

Risk category Strategic aim	Risk ref	Date identified	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Risk Appetite
					C	L	Score							C	L	Score		

Key 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.

Goal 1 Longer And Healthier Lives For All	NENC/0001	06/07/2022	NENC Strategy And System Oversight	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	None	Plan reviewed and regularly tested	None	None	01/04/2025	31/03/2026	4	3	12	(6). 6 Monthly 12/06/2025 Marc Hopkinson Risk reviewed and controls and assurances updated.	Outside - controls and actions in place.
		Jacqueline Myers	NENC ICB Full Control		Emergency Planning, Resilience and Response (EPRR) compliance	None identified.	Business continuity policy and plans and review process	Annual assurance undertaken by NHSE Audit One - internal audit of business continuity and EPRR 22/23 - reasonable assurance	None identified.	Action plan in place which is regularly monitored and reviewed following any significant incident									
		Marc Hopkinson	1. NENC Executive Committee		Requirement for providers to notify the System Coordination Centre (SCC)/ICB if Operational Pressures Escalation Levels (OPEL) status is escalated	None	Annual EPRR self-assessment signed off by ICB	EPRR submission to NHSE/ Audit One - internal audit of business continuity and EPRR 22/23 - reasonable assurance	None										
					Place Based Delivery Urgent and Emergency Care groups	None	SCC to monitor and provide system leadership and coordination when necessary to ensure appropriate and proportionate response. Liaison with providers and ICB/EPRR when incidents occur. Performance addressed with providers during contract discussions.	NHS England regional operational centre provide regional scrutiny and challenge.	None										
Goal 1 Longer And Healthier Lives For All	NENC/0024	01/07/2022	NENC Chief Nurse And AHP	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, community and all age continuing care 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.	None	Agendas and minutes for ICB Quality and Safety Committee, Area Quality and Safety subcommittees and Provider Quality Committees	Care Quality Commission inspection reports	None	01/12/2024	31/12/2025	4	3	12	(5). Quarterly 10/07/2025 Ann Fox Risk reviewed and controls, assurances and actions updated.	Outside - controls and actions in place.
		Hilary Lloyd	NENC ICB Partial Control		ICB designated posts to drive quality, safety and assurance agenda.	Healthwatch reports and reviews	Risk controls and assurances in place - no further actions required at last review												
		Sarah Dronsfield	3. NENC Quality And Safety Committee	ICB Quality and Safety Committee and area quality and safety subcommittees	Commissioner assurance reports	Information sharing from local authorities - commissioning and safeguarding partnerships		01/01/2025	31/10/2025										
				Provider Quality Committees	Agendas and minutes of ICB Board, Audit Committee and Executive Committee														
				Care Quality Commission inspections	Safeguarding partnership minutes														
				ICB internal audit annual programme															
				Quality Strategy															
				Commissioner quality assurance visits															
				Local authority information sharing															
				Safeguarding activity															
				Performance information															
				Clinical networks and improvement activity															

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Goal 1 Longer And Healthier Lives For All	NENC/0009	06/07/2022	NENC Strategy And System Oversight NENC ICB Limited Control 3. NENC Quality And Safety Committee	Primary care services As a result of pressure on general practice services there is a risk that services cannot be provided to patients resulting in patient harm, increased attendance at hospital settings and compromised patient flow. This would mean the ICB cannot fulfil its statutory responsibility to deliver primary medical care services and be damaging to the reputation of the ICB.	4	4	16	Strategic Data Collection Service (SDCS) reporting system to monitor workforce. Primary Care Network (PCN) transformation agenda linked to Long Term Plan Operational Pressures Escalation Levels (OPEL) status for practices reported via UEC-RAIDR App Primary Care Access Recovery Plan (PCARP) System Overview Group ICB Primary Care Strategy and Delivery Subcommittee Placed based delivery primary care teams and Support Level Framework aligned to delivery of PCARP Initiatives to support PCARP, the fuller and Long Term Workforce Plan (including ARRS workshops, training hubs, retention and recruitment initiatives, improving links with PCNs and community pharmacy, and digital programme of work). GPPC workforce group in place enabling joint practice recruitment and retention initiatives	None None None None None	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 Support from place-based delivery primary care teams to practices Oversight of PCARP and SDF delivery through System Overview Group and Primary Care Transformation team Minutes and reports for the ICB Primary Care Strategy and Delivery Subcommittee. Board and Executive Committee review of PCARP and Primary Care / Secondary Care Interface System Plan. Monitoring at place-based delivery primary care commissioning groups, co-ordinated by an overview group. Oversight of PCARP and SDF delivery through System Overview Group and Primary Care Transformation team Minutes and reports for the ICB Primary Care Strategy and Delivery Subcommittee. Board and Executive Committee review of PCARP and Primary Care / Secondary Care Interface System Plan. Monitoring at place-based delivery primary care commissioning groups, co-ordinated by an overview group.	Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan None Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan NHS Long Term Workforce Plan System workforce retention reporting Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan NHS Long Term Workforce Plan System workforce retention reporting	None None None	01/04/2025 Alex Sinclair Ongoing actions and initiatives to support PCARP, the fuller and Long Term Workforce Plan (including ARRS workshops, training hubs, retention and recruitment initiatives, improving links with PCNs and community pharmacy, and digital programme of work).	31/03/2026	4	3	12	(5). Quarterly 18/07/2025 Kelly Wilson No changes to risk	Outside - controls and actions in place.
Goal 1 Longer And Healthier Lives For All	NENC/0116	20/08/2025	NENC Chief Nurse And AHP NENC ICB Full Control 3. NENC Quality And Safety Committee	Out of Hospital Team redeployment to All-Age Continuing Care (AACC) Three members of out of hospital team have been redeployed into AACC. This increases the risk that we would be unable to triage/respond to issues concerns raised across care home nursing environments and primary medical care. Resulting in reduction in patient care and increased risk of safeguarding issues.	4	3	12	Inbox being monitored with triage process in place any issues will be prioritised	Capacity of Nursing staff within ICB due to recruitment freeze	Can recall team for quality assurance issues	None identified.	None identified.	01/09/2025 Richard Scott New risk identified - actions in development to address identified gaps.	31/12/2025	4	3	12	(5). Quarterly	Outside - controls and actions in place.

