

Item: 9.1
Appendix 1

NHS North East and North Cumbria
Board Assurance Framework 2023-24 Quarter 3 review





Background

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

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

NHS North East and North Cumbria – Board Assurance Framework 2023-24 – 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	<p>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.</p>	16	9	NENC/0001 NENC/0009 NENC/0024	NENC/0025 NENC/0029 NENC/0047	QSC EC
 Fairer outcomes for all	<p>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.</p>	20	12	NENC/0004 NENC/0006 NENC/0012 NENC/0028	NENC/0033 NENC/0049 NENC/0051	QSC FPIC EC
 Better health & care services	<p>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 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.</p>	20	12	NENC/0007 NENC/0023 NENC/0031 NENC/0032 NENC/0034 NENC/0048	NENC/0054 NENC/0055 NENC/0059 NENC/0060 NENC/0065 NENC/0067	QSC FPIC EC
 Giving children and young people the best start in life	<p>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.</p>	16	12	NENC/0027 NENC/0066		QSC EC

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

NENC Board Assurance Framework 2023-24					Version: 5	Date: 20 September 2023
Goal 1	Longer and healthier lives for all				Lead director(s)	David Purdue
Risk category	Quality; System recovery					Jacqueline Myers
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 Potential impact of insufficient system resilience and response to business continuity critical and major incidents. Commissioned services fall below required standards putting patient health, safety and welfare at risk. Significant workforce pressures in maternity services across the system. Reducing and preventing antimicrobial resistance is a global health priority. NENC ICB is currently an outlier and all but one of our FTs is failing to meet standards set. Risk that primary care is unable to provide long term, sustainable and reliable quality services. High levels of potential suicides.
Risk scores						
Target			Current			
Consequence	4	8	Consequence	4	16	
Likelihood	2		Likelihood	4		
Key controls					Assurances	
System-wide surge and escalation plan; ICB Business Continuity Plan; 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.					Annual business continuity cycle. Annual EPRR submission to NHSE. NHSE regional operational centres provide regional scrutiny and challenge. Addressed in contract meetings if OPEL status is repeatedly escalated. Escalation process includes close liaison with place-based teams. NHSE regional operational centre provides scrutiny and challenge.	
Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and have CQUIN schemes. ICB designated posts to drive quality.					Quality and Safety Committee agenda and minutes. ICB Board agenda and minutes. Audit committee agenda and minutes. Executive committee agenda and minutes.	

CQC inspections.	CQC inspection reports and HealthWatch
Workforce steering group. 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.
National guidance and supporting education are available and accessible to all prescribers. All places have a group overseeing antimicrobial prescribing and local action plans. ICB wide antimicrobial stewardship group reports directly in to the HCAI board. Focussed secondary care and primary care sub-groups of AMS group have been established to further scrutinise data and identify areas of concern.	Implementation at a practice/provider level may vary. Local groups are usually secondary care led with primary care input. HCAI board minutes. Compliance against external targets including trust CQUINs, and inclusion in primary care incentive and quality schemes.
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 Delivery of Primary Care Access Recovery Plan (PCARP) which includes workforce, digital, pharmacy PCN access capacity plans and primary/secondary interface and communications. Single OPEL framework agreed	Strategic Data Collection Service (SDCS) reporting. NHS Long Term Plan. Monitored at Place Based Delivery primary care commissioning groups and Place Based Delivery primary care teams provide reactive support to practices. Oversight of PCARP delivery through system overview group and Primary Care Transformation team reporting into Primary Care Strategy and Delivery sub-committee. System workforce retention reporting
Ensuring commissioned services are accountable for demonstrating delivery of care that is trauma informed, therapeutic, safe and least restrictive. Reduce access to the means for suicides which should include those that are prescribed by the NHS. NHS England national suicide strategy due summer 2023. Improving services through listening and learning. Ensure equitable, effective and targeted treatment for groups known to be at high risk of suicide. Improve support and training for NHS staff. Increase skills and capability of the NHS workforce.	Mental health LDA subcommittee terms of reference, minutes, programme reports, performance reports. Population health management Alerts and local intelligence sent out to prescribers, primary and secondary care. Working with other agencies such as OHID and NHS England. Engagement teams. ICB suicide prevention plan and national suicide prevention strategy.

