

NHS North East and North Cumbria Board Assurance Framework 2023-24

Background

As the statutory body, the ICB is accountable for delivery of its priorities but responsibility for delivery has been delegated to nine places: Tees Valley, County Durham, South Tyneside, Sunderland, Gateshead, Newcastle, North Tyneside, Northumberland and North Cumbria. Risks associated with delivery at Place will be managed at Place unless it has been agreed to be managed centrally.

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>

Risks at both ICB and Place are grouped by the level of control or influence that the ICB can exert over depending on the source and type of risks. Some risks can be largely mitigated or eliminated, however not all types of risk can be adequately or effectively dealt with in this manner. The risk management process is therefore tailored to different risks depending on the perceived level of control.

The Board Assurance Framework summarises the way the Board knows that the controls it has in place are managing the ICB's principal risks, focusing on risks that are in partial or limited control of the ICB (i.e. strategic and external risks) with a current score of 12 A (high) and risks in the full control of the ICB that have a score of 16 A (high) which are operational risks that may have a significant impact on the ability of the ICB to achieve its goals.

The ICB Risk Management Strategy sets out the categories of control are set out in Table 1 below:

Table 1 levels of control

Risk category	Description
Category A: Full control	Preventable internal risks that can be controlled by the ICB (e.g. Health and Safety or payment processing)
Category B: Partial control	Strategic risks taken on by the organisation to achieve its corporate objectives. These risks may be partially within the control of the ICB (e.g. the risk associated with transformational change, or from investment in new sector improvement initiatives).
Category C: Limited or no control	External risk events and/or system-wide risks largely beyond the sole control or influence of the ICB. Examples may be the increasing risk of political uncertainty (i.e. EU Exit), a terrorist event or natural disaster; or from risk interdependencies across the wider health and social care system.

Risk assessment

Risks are rated using a 5 x 5 matrix (consequence x likelihood) and this determines whether the risk is low, moderate, high or extreme. The consequence (impact) of risks is determined using eight descriptors as set out in Table 2 below:

Table 2 risk consequence descriptors

Descriptor	1 Very low	2. Low	3. Moderate	4. High	5. Very high
A. Injury	Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed.	RIDDOR / Agency reportable	Major injuries or long-term incapacity / disability	Death or major permanent incapacity
B. Patient experience	Unsatisfactory patient experience not directly related to patient care	Unsatisfactory patient experience - readily resolvable	Mismanagement of patient care	Serious mismanagement of patient care	Totally unsatisfactory patient outcome or experience
C. Service / business interruption	Loss / interruption >1 hour	Loss / interruption >8 hours	Loss / interruption > 1 day	Loss / interruption > 1 week	Prolonged loss of service or facility

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D. Staffing and skill mix	Short term low staffing level temporarily reducing service quality <1 day.	Ongoing low staffing level reducing service quality.	Late delivery of key objective/service due to lack of staff. Ongoing unsafe staffing.	Uncertain delivery of key objective/service due to lack of staff.	Non-delivery of key objective/service due to lack of staff.
E. Financial	Funded/partially funded between £0 and £10k. Unfunded between £50 and £10k	Funded/partially funded between £10k and £50k. Unfunded between £10k and £25k	Funded/partially funded between £50k and £100k. Unfunded between £25k and £50k	Funded/partially funded between £100k and £1m. Unfunded between £50k and £500k	Funded/partially funded over £1m. Unfunded over £500k
F. Inspectional / Audit	Minor Recommendations Minor non-compliance with standard and/or policies	Recommendations given Non-compliance with standards and/or policies.	Reduced rating. Challenging recommendations. Non-compliance with core standards and/or policies	Enforcement action Critical report and low rating Major non-compliance with core standard and/or policies.	Prosecution. Zero Rating. Severely critical report.
G. Adverse publicity / reputation	Rumours	Short term damage with stakeholders. Minor effect on staff morale	Longer term damage with individual stakeholders Significant effect on staff morale	Widespread stakeholder damage. Local media > 3 days	National adverse media coverage > 3 days. Sustained and widespread stakeholder damage.
H. Data Security and Protection	There is absolute certainty that no adverse effect can arise from the breach	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be: i. The cancellation of a procedure but does not involve any additional suffering. ii. Disruption to those who need the data to do their job.	An adverse effect may be: i. Release of confidential information into the public domain leading to embarrassment. ii. Unavailability of information leading to the cancellation of a procedure that has the potential of prolonging suffering but does not lead to a decline in health. iii. Prevention of someone doing their job such as cancelling a procedure that has the potential of prolonging suffering but does not lead to a decline in health.	Potential pain and suffering / financial loss: Reported suffering and decline in health arising from the breach. Some financial detriment occurred. Loss of bank details leading to loss of funds. Loss of employment.	Death / catastrophic event: A person dies or suffers a catastrophic occurrence.

