

NHS North East and North Cumbria
Board Assurance Framework 2025-26 (Q3 2025/26 position)

Background

The Board Assurance Framework aligns to the Integrated Care Strategy which is a joint plan between our local authorities, the NHS and our partners including the community, voluntary and social enterprise sector who form our Integrated Care Partnership (ICP). The ICP is responsible for setting and developing our strategy for health and care in the region and therefore the risks to delivery of the strategic goals have been used to inform the Board Assurance Framework. The Board Assurance Framework has been completed in line with the ICB's risk management strategy which can be accessed here: [risk-management-strategy-v4-jan.pdf](https://www.nenc.nhs.uk/assets/documents/risk-management-strategy-v4-jan.pdf)

NHS North East and North Cumbria – Board Assurance Framework 2025-26 – principal risks

Four principal risks to achieving the ICB's strategic goals have been identified against which current ICB risks are mapped:

Strategic goal	Overarching risk	Current score (highest score of current risks)	Aligned risks in corporate risk register	Responsible committee	
 Longer & healthier lives	The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving. The gap between how long people live in the North East and North Cumbria compared to the rest of England is not on track to reduce by 10% by 2030.	12	NENC/0001 NENC/0009 NENC/0024	NENC/0047 NENC/0116	QSC EC
 Fairer outcomes for all	Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes. The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.	20	NENC/0004 NENC/0006 NENC/0028	NENC/0049 NENC/0098	QSC EC
 Better health & care services	The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients. The ICB does not achieve a good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.	20	NENC/0023 NENC/0065 NENC/0067 NENC/0075 NENC/0084 NENC/0090 NENC/0102	NENC/0032 NENC/0109 NENC/0112 NENC/0021 NENC/0119 NENC/0031	QSC FPIC EC
 Giving children and young people the best start in life	We fail to deliver health and care services which give children the best start in life. The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.	16	NENC/0066	NENC/0111 NENC/0118	QSC EC

QSC – Quality and Safety Committee
FPIC – Finance, Performance and Investment Committee
EC - Executive Committee

			NENC Board Assurance Framework 2025-26	Q3 25/26 position	Date: 15 December 2025		
Goal 1	Longer and healthier lives for all			Lead director(s)	Hilary Lloyd; Neil O'Brien		
Risk category	Quality; System recovery				Jacqueline Myers		
Principal risk	The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving.			Lead Committee(s)	Quality and Safety Committee Executive Committee		
	Rationale for current score System Resilience, Escalation Planning and Management and Business Continuity arrangements Primary care services pressures Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk. High rates of suspected suicides Out of Hospital Team redeployment to All-Age Continuing Care (AACC)						
Risk scores		4	12				
Consequence							
Likelihood		3					
Key controls		Assurances		Gaps			
System-wide surge and escalation plan; ICB Business Continuity Plan; Emergency Planning, Resilience and Response (EPRR) compliance; requirement for providers to notify ICB if Operational Pressures Escalation Levels (OPEL) status is escalated. Place Based Delivery Urgent and Emergency Care groups. Corporate business continuity plan in place.		Annual business continuity cycle. Annual Emergency Planning, Resilience and Response (EPRR) submission to NHS England (NHSE). NHSE regional operational centres provide regional scrutiny and challenge. Addressed in contract meetings if Operational Pressures Escalation Levels (OPEL) status is repeatedly escalated. Escalation process includes close liaison with place-based teams. NHSE regional operational centre provides scrutiny and challenge.		ICB business continuity currently being reviewed in line with changes during ICB 2.0			
Strategic Data Collection Service (SDCS) reporting system to monitor Workforce; Primary Care Network (PCN) transformation agenda linked to Long Term Plan; Primary Care Access Recovery Plan (PCARP); System Overview Group; ICB Primary Care Strategy and Delivery Subcommittee		Monitoring at place-based delivery primary care commissioning groups; Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels; monitoring at place-based delivery primary care commissioning groups		None identified.			
Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and have CQUIN schemes. ICB designated posts to drive quality. Care Quality Commission (CQC) inspections.		Quality and Safety Committee agenda and minutes. ICB Board agenda and minutes. Audit committee agenda and minutes. Executive committee agenda and minutes. CQC inspection reports and HealthWatch		None identified.			
Quality and accountability of commissioned services; Tackling means and methods of suicide; improving services through listening and learning from individuals and families; equitable, effective and targeted treatment and support for groups known to be at high risk of suicide; Programme group established; Support and training for NHS staff to increase skills and capability; providing effective and appropriate crisis support.		Mental health learning disabilities and autism (LDA) subcommittee terms of reference, minutes, programme reports, performance report; Suicide audit in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) footprint initially; CNTW/ Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) peer network and volunteer bank support; ICP strategy and NHS England national suicide prevention strategy now available; suicide prevention strategy		Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) footprint for audit cluster and increasing trend response not consistent across local authorities. Availability of data and funding for training and post intervention support services, specifically children and young people			
Inbox being monitored with triage process in place any issues will be prioritised.		Can recall team for quality assurance issues.		New risk identified - actions in development to address identified gaps.			
Linked Risks							
Ref	Category	Description			Previous Score	Current score	Movement
NENC/0001	System recovery	System resilience, escalation planning and management and business continuity arrangements could lead to communities not receiving level of care needed during an incident, increased pressure across the system and inability to delivery core services			12	12	↔
NENC/0009	System recovery	As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients			12	12	↔
NENC/0024	Quality	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk.			12	12	↔
NENC/0047	Quality	The rates of suicide in the North East and North Cumbria are the highest in the country at 13.4 per 100,000 people. The risk to the ICB is that we do not suicide rate for people in contact with NHS commissioned and health care delivery services who may be amendable to healthcare preventative efforts.			12	12	↔