Linked Risks			
Ref	Category	Description	Score
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	16
NENC/0024	Quality	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk.	16
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
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
NENC/0029	Quality	Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract.	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

NENC Board Assurance Framework 2023-24					Version: 5	Date: 20 September 2023
Goal 2	Fairer outcomes for all				Lead director(s)	David Purdue
Risk category	Finance; Quality; System Recovery; Workforce					David Chandler
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 Finance, Performance and Investment 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 that the ICB is unable to deliver its planned financial risk alongside a risk around wider ICS' financial position. Widespread challenges to recruitment particularly of clinical and social care staff. Unnecessary variation in how CHC processes are undertaken across the ICB. Lack of capacity to undertake LeDeR reviews. Lack of consistent provision for refugees and asylum seekers across the ICB area. BPAS termination of pregnancy pathways receiving inadequate rating from CQC. Risk of patients having poor access to timely and effective treatment, and risk of escalation to crisis.
Risk scores						
	Target		Current			
Consequence	4	12	Consequence	5	20	
Likelihood	3		Likelihood	4		
Key controls					Assurances	
Financial plan; QIPP plan; efficiency plan; financial reporting and monitoring; financial governance arrangements, financial policies and scheme of delegation					Process for approving packages of care in place at each Place. Scheme of Delegation approved annually. Financial policies reviewed and updated annually.	

		Vacancy control process in place and panel in place for approval of any discretionary non-pay spend. Audit committee review and reports to FPI. Monthly reports to NHSE and a review of position with NHSE. Assurances received from each ICS FT provider on review of financial controls. NHS Provider FT finance committees.	
Workforce People group People and Culture Plan		Terms of reference, meeting notes, action plans, reports. Chief Nurse meetings with counterparts in NHSE and ICB workforce team have regular meetings with counterparts at NHSE. Plan developed in consultation with and cooperation of the wider system.	
Development of a Transformation Programme for All Age Continuing Care (AACC). All Ages Continuing Care Strategic Transformation Group (AACCSSTG) and working groups		Reporting from AACCSSTG to Exec/Quality and Safety Committees. Minutes/notes from AACCSSTG and working groups. Programme management of workplan. Highlight reports and minutes from Exec, Quality and Safety Committee and System Quality Group	
Local area contacts overseeing LeDeR workload and timeliness of reviews currently ad-hoc arrangements and non-recurrent funding		Workforce/budget options appraisal in development. LeDeR assurance group in place. LeDeR annual report to QSC.	
Multi agency working group looking at migrant issues across the ICB area.		Multi agency approach identified to address specific impacts. Issues also being addressed by NHSE and UKHSA regionally.	
Assurance Framework Staff appraisal process; statutory and mandatory training Board development sessions		Six monthly reviews of Assurance Framework. Appraisal programme and personal development plans Specialist IG training for Caldicott Guardian and SIRO Programme of development to be devised.	
Termination of pregnancy pathway Contract management process System quality group		CQC/NHSE monitoring meetings and oversight of action plan. Assurance visits with safeguarding leads. Peer level support from other areas and ICBs.	
Standard NHS contracts in place with two main providers: Cumbria, Northumberland, Tyne and Wear (CNTW) FT and Tees Esk and Wear Valleys (TEWV) FT		Contract management process Performance management process OPEL status NHS England quarterly assurance meeting Workforce planning from NHS E and providers	
Linked Risks			
Ref	Category	Description	Score
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.	20