The likelihood of risks is determined using a frequency based score set out in Table 3:

Table 3 Likelihood score

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency: How often might it/does it happen?	Only occurs in exceptional circumstances, > 5-year period	Could occur at sometime within 1 to 5 years	Could occur in the next 12 months	Will probably occur in the next 6 months	Expected to occur in the next 3 – 6 months

The overall risk scoring matrix is set out in Table 4 below:

Table 4 risk scoring matrix

	Likelihood				
	1	2	3	4	5
Consequence	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Low	1	2	3	4	5

NHS North East and North Cumbria – Board Assurance Framework 2023-24 – risk summary

Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
Goal 1 Longer and healthier lives for all	NENC/0025	If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience. Inadequate workforce will also mean that it will be difficult to implement the actions identified in the Ockenden report and could lead to poor CQC inspections. This could lead to the ICB failing to commission safe services with consequent damage to reputation and potential loss of public confidence in wider NHS service delivery.	6	16	David Purdue	Quality and Safety Committee	Partial
	NENC/0029	Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract. There is a risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections	9	12	Neil O'Brien	Quality and Safety Committee	Partial
	NENC/0009	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 and is not able to support people in a community based setting and provide a point of ongoing continuity of care. This could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.	6	12	Jacqueline Myers	Quality and Safety Committee	Limited
	NENC/0024	Quality of commissioned services: a structured and co-ordinated process of assurance is not in place for commissioned services (including acute, mental health, learning disability and community services), meaning that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.	8	16	David Purdue	Quality and Safety Committee	Partial

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0043	As a result of the lack of clarity on the availability of NHSE clinical staff who currently support the POD Commissioning and Contracting and Quality (e.g. serious incidents) functions, there is a risk that the ICB will not have sufficient access to the clinical support post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement.	6	15	David Gallagher	Executive Committee	Partial
	NENC/0001	There is a risk that a lack of robust planning for surges, business continuity incidents and outbreaks, mean that urgent and emergency care pressures increase, resulting in rises in A&E activity and multiple demands on ambulance, community, acute and primary care services, and an inability to deliver core services.	6	15	Jacqueline Myers	Executive Committee	Full
Goal 2 Fairer health outcomes for all	NENC/0006	There is a risk that people do not receive the right treatment and access to adult mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes. This would result in patients having poor access to timely and effective treatment or escalate to crisis.	8	12	David Purdue	Quality and Safety Committee	Partial
	NENC/0028	There are widespread challenges to recruitment nationally and particularly of clinical and social care staff. 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.	6	20	David Purdue	Quality and Safety Committee	Partial
	NENC/0033	The increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of appropriate provision. An increase in demand will impact on sustainability of services, increase health inequalities and there is also a risk to the reputation of the ICB if adequate and appropriate services are not commissioned.	12	16	Jacqueline Myers	Quality and Safety Committee	Limited

