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Risk category Strategic aim	ref	Date identified  Director	Directorate Level of contro Committee		Initial	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details	Resi C L		C I	Target
		Risk owner	Committee		L 3001	G					Progress		Score		500
ey risk: The IC	B fails to	commission s	services in a w	vay that tackles the wider causes of i	II health, ε	and life expectancy of peor	ole within the No	rth East and North Cumbria	a is not improving.						
1 System ecovery	NENC/ 0009	Jacqueline	NENC Strategy And Tranformation	As a result of pressure on general	4 4 16	Strategic Data Collection Service (SDCS) reporting system to monitor workforce.	None	Monitoring at place-based delivery primary care commissioning groups.	Strategic Data Collection Service (SDCS) reporting	None		4 3	(5). Quarterly 19/04/2024	3	2
		Myers  Alex Sinclair	NENC ICB Limited Control	to patients resulting in patient harm, increased attendance at hospital settings and compromised patient flow. This would mean the ICB cannot fulfil		workloice.		Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels.					Neil Hawkins  Responsible Director updated following 2.0		
			3. NENC Quality And Safety Committee	its statutory responsibility to deliver primary medical care services and be damaging to the reputation of the ICB.		Primary Care Network (PCN) transformation agenda linked to Long Term Plan	None	Monitoring at place-based delivery primary care commissioning groups	NHS Long Term Plan	None					
			Commutee			OPEL status for practices reported via UEC-RAIDR App	None	Support from place-based delivery primary care teams to practices		None					
						Primary Care Access Recovery Plan (PCARP)  System Overview Group	None	Oversight of PCARP and SDF delivery through System Overview Group and Primary Care	Strategic Data Collection Service (SDCS) reporting	None					
						ICB Primary Care Strategy and Delivery Subcommittee		Transformation team  Minutes and reports for the	NHS Long Term Plan						
						Placed based delivery primary care teams and		ICB Primary Care Strategy and Delivery Subcommittee.	NHS Long Term Workforce Plan System workforce						
						Support Level Framework aligned to delivery of PCARP		Board and Executive Committee review of PCARP and Primary Care / Secondary Care Interface System Plan.	retention reporting						
								Monitoring at place-based delivery primary care commissioning groups, co-ordinated by an overview group.							
						Initiatives to support PCARP, the fuller and Long Term Workforce Plan (including ARRS workshops, training hubs,	None	Oversight of PCARP and SDF delivery through System Overview Group and Primary Care Transformation team	Strategic Data Collection Service (SDCS) reporting  NHS Long Term	None					
						retention and recruitment initiatives, improving links with PCNs and community pharmacy, and digital programme of work).		Minutes and reports for the ICB Primary Care Strategy and Delivery Subcommittee.	Plan  NHS Long Term Workforce Plan  System workforce						
								Board and Executive Committee review of PCARP and Primary Care / Secondary Care Interface System Plan.	retention reporting						
								Monitoring at place-based delivery primary care commissioning groups, co-ordinated by an overview group.							
						GPPC workforce group in place enabling joint practice recruitment and retention initiatives	None	Action logs Governance through GPPC executive	None	None identified					
2 Quality	NENC/ 0079	02/04/2024 David Purdue	NENC Chief Nurse, AHP And People	care case management in Tees Valley As a result of changes in complex	4 5 20	Review of caseload and programme of visits, utilising a consistent methodology.	Currently there are unknown risks to individuals on	Planned programme of review based on RAG rating within a 4-month timescale.	NHSE are part of the incident management group and CQC have	Unknown risk until the caseload has been	02/04/2024 31/08/2024 David Purdue	3 4	(3). Monthly	3	3
			NENC ICB Full Control	case management, there has been inconsistent and variable oversight of the caseload, which has and could result in quality and		<b>.</b>	the caseload.	Methodology devised to be used during visits including guidance and escalation.	been informed.	reviewed.	Action plan and tool attached (on SIRMS system).				
			3. NENC Quality And Safety	safety concerns including the exposure and actual risk of harm (safeguarding harms).				Mobilisation plan developed with action owners and timescales to							
			Committee	This has been evidenced through safeguarding adult reviews which have highlighted concerns about				cover all elements of the programme.							
				case management and there have been recent hospital admissions for individuals where significant				Monitoring of individual cases and performance to be reported on a weekly							age 1



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Risk category Strategic aim	ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C L Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residu C L S			Score
				safeguarding concerns were identified. Incidents have been raised on SIRMS in relation to the recent incidents.				basis.							