NENC Board Assurance Framework 2025-26			Q3 25/26 position	Date: 15 December 2025	
Goal 2	Fairer outcomes for all		Lead director(s)	Hilary Lloyd; Kelly Angus	
Risk category	Finance; Quality; Workforce			Levi Buckley; David Chandler	
Principal risk	Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.		Lead Committee(s)	Quality and Safety Committee Finance, Performance and Investment Committee	
	The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.		Rationale for current score Risk that the ICB is unable to deliver its planned financial risk alongside a risk around wider ICS' financial position. Reputational risk due to poor access to adult mental health services. Widespread challenges to recruitment particularly of clinical and social care staff. Unnecessary variation in how Continuing Health Care (CHC) processes are undertaken across the ICB. Practice Level Support Operating and Commissioning Model for 26/27 (General Practice Improvement Programme)		
Risk scores					
Consequence	5	20			
Likelihood	4				
Key controls		Assurances	Gaps		
Financial plan; efficiency plan in place with financial sustainability group established; financial reporting and monitoring; financial governance arrangements, financial policies and scheme of delegation; NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board		Finance plan in place. Scheme of Delegation approved annually. Financial policies reviewed and updated annually. Vacancy control process in place and panel in place for approval of any discretionary non-pay spend. System Recovery Board ICB sighted on Foundation Trust (FT) efficiency plans Monthly reports to NHS England and a review of position with NHSE. Assurances received from each Integrated Care System (ICS) FT provider on review of financial controls. NHS Provider FT finance committees.	Underlying financial position work illustrates significant potential financial pressures		
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.		Contract management process Performance management process OPEL status NHS England quarterly assurance meeting Workforce planning from NHSE and providers	Contract management and performance oversight systems and processes under review.		
Workforce People group People and Culture strategy		Terms of reference, meeting notes, action plans, reports. Chief Nurse meetings with counterparts in NHS England and ICB workforce team have regular meetings with counterparts at NHS England. Plan developed in consultation with and cooperation of the wider system.	Funding of NHS long term workforce plan could impact on ability to deliver strategy.		
Development of a Transformation Programme for All Age Continuing Care (AACC). All Ages Continuing Care Strategic Transformation Group (AACCSTG) and working groups		Reporting from AACCSTG to Exec/Quality and Safety Committees. Minutes/notes from AACCSTG and working groups. Programme management of workplan. Highlight reports and minutes from Exec, Quality and Safety Committee and System Quality Group	None identified.		
NHS England announcement that £10m has been secured to support the programme nationally. Further detail is currently awaited regarding the ICBs funding allocation and a proportion of the funding is expected to support the peer ambassadors programme and development of support for ICBs.		Monitoring funding allocation	Further update received from NHS England suggested an increased likelihood of the ICB becoming responsible for the programme in 26/27 via a new framework, including responsibility for funding and undertaking procurement to initiate a contract with a delivery partner. Confirmation is still awaited from NHS England to confirm the ICB's responsibilities, this therefore delays the timescales for procurement. Funding would also need to be identified by the ICB.		
Linked risks					
Ref	Category	Description	Previous Score	Current score	Movement
NENC/0004	Finance	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 ICS financial position.	20	20	↔
NENC/0006	Quality	Reputational risk due to poor access to adult mental health services.	12	12	↔
NENC/0028	Workforce	Widespread clinical and social care workforce challenges could impact on delivery of safe services, drive up waiting times and lead to poorer outcomes for patients	15	15	↔