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0004	There is a risk that the ICB does not meet its statutory financial duties. For 2022/23, the ICB has achieved a surplus in line with plan and a surplus has been delivered across the ICS, although this position is still subject to audit. For 2023/24, the risk around agreement of a balanced financial plan is covered by risk NENC/0035. Once the 23/24 plan is agreed, this risk will be updated accordingly	6	12	David (ICB) Chandler	Finance, Performance & Investment Committee	Partial
Goal 3 Best start in life for children and young people	NENC/0026	Funding allocation for Local Maternity and Neonatal System (LMNS) is not yet agreed for future years. If funding is not available or reduced for 23/24 and onwards the ICB will be faced with a decision to fund LMNS from internal funding or look to reduce the service. Some of the funding is already targeted and therefore any reduction in this funding would have a serious impact on delivery of services and could lead to patient harm.	4	12	David Purdue	Quality and Safety Committee	Partial
	NENC/0027	As a result of unclear mental health pathways for children and young people, alongside service pressures and capacity, increased demand and inconsistencies in treatment threshold there is a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people and their families. This could also lead to damage to the ICB's reputation and there is a potential for legal challenge.	9	16	David Purdue	Quality and Safety Committee	Partial
Goal 4 Improving health and care services	NENC/0038	As a result of a lack of clarity regarding existing contracts for software packages and licenses that need to transfer over to the ICB, there is a risk that the POD staff will not have access to the necessary packages they require to function in their role post-transfer	12	20	David Gallagher	Executive Committee	Partial
	NENC/0039	As a result of the number of vacancies in the current NHSE team managing POD at present, there is a risk that the ICB does not have sufficient staff post-transfer and therefore cannot adequately fulfil the requirements of the delegation agreement which will result in the ICB not being able to provide assurance to NHSE	12	16	David Gallagher	Executive Committee	Partial
	NENC/0023	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow. There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.	4	20	David Purdue	Quality and Safety Committee	Partial

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Goal	Risk ref	Risk	Target score	Current score	Lead director	Lead committee	Level of control
	NENC/0007	There is a risk of failure to achieve NHS Constitutional Standards for our patients. Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times. Any failure to deliver the standards has the potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.	4	16	Jacqueline Myers	Finance, Performance & Investment Committee	Partial
	NENC/0034	Recurrent implications of non-recurring funding. There is a risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	6	12	David (ICB) Chandler	Finance, Performance & Investment Committee	Partial
	NENC/0035	Financial Planning 2023/24. There is a risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures across the system.	8	20	David (ICB) Chandler	Finance, Performance & Investment Committee	Full
	NENC/0032	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation. An underspend is expected in 2022/23 due to vacancies but this remains a significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26	6	16	David (ICB) Chandler	Finance, Performance & Investment Committee	Full
	NENC/0036	No single system across ICB footprint to record incidents that occur in Pharmacy, Dentistry and Optometry services resulting in lack of governance oversight and learning from incidents.	8	12	David Gallagher	Executive Committee	Partial

NHS North East and North Cumbria – Board Assurance Framework 2023-24 – Place risk heatmap

ICB principal risks to achievement of goals			Tees Valley		Co Durham		South Tyneside		Sunderland		Gateshead		Newcastle		North Tyneside		Northumberland		North Cumbria		
Goal	Risk ref	Risk	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	
Goal 1 Longer and healthier lives for all	NENC/0025	If maternity services do not have adequate staff to provide safe services there is a risk to patient safety and patient experience.					9	12	9	12											
	NENC/0029	Risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections																			
	NENC/0009	Risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of									8	16	8	16	6	8					
	NENC/0024	Quality of commissioned services: a structured and co-ordinated process of assurance is not in place for commissioned services meaning that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.	8	12							8	12	8	12			8	12	8	16	
	NENC/0043	There is a risk that the ICB will not have sufficient access to NHSE clinical support post-transfer and therefore cannot adequately fulfil the requirements of the POD delegation agreement.	Managed at ICB level																		
	NENC/0001	Risk that a lack of robust planning for surges, business continuity incidents and outbreaks, mean that urgent and emergency care pressures increase, leading to increased demands services, and inability to deliver core services.																			
Goal 2 Fairer health outcomes for all	NENC/0006	Risk that people do not receive the right treatment and access to mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes.					6	9			8	12	8	12							
	NENC/0028	Widespread challenges to recruitment nationally and particularly of clinical and social care staff which could impact on the delivery of					6	20											9	12	
	NENC/0033	Increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of																		12	16
	NENC/0004	Risk that the ICB does not meet its statutory financial duties.	Managed at ICB level																		
Goal 3 Best start in life for children and young people	NENC/0026	Funding allocation for Local Maternity and Neonatal System (LMNS) is guaranteed up to 22/23 but not yet agreed for future years.																			
	NENC/0027	As a result of unclear mental health pathways for children and young people, alongside service pressures and capacity, increased demand and inconsistencies in treatment threshold there is a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people					6	9			8	16	8	16							