04 System Recovery	NENC/ 0001	Jacqueline Myers  Marc Hopkinson	Strategy And Tranformation  NENC ICB Full Control  1. NENC Executive Committee	System Resilience, Escalation Planning and Management and Business Continuity arrangements  There is a risk that a lack of robust planning for surge management, and response to business continuity critical and major incidents, mean that: 1) impacted communities do not receive the required level of care needed during any incident 2) urgent and emergency care pressures increase, resulting in rises in A&E activity and multiple system demands including ambulance, community, acute and primary care services, and an inability to deliver core services.	4 5 20	System-wide surge and escalation plan agreed between all stakeholders NENC ICB Business Continuity Plan  Emergency Planning, Resilience and Response (EPRR) compliance  Requirement for providers to notify the System Coordination Centre (SCC)/ICB if OPEL status is escalated	Outcome of review of the ICB business continuity plan to ensure that it is fit for purpose as a result of the ICB 2:0 Transformation programme.  None  None		Annual assurance undertaken by NHSE Audit One - internal audit of business continuity and EPRR 22/23 - reasonable assurance  EPRR submission to NHSE/I Audit One - internal audit of business continuity and EPRR 22/23 - reasonable assurance  NHS England regional operational centre provide regional scrutiny and challenge.	reviewed in line with changes during ICB 2:0  None	29/06/2023 30/06/2024  Marc Hopkinson  Action plan in place which is regularly monitored and reviewed following any significant incident		12 (6). 6 Monthly 03/06/2024 Deborah Cornell Risk ongoing.	4 2	8
						Place Based Delivery Urgent and Emergency Care groups	None	occur. Performance addressed with providers during contract discussions. ICB escalation process	None	None					
02 Quality	NENC/ 0024	O1/07/2022  David Purdue  Ann Fox	And People  NENC ICB Partial Control  3. NENC Quality And Safety Committee	Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk. As a result of the quality of commissioned services not being assessed and monitored within a structured and coordinated process of assurance (including acute, mental health, learning disability and community services), there is a risk that the ICB remains unaware of any quality issues or concerns and associated action plans to address them which could result in patient harm and reputational damage.	5 4 20	All large providers on NHS Standard Contract with clear performance expectations and CQUIN schemes.  ICB designated posts to drive quality agenda, with further support from NECS  ICB Quality and Safety Committee and area qualit and safety subcommittees  Provider Review Groups  Care Quality Commission inspections  ICB internal audit annual programme	Y	Agendas and minuutes for ICB Quality and Safety Committee, Area Quality and Safety subcommittees and Provider Quality Review Groups  Agendas and minutes of ICB Board, Audit Committee and Executive Committee	Care Quality Commission inspection reports Healthwatch reports and reviews	None	Ann Fox  To move from a quality review group look back model of quality assurance to attendance at / involvement in provider internal quality committee / governance meetings to improve timeliness of learning, quality assurance and any emerging risks and concerns.		12 (5). Quarterly 03/06/2024 Deborah Cornell Action target date updated.	4 2	8
02 Quality	NENC/ 0047	06/03/2023  Peter Rooney  Catherine Richardson	NENC ICB Partial Control  3. NENC Quality And Safety Committee	High rates of suspected suicides The rates of suicide in the northeast and north cumbria are the highest in the country at 13.4 per 100,000 people. Suicide is the leading cause of death in our region for men aged 15 - 49 and women aged 20-34. The risk to the ICB is that we do not reduce the suicide rate for people in contact with NHS commissioned and health care delivery services, amenable to healthcare preventative efforts.	4 4 16	Quality and accountability of commissioned services.  Tackling means and methods of suicide	TEWV footprint	Mental Health, Learning Disability and Autism Sub-committee programme reports, performance reports and minutes. Suicide audit in CNTW footprint initially. ADPH project to update response guidelines Suicide audit missing underway on 1st November for CNTW footprint interface with DoN and Safeguarding to be strengthened	prevention strategy now available.  Working with other agencies such as OHID and NHS	Audit is only available on CNTW footprint.  Lack of data to inform decision making and trends.	28/06/2023 30/06/2024  Catherine Richardson suicide prevention ICB programme plan the ICB suicide prevention programme updated in light of new England suicide prevention strategy  Date Entered: 15/12/2023 10:56 Entered By: Catherine Richardson	4 3	12 (5). Quarterly 03/06/2024 Deborah Cornell Action target date updated.	4 2	8
						Improving services through listening and learning from individuals and families.		Mental Health, Learning Disability and Autism Subcommittee programme reports, performance	National suicide prevention strategy - department of health and social	No mechanism in place for near misses and					



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Risk category		Date identified		Description	Initial	Controls	Gaps in control	Internal assurances	External assurances		Actions Action owner	Resid	lual Reviews	Target	
Strategic aim	ref	Director	Level of control Committee		C L Score	e e					Details	C L	Score	C L So	ore
		Risk owner									Progress				
								reports and minutes.  CNTW/TEWV peer network and volunteer	care	lack of data available					
						Equitable, effective and targeted treatment and support for groups known to be at high risk of suicide Programme group established.	post intervention support services, specifically children and young people.	bank support Population health management. Mental Health Learning Disabilities and Autism Sub-committee reports and minutes. Emergency responders suicide prevention training. Review of post intervention support services. Project outputs to reduce self-harm (prevention and support for near miss.) Emergency services data. Scoping within the programme group of what good support looks like for people impacted by a near	NHS England and suicide prevention strategy	None					
						Support and training for NHS staff to increase skills and capability.		miss suicide.  Mental health, Learning Disability and Autism Sub-committee reports and minutes. Plans to delivery training.	Suicide prevention strategy	None					
						Providing effective and appropriate crisis support.	Lack of funding - added to commissioning intentions	Mental health, learning disability and neurodiversity subcommittee	ICP strategy and NHS England	None					
04 System Recovery	NENC/ 0025	19/10/2022  David Purdue  Michael Dunn	Nurse, AHP And People	Significant workforce pressures in maternity services across the system  If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience.  Inadequate workforce will also	4 4 16	Workforce steering group with membership from providers and NHS England	None No	Terms of reference Meeting notes and action plans  Workforce vacancy rates	Regional Maternity Transformation Board oversight Regional Perinatal Quality Oversight Board National tool - Birth	Fragmentati	01/04/2024 31/07/2024  Michael Dunn  Plan being developed	4 3	12 (5). Quarterly 03/06/2024 Deborah Cornell Data quality check undertaken - action	3 2	5
			3. NENC	mean that it will be difficult to implement the actions identified in the Ockenden report and could lead to poor CQC inspections. This could lead to the ICB failing to commission safe services with consequent damage to reputation and potential loss of public confidence in wider NHS service delivery.		Coordinators to work with providers to identify alternative ways of working and looking at sharing good practice	place as yet	received by LMNS team	Rate Plus in place with providers	on within ICB around workforce planning means information not consistently being fed into LMNS			added to reflect gap in control.		
