

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

Key risk: The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving.

04 System Recovery	NENC/0009	06/07/2022	NENC Strategy And Transformation	Primary care services As a result of pressure on general practice services there is a risk that services cannot be provided to patients resulting in patient harm, increased attendance at hospital settings and compromised patient flow. This would mean the ICB cannot fulfil its statutory responsibility to deliver primary medical care services and be damaging to the reputation of the ICB.	4	4	16	Strategic Data Collection Service (SDCS) reporting system to monitor workforce.	None	Monitoring at place-based delivery primary care commissioning groups.	Strategic Data Collection Service (SDCS) reporting	None	29/06/2023 30/08/2024	4	3	12	(5). Quarterly	3	2	6
		Jacqueline Myers	NENC ICB Limited Control		3. NENC Quality And Safety Committee	Primary Care Network (PCN) transformation agenda linked to Long Term Plan	None	Monitoring at place-based delivery primary care commissioning groups	NHS Long Term Plan	None	Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels.	None		None	(5). Quarterly 19/04/2024 Neil Hawkins Responsible Director updated following 2.0					
04 System Recovery	NENC/0001	06/07/2022	NENC Strategy And Transformation	System Resilience, Escalation Planning and Management and Business Continuity arrangements There is a risk that a lack of robust planning for surge management, and response to business continuity critical and major incidents, mean that: 1) impacted communities do not receive the required level of care needed during any incident 2) urgent and emergency care pressures increase, resulting in rises in A&E activity and multiple system demands including ambulance, community, acute and primary care services, and an	4	5	20	System-wide surge and escalation plan agreed between all stakeholders	None	Plan reviewed and regularly tested	None	None	29/06/2023 30/08/2024	4	3	12	(6). 6 Monthly	4	2	8
		Jacqueline Myers	NENC ICB Full Control		1. NENC Executive Committee	NENC ICB Business Continuity Plan	Outcome of review of the ICB business continuity plan to ensure that it is fit for purpose as a result of the ICB 2:0 Transformation programme.	Business continuity policy and plans and review process	Annual assurance undertaken by NHSE Audit One - internal audit of business continuity and EPRR 22/23 - reasonable assurance	ICB business continuity currently being reviewed in line with changes during ICB 2:0	Annual EPRR self-assessment signed off by ICB	EPRR submission to NHSE/I Audit One - internal audit of business		None	Action plan in place which is regularly monitored and reviewed following any significant incident	(6). 6 Monthly 03/06/2024 Deborah Cornell Risk ongoing.				

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				inability to deliver core services.				Requirement for providers to notify the System Coordination Centre (SCC)/ICB if OPEL status is escalated	None	SCC to monitor and provide system leadership and coordination when necessary to ensure appropriate and proportionate response.	continuity and EPRR 22/23 - reasonable assurance NHS England regional operational centre provide regional scrutiny and challenge.	None											
				Place Based Delivery Urgent and Emergency Care groups					None	ICB escalation process	None	None											
02 Quality	NENC/0024	01/07/2022	NENC Chief Nurse, AHP And People	Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk. As a result of the quality of commissioned services not being assessed and monitored within a structured and coordinated process of assurance (including acute, mental health, learning disability and community services), there is a risk that the ICB remains unaware of any quality issues or concerns and associated action plans to address them which could result in patient harm and reputational damage.	5	4	20	All large providers on NHS Standard Contract with clear performance expectations and CQUIN schemes. ICB designated posts to drive quality agenda, with further support from NECS. ICB Quality and Safety Committee and area quality and safety subcommittees Provider Review Groups Care Quality Commission inspections ICB internal audit annual programme	None	Agendas and minutes for ICB Quality and Safety Committee, Area Quality and Safety subcommittees and Provider Quality Review Groups Agendas and minutes of ICB Board, Audit Committee and Executive Committee	Care Quality Commission inspection reports Healthwatch reports and reviews	None	24/01/2024 Ann Fox 30/08/2024 To move from a quality review group look back model of quality assurance to attendance at / involvement in provider internal quality committee / governance meetings to improve timeliness of learning, quality assurance and any emerging risks and concerns.	4	3	12	(5). Quarterly	03/06/2024	Deborah Cornell	Action target date updated.	4	2	8
02 Quality	NENC/0047	06/03/2023	NENC Chief Nurse, AHP And People	High rates of suspected suicides The rates of suicide in the northeast and north cumbria are the highest in the country at 13.4 per 100,000 people. Suicide is the leading cause of death in our region for men aged 15 - 49 and women aged 20-34. The risk to the ICB is that we do not reduce the suicide rate for people in contact with NHS commissioned and health care delivery services, amenable to healthcare preventative efforts.	4	4	16	Quality and accountability of commissioned services. 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.	None.	Mental Health, Learning Disability and Autism Sub-committee programme reports, performance reports and minutes. Suicide audit in CNTW footprint initially. ADPH project to update response guidelines Suicide audit missing trend response underway on 1st November for CNTW footprint interface with DoN and Safeguarding to be strengthened	ICP strategy and NHS England national suicide prevention strategy now available. Working with other agencies such as OHID and NHS England. National suicide prevention strategy - department of health and social care NHS England and suicide prevention strategy	Audit is only available on CNTW footprint. Lack of data to inform decision making and trends. No mechanism in place for near misses and lack of data available None	28/06/2023 Catherine Richardson suicide prevention ICB programme plan 02/09/2024 the ICB suicide prevention programme updated in light of new England suicide prevention strategy Date Entered : 15/12/2023 10:56 Entered By : Catherine Richardson	4	3	12	(5). Quarterly	03/06/2024	Deborah Cornell	Action target date updated.	4	2	8

