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

22/06/2026

NHS North East and North Cumbria

Risk category Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual C	Residual L	Residual Score	Reviews	Risk Appetite
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 Hilary Lloyd Marc Hopkinson	NENC Strategy And System Oversight NENC ICB Full Control 1. NENC ICB Leadership 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	4	**16**	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 Operational Pressures Escalation Levels (OPEL) status is escalated Place Based Delivery Urgent and Emergency Care groups Have a corporate business continuity plan in place. The ICB have managed a number of system impacts in recent months and have shown to be able to put mitigation in place to reduce risk.	None None identified. None None None During restructure some business continuity gaps remain until a review takes place on conformation of new structures.	Plan reviewed and regularly tested Business continuity policy and plans and review process Annual EPRR self-assessment signed off by ICB 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. ICB escalation process All business continuity arrangements continue to be regularly reviewed by the EPRR resilience team.	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. None Monthly EPRR meetings continue to be held with all providers.	None None identified. None None None Business impact analysis gaps exist in some service areas to be addressed after restructure.	10/12/2025 01/10/2026 Thomas Knox Action plan needs to be revised to accommodate Business continuity arrangements for the new ICB structure from 5th May 2026. 01/05/2026 01/10/2026 Thomas Knox SRT required to ensure organisational Business Continuity Framework remains fit for purpose for revised structures	4	3	**12**	(6). 6 Monthly **18/05/2026** Thomas Knox Risk reviewed and updated and actions to progress identified	Outside
Goal 1 Longer And Healthier Lives For All	NENC/ 0024	01/07/2022 Hilary Lloyd Louise Mason-Lodge	NENC Nursing & Quality 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, 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. ICB designated posts to drive quality, safety and assurance agenda. ICB Quality and Safety Committee and area quality and safety subcommittees Provider Quality Committees Care Quality Commission inspections ICB internal audit annual programme Quality Strategy Commissioner quality assurance visits Local authority information sharing Safeguarding activity Performance information Clinical networks and	None	Agendas and minutes for ICB Quality and Safety Committee, Area Quality and Safety subcommittees and Provider Quality Committees Incident reports Commissioner assurance reports Agendas and minutes of ICB Board, Audit Committee and Executive Committee Safeguarding partnership minutes	Care Quality Commission inspection reports Healthwatch reports and reviews Information sharing from local authorities - commissioning and safeguarding partnerships	None	01/04/2026 31/03/2027 Louise Mason-Lodge ICB Quality Management Framework in Development (alongside new governance arrangements) to reflect Strategic Commissioning responsibilities and align with NHSE to avoid duplication 01/04/2026 31/03/2027 Louise Mason-Lodge Agree governance and quality assurance framework for ICB following consultation and during implementation of new ICB operating model	4	3	**12**	(5). Quarterly **17/06/2026** Louise Mason-Lodge Risk owner updated to Louise Mason-Lodge following new structure being implemented	Outside

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								improvement activity										
Goal 1 Longer And Healthier Lives For All	NENC/ 0009	06/07/2022 Jacqueline Myers Martin Short	NENC Commissioning 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. Modern General Practice transformation agenda linked to Long Term Plan Operational Pressures Escalation Levels (OPEL) status for practices reported via UEC-RAIDR App Modern General Practice System Overview Group ICB Primary Care Subcommittee Placed based delivery primary care teams and Support Level Framework aligned to delivery of Modern General Practice Access Recovery Initiatives to support Modern General Practice, 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). Quality & Variation process and reports from each LDT received by PC	None 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 Modern General Practice and Primary Care Collaborative delivery through System Overview Group and Primary Care Transformation team Minutes and reports for the ICB Primary Care Subcommittee. Board and Executive Committee review of Modern General Practice 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 Modern General Practice and Primary Care Collaborative delivery through System Overview Group and Primary Care Transformation team Minutes and reports for the ICB Primary Care Subcommittee. Board and Executive Committee review of Modern General Practice and Primary Care / Secondary Care Interface System Plan. Monitoring at place-based delivery primary care commissioning groups, co-ordinated by an overview group. None	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 None None None None	01/04/2026 31/03/2027 Martin Short Ongoing actions and initiatives to support Modern General Practice, 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).	4	3	**12**	(5). Quarterly **18/06/2026** Martin Short Previous risk owner has left organisation - reallocated to Martin Short for review of risk	Outside