						for 24/25 has been recieved and confirmed	n/a	Confirmation that funding letter has been received and funding has been	Funding letter is provided by National Maternity	None n/a					
						that Ockenden II and III funding is now recurrent		transferred to Provider Trusts	Team (NHSE)						
Key risk: Our he	NENC/ 0028	care services 21/10/2022 David Purdue	NENC Chief Nurse, AHP And People	across the region There are widespread challenges to recruitment nationally and particularly of clinical and social					External partners are part of the Group membership.	None	01/04/2024 31/07/2024  Leanne Furnell  Development of a system-wide plan.	5 3	15 (5). Quarterly 03/06/2024 Deborah Cornell	5 2	0
		Leanne Furnell	NENC ICB Partial Control  3. NENC Quality And Safety	care staff as a result of many factors including EU exit, COVID and post COVID burnout, ageing workforce. This will impact on the delivery of safe services and could lead to lack of access to specific services, drive up waiting times leading to poorer outcomes for patients. This will cause further workload pressures on existing staff which could cause retention issues and potentially lead to staff		NHS England workforce functions emerging (understanding of responsibilities still being explored).		Chief Nurse meetings with counterparts in NHS England. ICB workforce team have regular meetings with counterparts at NHS England. ICB workforce team regular meetings with counterparts at NHS England.	None	None.	Dovolopinion of a System-wide plant.		Data quality check action added to reflect gap in control.	-	
				ill health.		People and Culture Strategy.	long term workforce plan could impact on	Development of a system-wide plan to reduce the risk raised. Reporting arrangements on delivery of the plan being	and co-operation of	None.					



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Risk category Strategic aim	ref	Date identified Director Risk owner	Directorate Level of contro Committee	Description I	Initial C L Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Resi			Score
							Strategy.	finalised. Executive Committee sign-off Developing communications launch due in April 24.	incorporated in the Plan						
03 Workforce	NENC/ 0051	13/07/2023  David Purdue  Ann Fox	NENC Chief Nurse, AHP And People NENC ICB Limited Control 3. NENC Quality And Safety Committee	LeDeR reviews capacity As a result of there being limited dedicated funded resource to undertake LeDeR reviews and a continued increase in the number of reviews required , there is a risk that reviews will not be undertaken effectively and the ICB failing its statutory duty, which could result in limited learning, reduced quality improvement impact, continued circumstances which contribute to early deaths and reputational damage.		Local area contacts are overseeing the workload and timeliness of reviews. LeDer Assurance Group. Quality and Safety Committee. System Quality Group.	Sufficient resource and recurrent funding.	Workforce/budget options appraisal developed for Executive to consider (in the context of ICB 2.0). LeDeR Assurance Group terms of reference, regular meetings and notes. LeDeR annual reports. Minutes of ICB Quality and Safety Committee and System Quality Group.	None	None	O1/05/2023 31/03/2024  Ann Fox  Options appraisal in development  LeDeR assurance group cycle of business under review  Options appraisal delayed as it neede to be informed by national listening event (December 2023). This will be taken forward as part of ICB 2.0.  Proposal to manage LeDeR reviews until March 2024 scheduled for investment committee w/c 18 Dec 2023.  Date Entered: 13/12/2023 14:11 Entered By: Neil Hawkins	3 4	12 (5). Quarterly 24/01/2024 Daniel Webber Updated controls and assurances	3 2	6
02 Quality	NENC/ 0052	01/08/2023  David Purdue  Jenna Wall	NENC Chief Nurse, AHP And People NENC ICB Limited Control 3. NENC Quality And Safety Committee	BPAS termination of pregnancy pathways receiving 'inadequate' CQC rating Risk to the ICB not meeting statutory duties and possible reputational impact due to an 'inadequate' Care Quality Commission rating received for BPAS termination of pregnancy pathways. Quality of service, patient safety and service resilience all concerns from inspection.		Termination of pregnancy pathway  Contract management process  System quality group  National ICB Quality reps established group sharing intelligence and co-producing quality metrics for quality reports and supporting PSIRF deployment alongside	fed in QIG, and is subject to national approval. Current reporting	Information shared with commissioning and contracting to ensure joined up approach and understanding when meeting with provider  Joint contract meetings with BPAS, ICB/NECS Contracting, Quality and Commissioning teams to challenge local action plans and monitor data.  Measurement of KPIs, patient surveys at contract meetings Terms or reference and minutes  Quality reports received in interim and all patient safety incident investigations reported on StEIS and reviewed with BPAS and quality & contracting colleagues.	(Leeds/Newcastle/Doncaster)  South Yorkshire ICB leading on the report for the region. Chaired by NHSE Director of Nursing	None  New contract lead needs to be identified.  None  Metrics being developed, current reporting will continue in interim.	Jenna Wall ICB Quality leads group established to work with BPAS to develop national metrics reporting into national QIG, and subject to their approval.	4 3	12 (5). Quarterly 11/04/2024 Jenna Wall Risk reviewed and updated with new control added.	3 3	9