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ICB principal risks to achievement of goals			Tees Valley		Co Durham		South Tyneside		Sunderland		Gateshead		Newcastle		North Tyneside		Northumberland		North Cumbria			
Goal	Risk ref	Risk	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score	Target score	Current score		
Goal 4 Improving health and care services	NENC/0038	Lack of clarity regarding existing contracts for software packages and licenses resulting in POD staff not having access to the necessary packages.	Managed at ICB level																			
	NENC/0039	Vacancies in the current NHSE team managing POD at present, there is a risk that the ICB does not have sufficient staff post-transfer and therefore cannot adequately fulfil the requirements of																				
	NENC/0023	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow. There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.																10	15	8	8	
	NENC/0007	Risk of failure to achieve NHS Constitutional Standards for our patients. Any failure to deliver the standards has the potential to adversely impact on patient care, as well as a reputational risk for			6	9													9	12	6	16
	NENC/0034	Risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	Managed at ICB level																			
	NENC/0035	Risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24 within confirmed funding envelopes due to underlying recurring pressures																				
	NENC/0032	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation.																				
	NENC/0036	No single system across ICB footprint to record incidents that occur in Pharmacy, Dentistry and Optometry services resulting in lack of governance oversight and learning from incidents.																				

NENC Board Assurance Framework 2023-24					Version: 1	Date: 11 May 2023		
Goal 1	Longer and healthier lives for all				Lead director	David Purdue		
Principal risk	NENC/0025 Significant workforce pressures in maternity services across the system leading to patient safety risks				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Inadequate workforce means it will be difficult to implement actions identified in the Ockenden report and could lead to poor CQC inspections.			
Target			Current					
Consequence	3	6	Consequence	4			16	
Likelihood	2		Likelihood	4				
Key controls					Mitigating actions			
Workforce steering group with membership from providers and NHS England					Task and Finish Group to bring together key people			
LMNS Leads and LMNS Coordinators work with providers								
Regional maternity transformation team support with workforce								
Assurance					Linked Place risks			
Terms of reference; meeting notes and action plans					Place	Ref	Description	Score
Regional Maternity Transformation Board oversight Regional Perinatal Quality Oversight Board					South Tyneside	Place/0017	Risk of ineffective and unsafe care being delivered across South Tyneside and Sunderland FT maternity services due to workforce/capacity	12
National tool - Birth Rate Plus in place with providers					Sunderland	Place/0018		12

Goal 1	Longer and healthier lives for all				Lead director	Neil O'Brien		
Principal risk	NENC/0029 Risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract.			
Target			Current					
Consequence	3	9	Consequence	4				12
Likelihood	2		Likelihood	3				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
National guidance and supporting education are available and accessible to all prescribers.					NENC ICB is still an outlier, with all our places and all but one of our FTs failing to meet the standards set			
All places have a group overseeing antimicrobial prescribing and local action plans								
ICB wide antimicrobial stewardship group reports directly in to the HCAI board								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Local action plans					Place	Ref	Description	Score
HCAI board meeting notes and action plans					No Place risks			
Compliance against external targets including trust CQUINs, and inclusion in primary care incentive and quality schemes								

Goal 1	Longer and healthier lives for all				Lead director	Jacqueline Myers		
Principal risk	NENC/0009 Risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of ongoing continuity of care				Lead Committee	Quality and Safety Committee		
Level of ICB control	Limited				Rationale for current score			
Risk scores					Risk could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.			
Target			Current					
Consequence	3	6	Consequence	4				12
Likelihood	2		Likelihood	3				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Workforce pressures are monitored via the Strategic Data Collection Service (SDCS) reporting system								
Primary Care Network (PCN) transformation agenda linked to Long Term Plan								
Practices now report OPEL status via UEC-RAIDR App								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Strategic Data Collection Service (SDCS) reporting					Place	Ref	Description	Score
NHS Long Term Plan					Newcastle / Gateshead	PLACE/0051	Sustainability of primary care	16
					Monitored at Place Based Delivery primary care commissioning groups and Place Based Delivery primary care teams provide reactive support to practices			
	North Tyneside	PLACE/0006	Risk of closure of GP practice due to premises issues	8				