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								Support and training for NHS staff to increase skills and capability. Providing effective and appropriate crisis support.	Lack of funding - WTE funding proposal submission Jan 24 Lack of funding - added to commissioning intentions	miss suicide. Mental health, Learning Disability and Autism Sub-committee reports and minutes. Plans to delivery training. Mental health, learning disability and neurodiversity subcommittee	Suicide prevention strategy ICP strategy and NHS England	None None											
04 System Recovery	NENC/0025	19/10/2022	NENC Chief Nurse, AHP And People David Purdue Michael Dunn NENC ICB Partial Control 3. NENC Quality And Safety Committee	Significant workforce pressures in maternity services across the system 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.	4	4	16	Workforce steering group with membership from providers and NHS England LMNS Leads and LMNS Coordinators to work with providers to identify alternative ways of working and looking at sharing good practice Health Education England and regional maternity transformation team support with workforce LMNS funding allocation for 24/25 has been recieved and confirmed that Ockenden II and III funding is now recurrent	None No implementation plan or clear measures in place as yet None n/a	Terms of reference Meeting notes and action plans Workforce vacancy rates received by LMNS team Meeting notes and reports Confirmation that funding letter has been received and funding has been transferred to Provider Trusts	Regional Maternity Transformation Board oversight Regional Perinatal Quality Oversight Board National tool - Birth Rate Plus in place with providers None Funding letter is provided by National Maternity Team (NHSE)	None Fragmentati on within ICB around workforce planning means information not consistently being fed into LMNS None n/a	01/04/2024 31/07/2024 Michael Dunn Plan being developed	4	3	12	(5). Quarterly 03/06/2024 Deborah Cornell Data quality check undertaken - action added to reflect gap in control.	3	2	6			
02 Quality	NENC/0079	02/04/2024	NENC Chief Nurse, AHP And People David Purdue Kate O'Brien NENC ICB Full Control 3. NENC Quality And Safety Committee	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). This has been evidenced through safeguarding adult reviews which have highlighted concerns about case management and there have been recent hospital admissions for individuals where significant safeguarding concerns were identified. Incidents have been raised on SIRMS in relation to the recent incidents.	4	5	20	Review of caseload and programme of visits, utilising a consistent methodology. IMG in place and face to face reviews being carried out with a completion date of 31/8/24.	Currently there are unknown risks to individuals on the caseload. Unknown risks following face to face reviews	Planned programme of review based on 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. Via weekly IMG	NHSE are part of the incident management group and CQC have been informed. Reviews taking pace led by TEWV being reported to the IMG	Unknown risk until the caseload has been reviewed. None	02/04/2024 31/08/2024 David Purdue Action plan and tool attached (on SIRMS system).	3	4	12	(3). Monthly	3	3	9			

Key risk: Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.

