

NHS North East and North Cumbria





Board Assurance Framework 2024-25 (Q4 24/25 - including interim Q1 25/26 position)

Background

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

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
 Longer & healthier lives	The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving. The gap between how long people live in the North East and North Cumbria compared to the rest of England is not on track to reduce by 10% by 2030.	12	8	NENC/0001 NENC/0009 NENC/0024	NENC/0025 NENC/0047 NENC/0101	QSC EC
 Fairer outcomes for all	Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes. The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.	20 (was 16)	12	NENC/0004 NENC/0006 NENC/0028	NENC/0049 NENC/0052 NENC/0086 NENC/0087 NENC/0091	QSC EC
 Better health & care services	The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients. The ICB does not achieve a good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.	20	10	NENC/0023 NENC/0065 NENC/0067 NENC/0075	NENC/0081 NENC/0084 NENC/0085 NENC/0090 NENC/0102	QSC FPIC EC
 Giving children and young people the best start in life	We fail to deliver health and care services which give children the best start in life. The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.	16	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						Q4 (including interim Q1 25/26 position)	Date: 14 May 2025
Goal 1	Longer and healthier lives for all					Lead director(s)	Hilary Lloyd David Gallagher
Risk category	Quality; System recovery						Jacqueline Myers Neil O'Brien
Principal risk	The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving.					Lead Committee(s)	Quality and Safety Committee Executive Committee
	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.		Rationale for current score System Resilience, Escalation Planning and Management and Business Continuity arrangements				
	Risk scores		Primary care services pressures				
Target		Current		Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk.			
Consequence	4	8	Consequence	4	12	Significant workforce pressures in maternity services across the system	
Likelihood	2		Likelihood	3		High rates of suspected suicides Unplanned pharmacy closures.	
Key controls			Assurances			Gaps	
System-wide surge and escalation plan; ICB Business Continuity Plan; Emergency Planning, Resilience and Response (EPRR) compliance; requirement for providers to notify ICB if Operational Pressures Escalation Levels (OPEL) status is escalated. Place Based Delivery Urgent and Emergency Care groups.			Annual business continuity cycle. Annual Emergency Planning, Resilience and Response (EPRR) submission to NHS England (NHSE). NHSE regional operational centres provide regional scrutiny and challenge. Addressed in contract meetings if Operational Pressures Escalation Levels (OPEL) status is repeatedly escalated. Escalation process includes close liaison with place-based teams. NHSE regional operational centre provides scrutiny and challenge.			ICB business continuity currently being reviewed in line with changes during ICB 2:0	
Strategic Data Collection Service (SDCS) reporting system to monitor Workforce; Primary Care Network (PCN) transformation agenda linked to Long Term Plan; Primary Care Access Recovery Plan (PCARP); System Overview Group; ICB Primary Care Strategy and Delivery Subcommittee			Monitoring at place-based delivery primary care commissioning groups; Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels; monitoring at place-based delivery primary care commissioning groups			None identified.	
Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and have CQUIN schemes. ICB designated posts to drive quality. Care Quality Commission (CQC) inspections.			Quality and Safety Committee agenda and minutes. ICB Board agenda and minutes. Audit committee agenda and minutes. Executive committee agenda and minutes. CQC inspection reports and HealthWatch			None identified.	
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.			Fragmentation within ICB around workforce planning means information not consistently being fed into LMNS.	
Quality and accountability of commissioned services; Tackling means and methods of suicide; improving services through listening and learning from individuals and families; equitable, effective and targeted treatment and support for groups known to be at high risk of suicide; Programme group established; Support and training for NHS staff to increase skills and capability; providing effective and appropriate crisis support.			Mental health learning disabilities and autism (LDA) subcommittee terms of reference, minutes, programme reports, performance report; Suicide audit in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) footprint initially; CNTW/ Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) peer network and volunteer bank support; ICP strategy and NHS England national suicide prevention strategy now available; suicide prevention strategy			Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) footprint for audit cluster and increasing trend response not consistent across local authorities. Availability of data and funding for training and post intervention support services, specifically children and young people	
Contractual breach notices. Contracts subcommittee has oversight and reported through Pharmaceutical Services Regulations (PSR) subcommittee. Reviewing current procedures with NHSD to stop pharmacy nomination to practices to reduce risk to patients.			Minutes and papers from Pharmaceutical Services Regulations (PSR) subcommittee.			Gaps in service and do not communicate in timely manner and do often follow up unless chased. Lack of notification when issues occurring. SNJ Health Limited closed since 23 January 2025.	
Linked Risks							

Ref	Category	Description	Previous Score	Current score	Movement
NENC/0001	System recovery	System resilience, escalation planning and management and business continuity arrangements could lead to communities not receiving level of care needed during an incident, increased pressure across the system and inability to delivery core services	12	12	◀▶
NENC/0009	System recovery	As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients	12	12	◀▶
NENC/0024	Quality	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk.	12	12	◀▶
NENC/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/0101	Quality	Unplanned pharmacy closures. Jhoots group unplanned closures SNJ Health Limited, Jhoots Healthcare Limited, Jhoots Chemist Limited and LPSD fifty two Limited.	NEW	12	NEW