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Goal 1 Longer And Healthier Lives For All	NENC/0047	06/03/2023	NENC Medical Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	High rates of suspected suicides The rates of suicide in the North East 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.	None.	Mental Health, Learning Disability and Autism Sub-committee programme reports, performance reports and minutes. Suicide audit is in place for all north east and north cumbria and first year annual report now published	ICP strategy and NHS England national suicide prevention strategy now available.	social care data still to flow into audit process	12/09/2025	25/05/2026	3	4	12	(4). 2 Monthly	Outside - controls and actions in place.
					Tackling means and methods of suicide	All of local authorities in NENC have now developed an effective suicide cluster and increasing trend response protocol and process. Data from the near real time suicide surveillance is shared weekly to support these processes.		ADPH project to update response guidelines interface with DoN and Safeguarding to be strengthened	Working with other agencies such as OHID and NHS England.	further clarification required and feedback from the national Samaritans function on reporting harmful online content	Catherine Richardson Report shared with ICB Q&S and MHLDN subcommittees to request support detailing the number of 0-24 year olds who self harm and do not receive treatment.	14/09/2025 Catherine Richardson Review of controls and assurance. Risks updated and additional added. Risk score reviewed							
					Improving services through listening and learning from individuals and families.	a pilot process established through engagement via arts and creative writing with high risk groups who experience suicidal thoughts. CNTW/TEWV peer network and volunteer bank support only support those in contact with secondary mental health services not community interface		Mental Health, Learning Disability and Autism Subcommittee programme reports, performance reports and minutes.	National suicide prevention strategy - department of health and social care	No effective mechanism in place for near misses and lack of data available									
					Equitable, effective and targeted treatment and support for groups known to be at high risk of suicide.	Availability of data and funding for training and post intervention support services, specifically children and young people. Training funded and will be available from July 25 to primary care, NHS FT's and emergency responders		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 miss suicide.	NHS England and suicide prevention strategy	None									
					Programme group established.	Near mis suicide data is still not flowing to allow analysis of higher risk groups and pathways		CNTW/TEWV peer network and volunteer bank support to develop interface with communities											
Support and training for NHS staff to increase skills and capability.	Training available from July 25	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 however pressures on	Mental health, learning disability and neurodiversity subcommittee	ICP strategy and NHS England	Funding to establish full coverage of alternative to crisis provision															

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								Gap in treatment for children and young people aged 0-24 years who self harm and therefore at higher risk of suicide	SDF has meant no full coverage of alternative to crisis provision in NENC, specifically Durham Pilot of hub and spoke model for James Place will run Autumn 25 RCRP established across NENC County Durham and Teesside currently have no safe haven established There is no current agreed implementation plan to reduce the gap between those with mental health conditions aged 0-24 years and those receiving treatment. This treatment gap has been identified in 2 local areas covering both CNTW FT and TEWV FT.	Details submitted to Quality and Safety Subcommittee and Mental Health, Learning Disability and Neurodiversity Subcommittee with recommendation that further health needs assessments are undertaken and that an implementation plan is developed based on evidence based interventions.	NHS England	No agreed strategic implementation plan to close the treatment gap for 0-24 year olds						

Key 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.