03 Workforce	NENC/0028	21/10/2022	NENC Chief Nurse, AHP And People David Purdue Leanne Furnell NENC ICB Partial Control 3. NENC Quality And	Clinical and social care workforce across the region There are widespread challenges to recruitment nationally and particularly of clinical and social care staff as a result of many factors including EU exit, COVID and post COVID burnout, ageing workforce. This will impact on the delivery of safe services and could lead to lack of access to specific	5	4	20	ICB Workforce People Group. ICS Workforce Strategy Group. NHS England workforce functions emerging (understanding of responsibilities still being	None None within the ICB control.	Terms of reference, meeting notes, action plans. Terms of reference (once developed). Chief Nurse meetings with counterparts in NHS England. ICB workforce team have	External partners are part of the Group membership. None	None None.	01/04/2024 31/07/2024 Leanne Furnell Development of a system-wide plan.	5	3	15	(5). Quarterly 03/06/2024 Deborah Cornell Data quality check - action added to reflect gap in control.	5	2	10
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			3. NENC Quality And Safety Committee	experience is varied which could result in reputational damage, lack of compliance with statutory duties, inequity and inaccurate/poorly recorded decision making , adverse financial impact and poor financial control within the ICB, negative patient/family experience and adverse impact on the market and workforce.				working groups. ICB internal audit annual programme.		Programme management of workplan. Highlight reports and minutes from Executive and Quality and Safety Committees and System Quality Group.	Deloitte review and endorsement of improvement plan											Residual score confirmed as 12 which is appropriate for the risk at this time.
01 Finance	NENC/0004	06/07/2022	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	<p>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.</p> <p>For 2023/24, a deficit plan of £49.9m was originally agreed for the ICS as a whole, with a surplus of £32.4m planned for the ICB. Following receipt of additional non-recurring funding and other one-off benefits, a breakeven position has been delivered across the ICS (although this includes £35m of funding which will be excluded from a financial performance perspective). This position remains subject to audit.</p> <p>Significant recurrent pressures continue to exist across the ICB and ICS. Work is ongoing to finalise the 2024/25 financial plan which currently reflects a deficit across the ICS, with substantial risks to delivery, including an efficiency requirement of over 6%.</p>	4	4	16	<p>Financial plan</p> <p>Efficiency plan in place with financial sustainability group established</p> <p>Financial reporting and monitoring process</p> <p>Financial controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend</p> <p>Monthly forecasting and variance reporting and plan to date</p> <p>NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board</p> <p>Financial governance arrangements, financial policies and scheme of delegation</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>Latest forecasts show a potential net risk across the ICS for 2024/25.</p> <p>None</p> <p>None</p>	<p>Finance plan in place.</p> <p>Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place.</p> <p>Monthly finance reports.</p> <p>Vacancy control process in place and panel in place for approval of any discretionary non-pay spend</p> <p>Reported to Finance, Performance and Investment committee.</p> <p>System Recovery Board ICB sighted on FT efficiency plans</p> <p>Scheme of Delegation approved annually</p>	<p>Audit One - internal audit of key financial controls 22/23 - substantial assurance</p> <p>Reported to NHSE each month.</p> <p>Monthly review with NHSE regional team and processes in place to highlight variances such as industrial action and prescribing pressures. Additional NR funding received to support industrial action and other pressures which has led to significant reduction in net risk across ICS</p> <p>NHS Provider FT finance committees</p> <p>Audit One - internal audit of key financial controls 22/23 - substantial assurance</p>	<p>Financial plan for 2024/25 to be agreed with NHSE</p> <p>None</p> <p>Underlying financial position work illustrates significant potential financial pressures</p> <p>None</p> <p>None</p> <p>None</p>	4	3	12	(5). Quarterly 15/05/2024 Richard Henderson 08/05/2024 - risk description and actions etc updated	3	3	9			
02 Quality	NENC/0006	06/07/2022	NENC Chief Nurse, AHP And People NENC ICB Partial Control 3. NENC Quality And Safety Committee	Access to adult mental health services There is a risk that people do not receive the right treatment and access to services, at the right time as a result of lack of capacity, discrepancies in treatment thresholds, poor communication and referral processes. Increased demand for services as a result of the pandemic and additional service pressures where workforce capacity is reduced contributes to the risk. This would result in patients having poor access to timely and effective treatment, or	4	4	16	Standard NHS contracts in place with two main providers: Cumbria, Northumberland, Tyne and Wear (CNTW) FT and Tees Esk and Wear Valleys (TEWV) FT, and also with all NHS Talking Therapies anxiety and depression providers. Ensure that the number of people who receive two or more contacts from commissioned community mental health services is compliant.	None	Contract management process Mental health oversight performance group OPEL status Data and digital steering group	NHS England quarterly performance submissions and assurance meeting Workforce planning from NHS England and providers	<p>Review of contract management and performance oversight systems and processes through the Mental health Oversight and Performance Group.</p> <p>A review of the outcome of the full system NHS Talking Therapies review</p>	01/04/2024 31/07/2024	Linda Reiling	4	3	12	(5). Quarterly 03/06/2024 Deborah Cornell Data quality check undertaken - actions added to reflect gaps in controls and assurances.	4	2	8	