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								Subcommittee and by exception the Quality & Safety Sub Committee Local commissioned services review - stage 1 under implementation to provide equity in remuneration and stabilisation of commissioned services from general practice	Not all practices have accepted the revised offer and signed up	Chief Delivery Officer and LDTs are meeting with LMCs and practices to offer discussion and support sign up of the revised services offer.	General Practice Quality & Variation process in place which monitors general practice services, identifies issues, initiates support and improvements to outlier practices. Reports to the PC Sub Committee and Quality & Safety Sub Committee	No gap						
Goal 1 Longer And Healthier Lives For All	NENC/ 0116	20/08/2025 Hilary Lloyd Kate O'Brien	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	4	**16**	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.	01/04/2026 31/03/2027 Kate O'Brien Actions in development to address identified gaps.	4	3	**12**	(5). Quarterly **18/06/2026** Kate OBrien Risk has been allocated to new owner following implementation of the new structure	Outside
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/ 0028	21/10/2022 Claire Riley 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 in-line with upcoming changes to ICB staffing structures and changing role to strategic commissioning.	None	Terms of reference, meeting notes, action plans. Terms of reference (developed - awaiting sign off).	External partners across the health and care system are part of the two groups membership.	None	01/06/2025 31/07/2026 Jayne Aitken Risk controls and assurances in place - no further actions identified at last review.	5	3	**15**	(5). Quarterly **12/05/2026** Jayne Aitken Reviewed risk and no major changes needed	Outside
								NHS England workforce functions emerging (understanding of responsibilities still being explored).	None within the ICB control.	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.	None	None.						
								People and Culture Strategy.	Funding of NHS long term workforce plan could impact on ability to deliver Strategy. More clarity needed from NHSE on the changing responsibilities and future landscape	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.	Developed in consultation with and co-operation of the wider system with comments incorporated in the strategy. Socialising final draft with system colleagues.	None.						
								Health & Growth Accelerator now live - MH&WB hub in place, Work well advisers in place.	Staff stress and burnout	No longer in development Health and Growth Accelerator now live and under cycles of review	Reduce stress and burnout	N/A						
								System Recovery meetings taking place across the system with NHS providers.	Understanding affordability of future workforce	System recovery board chaired by ICB Chief Executive with System Partners from NHS providers in attendance.	Chief people officers from NHS providers report into system recovery board	N/A						

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Goal 2 Fairer Health Outcomes For All	NENC/ 0004	06/07/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Strategic Commissioning Assurance Committe	Delivery of financial position There is a risk that the ICB is unable to deliver its planned financial position. 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 still significant risks across the system. For the ICB the key risks. These 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 - Growth in ADHD/ASD activity at Right to Choose providers	5	5	25	Financial plan Efficiency plan in place with financial sustainability group established Financial reporting and monitoring process Financial controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend Monthly forecasting and variance reporting and plan to date NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board Financial governance arrangements, financial policies and scheme of delegation 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 None None None None None None None	Finance plan in place. Efficiency delivery included in monthly finance reports. 