

**NHS North East and North Cumbria**  
**Board Assurance Framework 2024-25 (Q1 24/25)**





**Background**

The Board Assurance Framework aligns to the Integrated Care Strategy which is a joint plan between our local authorities, the NHS and our partners including the community, voluntary and social enterprise sector who form our Integrated Care Partnership (ICP). The ICP is responsible for setting and developing our strategy for health and care in the region and therefore the risks to delivery of the strategic goals have been used to inform the Board Assurance Framework.

The Board Assurance Framework has been completed in line with the ICB's risk management strategy which can be accessed here <https://northeastnorthcumbria.nhs.uk/media/gdfbshss/icbp037-risk-management-strategy-2-23-24.pdf>

## NHS North East and North Cumbria – Board Assurance Framework 2024-25 – principal risks

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

Strategic goal	Overarching risk	Current score (highest score of current risks)	Target score (by 2030)	Aligned risks in corporate risk register		Responsible committee
 <p><b>Longer &amp; healthier lives</b></p>	<p><b>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.</b> The gap between how long people live in the North East and North Cumbria compared to the rest of England is not on track to reduce by 10% by 2030.</p>	12	9	NENC/0001 NENC/0009 NENC/0024	NENC/0025 NENC/0047 NENC/0079	QSC EC
 <p><b>Fairer outcomes for all</b></p>	<p><b>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.</b> The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.</p>	15	10	NENC/0004 NENC/0006 NENC/0028 NENC/0033	NENC/0049 NENC/0051 NENC/0052	QSC FPIC
 <p><b>Better health &amp; care services</b></p>	<p><b>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.</b> The ICB does not achieve a good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.</p>	20	12	NENC/0007 NENC/0023 NENC/0031 NENC/0032 NENC/0054 NENC/0059	NENC/0060 NENC/0065 NENC/0067 NENC/0075 NENC/0077 NENC/0081 NENC/0082	QSC FPIC EC
 <p><b>Giving children and young people the best start in life</b></p>	<p><b>We fail to deliver health and care services which give children the best start in life.</b> The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.</p>	16	12	NENC/0027 NENC/0066		QSC EC

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

NENC Board Assurance Framework 2024-25						Q1	Date: 14 June 2024
<b>Goal 1</b>	<b>Longer and healthier lives for all</b>					<b>Lead director(s)</b>	David Purdue
<b>Risk category</b>	Quality; System recovery						Jacqueline Myers
<b>Principal risk</b>	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.					<b>Lead Committee(s)</b>	Quality and Safety Committee Executive Committee
	The gap between how long people live in the North East and North Cumbria compared to the rest of England is not on track to reduce by 10% by 2030.		<b>Rationale for current score</b> System Resilience, Escalation Planning and Management and Business Continuity arrangements				
<b>Risk scores</b>						<b>Primary care services pressures</b>  Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk.  Significant workforce pressures in maternity services across the system  High rates of suspected suicides  Patient safety concerns - Complex care case management in Tees Valley	
<b>Target</b>			<b>Current</b>				
Consequence	3	9	Consequence	4	12		
Likelihood	3		Likelihood	3			
<b>Key controls</b>							
System-wide surge and escalation plan; ICB Business Continuity Plan; Emergency Planning, Resilience and Response (EPRR) compliance; requirement for providers to notify ICB if Operational Pressures Escalation Levels (OPEL) status is escalated. Place Based Delivery Urgent and Emergency Care groups.						Annual business continuity cycle. Annual Emergency Planning, Resilience and Response (EPRR) submission to NHS England (NHSE). NHSE regional operational centres provide regional scrutiny and challenge. Addressed in contract meetings if Operational Pressures Escalation Levels (OPEL) status is repeatedly escalated. Escalation process includes close liaison with place-based teams. NHSE regional operational centre provides scrutiny and challenge.	
Strategic Data Collection Service (SDCS) reporting system to monitor Workforce; Primary Care Network (PCN) transformation agenda linked to Long Term Plan; Primary Care Access Recovery Plan (PCARP); System Overview Group; ICB Primary Care Strategy and Delivery Subcommittee						Monitoring at place-based delivery primary care commissioning groups; Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels; monitoring at place-based delivery primary care commissioning groups	
Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and have CQUIN schemes. ICB designated posts to drive quality. Care Quality Commission (CQC) inspections.						Quality and Safety Committee agenda and minutes. ICB Board agenda and minutes. Audit committee agenda and minutes. Executive committee agenda and minutes. CQC inspection reports and HealthWatch	
Workforce steering group. Local Maternity and Neonatal System (LMNS) Leads and LMNS Coordinators working with providers.						Membership from NHS providers and NHS England – terms of reference, meeting notes and action plans. Regional Maternity Transformation Board oversight. Regional Perinatal Quality Oversight Board. Birth Rate Plus in place with providers. Maternity and neonatal workforce census undertaken by NHSE.	
Quality and accountability of commissioned services; Tackling means and methods of suicide; improving services through listening and learning from individuals and families; equitable, effective and targeted treatment and support for groups known to be at high risk of suicide; Programme group established; Support and training for NHS staff to increase skills and capability; providing effective and appropriate crisis support.						Mental health learning disabilities and autism (LDA) subcommittee terms of reference, minutes, programme reports, performance report; Suicide audit in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) footprint initially; CNTW/ Tees, Esk and Wear Valleys NHS Foundation Trust (TEVV) peer network and volunteer bank support; ICP strategy and NHS England national suicide prevention strategy now available; suicide prevention strategy	
Review of caseload and programme of visits, utilising a consistent methodology						Planned programme of review based on Red/Amber /Green (RAG) rating within a 4-month timescale. Methodology devised to be used during visits including guidance and escalation. Mobilisation plan developed with action owners and timescales to cover all elements of the programme. Monitoring of individual cases and performance to be reported on a weekly Basis. NHSE are part of the incident management group and CQC have been informed.	
<b>Linked Risks</b>							

