NHS
North East and North Cumbria

Item: 19

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	✓

BOARD 25 NOVEMEBR 2026	
Report Title:	**Integrated Delivery Report Board Assurance Report October 2026**

Purpose of report

To present the October 2026 IDR Overview, based on activity to 30 September 2026 to the Board.

It should be noted that the same October 2026 metrics underpin the Quarterly IDR Assurance Report currently making its way through the subcommittees. The metrics will be scrutinised by subcommittees in November 2026, before the Quarterly report is presented at Leadership Committee in December 2026 and Board in January 2027.

Key points

- The IDR provides an integrated view of performance, trends and statistical variation across agreed strategic and operational metrics.
- This monthly IDR Metric Overview is presented to Board for information and transparency between the quarterly IDR assurance reporting cycle.
- The October 2026 IDR is based on activity to 30 September 2026. The same data will underpin the Quarterly IDR Assurance Report, which will be considered by the relevant Commissioning Sub-Committees in November 2026, followed by Leadership Committee and Board in January 2027.
- Relevant Sponsor Directors and Operational Leads review metrics within their areas and take action through established management and governance arrangements.
- Commissioning Sub-Committees consider performance and escalate matters requiring wider oversight, additional assurance or action through the quarterly IDR assurance process, or in extreme cases through more urgent escalation routes.
- Matters not requiring Board intervention will remain under Executive, operational and Sub-Committee monitoring and will be reviewed through the next scheduled IDR cycle.

Risks and issues

- Risk that the Board receives insufficient evidence through the quarterly IDR assurance cycle to judge whether mitigating action is effective and whether the forecast position is deliverable.
- Risk that cross-system dependencies, capacity constraints or financial pressures impede recovery.
- Existing corporate, programme or operational risk references relevant to reported exceptions should be recorded alongside associated controls, actions and assurance gaps.
- Routine management of performance remains the responsibility of named Executive, Sponsor Directors and Operational Leads; Board escalation should be reserved for matters requiring strategic oversight, decision or intervention.

Assurances and supporting documentation

Assurances in place:

- Monthly IDR metrics, trends and variation provided to Board between the quarterly IDR assurance reports.

- Named Sponsor Directors and Operational Leads accountable for review and action.
- Review through relevant Commissioning Sub-Committees, with escalation through Leadership Committee where Board oversight is required.
- Quarterly assurance reporting supported by Exception Reports for metrics outside agreed tolerances or where assurance is insufficient.

Supporting documentation:
Appendix 1 – October 2026 IDR Metric Overview (activity to 30 September 2026)

Recommendation/action required

The Board is asked to:

- Note the October 2026 Integrated Delivery Report Summary Overview, based on activity to 30 September 2026.
- Note that the quarterly exception report will use the same October 2026 IDR data, based on activity to 30 September 2026, and will be considered by the relevant Commissioning Subcommittees in November 2026, followed by Leadership Committee and Board in January 2027.
- Note that any issues requiring urgent escalation outside the quarterly cycle will be brought forward through the agreed governance arrangements.

Acronyms and abbreviations explained

ICB – Integrated Care Board
ICP – Integrated Care Partnership
IDR – Integrated Delivery Report

Sponsor/Approving Chief Officer	Dr Neil O'Brien, Chief Medical Officer
Date approved by Chief Officer	5 November 2026
Report author	Ben Anderson, Director of Population Health Management Amanda Pyle, Commissioning Manager Medical Team

Link to ICP strategy priorities

Longer and Healthier Lives	✓
Fairer Outcomes for All	✓
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

No specific new legal or statutory issue is created by this information report. Any issue arising from an individual metric should be addressed through the relevant operational and governance route.

Any potential/actual conflicts of interest associated with the paper?	**Yes**		**No**	✓	**N/A**	

Conflicts should be declared in accordance with the ICB Standards of Business Conduct Policy. Any conflict relating to an individual metric or proposed escalation should be recorded and managed through the meeting.

Equality analysis completed	**Yes**		**No**		**N/A**	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	**Yes**		**No**		**N/A**	✓

Essential considerations

Financial implications and considerations	No direct financial decision is requested through this interim information report. Any financial implication associated with a proposed escalation must be identified and supported by appropriate finance input before a decision is sought.
Contracting and Procurement	Not applicable unless a proposed escalation includes a contracting or procurement implication.
Commissioning Team	Relevant Sponsor Directors and Operational Leads should be engaged in relation to the metrics within their area of responsibility.

Digital implications	Not applicable unless identified through an individual metric or proposed escalation.
Clinical involvement	Relevant clinical input should be identified where an individual metric or proposed escalation has clinical implications.
Health inequalities	The Board should consider whether reported performance identifies material inequalities or unwarranted provider or place variation, and whether proposed actions provide sufficient assurance that these impacts are being addressed.
Patient and public involvement	No specific patient and public involvement is required for receipt of the interim monitoring report. Any proposed response to an escalated issue should consider appropriate involvement.
Partner and/or other stakeholder engagement	Relevant partners and stakeholders should be engaged where required in response to an individual metric or proposed escalation.
Other resources	No additional resource is requested through the cover sheet. Resource implications arising from any escalation should be stated clearly.