NENC/0028	Workforce	Widespread clinical and social care workforce challenges could impact on delivery of safe services, drive up waiting times and lead to poorer outcomes for patients	15
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
NENC/0051	Workforce	As a result of there being limited dedicated funded resource to undertake LeDeR reviews and a continued increase in the number of reviews required, there is a risk that reviews will not be undertaken effectively and the ICB failing its statutory duty, which could result in limited learning, reduced quality improvement impact, continued circumstances which contribute to early deaths and reputational damage.	12
NENC/0033	System Recovery	The increased numbers of refugees and asylum seekers being placed in the North East and North Cumbria has highlighted a lack of consistent provision across the ICB area	12
NENC/0052	Quality	Risk to the ICB not meeting statutory duties and possible reputational impact due to an 'inadequate' CQC rating received for BPAS termination of pregnancy pathways. Quality of service, patient safety and service resilience all concerns from inspection.	12
NENC/0006	Quality	Access to adult mental health services and risk that people do not receive the right treatment and access to services at the right time.	12

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Goal 3		Better health and care services				Lead director(s)		David Purdue
Risk category		Finance; Political; Quality; System Recovery						David Chandler
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
		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.						Finance, Performance and Investment Committee
		Rationale for current score						
<ul style="list-style-type: none"> Multiple financial risks: 30% real terms management cost reduction; underlying recurring financial pressures across the system; ICB and wider ICS inability to agree a robust and credible medium term financial plan; failure of the ICB to meet statutory financial duty; inability to manage capital spend within confirmed capital funding allocation; underlying financial position is significant deficit across the ICS (<i>see linked risks table below and corporate risk register for full details</i>). Risk of failure to achieve 23/24 operational planning objectives with significant pressures are evident in certain Constitutional Standards. Inconsistent primary care quality across the ICB. Delayed ambulance handovers could generate negative media attention which could damage the ICB's reputation and cause the public to lose confidence in the NHS. Transfer of patient records from one GPIT system to another platform. Failure to achieve 23-24 planned inpatient discharges and subsequent bed closure trajectories. Impact of industrial action on healthcare providers. Risk that scale of reduction in ICB 2:0 will compromise ability of the ICB to meet statutory duties. Care, Education and Treatment Reviews (C(e)TRs) and Dynamic Support Registers (DSRs) not being compliant against the new updated policy and guidance. 								
Risk scores								
Target			Current					
Consequence	4	12	Consequence	4	20			
Likelihood	3		Likelihood	5				
Key controls				Assurances				
Financial plan including QIPP; financial reporting and monitoring; staffing establishment control process; recruitment freeze; work				Monthly finance reports including showing running cost position; financial plan to show breakeven position; reports to FPI; weekly running cost working				

<p>programme established to oversee transformation; monthly forecasting and variance reporting. Financial sustainability group. NHS provider FT efficiency plans. Register of recurring commitments. ICB investment/business case policy. Financial governance arrangements. Capital plan and monthly reporting and forecasting against capital plan and funding allocation. Provider collaborative process for managing capital spend</p>	<p>group in place and transformation group being established; process in place with appropriate approval required for staffing changes. Medium term financial plan. Financial sustainability group minutes. Monthly finance reports; compliance with investment/business case policy. Investments budgeted for on recurring basis. Scheme of Delegation approved annually. NHS provider FT finance committees Agreed ICS capital plan with variance reporting; ICS Directors of Finance group.</p>
<p>Identification of areas where C€TRs and DSRs are in place and triangulate and develop this into a transformational project to standardise.</p>	<p>No assurance currently.</p>
<p>Development of a plan to look at primary care quality to feed into the Q&S committee</p>	<p>No governance structure for reporting currently and a lack of capacity to manage at place.</p>
<p>NHSE to negotiate with provider the transfer of scanned/digitised records. CSU safe alternate storage for records outside the system</p>	<p>ICB escalation through primary care transformation programme. CSU IG and Clinical Standards team review of governance arrangements.</p>
<p>Contract management and performance management processes in place. Elective recovery plans have been developed with main providers.</p>	<p>Performance monitored by ICB. Activity monitored by ICB. New North East and North Cumbria Performance Improvement and Oversight group established.</p>
<p>Senior Intervenor Project development of regional commissioning framework to enable discharges and triangulation with housing work. ICB Learning Disability and Autism Programme Team to support discharges.</p>	<p>Led by NHSE Terms of reference for Senior Intervenor, meeting notes, action plans and reports.</p>
<p>Local A&E delivery boards System agreement to no delays over 59 minutes (from Feb 2023) ICB winter plan and surge plan System resilience meetings Quality and Safety Committee and Area Quality and Safety Sub Committees</p>	<p>Minutes/actions from LADB. Analysis of any serious incidents resulting from delays. System SitReps during surge periods. Notes/actions from monthly meetings. QSC minutes, papers and actions. Weekly reporting template of % of handovers over 59 minutes.</p>
<p>ICB engaging with providers regarding industrial action. Provider risk assessments in place.</p>	<p>ICB incident coordination centres stood up for every period of industrial action. Robust oversight and regular engagement from NHSE.</p>