Goal 1	Longer and healthier lives for all				Lead director	David Purdue		
Principal risk	NENC/0024 Risk that a structured and co-ordinated process of assurance is not in place for commissioned services				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Without an adequate assurance process there is a risk that the ICB remains unaware of any quality issues or concerns and associated action plans to address them.			
Target			Current					
Consequence	4	8	Consequence	4				16
Likelihood	2		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Main provider contracts contain clear performance expectations								
All large providers on NHS standard contract therefore have CQUIN schemes								
ICB has designated posts to drive quality agenda								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Quality and Safety Committee agenda and minutes					Place	Ref	Description	Score
ICB Board agenda and minutes					Tees Valley	PLACE/0062	GP practices receiving inadequate rating from CQC	12
CQC inspection reports					Newcastle Gateshead	PLACE/0047	Underperformance against contracts	8
					Northumberland	PLACE/0023	Providers fail to meet key performance outcomes	12
					North Cumbria	PLACE/0016	NCIC Strengthening Families Services is in business continuity and not fulfilling statutory duties	16

Goal 1	Longer and healthier lives for all				Lead director	David Gallagher		
Principal risk	NENC/0043 Lack of clarity around NHSE clinical staff availability to support Pharmacy, Optometry and Dental (POD) commissioning and contracting and quality functions				Lead Committee	Executive Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					With insufficient access to the clinical support post-transfer the ICB will be unable to adequately fulfil the requirements of the delegation agreement.			
Target			Current					
Consequence	3	6	Consequence	3			15	
Likelihood	2		Likelihood	5				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
NHS England recognises the requirement for the support functions to continue post transfer					Discussions are ongoing. A memorandum of understanding detailing support.			
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
MOU developed					Managed at ICB level			
Contracts with specific individuals extended until 30 June 2023								

Goal 1	Longer and healthier lives for all				Lead director	Jacqueline Myers
Principal risk	NENC/0001 Risk that a lack of robust planning for surges, business continuity incidents and outbreaks, means that urgent and emergency care pressures increase leading to an inability to deliver core services.				Lead Committee	Executive Committee
Level of ICB control	Partial				Rationale for current score	
Risk scores					Potential impact on system resilience	
Target			Current			
Consequence	3	6	Consequence	5	15	
Likelihood	2		Likelihood	3		
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)	
System-wide surge and escalation plan agreed between all stakeholders					ICB escalation process for Place Based Delivery UEC groups to be developed	
Emergency Planning, Resilience and Response (EPRR) compliance						
Requirement for providers to notify ICB if OPEL status is escalated						
Place Based Delivery Urgent and Emergency Care groups						
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks	
Plan reviewed and regularly tested					Managed at ICB level	
Annual assurance undertaken by NHSE/I						
Addressed in contract meetings if OPEL status is repeatedly escalated						

Goal 2	Fairer health outcomes for all				Lead director	David Purdue		
Principal risk	NENC/0006 Risk that people do not receive the right treatment and access to adult mental health services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes.				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Increased demand for services and additional service pressures where workforce capacity is reduced contribute to the risk. This would lead to poor access to timely and effective treatment or escalate to crisis.			
Target			Current					
Consequence	4	8	Consequence	4				12
Likelihood	3		Likelihood	3				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Standard NHS contracts in place with two main providers								
Regional ICS mental health workstream								
OPEL status								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Contract and performance management processes					Place	Ref	Description	Score
NHSE quarterly assurance meetings					Newcastle	PLACE/0043	Requirements of Mental Health Five Year Forward View	12
Minutes and actions from workstream meetings					Newcastle	PLACE/0045	Provision of IAPT services	12
					Gateshead	PLACE/0058	Failure to deliver the requirements of community mental health transformation	12
					South Tyneside	PLACE/0035	Implementation of lessons from LeDeR programme	6

Goal 2	Fairer health outcomes for all				Lead director	David Purdue		
Principal risk	NENC/0028 Widespread challenges to recruitment nationally and particularly of clinical and social care staff which could impact on the delivery of safe services.				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					The impact on the delivery of safe services and could lead to lack of access to specific services, driving 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.			
Target		Current						
Consequence	5	6	Consequence	5			20	
Likelihood	2		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Workforce steering group					Work is underway to understand the impact on the ICB with NHSE staff transferring to the ICB as part of the POD delegations from April 2023. Regular meetings with NHSE in the lead up to transfer taking place.			
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Terms of reference, meeting notes, action plans					Place	Ref	Description	Score
					South Tyneside	PLACE/0080	Failure to achieve patient flow through the system	20
					North Cumbria	PLACE/0021	Recruitment and retention leading to risk that patient access to primary care will be impacted	12

