

NHS North East and North Cumbria
Board Assurance Framework 2026-27 (Q1 26/27 position)

Background

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

NHS North East and North Cumbria – Board Assurance Framework 2026-27 – 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)	Aligned risks in corporate risk register		Responsible committee
 Longer & healthier lives	The ICB fails to commission services in a way that tackles the wider causes of ill health, and life expectancy of people within the North East and North Cumbria is not improving. The gap between how long people live in the North East and North Cumbria compared to the rest of England is not on track to reduce by 10% by 2030.	12 (was 12 in Q4)	NENC/0001 NENC/0009 NENC/0024	NENC/0047 NENC/0116	QSC LC
 Fairer outcomes for all	Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes. The gap between the inequality in life expectancy and healthy life expectancy at birth between people living in the most deprived and least deprived 20% of communities is not on track to narrow by 10% by 2030.	15 (was 15 in Q4)	NENC/0004 NENC/0006 NENC/0028	NENC/0136	QSC SCAC LC
 Better health & care services	The quality of commissioned health and care services varies across the ICB area and in some places falls below our high expectations for our public and patients. The ICB does not achieve a good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.	16 (was 16 in Q4)	NENC/0024 NENC/0031 NENC/0065 NENC/0075 NENC/0084	NENC/0109 NENC/0112 NENC/0119 NENC/0123 NENC/0129 NENC/0133	SCAC LC
 Giving children and young people the best start in life	We fail to deliver health and care services which give children the best start in life. The percentage of children with good school readiness when they join the reception class (including children from disadvantaged groups) is declining.	16 (was 16 in Q4)	NENC/0066	NENC/0111 NENC0118	LC

QSC – Quality and Safety Committee
 SCAC – Strategic Commissioning Assurance Committee
 LC - Leadership Committee

NENC Board Assurance Framework 2026-27				Q1 26/27 position		Date: 22 June 2026	
Goal 1	Longer and healthier lives for all			Lead director(s)		Hilary Lloyd	
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 Leadership 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.						
Risk scores			Rationale for current score System Resilience, Escalation Planning and Management and Business Continuity arrangements Primary care services pressures Quality of commissioned services that fall below the required standards, putting patient health, safety and welfare at risk. High rates of suspected suicides Out of Hospital Team redeployment to All-Age Continuing Care (AACC)				
Consequence	4	12					
Likelihood	3						
Key controls							
System-wide surge and escalation plan; ICB Business Continuity Plan; Emergency Planning, Resilience and Response (EPRR) compliance; requirement for providers to notify ICB if Operational Pressures Escalation Levels (OPEL) status is escalated. Place Based Delivery Urgent and Emergency Care groups. Corporate business continuity plan in place.			Annual business continuity cycle. Annual Emergency Planning, Resilience and Response (EPRR) submission to NHS England (NHSE). NHSE regional operational centres provide regional scrutiny and challenge. Addressed in contract meetings if Operational Pressures Escalation Levels (OPEL) status is repeatedly escalated. Escalation process includes close liaison with place-based teams. NHSE regional operational centre provides scrutiny and challenge.		ICB business continuity currently being reviewed		
Strategic Data Collection Service (SDCS) reporting system to monitor Workforce; Primary Care Network (PCN) transformation agenda linked to Long Term Plan; Primary Care Access Recovery Plan (PCARP); System Overview Group; ICB Primary Care Strategy and Delivery Subcommittee			Monitoring at place-based delivery primary care commissioning groups; Single OPEL framework agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels; monitoring at place-based delivery primary care commissioning groups		None identified.		
Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and have CQUIN schemes. ICB designated posts to drive quality. Care Quality Commission (CQC) inspections.			Quality and Safety Committee agenda and minutes. ICB Board agenda and minutes. Audit committee agenda and minutes. Executive committee agenda and minutes. CQC inspection reports and HealthWatch		None identified.		
Quality and accountability of commissioned services; Tackling means and methods of suicide; improving services through listening and learning from individuals and families; equitable, effective and targeted treatment and support for groups known to be at high risk of suicide; Programme group established; Support and training for NHS staff to increase skills and capability; providing effective and appropriate crisis support.			Mental health learning disabilities and autism (LDA) subcommittee terms of reference, minutes, programme reports, performance report; Suicide audit in Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) footprint initially; CNTW/ Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) peer network and volunteer bank support; ICP strategy and NHS England national suicide prevention strategy now available; suicide prevention strategy		Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) footprint for audit cluster and increasing trend response not consistent across local authorities. Availability of data and funding for training and post intervention support services, specifically children and young people		
Inbox being monitored with triage process in place any issues will be prioritised.			Can recall team for quality assurance issues.		Actions in development to address identified gaps.		
Linked Risks							
Ref	Category	Description			Previous Score	Current score	Movement
NENC/0001	System recovery	System resilience, escalation planning and management and business continuity arrangements could lead to communities not receiving level of care needed during an incident, increased pressure across the system and inability to delivery core services			12	12	◀▶
NENC/0009	System recovery	As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients			12	12	◀▶
NENC/0024	Quality	The ICB commissions services that fall below the required standards, putting patient health, safety and welfare at risk.			12	12	◀▶
NENC/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	9	▼
NENC/0116	Quality	Out of Hospital Team redeployment to All-Age Continuing Care (AACC)			12	12	◀▶