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				escalate to crisis. There is an additional risk of damage to reputation damage to the ICB.				Contract management and performance oversight systems and processes. NHS 111 press 2 will be deployed and in place from 30 April 2024. This will change how patients access support and provision across NENC.	Risk that ASD population may not utilise this provision.	Monitored by mental health performance oversight group and contracting team. Interim arrangements in place with MH and Ambulance Transformation Board around any issues due to mobilisation.	Mental Health and Ambulance Transformation Leadership Board established.	Mobilisation of services - handover to providers and ICB management as BAU oversight.	to identify any impact for the ICB.									
								A full system NHS Talking Therapies review has been concluded. This has set out the clinical, contractual and financial challenges for achieving the access targets.	Awaiting outcome of review.	NENC ICB NHS talkies therapies transformation group. Mental health performance oversight group monitors data.	Mental health performance oversight group has partner members who attend from mental health providers.	Awaiting decision making regarding full system review.	01/04/2024 31/07/2024 Linda Reiling Review of utilisation to be undertaken and any communications needs identified as a result.									

Key risk: The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients.

01 Finance	NENC/0065	07/11/2023	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	Medium term financial plan There is a risk that both the ICB and wider ICS are unable to agree a robust, and credible, medium term financial plan which delivers a balanced financial position, either in 2024/25 or future years. The current underlying financial position is a significant deficit across the ICS. Current MTFP do nothing modelling suggests a deficit risk of over £1bn by 2027/28. Delivery of a balanced financial position across the ICS in the short to medium term will require delivery of significant efficiencies and transformational change and presents a huge challenge.	5	5	25	MTFP development programme agreed across the ICS with external support and agreed governance arrangements. System Recovery Board now established with workforce, elective, procurement and 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	None	Updates on progress reported to FPIC, Chief Executives, ICS DoFs, Exec Committee	Regular review meetings with NHSE regional and national team	MTFP highlights significant financial deficit with deliverable opportunities / efficiencies to be identified	07/11/2023 30/09/2024 Richard Henderson Work programme being developed from long list of opportunities to inform 24/25 plan and address recurring shortfalls - led by financial sustainability group 08/05/2024 31/03/2025 Richard Henderson Plans being developed for each workstream under System Recovery Board	5	4	20	(3). Monthly 15/05/2024 Richard Henderson 08/05/2024 - risk description and actions etc updated	5	2	10	
								NHS Provider FT efficiency plans	None	Reports received from NHS Provider FT finance committees	NHS Provider FT finance committees	Significant risk around delivery of efficiency plans, identified within financial plan									
								Financial governance arrangements, financial policies and scheme of delegation	None	Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review	None	None	None								
								Financial Controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend	None	Vacancy control process in place and panel in place for approval of any discretionary non-pay spend	Assurances received from each ICS FT provider on review of financial controls. All recurrent investments over £250k shared across system	None	None								
								ICB investment / business case policy to manage ongoing investments / commitments	None	Investment / business case policy	None	None	None								
								Monthly forecasting and variance reporting and plan	None	Monthly finance reports. Reported to Finance,	Monthly review with NHSE regional	None									