02 Quality	NENC/ 0049	14/06/2023  David Purdue  Ann Fox	3. NENC Quality And Safety	Continuing Care - variation in practice and compliance within the ICB/ICS As a result of unnecessary variation in how the CHC process is undertaken across the ICB there is a risk that compliance with statutory duties, financial processes, the market and client experience is varied which could result in reputational damage, lack of compliance with statutory duties, inequity and inaccurate/poorly recorded decision making, adverse financial impact and poor financial control within the ICB, negative patient/family experience and adverse impact on the market and workforce.	4 4 16	Development of a Transformation Programme for All Age Continuing Care (AACC)  All Ages Continuing Care Strategic Transformation Group (AACCSTG) and working groups. ICB internal audit annual programme.	requirements development. None	Reporting from AACCSTG to Exec/Quality and Safety Committee and financial sustainability committee. PMO reporting and support in place. Minutes/notes from AACCTSG and working groups. Programme management of workplan. Highlight reports and minutes from Executive and Quality and Safety Committees and System Quality Group.	Reporting to NHSE.  Internal audit reports  Deloitte review and endorsement of improvement plan	None	03/04/2024 31/03/2025  Ann Fox  Support the delivery of the Transformation Project Plan through an All age CHC service Operating Model for 24/25 and deliver ICB 2.0 new organisational structure	4 3	12 (5). Quarterly 03/04/2024 Ann Fox Controls and actions reviewed and updated. Residual score confirmed as 12 which is appropria for the risk at this time.		8



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Risk category Strategic aim	ref	Date identified Director Risk owner	Directorate Level of control Committee		Initial C L Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Resi	Score	Reviews	Tar C L	Score
01 Finance	NENC/ 0004	06/07/2022  David (ICB) Chandler	Directorate  NENC ICB	Delivery of financial position There is a risk that the ICB is unable to deliver its planned financial position, together with a risk around delivery of the wider	4 4 16	Financial plan	None	Finance plan in place.	Audit One - internal audit of key financial controls 22/23 - substantial assurance	Financial plan for 2024/25 to be agreed with NHSE		4 3	3 12	(5). Quarterly  15/05/2024  Richard Henderson	3 3	9
		Richard Henderson	2. NENC Finance, Performance And Investment Commit	For 2023/24, a deficit plan of £49.9m was originally agreed for the ICS as a whole, with a surplus of £32.4m planned for the ICB. Following receipt of additional non-recurring funding and other one-off benefits, a breakeven position has been delivered across the ICS (although this		Efficiency plan in place with financial sustainability group established  Financial reporting and monitoring process	None	Monitored by financial sustainability group with PMO support in place. Audit One - internal audit of key financial controls 22/23 - substantial assurance Monthly finance reports. Audit One - internal audit of	Review of position with NHSE	None Underlying financial				08/05/2024 - risk description and actions etc updated		
				includes £35m of funding which will be excluded from a financial performance perspective). This position remains subject to audit.  Significant recurrent pressures				key financial controls 22/23 - substantial assurance		position work illustrates significant potential financial pressures						
				continue to exist across the ICB and ICS. Work is ongoing to finalise the 2024/25 financial plan which currently reflects a deficit across the ICS, with substantial risks to delivery, including an		Financial controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend	None	Vacancy control process in place and panel in place for approval of any discretionary non-pay spend		None						
				efficiency requirement of over 6%.		Monthly forecasting and variance reporting and plan to date		Reported to Finance, Performance and Investment committee. Audit One - internal audit of key financial controls 22/23 - substantial assurance	'	None						
						NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board		System Recovery Board ICB sighted on FT efficiency plans	NHS Provider FT finance committees	None						
						Financial governance arrangements, financial policies and scheme of delegation	None	Scheme of Delegation approved annually Financial policies reviewed and update annually Audit committee review.	Audit One - internal audit of key financial controls 22/23 - substantial assurance	None						
02 Quality	NENC/ 0006	06/07/2022 Peter Rooney Linda Reiling	And People	Access to adult mental health services There is a risk that people do not receive the right treatment and access to services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes. Increased demand for services as a result of the pandemic and additional service pressures where workforce capacity is reduced contributes to the risk. This would result in patients having poor access to timely and effective treatment, or escalate to crisis. There is an an additional risk of damage to reputation damage to the ICB.	4 4 16	Standard NHS contracts in place with two main providers: Cumbria, Northumberland, Tyne and Wear (CNTW) FT and Tees Esk and Wear Valleys (TEWV) FT, and also with all NHS Talking Therapies anxiety and depression providers. Ensure that the number of people who receive two or more contacts from commissioned community mental health services is compliant.  Contract management and performance oversight systems and processes.		Contract management process Mental health oversight performance group OPEL status Data and digital steering group  Monitored by mental health	NHS England quarterly performance submissions and assurance meeting Workforce planning from NHS England and providers  Mental Health and	oversight	O1/04/2024 31/07/2024  Linda Reiling  Review of the contract management and performance oversight systems and processes through the Mental health Oversight and Performance Group.  O1/04/2024 31/07/2024  Linda Reiling  A review of the outcome of the full system NHS Talking Therapies review to identify any impact for the ICB.	4 3	3 12	(5). Quarterly  03/06/2024  Deborah Cornell  Data quality check undertaken - actions added to reflect gaps in controls and assurances.	4 2	8