Ref	Category	Description	Previous Score	Current score	Movement
NENC/0001	System recovery	System resilience, escalation planning and management and business continuity arrangements could lead to communities not receiving level of care needed during an incident, increased pressure across the system and inability to delivery core services	12	12	◀▶
NENC/0009	System recovery	As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients	12	12	◀▶
NENC/0024	Quality	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk.	12	12	◀▶
NENC/0025	System recovery	If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience.	12	12	◀▶
NENC/0047	Quality	The rates of suicide in the North East and North Cumbria are the highest in the country at 13.4 per 100,000 people. The risk to the ICB is that we do not suicide rate for people in contact with NHS commissioned and health care delivery services who may be amendable to healthcare preventative efforts.	12	12	◀▶
NENC/0079	Quality	Patient safety concerns – complex care case management in Tees Valley. As a result of changes in complex case management, there has been inconsistent and variable oversight of the caseload, which has and could result in quality and safety concerns including the exposure and actual risk of harm (safeguarding harms).	12	12	◀▶

NENC Board Assurance Framework 2024-25						Q1	Date: 14 June 2024	
<b>Goal 2</b>	<b>Fairer outcomes for all</b>					<b>Lead director(s)</b>	David Purdue	
<b>Risk category</b>	Finance; Quality; System Recovery; Workforce						David Chandler	
<b>Principal risk</b>	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.					<b>Lead Committee(s)</b>	Quality and Safety Committee Finance, Performance and Investment Committee	
	The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.		<b>Rationale for current score</b>					
<b>Risk scores</b>								
<b>Target</b>			<b>Current</b>					
Consequence	5	10	Consequence	5	15			
Likelihood	2		Likelihood	3				
<b>Key controls</b>						<b>Assurances</b>	<b>Gaps</b>	
Financial plan; efficiency plan in place with financial sustainability group established; financial reporting and monitoring; financial governance arrangements, financial policies and scheme of delegation; NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board			Finance plan in place. Scheme of Delegation approved annually. Financial policies reviewed and updated annually. Vacancy control process in place and panel in place for approval of any discretionary non-pay spend. System Recovery Board ICB sighted on Foundation Trust (FT) efficiency plans Monthly reports to NHS England (NHSE) and a review of position with NHSE. Assurances received from each Integrated Care System (ICS) FT provider on review of financial controls. NHS Provider FT finance committees.			Financial plan for 2024/25 to be agreed with NHSE. Latest forecasts show a potential net risk across the ICS for 2024/25.		
Standard NHS contracts in place with two main providers: Cumbria, Northumberland, Tyne and Wear (CNTW) FT and Tees Esk and Wear Valleys (TEWV) FT and also with all NHS Talking Therapies anxiety and depression providers.			Contract management process Performance management process OPEL status NHS England quarterly assurance meeting Workforce planning from NHSE and providers			Contract management and performance oversight systems and processes under review.		
Workforce People group People and Culture strategy			Terms of reference, meeting notes, action plans, reports. Chief Nurse meetings with counterparts in NHSE and ICB workforce team have regular meetings with counterparts at NHSE. Plan developed in consultation with and cooperation of the wider system.			Funding of NHS long term workforce plan could impact on ability to deliver strategy.		
