were assured by the submissions and progress made.
- NHSE has approved the Central East Constitution which will be reported to the ICB Board on 1 April 2026 for adoption. The Constitution will require to be amended following the merger of Cambridgeshire Community Services NHS Trust and Norfolk Community Health and Care NHS Trust on 1 April 2026. The new organisation will be called East of England Community health and Care NHS Trust.
- The recruitment process for Central East ICB Board members is nearing conclusion. The ICB Chair has approved the appointment of 2 Primary Medical Services (PMS), 3 Local Authority and 3 NHS Trust Partner members. There will be one PMS vacancy on the ICB Board on 1 April. The Voluntary Community Fath and Social Enterprise appointment process is underway, and the Non-Executive Member who will be the Audit & Risk Committee Chair appointment is being finalised.
- Core sub-committees of these ICBs are producing legal reports in support of the smooth transition to the new ICB. These Committees include – Audit and Risk Committees, Finance Planning and Payer Function Committee that has met in-Common since October 2025 with H&WE ICBs Strategic Finance and Commissioning Committee, the Utilisation Management and Quality Improvement Committee that has mirroring finance, met in-Common with H&WE ICBs System Transformation and Quality Improvement Committee.

3.3 1 April 2026 – First day arrangements

At the point of drafting this paper, planning is in an advanced state finalising papers for the 1 April 2026 and the new NHS Central East ICB first meeting of the Board. By way of summary, the day will include:

1. Appointments Panel – to appoint Board members.
2. Formal Board meeting to:

- adopt the Constitution,
 - approve the Governance Handbook, Scheme of Delegation & Reservation
 - approve key policies and adopt operational and clinical policies
 - agree the strategic Our Way document
 - agree the Board Assurance Framework
3. Remuneration Committee – to approve salaries for Executive team
 4. All staff briefing

3.3.2 Data Security and Protection Toolkit (DSPT)

- The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.
- All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good security and that personal information is handled correctly.
- I support of the annual submission and updates provided to each Audit and Risk Committee when they sat on 20 March 2026:
 - H&WE ICB - achieved DSPT Standards Met. Auditor opinion: Low Risk, High Confidence
 - C&P ICB and BLMK ICB – audit reports were pending at the point of drafting this paper.

4. Next Steps

- 4.1 Sovereign Boards are asked to **note** the content above, with future updates being received as part of ongoing governance updates.