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 key financial controls 22/23 - substantial assurance Vacancy control process in place and panel in place for approval of any discretionary non-pay spend Reported to Leadership Committee and relevant subcommittees. Audit One - internal audit of key financial controls 22/23 - substantial assurance . Scheme of Delegation approved annually Financial policies reviewed and update annually Audit committee review. Activity Management Process implemented with indicative activity plans developed	Audit One - internal audit of key financial controls 22/23 - substantial assurance Reported to NHSE each month. Review of position with NHSE Independent review of financial controls across the ICS Monthly review with NHSE regional team and processes in place to highlight variances. . Audit One - internal audit of key financial controls 22/23 - substantial assurance None	None None None None None None None Risks for challenges to IAPs from some providers and uncertainty in how effective activity management process will be given the process is new	01/04/2025 31/03/2026 Richard Henderson 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.	4	3	12	(5). Quarterly **04/06/2026** Richard Henderson Updates to risk description and controls/assurances to reflect new financial year and focus on ICB position rather than system	Approaching
Goal 2 Fairer Health Outcomes For All	NENC/ 0006	06/07/2022 Jacqueline Myers Peter Rooney	NENC Commissioning NENC ICB Partial Control 3. NENC Quality And Safety Committee	Reputational Risk Due to Poor Access to Adult Mental Health Services 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.	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. NHS 111 select 2 was deployed from April 2024. This will change how patients access support and provision across NENC. There is a signed MoU agreement between providers around how they	None Risk that ASD population may not utilise this provision.	Contract management process Mental health oversight performance group OPEL status Data and digital steering group MH and Ambulance Transformation Group has now been closed down due to the successful implementation and therefore this moves into business as usual. Currently conversations are taking place with the	NHS England quarterly performance submissions and assurance meeting Workforce planning from NHS England and providers Evaluation going through subcommittee in December and plans to move business as usual into UEC programme in the new year.	Review of contract management and performance oversight systems and processes through MH oversight and performance group. None identified.	01/04/2025 31/08/2026 Linda Reiling A review of the outcome of the full system NHS Talking Therapies review to identify any impact for the ICB. NENC talking therapies transformation event taking place on Monday 8th December. The purpose of the event through facilitated discussions is to examine three key priority areas which are: 1) core model delivery 2) workforce expansion 3) digital innovation The proposed outcomes: 1) agree a draft overarching vision and key guiding principles for system wide talking therapies. 2) identify areas for current system level improvements (including addressing current risks and issues) in relation to the above three priority areas 3) what are the challenges, risks and issues for planning the future state Update from above transformation event scheduled to be presented at	4	3	12	(5). Quarterly **13/05/2026** Linda Reiling Risk under review in light of ICB operating model changes. Controls and assurances will need to be assessed during the establishment of the new centralised commissioning team.	Approaching

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								will collectively deliver this provision. Providers are currently undertaking an evaluation which will be presented to the MHLDA subcommittee.		emergency urgent care board who link this work into that remit as part of business as usual.			the subcommittee on the 20 February. Due to the organisational restructure a paper may need to return through the new governance post-reorganisation.					
								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.	None.	NENC ICB NHS talkies therapies transformation group. Mental health performance oversight group monitors data. MHLDA subcommittee.	Mental health performance oversight group and MHLDA subcommittee has partner members who attend from mental health providers.	None at present.	Date Entered : 09/02/2026 13:19 Entered By : Neil Hawkins 01/04/2025 31/08/2026 Linda Reiling					
								Local interface meetings with all place delivery teams. This is to promote effective All Age clinical collaboration which maintains and strengthens relationships between place delivery teams, local GP providers and our two largest mental health trusts (CNTW; TEWV)	Northumberland and North Tyneside meetings to be established.	Strong links through local delivery teams, with strong clinical lead involvement across the ICB and Trusts.	None at present.	None.	Review of utilisation to be undertaken and any communications needs identified as a result.					