<del>Multi agency working group looking at migrant issues across the ICB area.</del>			<del>Multi agency approach identified to address specific impacts. Issues also being addressed by NHSE and UKHSA regionally.</del>			<del>Appropriate attendance at working group by relevant stakeholders.</del>		
Development of a Transformation Programme for All Age Continuing Care (AACC). All Ages Continuing Care Strategic Transformation Group (AACSTG) and working groups			Reporting from AACSTG to Exec/Quality and Safety Committees. Minutes/notes from AACSTG and working groups. Programme management of workplan. Highlight reports and minutes from Exec, Quality and Safety Committee and System Quality Group			None identified.		
Local area contacts overseeing 'Learning from lives and deaths – People with a learning disability and autistic people' (LeDeR) workload and timeliness of reviews currently ad-hoc arrangements and non-recurrent funding			Workforce/budget options appraisal in development. LeDeR 'Learning from lives and deaths – People with a learning disability and autistic people' (LeDeR) assurance group in place. LeDeR annual report to Quality and Safety Committee (QSC).			Sufficient resource and recurrent funding.		
Termination of pregnancy pathway Contract management process System quality group			CQC/NHSE monitoring meetings and oversight of action plan. Assurance visits with safeguarding leads. Peer level support from other areas and ICBs.			Inequitable access with whole pathway not provided in every locality and depending on gestation, women may need to travel out of area.		
<b>Linked risks</b>								
Ref	Category	Description				Previous Score	Current score	Movement

NENC/0004	Finance	Delivery of financial position. There is a risk that the ICB is unable to deliver its planned financial position, together with a risk around delivery of the wider ICS financial position.	12	12	◀▶
NENC/0006	Quality	Access to adult mental health services and risk that people do not receive the right treatment and access to services at the right time.	12	12	◀▶
NENC/0028	Workforce	Widespread clinical and social care workforce challenges could impact on delivery of safe services, drive up waiting times and lead to poorer outcomes for patients	15	15	◀▶
NENC/0033	System Recovery	The increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of consistent provision across the ICB area	42		◀→
NENC/0049	Quality	Continuing Care - variation in practice and compliance within the ICB/ICS could result in reputational damage, non-compliance with statutory duties, adverse financial impact, negative patient/family experience and adverse impact on the market and workforce.	12	12	◀▶
NENC/0051	Workforce	As a result of there being limited dedicated funded resource to undertake 'Learning from lives and deaths – People with a learning disability and autistic people' (LeDeR) reviews and a continued increase in the number of reviews required, there is a risk that reviews will not be undertaken effectively and the ICB failing its statutory duty, which could result in limited learning, reduced quality improvement impact, continued circumstances which contribute to early deaths and reputational damage.	12	12	◀▶
NENC/0052	Quality	Risk to the ICB not meeting statutory duties and possible reputational impact due to an 'inadequate' CQC rating received for British Pregnancy Advisory Service (BPAS) termination of pregnancy pathways. Quality of service, patient safety and service resilience all concerns from inspection.	12	12	◀▶