NENC Board Assurance Framework 2026-27				Q1 26/27 position		Date: 22 June 2026		
Goal 2	Fairer outcomes for all			Lead director(s)		Claire Riley; Jacqueline Myers		
Risk category	Finance; Quality; 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; Leadership Committee; Strategic Commissioning Assurance 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. Reputational risk due to poor access to adult mental health services. Widespread challenges to recruitment particularly of clinical and social care staff. GP Collective Action BMA Advice					
	Risk scores							
	Consequence	5						15
Likelihood	3							
Key controls			Assurances		Gaps			
Financial plan; efficiency plan in place with financial sustainability group established; financial reporting and monitoring; financial governance arrangements, financial policies and scheme of delegation; NHS Provider FT efficiency plans and system efficiencies co-ordinated via System Recovery Board			Finance plan in 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. System Recovery Board ICB sighted on Foundation Trust (FT) efficiency plans Monthly reports to NHS England and a review of position with NHSE. Assurances received from each Integrated Care System (ICS) FT provider on review of financial controls. NHS Provider FT finance committees.		Underlying financial position work illustrates significant potential financial pressures			
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.			Contract management process Performance management process OPEL status NHS England quarterly assurance meeting Workforce planning from NHSE and providers		Contract management and performance oversight systems and processes under review.			
Workforce People group People and Culture strategy			Terms of reference, meeting notes, action plans, reports. Chief Nurse meetings with counterparts in NHS England and ICB workforce team have regular meetings with counterparts at NHS England. Plan developed in consultation with and cooperation of the wider system.		Funding of NHS long term workforce plan could impact on ability to deliver strategy.			
GP practices are sending a template collective action letters from GP practices requesting clarity on existing data sharing arrangements and signalling their intention to cease participation. National response sought to address concerns raised by GP Practices. Reviewing national response to requests.			ICB holds one Data Sharing Agreement (DSA) with practices for SDE; FDP does not contain any GP data sets. DSA can be viewed on GP Clinical Systems (EMIS/SystmOne) and through Information sharing gateway		None identified at last review.			
Linked risks								
Ref	Category	Description			Previous Score	Current score	Movement	
NENC/0004	Finance	Delivery of financial position. There is a risk that the ICB is unable to deliver its planned financial position, together with a risk around delivery of the wider ICS financial position.			12	12	◀▶	
NENC/0006	Quality	Reputational risk due to poor access to adult mental health services.			12	12	◀▶	
NENC/0028	Workforce	Widespread clinical and social care workforce challenges could impact on delivery of safe services, drive up witing times and lead to poorer outcomes for patients			15	15	◀▶	
NENC 0136	Finance	GP Collective Action BMA Advice				12	NEW	