Goal 2	Fairer health outcomes for all				Lead director	Jacqueline Myers		
Principal risk	NENC/0033 Increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of appropriate provision. An increase in demand will impact on sustainability of services and increase health inequalities				Lead Committee	Quality and Safety Committee		
Level of ICB control	Limited				Rationale for current score			
Risk scores					This population group has complex needs and the risk is compounded by providers not having a clear understanding of the entitlement of this group as well as refugees and asylum seekers themselves not knowing their entitlements and how to access services.			
Target			Current					
Consequence	4	12	Consequence	4				16
Likelihood	3		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
					Place	Ref	Description	Score
					North Cumbria	PLACE/0020	Introduction of asylum seeker hotel in Carlisle and potential for further refugee contingency accommodation	12

Goal 2	Fairer health outcomes for all				Lead director	David Chandler	
Principal risk	NENC/0004 Achievement of economy, efficiency, probity and accountability in the use of resources				Lead Committee	Finance, Performance & Investment Committee	
Level of ICB control	Partial				Rationale for current score		
Risk scores					There is a risk that the ICB does not meet its statutory financial duties. 2023/24 financial plan to be agreed		
Target			Current				
Consequence	3	6	Consequence	4			12
Likelihood	2		Likelihood	3			
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)		
Financial plan					For 2022/23, the ICB has achieved a surplus in line with plan and a surplus has been delivered across the ICS		
QIPP plan in place							
Financial reporting and monitoring process							
Mechanism to monitor and identify CHC packages of care							
Financial governance arrangements, financial policies and scheme of delegation							
Monthly forecasting and variance reporting and plan to date							
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks		
Audit committee review					Managed at ICB level		
QIPP delivery included in monthly finance reports and reported to NHSE							
Process for approving packages of care in place at each Place.							
Scheme of Delegation approved annually. Financial policies reviewed and updated annually.							

Goal 3	Best start in life for children and young people				Lead director	David Purdue		
Principal risk	NENC/0026 If Local Maternity and Neonatal System (LMNS) funding is not available or reduced for 23/24 and onwards the ICB will be faced with a decision to fund from internal funding or look to reduce the service.				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Some of the funding is already targeted and therefore any reduction in this funding would have a serious impact on delivery of services and could lead to patient harm.			
Target			Current					
Consequence	2	4	Consequence	4			12	
Likelihood	2		Likelihood	3				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Indication that funding will continue for 2023/24								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Robust financial reporting					Managed at ICB level			
Financial reporting feeds into Regional Maternity Transformation team								

Goal 3	Best start in life for children and young people				Lead director	David Purdue		
Principal risk	NENC/0027 Unclear mental health pathways for children and young people, service pressures and capacity, increased demand and inconsistencies in treatment threshold lead to a risk that children and young people do not receive appropriate treatment which could result in negative outcomes for children, young people and their families.				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					As well as potentially damaging to the ICB's reputation, there is also a potential for legal challenge			
Target			Current					
Consequence	3	9	Consequence	4				16
Likelihood	3		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
CAMHS Partnership Board in place					Further work to be done on joint commissioning arrangements			
Contract review meetings with main foundation trusts								
Joint commissioning with local authorities								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Performance updates to ICB					Place	Ref	Description	Score
Contract and performance management processes					South Tyneside	PLACE/0034	Children's mental health	9
					Gateshead	PLACE/0057	Access to children and young people's mental health services	16
					Newcastle	PLACE/0040	Access to children and young people's mental health services	16

Goal 4	Improving health and care services				Lead director	David Gallagher
Principal risk	Risk that the ICB will be unable to fulfil requirements of the delegated POD functions				Lead Committee	Executive Committee
Level of ICB control	Partial				Rationale for current score	
Risk scores					Risks NENC/0036; NENC/0038; NENC/0039	
Target			Current			
Consequence	4	12	Consequence	4	20	
Likelihood	3		Likelihood	5		
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)	
Utilise existing reporting systems for those contractor groups until a single solution can be sought					ICB resource implications for reporting, entering and validating incidents centrally and further resource implications for licensing of a single system.	
ICB Operational POD groups					Develop formal recruitment plan to fill vacancies in POD teams one identified.	
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks	
Discussions ongoing between NHSE and ICB regarding incident reporting arrangements					Managed at ICB level	
Operational POD groups project plans						