NENC Board Assurance Framework 2024-25						Q1	Date: 14 June 2024
<b>Goal 3</b>	<b>Better health and care services</b>					<b>Lead director(s)</b>	David Purdue
<b>Risk category</b>	Finance; Political; Quality; System Recovery						David Chandler
<b>Principal risk</b>	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.					<b>Lead Committee(s)</b>	Quality and Safety Committee Finance, Performance and Investment Committee Executive Committee
	The ICB does not maintain its good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.		<b>Rationale for current score</b>				
<b>Risk scores</b>							
<b>Target</b>			<b>Current</b>				
Consequence	4	12	Consequence	4	20		
Likelihood	3		Likelihood	5			
<b>Key controls</b>						<b>Assurances</b>	<b>Gaps</b>
<del>Contract management and performance management processes in place. Elective recovery plans have been developed with main providers. System Performance Group.</del>						<del>Performance monitored by ICB. Activity monitored by ICB. New North East and North Cumbria Performance Improvement and Oversight group established which will include Chief Operating Officer (COO) attendance from acute trusts. System Performance Group provides forum for collective consideration of areas of risk/pressure.</del>	None identified.
Local A&E delivery boards (LADB). System agreement to no delays over 59 minutes (from Feb 2023) ICB winter plan and surge plan System resilience meetings Quality and Safety Committee (QSC) and Area Quality and Safety Sub Committees Urgent and emergency care network (UECN).						Minutes/actions from Local A&E delivery boards (LADB). NHSE North East and Yorkshire (NEY) region reviewing ambulance delays Analysis of any serious incidents resulting from delays. System situation reports (SitReps) during surge periods. Notes/actions from monthly meetings. Quality and Safety Committee (QSC) minutes, papers and actions. Weekly reporting template of % of handovers over 59 minutes. Urgent and emergency care network (UECN) minutes and action plans. NHSE reporting arrangements.	None identified.
Capital plan Monthly financial reporting and forecasting against capital plans and funding allocation Provider collaborative process for managing capital spend						Monthly finance reports, reported to Finance Performance and Investment Committee (FPIC). Audit One - internal audit of key financial controls 22/23 - substantial assurance NENC Infrastructure Board and Capital Collaborative Group established. Updates provided to FPIC Updates to monthly ICS Directors of Finance group	None identified.
Financial plan including running costs Financial reporting and monitoring process, including forecasting and variance reporting Staffing establishment control process to manage staffing establishment. Recruitment freeze implemented for all but essential posts ICB key financial controls						Financial plan to show breakeven position Monthly finance reports showing running cost position reported to FPIC Process in place with appropriate approval required for any staffing establishment changes Audit Committee oversight. Finance, Performance and Investment Committee oversight.	Residual gap in 30% savings target from ICB 2.0 structure
<del>Primary Care Quality issues process. Quality and Safety Committee (QSC) and Area subcommittees. ICB internal audit annual programme.</del>						<del>QSC and subcommittee minutes, papers, actions. Primary care dashboard. ICB 2.0 structures provide capacity.</del>	<del>There is currently no quality committee for primary care but this workstream will ensure alternative reporting arrangements are established via North Area Quality Sub Committee</del>