NENC Board Assurance Framework 2024-25						Q4 (including interim Q1 25/26 position)	Date: 14 May 2025
Goal 2	Fairer outcomes for all					Lead director(s)	Hilary Lloyd; Kelly Angus
Risk category	Finance; Quality; Workforce						Levi Buckley
Principal risk	Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.					Lead Committee(s)	Quality and Safety Committee Executive Committee
	The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.		Rationale for current score				
Risk scores						Risk that the ICB is unable to deliver its planned financial risk alongside a risk around wider ICS' financial position.	
Target			Current			Reputational risk due to poor access to adult mental health services.	
Consequence	4	12	Consequence	5	20	Widespread challenges to recruitment particularly of clinical and social care staff.	
Likelihood	3		Likelihood	4		Unnecessary variation in how Continuing Health Care (CHC) processes are undertaken across the ICB.	
						Lack of capacity to undertake "Learning from lives and deaths – People with a learning disability and autistic people" (LeDeR) reviews.	
						BPAS termination of pregnancy pathways receiving inadequate rating from CQC.	
						Failure to prioritise equality, diversity and inclusion.	
						Risk of losing dental underspend for 2025-2026.	
Key controls						Assurances	
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						Pharmacy Collective Action.	
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.						Pharmacy Collective Action.	
Workforce People group People and Culture strategy						Pharmacy Collective Action.	
Development of a Transformation Programme for All Age Continuing Care (AACC). All Ages Continuing Care Strategic Transformation Group (AACCSTG) and working groups						Pharmacy Collective Action.	
Termination of pregnancy pathway Contract management process System quality group						Pharmacy Collective Action.	
Ringfenced dedicated EDI resource within the ICB. Co-production of a five-year system EDI strategy.						Pharmacy Collective Action.	

ICB Workforce: Board and Executive members have a dedicated EDI objective (as part of Fit and Proper Persons Test (FPPT) domain requirements) within their annual objectives. Mandatory EDI training across all ICB staff. Equality Impact Assessment (EIA) process embedded across the ICB. Development of EDI dashboard to monitor progress.			Publication of the ICBs Gender Pay Gap, Disability Pay Gap and Ethnicity Pay Gap on the ICBs internet. Reporting compliance with WRES/WDES submission. EIA documentation and inclusion in policies/business cases. Assurance reporting to the People & OD Subcommittee.		
Financial forecast reports reported into NHSE monthly, Dental plans showing significant underspend (£15 Million). Liaising with National team to establish if funds can be used against any reporting lines.			Linking with NHSE National team to ensure commitment not lost in 2025-2026 forecast. Non-recurrent underspend for this financial year.		
Intelligence from Local Pharmaceutical Committees (LPCs) is that essential services will remain intact (meds issued). We are liaising with national team in respect of any updates, any likely action. January - it's likely non-regulatory services may be affected e.g. home delivery service.			Update reporting to Primary Care subcommittee (and Executive / Quality and Safety Committee by exception).		
Linked risks					
Ref	Category	Description	Previous Score	Current score	Movement
NENC/0004	Finance	Delivery of financial position. There is a risk that the ICB is unable to deliver its planned financial position, together with a risk around delivery of the wider ICS financial position.	8 (end of Q4 24/25)	20 (Q1 25/26)	▲
NENC/0006	Quality	Reputational risk due to poor access to adult mental health services.	12	12	◀▶
NENC/0028	Workforce	Widespread clinical and social care workforce challenges could impact on delivery of safe services, drive up witing times and lead to poorer outcomes for patients	15	15	◀▶
NENC/0049	Quality	Continuing Care - variation in practice and compliance within the ICB/ICS could result in reputational damage, non-compliance with statutory duties, adverse financial impact, negative patient/family experience and adverse impact on the market and workforce.	12	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/0086	Quality	Failure to prioritise equality, diversity and inclusion. The ICB fails to put in place the necessary resources to understand and address the main areas of concern and priority actions in relation to equality, diversity and inclusion within health and care system in the North East and North Cumbria - resulting in a region where access to health and care services is limited; communities do not feel welcome and able to contribute; and differences are not understood, celebrated or valued.	12	12	◀▶
NENC/0087	Finance	Risk of losing dental underspend for 2025-2026. Risk to 2025-26 dental budgets due to contract hand backs and underspend on dental recovery plans.	12	CLOSED	CLOSED
NENC/0091	Workforce	Pharmacy Collective Action. There is a risk the ICB will be unable to deliver on its statutory duties due to planned pharmacy collective action.	12	9	▼