Goal 2 Fairer Health Outcomes For All	NENC/0004	06/07/2022	NENC Finance Directorate	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.	5	5	25	Financial plan	None	Finance plan in place.	Audit One - internal audit of key financial controls 22/23 - substantial assurance	None	01/04/2025	31/12/2025	5	4	20	(5). Quarterly	Outside - controls and actions in place.	
		David (ICB) Chandler	NENC ICB Partial Control					Efficiency plan in place with financial sustainability group established	None	Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place.	Reported to NHSE each month.	None	For 2025/26, a balanced financial plan has been agreed across the ICS, including a planned ICB surplus of £11.8m. Delivery of that planned position will be extremely challenging and there are unmitigated net risks of over £240m across the ICS, including almost £34m net risk for the ICB.					25/06/2025		Ruby Burdis
		Richard Henderson	2. NENC Finance, Performance And Investment Commit	For 2025/26, a balanced financial plan has been agreed across the ICS, including a planned ICB surplus of £11.8m. Delivery of that planned position will be extremely challenging and there are unmitigated net risks of over £240m across the ICS, including almost £34m net risk for the ICB. For the ICB the key risks include: - Prescribing cost growth and delivery of efficiency targets - All-age continuing care costs including substantial efficiency targets - Elective activity growth now that elective recovery funding is capped				Financial reporting and monitoring process	None	Monthly finance reports. Audit One - internal audit of key financial controls 22/23 - substantial assurance	Review of position with NHSE	Underlying financial position work illustrates significant potential financial pressures		Update from Richard Henderson 25.06.25 - Minor update to risk description. No change to risk score						
				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		Independent review of financial controls across the ICS	None											
				Monthly forecasting and variance reporting and plan to date	Latest forecasts show a potential net risk across the ICS for 2025/26	Reported to Finance, Performance and Investment committee. Audit One - internal audit of key financial controls 22/23 - substantial assurance		Monthly review with NHSE regional team and processes in place to highlight variances	None											
				NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board	None	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											

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								Indicative Activity Plans developed for all relevant contracts with Activity Management Plan process to be invoked to support management of activity within affordable levels	None	Activity Management Process implemented with indicative activity plans developed	None	Risks for challenges to IAPs from some providers and uncertainty in how effective activity management process will be given the process is new								
Goal 2 Fairer Health Outcomes For All	NENC/0028	21/10/2022 Kelly Angus Jayne Aitken	NENC People Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Clinical and social care workforce across the region There are widespread challenges to recruitment nationally and particularly of clinical and social care staff as a result of many factors including staff burnout, ageing workforce, National Financial Challenges in the Public Sector. 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 ill health.	5	4	20	ICS People Partnership Forum. ICS People Strategy Group (on hold) People governance to be reviewed inline with upcoming changes to ICB staffing structures. NHS England workforce functions emerging (understanding of responsibilities still being explored). People and Culture Strategy. Health & Growth Accelerator	None None within the ICB control. Funding of NHS long term workforce plan could impact on ability to deliver Strategy. Staff stress and burnout	Terms of reference, meeting notes, action plans. Terms of reference (developed - awaiting sign off). 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. Regional meetings on productivity and workforce planning are in place. Development of a system-wide plan to reduce the risk raised. Reporting arrangements on delivery of the plan being finalised. Executive Committee sign-off Developing communications launch after board sign off. Development of a system Health & Wellbeing offer, including the expansion of the Mental Health & Wellbeing Hub for 25/26.	External partners across the health and care system are part of the two groups membership. None Developed in consultation with and co-operation of the wider system with comments incorporated in the strategy. Socialising final draft with system colleagues. Reduce stress and burnout	None None. None.	01/06/2025 31/03/2026 Jayne Aitken Risk controls and assurances in place - no further actions identified at last review.	5	3	15	(5). Quarterly 27/08/2025 Jayne Aitken Reviewed Risk no major changes needed	Outside - controls and actions in place.		
Goal 2 Fairer Health Outcomes For All	NENC/0049	14/06/2023 Hilary Lloyd Kate OBrien	NENC Chief Nurse And AHP NENC ICB Partial Control 3. NENC Quality And Safety Committee	All Age 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 (AACCTSG) and working groups. ICB internal audit annual programme. AACC Task Force now in place to support delivery	None None None	Reporting from AACCTSG 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. Task force will address weakness (Capacity and responsiveness from enabling teams)	Reporting to NHSE. Internal audit reports Deloitte review and endorsement of improvement plan Task force governance will support system engagement via AACC STG	None None None	01/04/2025 31/03/2026 Kate OBrien Working groups established within task force to address gaps identified: - Workforce gaps and engagement - BI/ data and information - relationships with Local Authorities - improvement methodology re: policies and procedures	4	3	12	(5). Quarterly 10/07/2025 Ann Fox Risk reviewed - controls and actions updated.	Outside - controls and actions in place.		