						NHS 111 press 2 will be deployed and in place from 30 April 2024. This will change how patients access support and provision across NENC.		performance oversight group and contracting team. Interim arrangements in place with MH and Ambulance Transformation Board around any issues	Ambulance Transformation Leadership Board established.	of services - handover to providers and ICB	Linda Reiling  Review of utilisation to be undertaken and any communications needs identified as a result.					



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isk category trategic aim	ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C L Score	Controls e	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Score	Reviews		Score
						A full system NHS Talking Therapies review has been concluded. This has set out the clinical, contractual and financial challenges for achieving the access targets.	outcome of review.	due to mobilisation.  NENC ICB NHS talkies therapies transformation group.  Mental health performance oversight group monitors data.	Mental health performance oversight group has partner members who attend from mental health providers.	Awaiting decision making regarding full system review.					
Key risk: The q	uality of o	commissioned	health and car	e services varies across the ICB	area and in so	ome places falls below our	high expectation	ns for our public and patie	ents.						
01 Finance	NENC/ 0065	07/11/2023  David (ICB) Chandler  Richard Henderson	NENC Finance Directorate  NENC ICB Partial Control  2. NENC	Medium term financial plan There is a risk that both the ICB and wider ICS are unable to agree a robust, and credible, medium term financial plan which delivers a balanced financial position, either in 2024/25 or future years. The current underlying financial position is a significant deficit across the ICS. Current MTFP do nothing modelling suggests a deficit risk of over £1bn by 2027/28. Delivery of a balanced financial position across the ICS in the short to medium term will require delivery of significant efficiencies and transformational change and presents a huge challenge.	5 5 <b>25</b>	MTFP development programme agreed across the ICS with external support and agreed governance arrangements.  System Recovery Board now established with workforce, elective, procurement and UEC agreed as the live opportunities with a pipeline of workstreams being matured. Plans being developed for each live workstream  Efficiency plan in place with ICB financial sustainability group established	None	Updates on progress reported to FPIC, Chief Executives, ICS DoFs, Exec Committee  Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place	Regular review meetings with NHSE regional and national team	MTFP highlights significant financial deficit with deliverable opportunities / efficiencies to be identified  Efficiency plan to be developed for 24/25. Under-delive ry of recurring	07/11/2023 30/09/2024 Richard Henderson  Work programme being developed from long list of opportunities to inform 24/25 plan and address recurring shortfalls - led by financial sustainability group  08/05/2024 31/03/2025  Richard Henderson  Plans being developed for each workstream under System Recovery Board		(3). Monthly  15/05/2024  Richard Henderson  08/05/2024 - risk description and actions etc updated		10
						NHS Provider FT efficiency plans	None	Reports received from NHS Provider FT finance committees		efficiency schemes in 23/24 Significant risk around delivery of efficiency plans, identified within					
						Financial governance arrangements, financial policies and scheme of delegation  Financial Controls	None	Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review Vacancy control process in	None Assurances	financial plan None  None					
						reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend		place and panel in place for approval of any discretionary non-pay spend							
						ICB investment / business case policy to manage ongoing investments / commitments		Investment / business case policy	None	None					
						Monthly forecasting and variance reporting and plan to date to manage current and underlying position	None	Monthly finance reports. Reported to Finance, Performance and Investment committee.	Monthly review with NHSE regional team and processes in place to highlight variances such as industrial action and prescribing pressures.	inone					
						ICB key financial controls	None	Audit One - internal audit of key financial controls 22/23 - substantial assurance		None					



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Risk category Strategic aim	Risk ref	Date identified	Directorate Level of contro	Description	ln	itial	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner	Residua	Reviews	Т	arget
		Director Risk owner	Committee		C L	Score						Details Progress	C L Sc	ore	CL	Score