Goal 4	Improving health and care services				Lead director	David Purdue		
Principal risk	NENC/0023 Risk that delayed ambulance handovers impact negatively on patient safety and patient flow.				Lead Committee	Quality and Safety Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.			
Target			Current					
Consequence	4	4	Consequence	4				20
Likelihood	1		Likelihood	5				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Local A&E Delivery Boards at place								
ICB winter plan and surge plan								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Terms of reference, minutes and actions from LAEDBs					Place	Ref	Description	Score
System SitReps during surge periods					Northumberland	PLACE/0015	Risk of NEAS contract underperformance	15
System-wide Surge exercise					North Cumbria	PLACE/0019	North Cumbria Place currently part of North West patient transport arrangements	8

Goal 4	Improving health and care services				Lead director	Jacqueline Myers		
Principal risk	NENC/0007 Risk of failure to achieve NHS Constitutional Standards for our patients with potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.				Lead Committee	Finance, Performance & Investment Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times.			
Target			Current					
Consequence	4	4	Consequence	4				16
Likelihood	1		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Contract management processes in place to manage delivery of constitutional standards.								
Performance management processes in place								
Elective recovery plans have been developed with main providers.								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Performance monitored by Executive Committee					Place	Ref	Description	Score
Performance monitored by ICB					County Durham	PLACE/0008	Long term sustainability of local health services	9
Activity monitored by ICB					Northumberland	PLACE/0027	Overactivity on contracts	12
					North Cumbria	PLACE/0026	Quality of commissioned services	15

Goal 4	Improving health and care services				Lead director	Jacqueline Myers		
Principal risk	NENC/0007 Risk of failure to achieve NHS Constitutional Standards for our patients with potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.				Lead Committee	Finance, Performance & Investment Committee		
Level of ICB control	Partial				Rationale for current score			
Risk scores					Significant pressures are evident in certain standards, particularly in respect of A&E 4 hour waits, cancer waiting times, HCAI targets and ambulance response times.			
Target		Current						
Consequence	4	4	Consequence	4				16
Likelihood	1		Likelihood	4				
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)			
Contract management processes in place to manage delivery of constitutional standards.								
Performance management processes in place								
Elective recovery plans have been developed with main providers.								
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks			
Performance monitored by Executive Committee					Place	Ref	Description	Score
Performance monitored by ICB					County Durham	PLACE/0008	Long term sustainability of local health services	9
Activity monitored by ICB					Northumberland	PLACE/0027	Overactivity on contracts	12
					North Cumbria	PLACE/0026	Quality of commissioned services	15

Goal 4	Improving health and care services				Lead director	David Chandler
Principal risk	There is a risk that the ICB and wider ICS will be unable to agree and deliver a robust, and credible, balanced financial plan for 2023/24				Lead Committee	Finance, Performance & Investment Committee
Level of ICB control	Full				Rationale for current score	
Risk scores					Risks NENC/0032; NENC 0035	
Target		Current			Underlying recurring pressures across the system.	
Consequence	4	8	Consequence	5	20	Significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26
Likelihood	2		Likelihood	4		
Key controls (What helps us mitigate the risk?)					Mitigating actions (What more are we or should we be doing?)	
Financial plan including running costs					Work programme established to oversee the transformation required to manage the 30% reduction in running costs	
Financial reporting and monitoring process, including forecasting and variance reporting					Weekly running cost working group in place with transformation group being established	
Staffing establishment control process to manage staffing establishment and recruitment freeze implemented for all but essential posts					ICB financial sustainability group established	
Review of funding allocations						
NHS Provider FT efficiency plans						
Assurance (What evidence is there to demonstrate that the controls work?)					Linked Place risks	
Financial plan to show breakeven position					Managed at ICB level	
Monthly finance reports showing running cost position. Reported to FPI Committee						
Process in place with appropriate approval required for any staffing establishment changes						
Allocations task and finish groups reporting to FPI Committee						