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Goal 2 Fairer Health Outcomes For All	NENC/0006	06/07/2022	NENC Delivery Directorate	<p>Reputational Risk Due to Poor Access to Adult Mental Health Services</p> <p>There is a risk of reputational damage to the Integrated Care Board (ICB) due to challenges in ensuring timely and effective access to adult mental health services. Contributing factors include limited-service capacity, inconsistent treatment thresholds and inefficient referral processes. Increased demand following the pandemic and workforce pressures exacerbate these issues. This could result in negative perceptions of the ICB's ability to meet population needs, diminished stakeholder confidence, and adverse outcomes for patients, including delayed or inadequate care and potential escalation to crisis situations.</p>	4	4	16	<p>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.</p> <p>Contract management and performance oversight systems and processes. NHS 111 select 2 was deployed from April 2024. This will change how patients access support and provision across NENC.</p> <p>There is a signed MoU agreement between providers around how they will collectively deliver this provision.</p> <p>Providers are currently undertaking an evaluation which will be presented to the MHLDA subcommittee. 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.</p>	None	<p>Contract management process</p> <p>Mental health oversight performance group</p> <p>OPEL status</p> <p>Data and digital steering group</p>	<p>NHS England quarterly performance submissions and assurance meeting</p> <p>Workforce planning from NHS England and providers</p>	<p>Review of contract management and performance oversight systems and processes through MH oversight and performance group.</p>	<p>01/04/2025 31/03/2026</p> <p>Linda Reiling</p>	4	3	12	<p>(5). Quarterly</p> <p>01/09/2025</p> <p>Linda Reiling</p> <p>Risk reviewed - actions and controls updated.</p>	Approaching - controls and actions in place
		<p>Levi Buckley</p> <p>Peter Rooney</p>	NENC ICB Partial Control		3. NENC Quality And Safety Committee	<p>Risk that ASD population may not utilise this provision.</p> <p>MH and Ambulance Transformation Group has now been closed down due to the successful implementation and therefore this moves into business as usual.</p> <p>Currently conversations are taking place with the emergency urgent care board who link this work into that remit as part of business as usual.</p> <p>None.</p> <p>NENC ICB NHS talkies therapies transformation group. Mental health performance oversight group monitors data. MHLDA subcommittee.</p> <p>Northumberland and North Tyneside meetings to be established.</p> <p>Strong links through local delivery teams, with strong clinical lead involvement across the ICB and Trusts.</p>	<p>Evaluation going through subcommittee in December and plans to move business as usual into UEC programme in the new year.</p> <p>Mental health performance oversight group and MHLDA subcommittee has partner members who attend from mental health providers.</p> <p>None at present.</p>	<p>None identified.</p> <p>Linda Reiling</p> <p>Review of utilisation to be undertaken and any communications needs identified as a result.</p> <p>01/04/2025 31/03/2026</p> <p>Linda Reiling</p> <p>Talking Therapies report presented to MHLDA subcommittee every quarter to update on progress and any funding allocations.</p> <p>In August 2025 a Talking Therapies and Autumn Statement funding report was presented to subcommittee. Next update is due in November 2025.</p> <p>Date Entered : 01/09/2025 10:14 Entered By : Neil Hawkins</p>	<p>None.</p> <p>None.</p>	<p>None.</p>	<p>01/04/2025 31/03/2026</p> <p>Linda Reiling</p>	<p>Update on progress and any funding allocations.</p>						

Key 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.

Goal 3 Improving Health And Care Services	NENC/0065	07/11/2023	NENC Finance Directorate	<p>Medium term financial plan</p> <p>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 in future years. There is also a risk that the challenging financial position impacts on the delivery of ICB strategic priorities.</p> <p>The current underlying financial position is a significant deficit across the ICS. Current MTFP do nothing modelling suggests a deficit risk of c.£1.2bn by 2027/28.</p> <p>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.</p>	5	5	25	<p>MTFP development programme agreed across the ICS with external support and agreed governance arrangements.</p> <p>System Recovery Board now established with workforce, elective, procurement and Service reform agreed as the live opportunities with a pipeline of workstreams being matured. Plans being developed for each live workstream</p> <p>Efficiency plan in place with ICB financial sustainability group established</p>	None	<p>Updates on progress reported to FPIC, Chief Executives, ICS DoFs, Exec Committee</p> <p>A list of 'difficult decision' material changes discussed and finalised during planning round to now be taken forward.</p>	<p>Regular review meetings with NHSE regional and national team</p>	<p>MTFP highlights significant financial deficit with deliverable opportunities / efficiencies to be identified</p>	<p>01/04/2025 31/03/2026</p> <p>Richard Henderson</p> <p>MTFP to be refreshed by December 2025</p> <p>Underlying recurrent financial position to be updated as part of month 5 financial reporting (Sept 25)</p> <p>01/04/2025 31/03/2026</p> <p>Richard Henderson</p>	5	4	20	<p>(3). Monthly</p> <p>12/09/2025</p> <p>Richard Henderson</p> <p>Update to actions, no change to risk score.</p>	Outside - controls and actions in place.
		<p>David (ICB) Chandler</p> <p>Richard Henderson</p>	NENC ICB Partial Control		2. NENC Finance, Performance And Investment Commit	<p>None</p> <p>Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place</p>	<p>Reported to NHSE each month.</p> <p>Efficiency plan developed for 25/26. Under-delivery of recurring efficiency schemes in</p>	<p>Independent review of financial controls alongside CIP plans and financial plans/risks undertaken to identify potential opportunities</p>										