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					C	L	Score							C	L	Score	C	L	Score			
								to date to manage current and underlying position		Performance and Investment committee.	team and processes in place to highlight variances such as industrial action and prescribing pressures.											
								ICB key financial controls	None	Audit One - internal audit of key financial controls 22/23 - substantial assurance	None	None										
04 System Recovery	NENC/0067	03/04/2023	NENC Strategy And Transformation NENC ICB Partial Control 1. NENC Executive Committee	Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) compliance There is a risk that the ICB is not fulfilling inpatient C(e)TRs and DSR requirements to identify adults, children and young people with increasing and/or complex health and care needs who may require extra support, care and treatment in the community as a safe and effective alternative to admission to a mental health hospital. This means that the ICB is not compliant with NHS England policy.	4	5	20	Implementation plans. Development of complex care structure. C(e)TRs completed within the required timeframe.	Not all plans in place as yet. DSR policy compliance and standardisation of process. Workforce capacity to undertake all necessary and higher admissions in some areas of the ICB.	Plans to be triangulated and process standardised across the ICB to reduce variation. Complex care structure developed within the nursing directorate as part of the ICB 2.0 programme. Complex care structure developed within the nursing directorate as part of the ICB 2.0 programme. C(e)TRs completed within the required timeframe. Additional support identified to minimise the impact of current staffing capacity. Current staffing capacity will remain in place until completion of ICB 2.0 programme.	There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS England. There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS England. There is an updated NHS England Dynamic support register and Care (Education) and Treatment Review policy and guidance that has been released, ongoing conversations and oversight within the quarterly programme oversight support meetings with NHS England.	Incomplete implementation on plans across the patch None None	03/04/2023 Kate O'Brien NENC ICB SRO / ICB Director / Chief Nurse ICB Place Based Case Managers ICB Place Based Commissioners NENC ICB Regional Manager for Learning Disability and Autism	15/09/2024	4	4	16	(5). Quarterly 29/05/2024 Deborah Cornell Action target date revised and executive director lead updated.	3	4	12	
04 System Recovery	NENC/0075	18/12/2023	NENC Contracting And Procurement NENC ICB Partial Control 1. NENC Executive Committee	Choice Accreditation There is a risk that the ICB is required under legislation and NHS E policy direction to contract unaffordable levels of IS provider capacity resulting in a risk of achieving financial balance and also an opportunity cost of not being able to prioritise commissioning activities in areas of greatest need.	4	5	20	Established accreditation process in place. Elective service specification and pathway. ICB Executive Committee oversight NENC Contract Group oversight	None	Updated process in place following agreement at Executive Committee. Work underway to maximise use of process to minimise risk. Elective service specification and pathway development being prioritised as far as possible within available resource.	None	None			4	4	16	(5). Quarterly 03/06/2024 Deborah Cornell Updated risk owner and assurances updated.	4	2	8	
01 Finance	NENC/0031	16/11/2022	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation. There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation. For 2023/24, the capital position across the ICS has been managed with a small overspend	4	5	20	Capital plan Monthly financial reporting and forecasting against	Capital plan included 5% over-programming and impact of IFRS16 has now been allocated to systems, resulting in shortfall in plans None	Agreed ICS capital plan with variance reported monthly. Audit One - internal audit of key financial controls 22/23 - substantial assurance Monthly finance reports, reported to FPI Committee.	Capital plan for 2024/25 to be finalised with potential pressure of £20m None	None None	08/05/2024 Richard Henderson Capital Plan 2024/25 discussion with NHS England.	31/03/2025	3	4	12	(5). Quarterly 15/05/2024 Richard Henderson 08/05/2024 - risk description and actions etc updated	3	2	6	