04 System Recovery	NENC/ 0067	David Purdue	Tranformation  NENC ICB  Partial Control	Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) compliance There is a risk that the ICB is not fulfilling inpatient C(e)TRs and DSR requirements to identify adults, children and young people with increasing and/or complex health and care needs who may require extra support, care and treatment in the community as a safe and effective alternative to admission to a mental health hospital. This means that the ICB is not compliant with NHS England	4 5	20	Implementation plans.		Plans to be triangulated and process standardised across the ICB to reduce variation. Complex care structure developed within the nursing directorate as part of the ICB 2.0 programme.	There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS England.	Incomplete implementati on plans across the patch	03/04/2023 30/06/2024  Kate O'Brien  NENC ICB SRO / ICB Director / Chief Nurse ICB Place Based Case Managers ICB Place Based Commissioners NENC ICB Regional Manager for Learning Disability and Autism	4 4 1	6 (5). Quarterly 29/05/2024 Deborah Cornell Action target date revised and executive director lead updated.	3	4 12
				policy.			Development of complex care structure.	DSR policy compliance and standardisation of process.	Complex care structure developed within the nursing directorate as part of the ICB 2.0 programme.	There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS	None					
							C(e)TRs completed within the required timeframe.	Workforce capacity to undertake all necessary and higher admissions in some areas of the ICB.	C(e)TRs completed within the required timeframe. Additional support identified to minimise the impact of current staffing capacity. Current staffing capacity will remain in place until completion of ICB 2.0 programme.	England. There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS England.	None					
03 Workforce	NENC/ 0081	17/05/2024  Jacqueline Myers  Thomas Knox	Tranformation  NENC ICB Limited	General Practice (GPs) intention to take industrial action This would be industrial action after a ballot by the BMA and would be IA short of a strike. This would severely restrict the capacity across the integrated care system for GP appointments and would impact on acute providers.	4 4	16	ICC will be established at Pemberton House for duration of any industrial action.	Numerous unknowns and variables and impacts unknown at this time.	Recent experience of other system impacts from industrial action.	Excellent partner engagement to mitigate industrial action.	Numerous unknowns and variables.	17/05/2024 30/08/2024 Thomas Knox Plan to be developed to mitigate as many variables as possible.	4 4 1	6 (3). Monthly 03/06/2024 Deborah Cornell Risk frequency updated. Risk ongoing	3	12
04 System Recovery	NENC/ 0075	18/12/2023  David Gallagher  Paul Turner	NENC Contracting And Procurement  NENC ICB Partial Control  1. NENC Executive Committee	Choice Accreditation There is a risk that the ICB is required under legislation and NHS E policy direction to contract unaffordable levels of IS provider capacity resulting in a risk of achieving financial balance and also an opportunity cost of not being able to prioritise commissioning activities in areas of greatest need.	4 5	20	Established accreditation process in place. Elective service specification and pathway. ICB Executive Committee oversight NENC Contract Group oversight	None	Updated process in place following agreement at Executive Committee. Work underway to maximise use of process to minimise risk. Elective service specification and pathway development being prioritised as far as possible within available resource.	None	None		4 4 1	6 (5). Quarterly 03/06/2024 Deborah Cornell Updated risk owner and assurnces updated.		2 8
01 Finance	NENC/ 0031	David (ICB) Chandler Richard Henderson	NENC Finance Directorate	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation. There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation.  For 2023/24, the capital position	4 5	20	Capital plan	Capital plan included 5% over-programm ing and impact of IFRS16 has now been allocated to systems, resulting in	Agreed ICS capital plan with variance reported monthly. Audit One - internal audit of key financial controls 22/23 - substantial assurance		None	08/05/2024 31/03/2025 Richard Henderson Capital Plan 2024/25 discussion with NHS England.	3 4 1	2 (5). Quarterly 15/05/2024 Richard Henderson 08/05/2024 - risk description and actions etc updated		2 6



													No	orth Cumb	oria
Risk category Strategic aim	ref	Date identified Director Risk owner	Directorate Level of contro Committee	Description I	Initial C L Score	Controls e	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residua C L S		Targe C L S	
			Performance And Investment Commit	across the ICS has been managed with a small overspend relating to IFRS16 which was managed with NHSE at a regional level.  For 2024/25, latest capital plans show a potential pressure of £20m which is being discussed with NHSE. This includes a 5% 'over-programming' allowance that will need to be managed in-year.		Monthly financial reporting and forecasting against capital plans and funding allocation  Provider collaborative process for managing capital spend	shortfall in plans None None	Monthly finance reports, reported to FPI Committee. Audit One - internal audit of key financial controls 22/23 - substantial assurance NENC Infrastructure Board and Capital Collaborative Group established. Updates provided to FPIC Updates to monthly ICS Directors of Finance group. Audit One - internal audit of key financial controls 22/23 - substantial assurance	None	None			22/01/2024 Richard Henderson Risk reviewed and actions added		