NENC/0049	Quality	Continuing Care – variation in practice and compliance within the ICB/ICS could result in reputational damage, non-compliance with statutory duties, adverse financial impact, negative patient/family experience and adverse impact on the market and workforce.	12	8	▼
NENC/0098	Quality	Practice Level Support Operating and Commissioning Model for 26/27 (General Practice Improvement Programme). Proposed delegation of support from NHSE to ICB to begin transfer in 25/26 with no identified resource to undertake.	NEW	12	NEW

NENC Board Assurance Framework 2025-26				Q3 25/26 position	Date: 15 December 2025
Goal 3	Better health and care services				Hilary Lloyd; Neil O'Brien; Jacqueline Myers.
Risk category	Finance; Quality; System Recovery; Workforce				David Chandler; Dave Gallagher
Principal risk	The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients.				Quality and Safety Committee Finance, Performance and Investment Committee Executive Committee
	<p>Rationale for current score</p> <p>Risk that delayed ambulance handovers impact negatively on patient safety and patient flow</p> <p>Medium term financial plan</p> <p>Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) compliance</p> <p>Choice Accreditation</p> <p>Local Authority strategy in relation to case management and associated functions (Continuing Healthcare)</p> <p>Weight loss injections and Right to Choose providers</p> <p>ICB transition programme</p> <p>Management of ICB running costs position</p> <p>ISFE2</p> <p>NECS closure impact</p> <p>ICB Blueprint consultation, NHS England Screening and Immunisation Transfer Undertakings (Protection of Employment) to the ICB and closure of the North of England Commissioning Support service (NECS) closure following NHSE Transition team announcements</p> <p>GP out of hours transfer to PHL (previously Vocare)</p> <p>Risk that ICS is not able to manage capital spend within the confirmed capital funding allocation</p>				
Consequence	5	20			
Likelihood	4				
Key controls		Assurances			Gaps
Local A&E Delivery Boards System agreement to no delays over 59 minutes (from Feb 2023) ICB winter plan and surge plan System resilience meetings ICB Quality and Safety Committee and Area Quality and Safety Subcommittees Urgent and Emergency Care Network (UECN).		Minutes/actions from Local A&E delivery boards. NHS England North East and Yorkshire region reviewing ambulance delays Analysis of any serious incidents resulting from delays. System situation reports (SitReps) during surge periods. Notes/actions from monthly meetings. ICB Quality and Safety Committee minutes, papers and actions. Weekly reporting template of % of handovers over 59 minutes. Urgent and Emergency Care Network minutes and action plans. NHS England reporting arrangements.			None identified.
Medium Term Financial Plan development programme agreed across the ICS with external support and agreed governance arrangements. System Recovery Board now established with workforce, elective, procurement and urgent and emergency care 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		Updates on progress reported to Finance Performance and Investment Committee, Chief Executives, ICS Directors of Finance, Executive Committee Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with Programme Management Office support in place Reports received from NHS Provider Foundation Trust finance committees Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review Vacancy control process in place and panel in place for approval of any discretionary non-pay spend Audit One internal audit of key financial controls 22/23 – substantial assurance.			Medium Term Financial Plan (MTFP) highlights significant financial deficit with deliverable opportunities / efficiencies to be identified Efficiency plan to be developed for 24/25.
Implementation plans for Care, Education and Treatment Reviews (C(e)TR) and Dynamic Support Registers (DSR) registers. Development of complex care structure. Completion of C(e)TRs within required timeframe.		Triangulation of plans and standardised processes. Complex care structure developed within nursing directorate as part of ICB 2.0 NHSE dynamic support register and Care (Education) and Treatment Review policy and guidance. Oversight support meetings with NHSE.			All plans are not yet in place.