Goal 2 Fairer Health Outcomes For All	NENC/ 0136	01/05/2026 Claire Riley Mark Dornan	NENC Corporate Services NENC ICB Limited Control 1. NENC ICB Leadership Committee	GP Collective Action BMA Advice GP Practices on advice from BMA have served notice on data sharing agreements for secondary uses that are not contracted or linked directly to patient care. As a result there is a material risk that GP practice data flows into the ICB will be disrupted / paused / ceased as a result. If GP data flows are reduced or withdrawn from May onwards, this will directly impact the availability and timeliness of data across key ICB intelligence functions including phm datasets that feed core BI reporting. This will therefore result in a lack of refreshed data to support commissioning decisions, performance oversight, and statutory reporting. In addition, operational tools reliant on primary care data, including the RAIDR platform, will not receive updated information, impacting its effectiveness in supporting direct patient care	3	5	**15**	GP practices are sending a template collective action letters from GP practices requesting clarity on existing data sharing arrangements and signalling their intention to cease participation. National response sought to address concerns raised by GP Practices. Reviewing national response to requests. Time to respond to each individual practice, template acknowledgment response being sent from IG inbox and records of responders being kept for record keeping.	None identified at last review.	ICB holds one Data Sharing Agreement (DSA) with practices for SDE; FDP does not contain any GP data sets.	DSA can be viewed on GP Clinical Systems (EMIS/SystmOne) and through Information sharing gateway	None identified at last review.	18/06/2026 31/03/2027 Mark Dornan Risk controls and assurances in place - no further actions identified at last review.	3	4	**12**	(3). Monthly **09/06/2026** Mark Dornan Risk reviewed - no changes required	Approaching
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/ 0109	25/06/2025 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Strategic Commissioning Assurance Committe	Implementation of new finance and accounting system for ICBs (ISFE 2) ISFE 2, the new national finance and accounting system for ICBs went 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 following go-live and potential delays in payments to suppliers. Whilst the system has now gone live and is functioning, there continue to be certain issues and delays within the system which	5	4	**20**	Detailed project plan in place. Project Board established for the ICB with SRO and project team Regular meetings with NHSE to oversee progress	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	Regional meetings with NHSE to track progress and escalate issues National ISFE2 Change Champions and other networks	Ongoing issues with reporting functionality and accuracy Further assurance requested from NHSE / SBS around governance and controls within the system, including ability to code invoices to other organisations, unapproved invoices appearing on payment runs	01/04/2026 31/03/2027 Richard Henderson Training programme in place with national training sessions, recordings and other resources. Monitoring training uptake by ICB staff. Annual ISAE 3402 audit to be performed on operation of controls within ISFE2 system ISAE 3402 audit report to be received (expected April/May 26) 01/04/2026 01/03/2027 Richard Henderson Further assurance requested from NHSE / SBS around governance and	4	4	**16**	(4). 2 Monthly **05/05/2026** Richard Henderson Minor updates to description and assurances but no change to risk score	Outside

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				present a risk around prompt payment of suppliers and the accuracy of reporting within the system for example. Certain potential governance / control issues within the system have been highlighted which present a potential risk to the ICB in terms of compliance with SFIs and assurance around appropriate approval of ICB spend.				Additional checks taking place within finance team including spot check of payment runs and monitoring position on non-PO invoices / approvals	NA	Review of payment runs and invoice coding / approvals	NA	and user approval limits being reassigned with invoices. NA	controls within the system, including ability to code invoices to other organisations, unapproved invoices appearing on payment runs and user approval limits being reassigned with invoices. Issues escalated to NHSE (to the SRO for the ISFE2 implementation)					
Goal 3 Improving Health And Care Services	NENC/ 0075	18/12/2023 Jacqueline Myers Paul Turner	NENC Commissioning NENC ICB Partial Control 1. NENC ICB Leadership Committee	Choice Accreditation 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.	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	01/04/2026 31/03/2027 Paul Turner 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 **09/06/2026** Ruby Burdis Risk updated: Jacqueline Myers as Chief Officer and realigned to the Commissioning directorate	Outside
