

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 1, Improve Outcomes In Population Health And Healthcare	NENC/0001	06/07/2022	NENC Strategy And System Oversight	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 inability to deliver core services.	4	5	20	System-wide surge and escalation plan agreed between all stakeholders NENC ICB Business Continuity Plan	None at last review.	Plan reviewed and regularly tested		None at last review.	29/06/2023	29/12/2023	4	4	16	(5). Quarterly	4	2	8	
		Jacqueline Myers	NENC ICB Full Control		Emergency Planning, Resilience and Response (EPRR) compliance	None	Annual business continuity cycle Refresh BCP Annual EPRR self-assessment signed off by ICB	Annual assurance undertaken by NHSE/I EPRR submission to NHSE/I	None at last review.	None	None	None	Marc Hopkinson						29/06/2023			
		Marc Hopkinson	1. NENC Executive Committee		Requirement for providers to notify SCC/ICB if OPEL status is escalated	None	SCC will monitor and provide system leadership and coordination when necessary with all system partners to ensure appropriate and proportionate response. Liaison with providers and ICB/EPRR when incidents occur. Performance will be addressed with providers during contract discussions.	NHSE regional operational centre provide regional scrutiny and challenge.	None	None	None	None	Action plan in place which is regularly monitored and reviewed following any significant incident							Terms of reference updated as applicable for ongoing review next date 29 December 2023		
02 Quality 1, Improve Outcomes In Population Health And Healthcare	NENC/0024	01/07/2022	NENC Chief Nurse Directorate	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	Main provider contracts contain clear performance expectations. All large providers on NHS Standard Contract and therefore have CQUIN schemes. ICB designated posts to drive quality agenda with further support from NECS. CQC inspections		Area quality and safety sub-committees. Provider quality review groups. 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 Healthwatch			4	4	16	(5). Quarterly	4	2	8		
		David Purdue	NENC ICB Partial Control										Ann Fox						24/08/2023			
04 System Recovery 1, Improve Outcomes In Population Health And Healthcare	NENC/0025	19/10/2022	NENC Chief Nurse Directorate	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		Terms of reference Meeting notes and action plans	Regional Maternity Transformation Board oversight Regional Perinatal Quality Oversight Board			4	3	12	(5). Quarterly	3	2	6		
		David Purdue	NENC ICB Partial Control		LMNS Leads and LMNS Coordinators will 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	No implementation plan in place and therefore no clear measures in place	Workforce vacancy rates received by LMNS team	National tool - Birth Rate Plus in place with providers		Fragmentation within ICB around workforce planning means that information is not always fed into LMNS	Michael Dunn							03/10/2023				
			3. NENC Quality And Safety Committee															LMNS Workforce Steering Group is now full established and meeting bi-monthly. The group is able to inform future workforce planning for the NENC. A maternity and neonatal workforce census has been undertaken by NHSE in September 2023 of Provider Trusts which the LMNS have requested is shared with them to inform future workforce planning. As yet, only one census has been shared with the LMNS PMO team.				