NENC Board Assurance Framework 2026-27			Q1 26/27 position	Date: 22 June 2026
Goal 3	Better health and care services		Lead director(s)	Hilary Lloyd; Jacqueline Myers
Risk category	Finance; Quality; System Recovery; Workforce; Security and health & safety; Legal & regulatory			David Chandler; Levi Buckley
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)	Strategic Commissioning Assurance Committee; Leadership Committee
	The ICB does not maintain its good or outstanding rating from the Care Quality Commission (CQC) and the percentage of regulated services across social care, primary care and secondary care that are rated as good or outstanding by the CQC is declining.	Rationale for current score Medium term financial plan Choice Accreditation Local Authority strategy in relation to case management and associated functions (Continuing Healthcare) Implementation of new finance and accounting system for ICBs (ISFE 2) NECS closure impact ICB Blueprint consultation, NHS England Screening and Immunisation Transfer Undertakings (Protection of Employment) to the ICB and closure of the North of England Commissioning Support service (NECS) closure following NHSE Transition team announcements GP out of hours transfer to PHL (previously Vocare) Risk that ICS is not able to manage capital spend within the confirmed capital funding allocation Capacity to deliver procurement workplan 2026/27 Failure to Secure Ongoing Funding for Connect NENC Digital Referral System Cyber attack (international actors)		
Risk scores				
Consequence	4	16		
Likelihood	4			
Key controls		Assurances	Gaps	
Medium Term Financial Plan development programme agreed across the ICS with external support and agreed governance arrangements. System Recovery Board now established with workforce, elective, procurement and urgent and emergency care agreed as the live opportunities with a pipeline of workstreams being matured. Plans being developed for each live workstream Efficiency plan in place with ICB financial sustainability group established		Updates on progress reported to Finance Performance and Investment Committee, Chief Executives, ICS Directors of Finance, Executive Committee Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with Programme Management Office support in place Reports received from NHS Provider Foundation Trust finance committees Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review Vacancy control process in place and panel in place for approval of any discretionary non-pay spend Audit One internal audit of key financial controls 25/26 – substantial assurance.	Medium Term Financial Plan (MTFP) highlights significant financial deficit with deliverable opportunities / efficiencies to be identified Efficiency plan to be developed.	
Established accreditation process. Prioritisation of elective service specification and pathway development. North East and North Cumbria ICB Contract Group established.		North East North Cumbria (NENC) ICB Contract Group and Executive Committee oversight. Elective service specification and pathway development being prioritised as far as possible within available resource.	None identified.	
Meetings have taken place with some local authorities (South Tyneside and Sunderland) to understand their initial intentions. We have been transparent that we are still in the implementation phase of the ICB restructure and need to consider HR/employment implications whilst still securing people in roles. We are committed to work together and ensure that citizens are not put at risk.		Internal strategy to be set in relation to ICB direction of travel in relation to case management and back office functions ICB Place Directors and Directors of Nursing have been involved in initial meetings. We will seek to establish an ICB strategy. We will continue to meet with and discuss with the Local Authorities.	LA's may still serve notice on the Section 75	
Detailed project plan in place. Project Board established for the ICB with senior responsible officer (SRO) and project team Monthly regional meetings with NHS England to oversee progress Detailed user acceptance testing taking place nationally on new system		Project Board in place with agreed Terms of Reference Regional meetings with NHS England to track progress and escalate issues Project leads and resource identified within ICB finance team along with support from ISFE 2 programme implementation team	None identified.	

	National ISFE2 Change Champions and other networks Training programme in place with national training sessions, recordings and other resources. Monitoring training uptake by ICB staff.	
Strategic Transition programme steering group sighted on the issue and considering risk and opportunities. Ongoing programme of work with North of England Commissioning Support (NECS) to review both recurrent and non-recurrent SLAs and determine future need for service (including cessation where appropriate) Continuation of NECS SLA (contract) meeting covering any delivery issues in relation to commissioned services	Notes and actions from Strategic Transition programme steering group. Notes and actions from NECS SLA (contract) meetings. Regular meetings with NECS Executive Team throughout transfer.	None identified.
Stage 1 of the procurement process is now complete and the network has good provision for all aspects of the COVID programme. Systems Vaccination Operation Centre (SVOC) has completed Stage 4 onboarding of 37 new community pharmacy and 5 primary care networks to the network for Spring 25 campaign. System engagement sessions have now been completed.	Risk and impact to service delivery is monitored daily by SVOC and highlighted to the Senior Leadership Team weekly for decision making.	None identified
Provider (PHL – previously Vocare) is undergoing due diligence to ensure contract can be put in place, however they have failed previous 2 submissions.	Following current contracting guidance and working with provider to put assurances in place to ensure fluidity of current provision.	Gaps in financial assurance from provider
Capital Plan Monthly financial reporting and forecasting against capital plans and funding application. Provider collaborative process for managing capital spend.	Agreed Integrated Care System (ICS) capital plan with variance reported monthly. AuditOne – internal audit of key financial controls 24/25 – substantial assurance. Monthly finance reports, reported to Finance, Performance and Investment Committee. North East and North Cumbria Infrastructure Board and Capital Collaborative Group established. Updates to monthly ICS Directors of Finance group.	None identified.
Considering the impact of the Medium-Term Planning Framework for 2026/27 onwards which will allow the ICB to move to award 3-year contracts. We will need to consider the impact and seek NHSE / DHSC support on the breach of PSR regulations. Would have to support this financial year but would decrease impact for future years.	Continued monitoring and escalation from Contracting subcommittee	Gap in assurance due to move to strategic commissioning structures. To review once structures in place.
Connect NENC currently provides structured referrals, an auditable advice trail, and demonstrable improvements in clinical safety. Widespread use of the system and clinician familiarity with its safety benefits.	Escalation as required to Chief Officer.	No fully agreed funding model across all Trusts. Time critical dependency on funding being confirmed by the end of March.
IT mitigation in place to identify system impacts and business continuity arrangements and IT disaster recovery plans to manage unplanned cyber impacts.	System resilience and protections developed as part of system builds. Robust business continuity arrangements in place to mitigate cyber attacks Cyber attacks are high profile risks on national and regional Local Resilience Forum (LRF) risk registers and across health system partners	Cyber attacks are often unpredictable and their impacts manifest in different ways. By nature hard to plan for.