01 Finance	NENC/ 0032	16/11/2022  David (ICB) Chandler  Richard Henderson	Directorate	Management of ICB running costs position There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation. An underspend is expected in 2023/24 due to vacancies but this remains a significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26	4 5 20	Financial plan including running costs Financial reporting and monitoring process, including forecasting and variance reporting Staffing establishment control process to manage staffing establishment. Recruitment freeze implemented for all but essential posts Work programme established to oversee the transformation required to manage the 30% reduction in running costs ICB key financial controls	None	Financial plan to show breakeven position Monthly finance reports showing running cost position. Reported to FPI Committee Process in place with appropriate approval required for any staffing establishment changes  Weekly running cost working group in place with transformation group being established  Audit Committee oversight. Finance, Performance and Investment committee	None	None  None  Residual gap in 30% savings target from ICB 2.0 structure None	08/05/2024 31/03/2025 Richard Henderson Action plan being developed, to deliver over 24/25		12 (5). Quarterly 15/05/2024 Richard Henderson Risk score dropped to 12 as 23/24 position delivered and u/spend expected on running costs in 24/25.	3 2	6
04 System Recovery	NENC/ 0077	22/01/2024  Graham Evans  Jennifer Long	NENC Strategy And Tranformation  NENC ICB Limited Control  1. NENC Executive Committee	Primary Care Access and Recovery programme Lack of identified Digital support and estates capacity to support delivery of programme	3 5 <b>15</b>	System Development Funding (SDF) being used to fund short term Digital Project support until 31 March 2024.	No recurrent funding, yet identified monitored through Primary Care and Strategy Development Sub-Committee	Funded until 31 March 2024	NECs providing project support until 31 March 2024	No funding identified after April 2024, will be monitored on a monthly basis until identified.	22/01/2024 31/07/2024  Jennifer Long  Recurrent funding to be identified/monitored through Primary Care and Strategy Development Sub-Committee for digital project support.	3 4	12 (4). 2 Monthly 29/05/2024 Deborah Cornell Data quality check undertaken - initial and residual risks updated as previously recorded incorrectly. Action updated to reflect gap in control/assurance and executive director lead updated.	2 3	6
03 Workforce	NENC/ 0082	03/06/2024  Neil O'Brien  Ewan Maule	Directorate	Medicines team capacity The medicines team has a significantly reduced capacity, impacting on its ability to deliver on both statutory and core functions, as well as system and clinical leadership. The capacity is reduced by 38% as a result of: - NECS SLA - 8.8 WTE vacancies at band 7 - ICB - 2 WTE vacancies at band 8b - vacancy panel has paused a decision on whether these can be appointed to - sickness - 2 WTE medium term sick with workplace stress, resulting from organisational change	3 5 15	Prioritising team workload all work done by the team must directly influence financial sustainability, quality and safety of care, or both. Any other work must be delayed until team capacity is restored	directed by others in the organisation or wider system (e.g. NHSe)	Internal team meetings, medicines sub-committee, financial sustainability group, quality and safety committee	None	None	03/06/2024 01/07/2024  Ewan Maule  No new secondment or reduced hours working requests to be approved  03/06/2024 05/08/2024  Ewan Maule  Request for non-recurrent services obtained from NECS by the team (project management in safety and workforce roles) to be incorporated into SLA recurrently funded posts, thereby reducing ICB spend and minimising vacancies		12 (3). Monthly	0 0	0



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Risk category Strategic aim	Risk ref	Date identified	Directorate Level of control	Description	I	nitial	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner	Re	esidual	Reviews	Та	arget
otratogio aim		Director	Committee		C L	Sc	ore				acourance	Details Progress	C L	Scor	re	C L	Score
		Risk owner										11091033					
												03/06/2024 02/09/2024					
												Ewan Maule					
												Request for remaining vacancies in NECS SLA to be in-housed					
												immediately. This will make the posts					
												more attractive to potential candidates ensure the costs are only incurred	,				
												when the posts are filled and prevent the need for in-housing at a future					
												date. Requires executive approval					
		06/09/2022	NENC Chief	Risk that delayed ambulance		_									_		
02 Quality	NENC/ 0023		Nurse, AHP	handovers impact negatively on	4	5 2	Local A&E Delivery Boards at place (LADB)	Provider not taking direct	Minutes/actions from LADB.	NHS England North East and Yorkshire	None		4	3 12	(5). Quarterly	4 2	2 8
		David Purdue	And People	patient safety and patient flow As a result of delayed ambulance			i ` ` í	action for		region are also					03/06/2024		
			NENC ICB	handovers there is a risk that			System agreement to no delays over 59 mins (form	delays.	Analysis of any serious incidents (SIs) resulting	reviewing ambulance delays.					Deborah Cornell		
		Marc		patient care and safety could be adversely affected which could			beginning of Feb 23).		from delay over 59 mins.						Data quality check		
		Hopkinson		result in poor outcomes and/or harm to patients.					Protocol put in place by ICB in December 23 to						undertaken.		