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				<p>2025/26 continues to be extremely challenging financially and this is expected to remain the case for the foreseeable future.</p> <p>Additionally, the announcements of structural changes in the ICS made during the planning round have created uncertainty, distraction and a reduction in resource to deliver transformation programmes.</p> <p>There will be an increased challenge to agreeing a system MTFP in a changed commissioner / provider environment, with current uncertainty around responsibility for the system position in future.</p>				<p>NHS Provider FT efficiency plans</p> <p>Financial governance arrangements, financial policies and scheme of delegation</p> <p>Financial Controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend</p> <p>ICB investment / business case policy to manage ongoing investments / commitments</p> <p>Monthly forecasting and variance reporting and plan to date to manage current and underlying position</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>Reports received from NHS Provider FT finance committees</p> <p>Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review</p> <p>Vacancy control process in place and panel in place for approval of any discretionary non-pay spend</p> <p>Investment / business case policy</p> <p>Monthly finance reports. Reported to Finance, Performance and Investment committee.</p>	<p>NHS Provider FT finance committees</p> <p>None</p> <p>Assurances received from each ICS FT provider on review of financial controls. All recurrent investments over £250k shared across system</p> <p>None</p> <p>Monthly review with NHSE regional team and processes in place to highlight variances such as industrial action and prescribing pressures.</p>	<p>24/25 Significant risk around delivery of efficiency plans, identified within financial plan</p> <p>None</p> <p>None</p> <p>None</p>						
Goal 3 Improving Health And Care Services	NENC/0075	18/12/2023 David Gallagher Paul Turner	NENC Contracting And Procurement NENC ICB Partial Control 1. NENC Executive Committee	<p>Choice Accreditation</p> <p>There is a risk that the ICB is required under legislation and NHS E policy direction to contract unaffordable levels of independent sector (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.</p>	4	5	20	<p>Established accreditation process in place. Elective service specification and pathway. ICB Executive Committee oversight</p> <p>NENC Contract Group oversight</p>	None	<p>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.</p>	None	None	02/09/2024 Paul Turner 01/10/2025 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.	4	4	16	(5). Quarterly 04/07/2025 Reviewed and no changes required	Outside - controls and actions in place.
Goal 3 Improving Health And Care Services	NENC/0067	03/04/2023 Hilary Lloyd Kate OBrien	NENC Chief Nurse And AHP NENC ICB Partial Control 1. NENC Executive Committee	<p>Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) compliance</p> <p>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 policy.</p>	4	5	20	<p>Implementation plans.</p> <p>Development of complex care structure.</p>	<p>Not all plans in place as yet.</p> <p>DSR policy compliance and standardisation of process.</p>	<p>Plans to be triangulated and process standardised across the ICB to reduce variation. Complex care structure developed within the nursing directorate.</p> <p>Complex care structure developed within the nursing directorate as part of the ICB 2.0 programme.</p>	<p>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.</p> <p>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</p>	<p>Incomplete implementation on plans across the patch</p> <p>None</p>	01/04/2025 Kate OBrien 31/03/2026 Action plan in development.	4	4	16	(5). Quarterly 03/09/2025 Neil Hawkins Risk reviewed at Director of Nursing meeting. Risk owner to review/update further. Responsible directorate updated to nursing directorate.	Outside - controls and actions in place.