Executive oversight of ICB 2.0 programme with a steering group in place. ICB organisational development plan approved. Close working with NECS who have a seat on the Programme Steering Group.	Plan progress closely monitored, reviewed and tested. Finance team lead the assurance related to delivery of 30% RCA reduction. Proposed operating model and staffing subject to formal consultation. Regular engagement with staff and partners.
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Linked Risks

Ref	Category	Description	Score
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
NENC/0067	System recovery	C(e)TRs and DSRs not being compliant against the new updated policy and guidance.	16
NENC/0054	System recovery	Inconsistent Primary Care Quality across ICB	16
NENC/0032	Finance	There is a risk that the ICB does not meet its statutory financial duty to manage running costs within its running cost allocation.	16
NENC/0048	Political	Transfer of patient records from one GPIT system (EMIS) to another platform (TPP - SystmOne).	16
NENC/0007	Quality	There is a risk of failure to achieve 23/24 operational planning objectives for our patients.	16
NENC/0055	System recovery	Failure to achieve 23-24 planned inpatient discharges and subsequent bed closure trajectories.	15
NENC/0023	Quality	Risk that delayed ambulance handovers impact negatively on patient safety and patient flow	12
NENC/0034	Finance	There is a risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	12
NENC/0031	Finance	There is a risk that the ICS is not able to manage capital spend within the confirmed capital funding allocation.	12
NENC/0059	System recovery	Impact of industrial action on health care providers across the ICB	12
NENC/0060	Workforce	Risk that the scale of reduction for ICB 2.0 will compromise the ability of the ICB to meet its statutory duties and make progress towards its vision and long-term foals	12

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Goal 4	Giving children and young people the best start in life				Lead director(s)	David Purdue
Risk category	Quality					
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						
Inconsistent approach to Autism Care Pathways resulting in poor post diagnosis support and care.						
As well as potentially damaging to the ICB's reputation, there is also a potential for legal challenge if children and young people are unable to access the mental health services they need.						
Risk scores						
Target			Current			
Consequence	4	12	Consequence	4	16	
Likelihood	3		Likelihood	4		
Key controls				Assurances		
ICS Autism statement in development.				No assurances currently.		
CAMHS Partnership Board in place				Performance updates to ICB		
Quality and Safety Committee. Executive Committee				Minutes and reports		
Contract review meetings with main foundation trusts				Contract and performance management processes		
Joint commissioning with local authorities						
Linked Risks						
Ref	Category	Description				Score
NENC/0066	System recovery	Inconsistent approach to Autism Care Pathways resulting in poor post diagnosis support and care				16
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.				16