Established accreditation process. Prioritisation of elective service specification and pathway development. North East and North Cumbria ICB Contract Group established.	North East North Cumbria (NENC) ICB Contract Group and Executive Committee oversight. Elective service specification and pathway development being prioritised as far as possible within available resource.	None identified.
Meetings have taken place with some local authorities (South Tyneside and Sunderland) to understand their initial intentions. We have been transparent that we are still in the implementation phase of the ICB 2.0 restructure and need to consider HR/employment implications whilst still securing people in roles. We are committed to work together and ensure that citizens are not put at risk. We will seek to establish an ICB strategy. We will continue to meet with and discuss with the Local Authorities.	Internal strategy to be set in relation to ICB direction of travel in relation to case management and back office functions ICB Place Directors and Directors of Nursing have been involved in initial meetings.	LA's may still serve notice on the Section 75
Commissioning policy, ensuring referrals to right to choose providers are in line with locally commissioned service providers	Activity is scrutinised for eligibility before invoices are paid	None identified.
ICB Transition Committee established to meet fortnightly to guide transition. Transition programme team established with dedicated senior responsible officer (SRO). National guidance – e.g. Model Integrated Care Board – Blueprint v1.0 Strategic commissioning transition programme steering group – established, meeting weekly to guide transition programme, reporting into the Transition Committee. Comprehensive staff support offer in place and updated/reviewed regularly. Regular staff communication in place through all staff webinars and senior leaders cascade.	Minutes, papers and highlight reports from Transition Committee. External reporting to NHS England as required. Highlight reports to Transition Committee.	None identified.
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 strategic commissioning transition programme	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 Transition committee established with programme steering group to manage strategic commissioning transition process	Revised ICB structure to be finalised and implemented to deliver required reductions in ICB running costs.
Detailed project plan in place. Project Board established for the ICB with senior responsible officer (SRO) and project team Monthly regional meetings with NHS England to oversee progress Detailed user acceptance testing taking place nationally on new system	Project Board in place with agreed Terms of Reference Regional meetings with NHS England to track progress and escalate issues Project leads and resource identified within ICB finance team along with support from ISFE 2 programme implementation team National ISFE2 Change Champions and other networks Training programme in place with national training sessions, recordings and other resources. Monitoring training uptake by ICB staff.	None identified.
Strategic Transition programme steering group sighted on the issue and considering risk and opportunities. Ongoing programme of work with North of England Commissioning Support (NECS) to review both recurrent and non-recurrent SLAs and determine future need for service (including cessation where appropriate) Continuation of NECS SLA (contract) meeting covering any delivery issues in relation to commissioned services	Notes and actions from Strategic Transition programme steering group. Notes and actions from NECS SLA (contract) meetings. Regular meetings with NECS Executive Team throughout transfer.	None identified.
Stage 1 of the procurement process is now complete and the network has good provision for all aspects of the COVID programme. Systems Vaccination Operation Centre (SVOC) has completed Stage 1 onboarding of 37 new community pharmacy and 5 primary care networks to the network for Spring 25 campaign. System engagement sessions have now been completed.	Risk and impact to service delivery is monitored daily by SVOC and highlighted to the Senior Leadership Team weekly for decision making.	None identified
Provider is undergoing due diligence to ensure contract can be put in place, however they have failed previous 2 submissions.	Following current contracting guidance and working with provider to put assurances in place to ensure fluidity of current provision.	Gaps in financial assurance from provider
Capital Plan Monthly financial reporting and forecasting against capital plans and funding application. Provider collaborative process for managing capital spend.	Agreed Integrated Care System (ICS) capital plan with variance reported monthly. AuditOne – internal audit of key financial controls 22/23 – substantial assurance. Monthly finance reports, reported to Finance, Performance and Investment Committee.	None identified.