NENC Board Assurance Framework 2024-25						Q4 (including interim Q1 25/26 position)	Date: 14 May 2025
Goal 3	Better health and care services					Lead director(s)	Hilary Lloyd; Neil O'Brien; Jacqueline Myers.
Risk category	Finance; Quality; System Recovery; Workforce						David Chandler; Dave Gallagher
Principal risk	The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients.					Lead Committee(s)	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.		Rationale for current score				
			Risk that delayed ambulance handovers impact negatively on patient safety and patient flow				
			Medium term financial plan				
Risk scores						Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) compliance	
Target			Current				
Consequence	5	10	Consequence	5	20	Choice Accreditation	
Likelihood	2		Likelihood	4		Primary Care Access and Recovery programme	
						General Practice (GPs) intention to take industrial action	
						In housing NECS staff	
						Weight loss injections and Right to Choose providers	
						ICB transition programme	
Key controls				Assurances		Gaps	
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.	
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.		None identified.	

	Elective service specification and pathway development being prioritised as far as possible within available resource.				
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.			
Meetings have taken place with some local authorities (South Tyneside and Sunderland) to understand their initial intentions. We have been transparent that we are still in the implementation phase of the ICB 2.0 restructure and need to consider HR/employment implications whilst still securing people in roles. We are committed to work together and ensure that citizens are not put at risk. We will seek to establish an ICB strategy. We will continue to meet with and discuss with the Local Authorities.	Internal strategy to be set in relation to ICB direction of travel in relation to case management and back office functions ICB Place Directors and Directors of Nursing have been involved in initial meetings.	LA's may still serve notice on the Section 75			
Budgets, each directorate has been asked to review aligned staff and manage budgets to bring NECS teams in house System Resilience	Senior leaders and Directorates managing own teams Working with NECs teams and NHSE To develop a resilient workforce to carry out duties during major organisational change	Unknown impacts or retention of experienced staff Staff Attrition, retention and Major organisation change			
Commissioning policy, ensuring referrals to right to choose providers are in line with locally commissioned service providers	Activity is scrutinised for eligibility before invoices are paid	None identified.			
ICB Transition Committee established to meet fortnightly to guide transition. Transition programme team established with dedicated SRO. National guidance – e.g. Model Integrated Care Board – Blueprint v1.0 Strategic commissioning transition programme steering group – established, meeting weekly to guide transition programme, reporting into the Transition Committee. Comprehensive staff support offer in place and updated/reviewed regularly. Regular staff communication in place through all staff webinars and senior leaders cascade.	Minutes, papers and highlight reports from Transition Committee. External reporting to NHSE as required. Highlight reports to Transition Committee.	None identified.			
Linked risks					
Ref	Category	Description	Previous Score	Current score	Movement
NENC/0023	Quality	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow	12	12	◀▶
NENC/0065	Finance	Risk that both the ICB and wider ICS are unable to agree a robust, and credible, medium term financial plan which delivers a balanced financial position	20	20	◀▶
NENC/0067	System recovery	Care, Education and Treatment Reviews (C(e)TR) and Dynamic Support Registers (DSR) registers not being compliant against the new updated policy and guidance.	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/0081	Workforce	General Practice (GPs) intention to take industrial action	12	9	▼
NENC/0084	Quality	Local Authority strategy in relation to case management and associated functions (Continuing Healthcare)	12	12	◀▶
NENC/0085	Workforce	In Housing of NECS staff	8 (end of Q4)	CLOSED	CLOSED
NENC/0090	Finance	Weight loss injections and Right to Choose providers	16	15	▼
NENC/0102	Finance	ICB transition programme	NEW	15	NEW

NENC Board Assurance Framework 2024-25							Q4 (including interim Q1 25/26 position)		Date: 14 May 2025		
Goal 4	Giving children and young people the best start in life						Lead director(s)		Hilary Lloyd; Levi Buckley		
Risk category	Quality; System Recovery										
Principal risk	We fail to deliver health and care services which give children the best start in life.						Lead Committee(s)		Quality and Safety Committee Executive Committee		
	The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.			Rationale for current score There is a risk that children and young people are unable to access mental health services they need in a timely manner. Ineffective Transformation of ADHD and Autism Pathways.							
	Risk scores										
	Target		Current								
Consequence	4	12	Consequence	4	16						
Likelihood	3		Likelihood	4							
Key controls				Assurances			Gaps				
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.				
Linked risks											
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	Ineffective Transformation of ADHD and Autism Pathways.					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
Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.	PLACE/0042	Autism diagnosis and post diagnosis support	12	8	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
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/0083	Continuing Healthcare (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	Sunderland South Tyneside	Finance
	PLACE/0159	Primary Care Collective Action. LMC have written to Practices advising them to stop providing phlebotomy services. (North Cumbria).	20	6	North Cumbria	Quality
We fail to deliver health and care services which give children the best start in life.	PLACE/0114	Sensory processing disorder service	12	6	North Tyneside Northumberland	System Recovery
	PLACE/0120	Delivery of Medicines in Special School	12	9	Newcastle Gateshead	Quality