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			Investment Commit	relating to IFRS16 which was managed with NHSE at a regional level. For 2024/25, latest capital plans show a potential pressure of £20m which is being discussed with NHSE. This includes a 5% 'over-programming' allowance that will need to be managed in-year.				capital plans and funding allocation Provider collaborative process for managing capital spend	None	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. Audit One - internal audit of key financial controls 22/23 - substantial assurance	None	None										
01 Finance	NENC/0032	16/11/2022	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	Management of ICB running costs position There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation. An underspend is expected in 2023/24 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	4	5	20	Financial plan including running costs Financial reporting and monitoring process, including forecasting and variance reporting Staffing establishment control process to manage staffing establishment. Recruitment freeze implemented for all but essential posts Work programme established to oversee the transformation required to manage the 30% reduction in running costs ICB key financial controls	None None None None	Financial plan to show breakeven position Monthly finance reports showing running cost position. Reported to FPI Committee Process in place with appropriate approval required for any staffing establishment changes Weekly running cost working group in place with transformation group being established Audit Committee oversight. Finance, Performance and Investment committee	None None None None	None None None Residual gap in 30% savings target from ICB 2.0 structure None	08/05/2024 31/03/2025 Richard Henderson Action plan being developed, to deliver over 24/25	4	3	12	(5). Quarterly 15/05/2024 Richard Henderson Risk score dropped to 12 as 23/24 position delivered and u/spend expected on running costs in 24/25.	3	2	6		
04 System Recovery	NENC/0077	22/01/2024	NENC Strategy And Transformation NENC ICB Limited Control 1. NENC Executive Committee	Primary Care Access and Recovery programme Lack of identified Digital support and estates capacity to support delivery of programme	3	5	15	System Development Funding (SDF) being used to fund short term Digital Project support until 31 March 2024.	No recurrent funding, yet identified monitored through Primary Care and Strategy Development Sub-Committee	Funded until 31 March 2024	NECs providing project support until 31 March 2024	No funding identified after April 2024, will be monitored on a monthly basis until identified.	22/01/2024 31/07/2024 Jennifer Long Recurrent funding to be identified/monitored through Primary Care and Strategy Development Sub-Committee for digital project support.	3	4	12	(4). 2 Monthly 29/05/2024 Deborah Cornell Data quality check undertaken - initial and residual risks updated as previously recorded incorrectly. Action updated to reflect gap in control/assurance and executive director lead updated.	2	3	6		
03 Workforce	NENC/0082	03/06/2024	NENC Medical Directorate NENC ICB Partial Control 1. NENC Executive Committee	Medicines team capacity The medicines team has a significantly reduced capacity, impacting on its ability to deliver on both statutory and core functions, as well as system and clinical leadership. The capacity is reduced by 38% as a result of: - NECS SLA - 8.8 WTE vacancies at band 7 - ICB - 2 WTE vacancies at band 8b - vacancy panel has paused a decision on whether these can be appointed to - sickness - 2 WTE medium term sick with workplace stress, resulting from organisational change	3	5	15	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	Work is often directed by others in the organisation or wider system (e.g. NHSe)	Internal team meetings, medicines sub-committee, financial sustainability group, quality and safety committee	None	None	03/06/2024 01/07/2024 Ewan Maule No new secondment or reduced hours working requests to be approved 03/06/2024 05/08/2024 Ewan Maule Request for non-recurrent services obtained from NECS by the team (project management in safety and workforce roles) to be incorporated into SLA recurrently funded posts, thereby reducing ICB spend and minimising vacancies 03/06/2024 02/09/2024 Ewan Maule Request for remaining vacancies in NECS SLA to be in-housed immediately. This will make the posts more attractive to potential candidates,	3	4	12	(3). Monthly	0	0	0		