Risk category Strategic aim	Risk ref	Date identified	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Risk Appetite	
					C	L	Score							C	L	Score			
Goal 3 Improving Health And Care Services	NENC/0090	18/11/2024	NENC Medical Directorate NENC ICB Limited Control 1. NENC Executive Committee	Weight loss injections and Right to Choose providers NENC GPs are able to refer to Right to Choose providers for weight management services, including prescribing of weight loss drugs. Long waiting lists for local NHS Tier 3 specialist weight management services increases the likelihood of GPs doing so. As a result there is the risk of significant financial pressures resulting from the charges back to the ICB for consultations and drug costs.	4	5	20	Commissioning policy, ensuring referrals to right to choose providers are in line with locally commissioned service providers	None	NCA activity is scrutinised for eligibility before invoices are paid	N/A	None	12/03/2025 Ewan Maule Potential new powers in planning guidance to cap referrals and spend. Awaiting further clarification from finance. National webinar being led by NHSe on 10th April Date Entered : 03/04/2025 16:24 Entered By : Ewan Maule	01/10/2025	3	5	15	(5). Quarterly 02/07/2025 Ewan Maule Updated - no change	Outside - controls and actions in place.
Goal 3 Improving Health And Care Services	NENC/0112	02/07/2025	NENC Strategy And System Oversight NENC ICB Limited Control 1. NENC Executive Committee	NECS closure impact. As a result of the decision to close all Commissioning Support Units (CSUs) nationally, there is a risk that the services currently provided by the North of England Care System Support (NECS) through the agreed service level agreement (SLA) with the ICB do not transfer successfully to the ICB before NECS closure. In addition, the capacity and skills within NECS may be lost through staff leaving the organisation, leaving vital systems vulnerable (e.g. GPIT, RAIDR, SIRMS).	5	4	20	Strategic Transition programme steering group sighted on the issue and considering risk and opportunities. Ongoing programme of work with 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	None identified.	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.	17/07/2025 Craig Blair A short paper is being prepared for Exec setting out the opportunities and key risks for the ICB. Currently there is lack of clarity over the process for "CSU Closedown" and what if any services may be provided once/nationally etc.	15/10/2025	5	3	15	(5). Quarterly 17/07/2025 Neil Hawkins New risk identified.	Outside - controls and actions in place.
Goal 3 Improving Health And Care Services	NENC/0102	14/05/2025	NENC Strategy And System Oversight NENC ICB Limited Control 1. NENC Executive Committee	ICB transition programme. As a result of the pace of change required to meet the ICB transition programme timescales, alongside staff capacity to deliver the requirements, there is risk that the ICB fails to deliver a revised ICB operating model within the timescales required. Staff morale and capacity could be adversely affected, alongside pressure on the delivery of ongoing ICB statutory responsibilities. In addition there is a risk surrounding skills retention through the transition process, ensuring the ICB retains the skill and capacity to deliver the strategic commissioning role - which is further compounded through the lack of clarity concerning responsibilities that may in time transition away from the ICB but need to continue post	5	4	20	ICB Transition Committee established to meet fortnightly to guide transition. Transition programme team established with dedicated SRO. National guidance - e.g. Model Integrated Care Board - Blueprint v1.0. New guidance concerning model region and good practice documents covering SEND, safeguarding, medicines optimisation and continuing healthcare released by NHSE on 09 September. Strategic commissioning transition programme steering group - established, meeting	None identified at last review.	Minutes, papers and highlight reports from Transition Committee.	Reporting to NHS England as required.	None identified at last review.	14/05/2025 Craig Blair Regular reporting to Board to be established through highlight reporting.	31/12/2025	5	3	15	(3). Monthly 10/09/2025 Neil Hawkins Risk reviewed and updated to include publication of model region blueprint and good practice guides covering SEND, CHC, safeguarding and medicined optimisation bu NHSE on 09 September 2025.	Outside - controls and actions in place.