			3. NENC Quality And	There could also be negative media attention generated which					address any issues of								
			Safety	could damage the ICB's reputation					delayed ambulance hand overs.								
			Committee	and cause the public to lose confidence in the NHS.			ICB winter plan and surge	Dynamic risks	System SitReps during	System Control	None						
							plan		surge periods System-wide Surge	Centre monitoring on a daily basis							
									exercise	between 8am to 8pm.							
							System resilience meeting	s None	System resilience meeting	· ·	None						
							(monthly)		notes/actions.								
									Weekly reporting template of % of handovers over 59								
									mins (by Trust).								
							Quality and Safety Committee and Area	None	Quality and Safety Committee and Area	Scrutiny by NHSE	None						
							Quality and Safety		Quality and Safety								
							Committee.		Committee - minutes, papers and actions.								
							Urgent and emergency	None	Minutes and action plans.	NHS England	None						
							care network.			reporting arrangements.							
Key risk: We fai	I to deliv			which give children the best start	in life		_				ı						
04 System	NENC/ 0066		NENC Strategy And	Autism Approach Pathways Inconsistent approach to Autism	4	5 2	ICS Autism Statement.	ICS Autism	None	None	None	12/10/2023 30/06/2024	4	4 16	(5). Quarterly	4	3 <b>12</b>
Recovery	0000	Jacqueline		Care Pathways resulting in poor				Statement not yet in place.				Kate O'Brien			03/06/2024		
		Myers		post diagnosis support and care			Place based Autism	Data analysis in		Working with Brain	None	Autism Statement to be developed by			Deborah Cornell		
			NENC ICB Partial Control				Strategies	relation to outcomes	based autism strategies.	in Hand in relation to strategy		ICB Place Based Commissioners and			Data quality check		
		Peter Rooney						identified in different		evaluation tools and evaluations of 'what		Place Based Case Managers			undertaken.		
			1. NENC					strategies		is good practice'.		13/10/2023 30/06/2024			Actions added to reflect gaps in		
			Executive Committee				Regional Network to evaluate areas of good	Network not yet established.	None	None	None	Peter Rooney			controls/assurance	:	
							practice - from health and social care services.					Regional Network to be established.					
							Autism Statement	None	Group notes and actions.	Working with Brain	None	Regional Network to be established.					
							Development Group.		Current gaps in support being identified that could	in Hand in relation to strategy							
									potentially be addressed at an ICS level.	evaluation tools and evaluations of 'what							
									an ics level.	is good practice'.							
02 Quality	NENC/ 0027	21/10/2022	NENC Chief Nurse, AHP	There is a risk that children and young people are unable to	4	4 1	CAMHS Partnership Board	None	Performance updates to	None	None	13/10/2023 30/06/2024	4	3 12	(5). Quarterly	3 3	<b>9</b>
	0027	David Purdue	And People	access mental health services			in place Contract review meetings	None	ICB Performance reports;	None	None	Peter Rooney			16/04/2024		
		Davial diduct		they need in a timely manner. As a result of unclear mental			with main foundation trusts	3	quality review group			Joint commissioning processes with			Kate O'Brien		
		Peter Roonev	NENC ICB Partial Control	health pathways for children and young people (CYPS, CAMHS,			Joint commissioning with local authorities	Processes to be agreed	None	None	None	local authorities to be agreed.			Risk owner,		
		ĺ	John of	neurodisability), alongside service			Quality and Safety and	None	Minutes and reports from	None	None				controls,		
				pressures and capacity, increased demand and inconsistencies in			Executive Committees.		Quality and Safety and Executive Committees.						assurances and actions updated.		
				treatment threshold there is a risk that children and young people do			Children and Young	None	Integrated delivery reports.	NHS England	None						
				not receive appropriate treatment			People (CYP) mental		Executive Committee and	monitoring	1 40110						
				which could result in negative outcomes for children, young			health access trajectory in NHS Long Term Plan		Board oversight of performance.	System specialist engagement around							
				people and their families. This could also lead to damage to the			North East and North Cumbria CYP Summit		Outputs report from children and young	neurodevelopment al assessments							
				The state of the s					omuren and young	מו מטטטטטוווטווט		l .				Par	je 9 of 10

NHS North East and North Cumbria corporate risk register (residual score 12 and above)

03/06/2024



Risk category Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	С	Initial L Scor	Controls	Gaps in o	control	Internal assurances	External assurances Gaps in assurance	Actions Action owner Details Progress	Reside C L	Reviews	Target C L Score
				ICB's reputation and there is a potential for legal challenge.						people's mental health summit and recovery plan.	considering the ICBs short-, medium- and longer-term plans to meet growing demands in this				