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					C	L	Score							C	L	Score	C	L	Score			
													ensure the costs are only incurred when the posts are filled and prevent the need for in-housing at a future date. Requires executive approval									
02 Quality	NENC/0023	06/09/2022	NENC Chief Nurse, AHP And People NENC ICB Partial Control 3. NENC Quality And Safety Committee	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow As a result of delayed ambulance handovers there is a risk that patient care and safety could be adversely affected which could result in poor outcomes and/or harm to patients. There could also be negative media attention generated which could damage the ICB's reputation and cause the public to lose confidence in the NHS.	4	5	20	Local A&E Delivery Boards at place (LADB) System agreement to no delays over 59 mins (form beginning of Feb 23). ICB winter plan and surge plan System resilience meetings (monthly) Quality and Safety Committee and Area Quality and Safety Committee. Urgent and emergency care network.	Provider not taking direct action for delays. Dynamic risks None None	Minutes/actions from LADB. Analysis of any serious incidents (SIs) resulting from delay over 59 mins. Protocol put in place by ICB in December 23 to address any issues of delayed ambulance handovers. System SitReps during surge periods System-wide Surge exercise System resilience meeting notes/actions. Weekly reporting template of % of handovers over 59 mins (by Trust). Quality and Safety Committee and Area Quality and Safety Committee - minutes, papers and actions. Minutes and action plans.	NHS England North East and Yorkshire region are also reviewing ambulance delays. System Control Centre monitoring on a daily basis between 8am to 8pm. Scrutiny by NHSE Scrutiny by NHSE NHS England reporting arrangements.	None None None	17/05/2024 30/08/2024 Thomas Knox Plan to be developed to mitigate as many variables as possible. 11/06/2024 21/06/2024 Jacqueline Myers Meetings to be put in place to assess possible Primary Care impacts. ICB to manage ongoing dialogue with stakeholders to ensure mitigation is in place. This will be part of an ongoing dynamic risk assessment.	4	3	12	(5). Quarterly 03/06/2024 Deborah Cornell Data quality check undertaken.	4	2	8		
03 Workforce	NENC/0081	17/05/2024	NENC Strategy And Transformation NENC ICB Limited Control 1. NENC Executive Committee	General Practice (GPs) intention to take industrial action This would be industrial action after a ballot by the BMA and would be IA short of a strike. This would severely restrict the capacity across the integrated care system for GP appointments and would impact on acute providers.	3	4	12	ICC will be established at Pemberton House for duration of any industrial action.	Numerous unknowns and variables and impacts unknown at this time.	Recent experience of other system impacts from industrial action.	Excellent partner engagement to mitigate industrial action.	Numerous unknowns and variables.	17/05/2024 30/08/2024 Thomas Knox Plan to be developed to mitigate as many variables as possible. 11/06/2024 21/06/2024 Jacqueline Myers Meetings to be put in place to assess possible Primary Care impacts. ICB to manage ongoing dialogue with stakeholders to ensure mitigation is in place. This will be part of an ongoing dynamic risk assessment.	3	4	12	(3). Monthly 11/06/2024 Thomas Knox	3	3	9		

Key risk: We fail to deliver health and care services which give children the best start in life.

04 System Recovery	NENC/0066	13/10/2023	NENC Strategy And Transformation NENC ICB Partial Control 1. NENC Executive Committee	Autism Approach Pathways Inconsistent approach to Autism Care Pathways resulting in poor post diagnosis support and care	4	5	20	ICS Autism Statement. Place based Autism Strategies Regional Network to evaluate areas of good practice - from health and social care services. Autism Statement Development Group.	ICS Autism Statement not yet in place. Data analysis in relation to outcomes identified in different strategies Network not yet established. None	None ICB review of all place based autism strategies. None Group notes and actions. Current gaps in support being identified that could potentially be addressed at an ICS level.	None Working with Brain in Hand in relation to strategy evaluation tools and evaluations of 'what is good practice'. None Working with Brain in Hand in relation to strategy evaluation tools and evaluations of 'what is good practice'.	None None None	12/10/2023 15/09/2024 Kate O'Brien Autism Statement to be developed by ICB Place Based Commissioners and Place Based Case Managers 13/10/2023 15/09/2024 Peter Rooney Regional Network to be established.	4	4	16	(5). Quarterly 03/06/2024 Deborah Cornell Data quality check undertaken. Actions added to reflect gaps in controls/assurances.	4	3	12
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Risk category Strategic aim	Risk ref	Date identified	Directorate Level of control Committee	Description	Initial			Controls	Gaps in control	Internal assurances	External assurances	Gaps in assurance	Actions Action owner Details Progress	Residual			Reviews	Target		
					C	L	Score							C	L	Score		C	L	Score
02 Quality	NENC/0027	21/10/2022	NENC Chief Nurse, AHP And People	There is a risk that children and young people are unable to access mental health services they need in a timely manner. As a result of unclear mental health pathways for children and young people (CYPS, CAMHS, neurodisability), 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.	4	4	16	CAMHS Partnership Board in place Contract review meetings with main foundation trusts Joint commissioning with local authorities Quality and Safety and Executive Committees.	None None Processes to be agreed None	Performance updates to ICB Performance reports; quality review group None Minutes and reports from Quality and Safety and Executive Committees.	None None None	None None None	13/10/2023 15/09/2024 Peter Rooney Joint commissioning processes with local authorities to be agreed.	4	3	12	(5). Quarterly 16/04/2024 Kate O'Brien Risk owner, controls, assurances and actions updated.	3	3	9