Risk category Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Risk Appetite
					C	L	Score							C	L	Score		
				reorganisation with less resource to ensure safe delivery.				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.	None identified at last review.	None identified at last review.	None identified at last review.	None identified at last review.						
Goal3 Improving Health And Care Services	NENC/0084	09/07/2024 Hilary Lloyd Vicky Playforth	NENC Chief Nurse And AHP NENC ICB Limited Control 1. NENC Executive Committee	Local Authority strategy in relation to case management and associated functions As a result of the decisions being taken by some LA's (South Tyneside and Sunderland)with regard to intention to cease to undertake activities on our behalf, i.e., CHC Case management and associated functions (i.e legal, brokerage, financial transactions) there is a risk that ICB teams may become overwhelmed , capacity to deliver the function may not transfer with the responsibility and additional pressure /risk may be incurred (particularly if additional LA's make similar strategic business decisions) which could result in reduced oversight of vulnerable citizens and potential harm, additional pressures within ICB teams and reputational risk/damage to the ICB.	4	5	20	Meetings have taken place with LA in 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.	The LA's may decide to serve notice on Sec 75 arrangements regardless.	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. Finance aware and to have continued involvement to measure risk.	We need to understand the activity, funding budget and workforce issues the LA;s describe as otherwise risk of taking back an underfunded function. All cases would need to be up to date in terms of reviews, DoLS, COP DoLS Continued commitment to meeting	LA's may still serve notice on the Section 75 Chief Nurse, Deputy Chief Nurse will need to liaise with ICB Exec and Director colleagues and establish a direction of travel and strategy and approach to potential transformation of AACC case management functions across the ICB. 01/04/2025 01/08/2025 Vicky Playforth Meetings arranged 16/01/25 and 13/02/25 to link in with the Local Authorities DAS's in South Tyneside and Sunderland, ICB LDT's, Directors of Nursing, ICB finance and AACC/complex case management teams to confirm what elements will be considered for handing back to the ICB and how this may be managed operationally and in terms of risk and quality.	3	4	12	(5). Quarterly 26/06/2025 Vicky Playforth To consider if this Place risk needs to now be removed with the new ICB blueprint and engagement with all LAs and partners in relation to future lead convener/provider collaborative arrangements	Outside - controls and actions in place.	
Goal3 Improving Health And Care Services	NENC/0032	16/11/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	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. Spend is currently being managed within allocation with underspends on vacancies, but this remains a potential risk given expected 50% ICB cost reductions expected to be delivered by Q3 25/26.	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 strategic commissioning transition programme ICB key financial controls	None None None 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 Transition committee established with programme steering group to manage strategic commissioning transition process	None None None	None None Revised ICB structure to be finalised and implemented to deliver required reductions in ICB running costs None	01/07/2025 31/12/2025 Richard Henderson Revised ICB structure to be finalised and implemented to deliver required reductions in ICB running costs	4	3	12	(5). Quarterly 25/06/2025 Richard Henderson Updated risk to reflect 25/26 and strategic commissioning transition programme. Increased risk score to reflect risk around transition.	Approaching - controls and actions in place
Goal3 Improving Health And Care Services	NENC/0023	06/09/2022 Hilary Lloyd Marc Hopkinson	NENC Strategy And System Oversight NENC ICB Partial Control 3. NENC	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow. As a result of delayed ambulance handovers there is a risk that patient care and safety could be adversely affected which could result in poor outcomes and/or harm to patients. There could also be negative media attention generated which	4	5	20	Local A&E Delivery Boards at place (LADB) System agreement to no delays over 59 mins (form beginning of Feb 23). Handover work work programme established	Provider not taking direct action for delays.	Minutes/actions from LADB. Analysis of any serious incidents (SIs) resulting from delay over 59 mins. System resilience framework implemented during system pressures	NHS England North East and Yorkshire region are also reviewing ambulance delays.	None	01/04/2025 31/03/2026 Marc Hopkinson Ongoing monitoring at LADB with escalation where required	4	3	12	(5). Quarterly 03/09/2025 Neil Hawkins Responsible directorate updated following discussions at Directors of Nursing	Outside - controls and actions in place.

Risk category Strategic aim	Risk ref	Date identified	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Risk Appetite
					C	L	Score							C	L	Score		
			Quality And Safety Committee	could damage the ICB's reputation and cause the public to lose confidence in the NHS.				ICB winter plan and surge plan	Dynamic risks	(Direct Policy) System SitReps during surge periods System-wide Surge exercise	System Centre monitoring on a daily basis between 8am to 8pm 17 days co-ordination.	None						
								System resilience meetings (monthly)	None	System resilience meeting notes/actions.	Scrutiny by NHSE	None						meeting.
								Quality and Safety Committee and Area Quality and Safety Committee.	None	Weekly reporting template of % of handovers over 59 mins (by Trust). Quality and Safety Committee and Area Quality and Safety Committee - minutes, papers and actions.	Scrutiny by NHSE	None						
								Urgent and emergency care network. Oversight	None	Minutes and action plans.	NHS England reporting arrangements.	None						

Goal 3 Improving Health And Care Services	NENC/0109	25/06/2025	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	ISFE 2 ISFE 2, the new national finance and accounting system for ICBs is due to go live on 1 October 2025. There is a risk around the resource and capacity within the ICB to manage the implementation of the system at a time of significant change, together with a risk around continued delays in the national process which could result in system issues at go-live and potential delays in payments to suppliers.	5	4	20	Detailed project plan in place. Project Board established for the ICB with SRO and project team Monthly regional meetings with NHSE to oversee progress Housekeeping actions underway for some time to minimise potential issues linked to cut-over Detailed user acceptance testing taking place nationally on new system	None None None	Project Board in place with agreed Terms of Reference Project leads and resource identified within ICB finance team along with support from ISFE 2 programme implementation team Additional resource identified within finance to focus on housekeeping actions Training programme in place with national training sessions, recordings and other resources. Monitoring training uptake by ICB staff.	Regional meetings with NHSE to track progress and escalate issues National ISFE2 Change Champions and other networks None None	None None None	01/09/2025 Richard Henderson 31/12/2025 Richard Henderson Training programme in place with national training sessions, recordings and other resources. Monitoring training uptake by ICB staff.	4	3	12	(4). 2 Monthly 12/09/2025 Richard Henderson Additional assurance added, no change to risk score	Approaching - controls and actions in place
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Key risk: We fail to deliver health and care services which give children the best start in life.