	Reporting into Primary Care Strategy and Delivery Sub-Committee. North Area Quality Sub-Committee workstream	
ICB engaging with providers regarding industrial action. Provider risk assessments in place.	ICB incident coordination centres stood up for every period of industrial action. Robust oversight and regular engagement from NHSE.	None identified.
Executive oversight of ICB 2.0 programme with a steering group in place. Close working with NECS who have a seat on the Programme Steering Group. ICB organisational development plan published and now being implemented. Transition planning in place.	Plan progress closely monitored, reviewed and tested. Finance team lead the assurance related to delivery of 30% RCA reduction. Proposed operating model and staffing subject to formal consultation. Regular engagement with staff and partners. Assurance exercise undertaken by NHSE in August 2023. Executive Committee approval of Organisational Development (OD) plan with continued oversight.	None identified.
Medium Term Financial Plan (MTFP) development programme agreed across the ICS with external support and agreed governance arrangements. System Recovery Board now established with workforce, elective, procurement and Urgent and Emergency Care (UEC) agreed as the live opportunities with a pipeline of workstreams being matured. Plans being developed for each live workstream Efficiency plan in place with ICB financial sustainability group established	Updates on progress reported to Finance Performance and Investment Committee (FPIC), Chief Executives, ICS Directors of Finance (DoFs), Exec Committee Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with Programme Management Office (PMO) support in place Reports received from NHS Provider Foundation Trust (FT) finance committees Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review Vacancy control process in place and panel in place for approval of any discretionary non-pay spend Audit One internal audit of key financial controls 22/23 – substantial assurance.	Medium Term Financial Plan (MTFP) highlights significant financial deficit with deliverable opportunities / efficiencies to be identified Efficiency plan to be developed for 24/25.
Implementation plans for Care, Education and Treatment Reviews (C(e)TR) and Dynamic Support Registers (DSR) registers. Development of complex care structure. Completion of C(e)TRs within required timeframe.	Triangulation of plans and standardised processes. Complex care structure developed within nursing directorate as part of ICB 2.0 NHSE dynamic support register and Care (Education) and Treatment Review policy and guidance. Oversight support meetings with NHSE.	All plans are not yet in place.
Established accreditation process. Prioritisation of elective service specification and pathway development. NENC Contract Group established.	North East North Cumbria (NENC) Contract Group and Executive Committee oversight. Elective service specification and pathway development being prioritised as far as possible within available resource.	None identified.
System development funding being used to fund short-term digital project.	Funding in place until 31.03.2024	No funding identified post April 2024 - will be monitored on a monthly basis until identified/resolved.
ICC will be established at Pemberton House for duration of any industrial action.	Recent experience of other system impacts from industrial action. Excellent partner engagement to mitigate industrial action.	Numerous unknowns and variables. Plan to be developed to mitigate as many variables as possible.
Prioritising team workload - all work done by the team must directly influence financial sustainability, quality and safety of care, or both. Any other work must be delayed until team capacity is restored.	Internal team meetings, medicines sub-committee, financial sustainability group, quality and safety committee minutes/papers.	None identified.

**Linked risks**

Ref	Category	Description	Previous Score	Current score	Movement
NENC/0007	Quality	There is a risk of failure to achieve 23/24 operational planning objectives for our patients.	16	12	Closed
NENC/0023	Quality	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow	12	12	◀▶
NENC/0031	Finance	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation.	12	12	◀▶
NENC/0032	Finance	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation.	12	12	▼
NENC/0054	System recovery	Inconsistent Primary Care Quality across ICB	16	9	Removed
NENC/0059	System recovery	Impact of industrial action on health care providers across the ICB	12	9	Removed
NENC/0060	Workforce	Risk that the scale of reduction for ICB 2.0 will compromise the ability of the ICB to meet its statutory duties and make progress towards its vision and long-term goals	12	12	Closed
NENC/0065	Finance	Risk that both the ICB and wider ICS are unable to agree a robust, and credible, medium term financial plan which delivers a balanced financial position	20	20	◀▶
NENC/0067	System recovery	Care, Education and Treatment Reviews (C(e)TR) and Dynamic Support Registers (DSR) registers not being compliant against the new updated policy and guidance.	16	16	◀▶
NENC/0075	System recovery	Choice accreditation – risk that the ICB is required to contract unaffordable levels of Independent Sector (IS) provider capacity.	16	16	◀▶



NENC/0077	System recovery	Lack of identified digital support and estates capacity to deliver primary care access and recovery programme	15	12	▼
NENC/0081	Workforce	General Practice (GPs) intention to take industrial action	NEW	12	NEW
NENC/0082	Workforce	Medicines team capacity	NEW	12	NEW