Linked risks					
Ref	Category	Description	Previous Score	Current score	Movement
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	12	12	◀▶
NENC/0075	System recovery	Choice accreditation – risk that the ICB is required to contract unaffordable levels of Independent Sector (IS) provider capacity.	16	16	◀▶
NENC/0084	Quality	Local Authority strategy in relation to case management and associated functions (Continuing Healthcare)	12	12	◀▶
NENC/0109	Finance	Implementation of new finance and accounting system for ICBs (ISFE 2)	16	16	◀▶
NENC/0112	Workforce	NECS closure impact	15	15	◀▶
NENC/0021	Quality	ICB Blueprint consultation, NHS England Screening and Immunisation Transfer Undertakings (Protection of Employment) to the ICB and the North of England Commissioning Support (NECS) closure following NHS England Transition team announcements	15	6	CLOSED
NENC0119	Finance	GP out of hours transfer to PHL (previously Vocare). PHL have taken over Vocare contract for out of hours provision in the North affecting Northumberland, Newcastle and North Tyneside. Risk of failure of financial due diligence and valid contract for provision in place until resolved.	12	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	12	◀▶
NENC/0123	Legal and regulatory	Capacity to deliver procurement workplan 2026/27	12	12	◀▶
NENC/0129	Quality	Failure to Secure Ongoing Funding for Connect NENC Digital Referral System	12	4	CLOSED

NENC/0133	Security and health & safety	Cyber attack (international actors)	NEW	12	NEW
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NENC Board Assurance Framework 2026-27				Q1 26/27 position		Date: 22 June 2026	
Goal 4	Giving children and young people the best start in life			Lead director(s)		Jacqueline Myers	
Risk category	System recovery						
Principal risk	We fail to deliver health and care services which give children the best start in life.			Lead Committee(s)		Leadership 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 Ineffective Transformation of ADHD and Autism Pathways. Local Maternity and Neonatal System (LMNS) funding allocations Missing maternity records incident – System C (BadgerNet)				
	Risk scores						
	Consequence	4					
Likelihood	4						
Key controls		Assurances		Gaps			
ICS Autism statement. Place-based autism strategies Regional network Autism Statement Development Group		Working with Brain in Hand to develop evaluation tools. Notes and actions from Autism Statement Development Group		ICB autism statement not yet in place. Regional network not yet established.			
The Local Maternity Neonatal System (LMNS) has reviewed its advised allocation and built a new budget in respect of this. Allocations received by Trusts have not changed in 25/26. However, these have not been confirmed beyond this.		LMNS Programme Delivery Group LMNS Board Maternity and Neonatal Regional Board Regional Perinatal Quality Surveillance		Unable to confirm future Trust funding.			
Clinical harm reviews being undertaken on all women who have been affected by the issue and necessary action to be taken. System C have rolled out an update which will stop this from happening to future records.		Findings will be reported to the ICB and NHS England regional team as part of the ongoing monitoring and assurance.		None identified			
Linked risks							
Ref	Category	Description			Previous Score	Current score	Movement
NENC/0066	System recovery	Ineffective Transformation of ADHD and Autism Pathways.			16	16	◀▶
NENC/0111	Quality	Local Maternity and Neonatal System funding allocations			12	8	CLOSED
NENC/0118	Quality	Missing maternity records incident – System C (BadgerNet)			12	6	CLOSED

NHS North East and North Cumbria – Board Assurance Framework 2026-27 – Place risk heatmap

Key risk	Reference	Title	Current score	Place	Category
Our health and care services are not delivered in a way in which improves the outcomes of communities who currently have much poorer health outcomes.	PLACE/0042	Autism diagnosis and post diagnosis support	12	Newcastle Gateshead	System Recovery