Goal 4 Best Start In Life For Children+Young People	NENC/0066	13/10/2023	NENC Delivery Directorate NENC ICB Partial Control 1. NENC Executive Committee	Ineffective Transformation of ADHD and Autism Pathways. The rising demand for ADHD and autism diagnostic assessments, combined with insufficient service capacity, creates a significant risk of prolonged waiting times, inequitable access, and unmet needs for individuals requiring care. Reliance on self-funded and non-NHS pathways raises concerns about quality, continuity, and integration with NHS services. Additionally, resource constraints, workforce shortages, and challenges in stakeholder coordination may hinder the effective implementation of the proposed all-age neurodivergence group and pathway transformation. Failure to address these issues could result in poorer health outcomes, increased health inequalities, reputational damage to the ICB, and long-term financial pressures on the system.	4	5	20	ICS Autism Statement. Place based Autism Strategies Regional Network to evaluate areas of good practice - from health and social care services. Autism Statement Development Group. Establishment of the All-Age Neurodivergence Group: The group will oversee the transformation program, providing leadership, setting priorities, and ensuring alignment with the ICB's strategic goals. Defined Scope and	ICS Autism Statement not yet in place. Data analysis in relation to outcomes identified in different strategies Network not yet established. None None identified.	None ICB review of all place based autism strategies. None Notes and actions from the All-Age Neurodivergence Group and teak and finish groups.	None Working with Brain in Hand in relation to strategy evaluation tools and evaluations of 'what is good practice'. None Working with Brain in Hand in relation to strategy evaluation tools and evaluations of 'what is good practice'. None identified.	None None None None identified.	01/04/2025 Peter Rooney Autism Statement to be developed by ICB Place Based Commissioners and Place Based Case Managers 01/04/2025 Peter Rooney All age ADHD and Autism programme to be established and to be the central point of triangulation with regards to this area of risk. 01/08/2025 Linda Reiling Briefing report to outline the significant challenges across Autism and ADHD pathways within NENC. While many of these challenges reflect national trends the local trajectory is unsustainable without urgent system-wide intervention. This report presented proposed actions and next	4	4	16	(5). Quarterly 01/09/2025 Linda Reiling Risk reviewed and updated.	Outside - controls and actions in place.
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Risk category Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Risk Appetite	
					C	L	Score							C	L	Score			
								Objectives: Ensure the scope of the program is realistic, with clear, phased objectives and milestones, to avoid overcommitment and ensure achievable progress. Stakeholder Coordination via Task-and-Finish Groups: Use task-and-finish groups to address specific elements of the pathway transformation, ensuring focus on high-priority areas while maintaining oversight by the steering group.					steps for ICB Executives to consider in August 2025. The Executives supported the proposed actions and next steps in principle and that work will be undertaken and prioritised in the coming weeks/months.						
Goal 4 Best Start In Life For Children+Young People	NENC/0111	06/05/2025 Hilary Lloyd Michael Dunn	NENC Chief Nurse And AHP NENC ICB Full Control 3. NENC Quality And Safety Committee	Local Maternity and Neonatal System (LMNS) Funding Allocations Although 25/26 LMNS funding has been confirmed, there is a reduction in the funding advised by the NHS England national team vs the allocations actually received. This does not impact the 8 NENC Provider Trusts as their allocations remain the same as previous year. However, the ICB are unable to confirm if this will continue in future financial years, in line with the ICB Strategic Commissioning Transition Programme. Reduction in the 25/26 LMNS allocation has impacted funding the LMNS receives in respect of implementation of the Equity and Equality plan. A further potential reduction in funding allocations will require a review of provider trusts allocations which are currently used in the provision of critical clinical services and staffing.	4	4	16	The 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.	Unable to confirm future Trust funding.	LMNS Programme Delivery Group LMNS Board	Maternity and Neonatal Regional Board Regional Perinatal Quality Surveillance	N/A	06/05/2025 Michael Dunn The 25/26 LMNS budget has now been confirmed and agreed by the Chief Nursing and AHP Officer. The LMNS have been able to meet their efficiency requirement. However, this will impact of the implementation of the equity and equality plan year 4.	31/03/2026	4	3	12	(3). Monthly 04/09/2025 Michael Dunn Awaiting outcome of ICB strategic commissioning transition programme - no further update at this time.	Approaching - controls and actions in place