			North East and North Cumbria Infrastructure Board and Capital Collaborative Group established. Updates to monthly ICS Directors of Finance group.			
			Linked risks			
Ref	Category	Description		Previous Score	Current score	Movement
NENC/0023	Quality	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow		12	12	↔
NENC/0065	Finance	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		20	20	↔
NENC/0067	System recovery	Care, Education and Treatment Reviews (C(e)TR) and Dynamic Support Registers (DSR) registers not being compliant against the new updated policy and guidance.		12	9	▼
NENC/0075	System recovery	Choice accreditation – risk that the ICB is required to contract unaffordable levels of Independent Sector (IS) provider capacity.		16	16	↔
NENC/0084	Quality	Local Authority strategy in relation to case management and associated functions (Continuing Healthcare)		12	12	↔
NENC/0090	Finance	Weight loss injections and Right to Choose providers		15	8	▼
NENC/0102	Finance	ICB transition programme		15	15	↔
NENC/0032	Finance	Management of ICB running costs position		12	8	▼
NENC/0109	Finance	ISFE 2, the new national finance and accounting system for ICBs is due to go live on 1 October 2025.		12	16	▲
NENC/0112	Workforce	NECS closure impact		15	15	↔
NENC/0021	Quality	ICB Blueprint consultation, NHS England Screening and Immunisation Transfer Undertakings (Protection of Employment) to the ICB and the North of England Commissioning Support (NECS) closure following NHS England Transition team announcements		NEW	15	NEW
NENC0119	Finance	GP out of hours transfer to PHL (previously Vocare). PHL have taken over Vocare contract for out of hours provision in the North affecting Northumberland, Newcastle and North Tyneside. Risk of failure of financial due diligence and valid contract for provision in place until resolved.		NEW	15	NEW
NENC/0031	Finance	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation		9	12	▲

NENC Board Assurance Framework 2025-26			Q3 25/26 position		Date: 15 December 2025			
Goal 4	Giving children and young people the best start in life			Lead director(s)				
Risk category	Quality; System Recovery				Hilary Lloyd; Levi Buckley			
Principal risk	We fail to deliver health and care services which give children the best start in life.			Lead Committee(s)	Quality and Safety Committee Executive Committee			
The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.	Rationale for current score Ineffective Transformation of ADHD and Autism Pathways. Local Maternity and Neonatal System (LMNS) funding allocations System C (BadgerNet) Missing Records							
Risk scores								
Consequence	4	16						
Likelihood	4							
Key controls		Assurances		Gaps				
ICS Autism statement. Place-based autism strategies Regional network Autism Statement Development Group		Working with Brain in Hand to develop evaluation tools. Notes and actions from Autism Statement Development Group		ICB autism statement not yet in place. Regional network not yet established.				
The Local Maternity Neonatal System (LMNS) has reviewed its advised allocation and built a new budget in respect of this. Allocations received by Trusts have not changed in 25/26. However, these have not been confirmed beyond this.		LMNS Programme Delivery Group LMNS Board Maternity and Neonatal Regional Board Regional Perinatal Quality Surveillance		Unable to confirm future Trust funding.				
Clinical harm reviews being undertaken on all women who have been affected by the issue and necessary action to be taken. System C have rolled out an update which will stop this from happening to future records.		Findings will be reported to the ICB and NHS England regional team as part of the ongoing monitoring and assurance.		None identified				
Linked risks								
Ref	Category	Description				Previous Score	Current score	Movement
NENC/0066	System recovery	Ineffective Transformation of ADHD and Autism Pathways.				16	16	↔
NENC/0111	Quality	Local Maternity and Neonatal System funding allocations				12	12	↔
NENC/0118	Quality	System C (BadgerNet) Missing Records				NEW	12	NEW

NHS North East and North Cumbria – Board Assurance Framework 2025-26 – Place risk heatmap

Key risk	Reference	Title	Current score	Place	Category
Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.	PLACE/0042	Autism diagnosis and post diagnosis support	12	Newcastle Gateshead	System Recovery
The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients.	PLACE/0159	Phlebotomy services local incentive scheme - North Cumbria. 18 practices have not signed up to the 12 month North Cumbria local incentive scheme (LIS) agreement which provides some phlebotomy services and other care on behalf of secondary care.	12	North Cumbria	Quality
We fail to deliver health and care services which give children the best start in life.	PLACE/0114	Sensory processing disorder service	12	North Tyneside Northumberland	System Recovery