Goal 3 Improving Health And Care Services	NENC/ 0112	02/07/2025 Jacqueline Myers Levi Buckley	NENC Commissioning NENC ICB Limited Control 1. NENC ICB Leadership 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). NECS have commenced a VR process and are currently working through approvals, this is directly impacting on business continuity.	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 NECS have commenced a VR process and are currently working through approvals, this is directly impacting on business continuity.	None identified. NA	Notes and actions from Strategic Transition programme steering group. Notes and actions from NECS SLA (contract) meetings. The ICB has informed NECS of business critical services where staff retention is essential. NECS are feeding this information into the national VR panel. in addition the ICB have established a CSU closure project group, that reports into the ICB Transition Programme. The group has developed a programme of work to support to the transition of those CSU services that are required in the future.	Regular meetings with NECS Executive Team throughout transfer. NA	None identified. The national panel can still chose to support the VR applications.	17/07/2025 31/07/2026 Craig Blair Ongoing monitoring and escalation to Executive as required. Currently there is lack of clarity over the process for "CSU Closedown" and what if any services may be provided once/nationally etc.	5	3	15	(5). Quarterly **18/06/2026** Craig Blair Update from Craig Blair - Risk owner transferred to Levi Buckley. There is a programme of work to support transition of remaining services and this is being co-ordinated by Levi's team. Escalation and reporting will now be via the Leadership Committee	Outside
Goal 3 Improving Health And Care Services	NENC/ 0031	16/11/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Strategic Commissioning Assurance Committe	There is a risk that the ICB is not able to manage capital spend within the confirmed capital funding allocation. There is a risk that the ICB is not able to manage capital spend within the confirmed capital funding allocation. Additional capital funding streams available to the ICB in 26/27, for Neighbourhood Health Centres for example, present a further risk of being able to deliver agreed capital schemes in year.	4	5	20	Capital plan Monthly financial reporting and forecasting against capital plans and funding allocation Provider collaborative process for managing capital spend	None None None	Agreed ICB capital plan with variance reported monthly. Audit One - internal audit of key financial controls 24/25 - substantial assurance Mitigations identified to manage potential pressure Monthly finance reports, reported to Leadership Committee. Audit One - internal audit of key financial controls 24/25 - substantial assurance NENC Infrastructure Board and Capital Collaborative Group established. Updates provided to	None None None	None None None	01/06/2025 31/08/2026 Richard Henderson Controls and assurances in place. No additional actions identified at last review.	3	4	12	(5). Quarterly **04/06/2026** Richard Henderson Updates to risk description and controls etc - no change to risk score	Approaching

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										Leadership Committee Updates to monthly ICS Directors of Finance group. Audit One - internal audit of key financial controls 24/25 - substantial assurance								
Goal 3 Improving Health And Care Services	NENC/ 0065	07/11/2023 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Strategic Commissioni ng Assurance Committe	Medium term financial plan The ICB has agreed a balanced financial plan for the 3 year period from 2026/27, however this contains around £30m of unmitigated net risk in each year with significant risk in particular around the delivery of required efficiency savings in years 2 and 3 of the plan where detailed efficiency plans are not yet fully developed. There is also a risk that further potential issues materialise in year as work progresses on areas such as contract rebasing.	5	5	**25**	3 year strategic and financial plan agreed with delivery to be overseen through sub-committees, Leadership Committee and Board Efficiency plan in place with ICB financial sustainability group established NHS Provider FT efficiency plans Financial governance arrangements, financial policies and scheme of delegation Financial Controls reviewed and strengthened where relevant, including vacancy control processes and approval of non-pay spend ICB investment / business case policy to manage ongoing investments / commitments Monthly forecasting and variance reporting and plan to date to manage current and underlying position	None None None None None None None	Three year plan covering 26/27 to 28/29 has been developed which demonstrates financial balance for the ICB Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place Reports received from NHS Provider FT finance committees Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review Vacancy control process in place and process in place for approval of any discretionary non-pay spend Investment / business case policy Monthly finance reports. Reported to Leadership Committee and relevant subcommittees	Regular review meetings with NHSE regional and national team Reported to NHSE each month. NHS Provider FT finance committees None None None Monthly review with NHSE regional team and processes in place to highlight variances such as industrial action and prescribing pressures.	