NENC Board Assurance Framework 2024-25						Q1	Date: 14 June 2024
<b>Goal 4</b>	Giving children and young people the best start in life					<b>Lead director(s)</b>	David Purdue
<b>Risk category</b>	Quality						
<b>Principal risk</b>	We fail to deliver health and care services which give children the best start in life.					<b>Lead Committee(s)</b>	Quality and Safety Committee Executive Committee
	The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.		<b>Rationale for current score</b> There is a risk that children and young people are unable to access mental health services they need in a timely manner. Inconsistent approach to Autism Care Pathways resulting in poor post diagnosis support and care.				
<b>Risk scores</b>							
<b>Target</b>			<b>Current</b>				
Consequence	4	<b>12</b>	Consequence	4	<b>16</b>		
Likelihood	3		Likelihood	4			
<b>Key controls</b>			<b>Assurances</b>			<b>Gaps</b>	
Child and Adolescent Mental Health Services (CAMHS) Partnership Board in place. Contract review meetings with main Foundation Trusts. Joint commissioning with local authorities. Quality and Safety and Executive Committees. Children and Young People (CYP) mental health access trajectory included in NHS Long Term Plan. North East and North Cumbria CYP summit.			Performance updates to ICB Performance reports. Quality review group. Minutes and reports from Quality & Safety and Executive Committees. Integrated delivery reports. Board oversight of performance. Outputs from Children and Young People (CYP) mental health summit published with live recovery plan in place. System specialist engagement around neurodevelopmental assessments. NHSE monitoring			None identified.	
ICS Autism statement. Place-based autism strategies Regional network Autism statement development group (ASDG)			Working with Brain in Hand to develop evaluation tools. Notes and actions from Autism statement development group (ASDG)			ICB autism statement not yet in place. Regional network not yet established.	
<b>Linked risks</b>							
Ref	Category	Description	Previous Score	Current score	Movement		
NENC/0027	Quality	There is a risk that children and young people are unable to access mental health services they need in a timely manner.	12	12	◀▶		
NENC/0066	System recovery	Inconsistent approach to Autism Care Pathways resulting in poor post diagnosis support and care	16	16	◀▶		

**NHS North East and North Cumbria – Board Assurance Framework 2024-25– Place risk heatmap**

Key risk	Reference	Title	Current score	Target score	Place	Category
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.	PLACE/0045	Talking Therapies Newcastle	12	8	Newcastle Gateshead	System Recovery
	PLACE/0112	Adult Tuberculosis Services in Sunderland	12	6	South Tyneside Sunderland	System Recovery
	PLACE/0119	Provision of Diagnostic Spirometry across Tees Valley	12	8	Tees Valley	System Recovery
	PLACE/0135	Complex Care	12	6	North Cumbria	Workforce
	PLACE/0144	Special Allocation Scheme (SAS) - Middlesbrough and Redcar	12	4	Tees Valley	Quality
Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.	PLACE/0002	Intermediate Care and older people's services	12	8	Northumberland North Tyneside	System Recovery
	PLACE/0042	Autism diagnosis and post diagnosis support	12	12	Newcastle Gateshead	System Recovery
	PLACE/0050	Capacity to meet performance access targets for diagnosis, treatment, cancer and A&E.	16	8	Newcastle Gateshead	System Recovery
	PLACE/0061	The possible closure of Butterwick Hospice if they are unable to meet the requirements of the CQC inspection conditions.	12	8	Tees Valley	System Recovery
	PLACE/0072	Host commissioner responsibilities - staff capacity to deliver areas of responsibility.	12	8	South	Workforce
	PLACE/0116	Community Diagnostic Respiratory Service	12	4	South Tyneside Sunderland	Finance
The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients.	PLACE/0016	Children Looked After Team at NCIC – risk of not meeting statutory responsibilities for this cohort of children.	16	8	North	System Recovery
	PLACE/0059	Wound management at North Cumbria Place	12	6	North Cumbria	Quality
	PLACE/0083	CHC mainstream financial reconciliation	12	9	South	Finance
	PLACE/0086	Residential and Continuing Healthcare (CHC rate uplift)	12	9	South	Finance
	PLACE/0091	Achievement of economy, efficiency, probity and accountability in the use of resources	12	8	South Tyneside Sunderland	Finance
	PLACE/0127	Community phlebotomy service delivered by South Tyneside and Sunderland Foundation Trust (STSFT)	12	6	South Tyneside Sunderland	Finance
	PLACE/0128	Ambulance Handover Delays over 59 minutes - South Tees NHS Foundation Trust	20	12	Tees Valley	Quality
	PLACE/0136	Initial Health Assessments Children in Our Care	12	9	South	Quality
We fail to deliver health and care services which give children the best start in life.	PLACE/0040	Children and Young Peoples Access to mental health services.	12	8	Newcastle Gateshead	Political
	PLACE/0114	Sensory processing disorder service	12	6	Northumberland North Tyneside	System Recovery
	PLACE/0120	Delivery of Medicines in Special School	12	9	Newcastle Gateshead	Quality