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

Key risk	Risk Ref	Risk	Target score	Current score	Place	Risk 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/0021	Primary care workforce unable to provide safe and effective services.	9	12	North Cumbria	Workforce
	PLACE/0045	Provision of IAPT services in Newcastle	8	12	Newcastle	System Recovery
	PLACE/0119	Provision of Diagnostic Spirometry across Tees Valley	8	12	Tees Valley	System Recovery
	PLACE/0112	Adult Tuberculosis Services in Sunderland	6	12	Sunderland	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/0050	Capacity to meet performance access targets for diagnosis, treatment, cancer and A&E.	8	16	Newcastle Gateshead	System Recovery
	PLACE/0105	Discharge of medically optimised patients (including Physical health, mental health, learning disabilities and autism)	12	16	Sunderland	Quality
	PLACE/0116	Community Diagnostic Respiratory Service	4	12	South Tyneside	Finance
	PLACE/0061	The possible closure of Butterwick Hospice if they are unable to meet the requirements of the CQC inspection conditions.	8	12	Tees Valley	System Recovery
	PLACE/0042	Autism diagnosis and post diagnosis support	12	12	Newcastle	System Recovery
	PLACE/0072	Host commissioner responsibilities - staff capacity to deliver areas of responsibility.	8	12	Sunderland	Workforce

Key risk	Risk Ref	Risk	Target score	Current score	Place	Risk category
	PLACE/0054	Learning Disabilities transformation programme - delayed discharge from inpatient settings	8	12	Gateshead	System Recovery
	PLACE/0115	LeDeR review allocation	6	12	North Tyneside	Workforce
	PLACE/0126	iPlato mass communication	4	12	North Tyneside	Political
	PLACE/0002	Intermediate Care and older people's services	8	12	North Tyneside	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/0046	Inability of ICB to establish, manage robustly and provide assurance of formal primary care commissioning arrangements,	8	12	Newcastle Gateshead	Political
	PLACE/0048	Increasing activity and cost associated with CHC.	12	12	Newcastle Gateshead	Finance
	PLACE/0051	Sustainability of primary care	8	16	Newcastle Gateshead	Political
	PLACE/0052	Implementation of PCNs.	8	12	Newcastle Gateshead	System Recovery
	PLACE/0062	GP practices potentially closing as a result of receiving a 'requires improvement' or 'inadequate' CQC ratings.	8	12	Tees Valley	Political
	PLACE/0104	Cost of Living Crisis impact on service delivery	9	12	Sunderland	System Recovery
	PLACE/0030	Primary Care Delegated Allocation	6	12	Northumberland	Finance
	PLACE/0060	Requirements of responsible commissioner guidance	8	12	Tees Valley	Finance
	PLACE/0059	Wound management at North Cumbria Place	6	12	North Cumbria	Quality

Key risk	Risk Ref	Risk	Target score	Current score	Place	Risk category
	PLACE/0016	Children Looked After Team at NCIC continue to be in business continue and not meet statutory responsibilities for this cohort of children.	8	16	North Cumbria	System Recovery
	PLACE/0083	CHC mainstream financial reconciliation.	9	12	South Tyneside	Finance
	PLACE/0086	Residential and Continuing Healthcare (CHC rate uplift)	9	12	South Tyneside	Finance
	PLACE/0091	Achievement of economy, efficiency, probity and accountability in the use of resources	8	12	South Tyneside	Finance
We fail to deliver health and care services which give children the best start in life.	PLACE/0120	Delivery of Medicines in Special School	9	12	Newcastle	Quality
	PLACE/0114	Sensory processing disorder service	6	12	North Tyneside	System Recovery
	PLACE/0017	Maternity services STSFT	9	12	Sunderland South Tyneside Joint	System Recovery
	PLACE/0040	Children and Young Peoples Access to mental health services.	8	12	Newcastle	Political
	PLACE/0057	Children and Young Peoples Access to mental health services.	8	12	Gateshead	Quality
	PLACE/0064	Insufficient Designated Doctor for Looked After Children	9	12	Tees Valley	System Recovery
	PLACE/0124	St Oswald's Contract short break for children	6	12	North Tyneside	Finance