None Efficiency plan developed for 26/27 but work required to progress plans for future years Significant risk around delivery of efficiency plans, identified within financial plan None None None None	01/04/2026 31/03/2027 Richard Henderson Final MTFP submission made in Feb 2026. Awaiting formal agreement from NHSE. 04/06/2026 01/10/2026 Richard Henderson Efficiency plans for 2027/28 and 2028/29 to be developed, overseen by FSG SRO: David Chandler, by Q3 2026/27	4	3	**12**	(3). Monthly **04/06/2026** Richard Henderson Updated risk to reflect latest position and reduced risk score to 12 as balanced plan agreed and risk is largely around further development and delivery in years 2 and 3.	Approaching
Goal 3 Improving Health And Care Services	NENC/ 0084	09/07/2024 Hilary Lloyd Kate OBrien	NENC Chief Nurse And AHP NENC ICB Limited Control 1. NENC ICB Leadership 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	01/04/2026 31/03/2027 Ann Fox 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.	3	4	**12**	(4). 2 Monthly **09/06/2026** Richard Scott Risk reviewed by Richard Scott following the restructure - risk owner changed to Kate O'Brien	Outside

Risk category Strategic aim	Risk ref	Date identified Director Risk owner	Directorate Level of control Committee	Description	Initial C	Initial L	Initial Score	Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual C	Residual L	Residual Score	Reviews	Risk Appetite
Goal 3 Improving Health And Care Services	NENC/ 0123	13/01/2026 Jacqueline Myers Julie Parkinson	NENC Commissioning NENC ICB Full Control 1. NENC ICB Leadership Committee	Capacity to deliver procurement Workplan 2026/27 Currently the procurement work programme for 2026/27 for definite procurements that have requests to proceed, stands at 43 projects (approx. 10 per procurement lead - average expectation is 7 competitive / MSP projects per lead and 4 within the team). A further 81 projects are not yet confirmed (either contract end date not confirmed or further funding not yet confirmed) or may be undertaken by commissioners (i.e. via a framework call-off) with little to no support required from procurement other than ad hoc advice, leading to lapse in NHS contracts and legal challenges from providers.	4	4	**16**	Risk = no capacity as approx. 600 plus contracts would require procurement advice, due diligence and transparency as part of the renewal process under PSR. Mitigation = Recommend considering the impact of the Medium-Term Planning Framework for 2026/27 onwards which will allow the ICB to move to award 3-year contracts. If the ICB decide to move in this direction, we will need to consider the impact and seek NHSE / DHSC support on the breach of PSR regulations. Would have to support this financial year but would decrease impact for future years.	Unknown capacity due to move to Strategic Commissioning	Continued monitoring and escalation from Contracting subcommittee	N/A	Gap in assurance due to move to strategic commissioning structures. To review once structures in place.	13/01/2026 31/07/2026 Julie Parkinson Consider the impact of the Medium-Term Planning Framework for 2026/27 onwards which will allow the ICB to move to award 3-year contracts. Need to consider the impact and seek NHSE / DHSC support on the breach of PSR regulations. Would have to support this financial year but would decrease impact for future years.	4	3	**12**	(4). 2 Monthly **09/06/2026** Julie Parkinson Risk reviewed and remains ongoing	Approaching
Goal 3 Improving Health And Care Services	NENC/ 0119	15/10/2025 Levi Buckley Paul Turner	NENC Commissioning NENC ICB Limited Control 1. NENC ICB Leadership Committee	GP out of hours PHL (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.	3	5	**15**	Provider is undergoing due diligence to ensure contract can be put in place, however they have failed previous two submissions. The Finance Team have conducted financial due diligence based on the information that PHL was able to provide. It is recognised that the first year of accounts have not yet been published and won't be until later in the next financial year.	Gaps in financial assure from provider Awaiting first year of accounts	Following current contracting guidance and working with provider to put assurances in place to ensure fluidity of current provision Finance team considering a proposal which will enable a contract to be awarded to PHL until a more robust financial due diligence can take place following publication of the accounts. This is in line with the approach we understand is being taken in other ICBs where the GP Out of Hours Contract novated to PHL following Vocare and Totally PLC entering into administration.	Provider has current contracts in place with other NHS providers. Provider has been able to fulfill service requirements since taken over from vocare in line with implied NHS standard contract. .	Gaps in financial assure to address .	03/03/2026 31/07/2026 Anya Paradis Agreed to pay PHL in arrears instead of in advance until such time a full set of accounts will be published by PHL when they can then undergo financial due diligence. Payment in arrears reduces the financial risk for the ICB.	3	4	**12**	(3). Monthly **18/06/2026** Ruby Burdis Risk reallocated to the Secondary Care (North Alliance) team for new owner to review	Approaching
Goal 3 Improving Health And Care Services	NENC/ 0133	22/04/2026 Hilary Lloyd Marc Hopkinson	NENC Chief Nurse And AHP NENC ICB Partial Control 1. NENC ICB Leadership Committee	Cyber attack (international actors) Cyber incidents causing real and significant risk to the delivery of care, with the IT and operational and response in recovery period likely to be protracted (potentially up to 6 months). These risks may not be limited to individual organisations: they will likely effect all or multiple sites and or partners across the integrated care system.	4	4	**16**	IT mitigation in place to identify system impacts and business continuity arrangements and IT disaster recovery plans to manage unplanned cyber impacts.	Cyber attacks are often unpredictable and their impacts manifest in different ways. By nature hard to plan for.	System resilience and protections developed as part of system builds. Robust BC and DM arrangements in place to mitigate cyber attacks.	Cyber attacks are high profile risks on national and regional Local Resilience Forum (LRF) risk registers and across health system partners	Solutions are not "one size fits all" as each organisation has bespoke factors impacted by any cyber attack	22/06/2026 31/12/2026 Thomas Knox Wider review of Cyber risk to be conducted by System Resilience Team led by Marc Hopkinson with mitigation actions to be suggested after planned NHSE regional workshop in Autumn 2026.	4	3	**12**	(5). Quarterly **22/06/2026** Thomas Knox Interim risk update from Tom Knox (SRT) in June 2026	Outside
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 Jacqueline Myers Peter Rooney	NENC Delivery Directorate NENC ICB Partial Control 1. NENC ICB Leadership 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	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.	ICS Autism Statement not yet in place. Data analysis in relation to outcomes identified in different strategies Network not yet established. None	None ICB review of all place based autism strategies. None Group notes and actions. Current gaps in support being identified that could	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	None None None None	01/04/2025 31/08/2026 Peter Rooney Autism Statement to be developed by ICB Place Based Commissioners and Place Based Case Managers The responsibly for this currently sits with place delivery teams and not within the central transformation team. Pending the future new proposed structure this may be an area that requires consideration, triangulation and gaps addressed if deemed a priority.	4	4	**16**	(5). Quarterly **13/05/2026** Linda Reiling Risk under review in light of ICB operating model changes. Controls and assurances will need to be assessed during the establishment of the new centralised commissioning team.	Outside

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		
				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.				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 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.	None identified.	potentially be addressed at an ICS level. Notes and actions from the All-Age Neurodivergence Group and teak and finish groups.	evaluation tools and evaluations of 'what is good practice'. None identified.	None identified.	Date Entered : 09/02/2026 13:32 Entered By : Neil Hawkins 01/04/2025 31/08/2026 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. We have a weekly ICB operational group meeting every Monday, every Thursday at 8am we have a weekly Chief Exec task and finish group around the ICB's ADHD and autism programme. The weekly Chief Exec meeting commenced in January 2026 however there is a clear terms of reference, programme plan, assurance and governance in place. There is a commissioning policy and a proposed budget which is under Exec Committee consideration. The outcome of this will enable us to strategically move forward and be clear with our intent as an ICB. Date Entered : 09/02/2026 13:28 Entered By : Neil Hawkins 01/08/2025 31/08/2026 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 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. We have a weekly ICB operational group meeting every Monday, every Thursday at 8am we have a weekly Chief Exec task and finish group around the ICB's ADHD and autism programme. The weekly Chief Exec meeting commenced in January 2026 however there is a clear terms of reference, programme plan, assurance and governance in place. There is a commissioning policy and a proposed budget which is under Exec Committee consideration. The outcome of this will enable us to strategically move forward and be clear with our intent as an ICB. Date Entered : 09/02/2026 13:30 Entered By : Neil Hawkins				**09/02/2026** Linda Reiling Risk reviewed and actions updated.	