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02 Quality 1, Improve Outcomes In Population Health And Healthcare	NENC/0029	03/11/2022 Neil O'Brien Ewan Maule	NENC Medical Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	Antimicrobial stewardship Reducing and preventing antimicrobial resistance is a global health priority and this is reflected in the NHS Oversight Framework and the NHS Standard Contract. There is a risk that if antimicrobial prescribing is not appropriate the risk of antimicrobial resistance is increased which threatens the effective prevention and treatment of infections	4	4	16	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 but with primary care input	Local action plans Terms of reference of HCAI board Minutes from HCAI board	compliance against external targets including trust CQUINs, and inclusion in primary care incentive and quality schemes	NENC ICB is still an outlier, with all our places and all but one of our FTs failing to meet the standards set		4	3	12	(5). Quarterly 17/08/2023 Ewan Maule Risk reviewed - no changes	3	3	9		
04 System Recovery 1, Improve Outcomes In Population Health And Healthcare	NENC/0009	06/07/2022 Jacqueline Myers Joseph Chandy	NENC Strategy And System Oversight NENC ICB Limited Control 3. NENC Quality And Safety Committee	Primary care services As a result of workforce pressures, increased demand, infrastructure or technology issues, failure of or challenges to PCNs' ability to meet transformation agenda there is a risk that primary care is unable to provide long term, sustainable and reliable quality care services to patients and is not able to support people in a community based setting and provide a point of ongoing continuity of care. This could result in patient harm, increased attendance at hospital settings and compromised patient flow and damage the reputation of the ICB.	4	4	16	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 Work ongoing across the system to deliver the Primary Care Access Recovery Plan (PCARP), this includes workforce, digital, pharmacy, local PCN access capacity plans, primary and secondary interface and comms. Several initiatives supported through System Development funding to support PCARP, Fuller and long term workforce Plan and maximise transformation in the risk areas, including: -ARRS workshops to maximise spend, -supporting workforce through training hubs, retention and recruitment initiatives. -Improving links with PCNs and community pharmacy, and transformational support to establish neighbourhood teams and ensuring all community partners are active participants -Digital programme of work Single OPEL framework has been agreed to ensure consistency across the ICB and promote increased reporting of OPEL levels.	None None None	Monitored at Place Based Delivery primary care commissioning groups Placed based delivery primary care teams provide reactive support to practices Oversight of PCARP and SDF delivery through system overview group and Primary Care Transformation team, with reporting to Strategy and Delivery sub-committee. Development of Primary Care Access Recovery System Plan and Primary Care / Secondary Care Interface system Plan to be presented to the Exec in October and Board in November. Monitored at Place Based Delivery primary care commissioning groups co-ordinated by an overview group. Placed based delivery primary care teams provide reactive support to practices and planned discussions through Support Level Framework aligned to delivery of PCARP	Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan N/A Strategic Data Collection Service (SDCS) reporting NHS Long Term Plan NHS Long Term Workforce Plan System workforce retention reporting System workforce retention reporting	None None	4	3	12	(5). Quarterly 29/08/2023 Pamela Phelps Reviewed and updated by Pamela Phelps on behalf of Joseph Chandy. Approved by Dave Gallagher, Exec Director of Place	3	2	6			

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02 Quality 1. Improve Outcomes In Population Health And Healthcare	NENC/0047	06/03/2023	NENC Medical Directorate NENC ICB Partial Control 3. NENC Quality And Safety Committee	High levels of potential 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 suicide rate for people in contact with NHS commissioned and health care delivery services, amenable to healthcare preventative efforts.	4	4	16	Ensuring commissioned services are accountable for demonstrating the delivery of care that is trauma informed, therapeutic, safe, relational and least restrictive Reduce access to the means for suicides which should include those that are prescribed by the NHS Improving services through listening and learning from individuals and families who could have benefitted from accessing NHS commissioned and provided services and who were in distress, self harm, attempt suicide or those who went on to take their own lives Ensure equitable, effective and targeted treatment and support for groups known to be at high risk of suicide including those bereaved or affected by suicide Improve support and training for NHS staff including those high risk of suicide and those affected or bereaved by suicide Increase the skills and capability of the NHS workforce to ensure those who come into contact with individuals have the right skills to be with people at a point of distress and who are aware of suicide prevention principle and the role of stigma.	Services should deliver safe care embedding 10 key elements for safer care for patients (NCISH) Missing TEWV footprint for audit No consistent mechanism in place currently Understanding population health needs to identify high risk groups and establish if equitable, effective and targeted treatment Establish funding stream and agree and implement cluster increase in trend protocol and provide evidence based training across different staff groups appropriate to need Lack of funding and evidence based training	Mental health LDA sub committee which meets regularly and programme reports/performance reports Suicide audit starts 1st November Alerts and local intelligence sent out to prescribers, primary and secondary care Suicide audit missing underway on 1st November for CNTW footprint Mental health LDA sub committee meet regularly to identify relevant programmes Engagement teams Population health management, Mental health LDA sub committee Emergency responders suicide prevention training underway Review of post vention support services for people bereaved by suicide Mental health LDA sub committee Plans to delivery training in Q4 Mental health LDA sub committee	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 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 Lack of data available Lack of data available and lack of funding Lack of funding and capacity	28/06/2023 Catherine Richardson the ICB suicide prevention plan Agreed suicide prevention strategy at ICB sub committee Date Entered : 30/10/2023 15:15 Entered By : Emma Pickering	29/12/2023	4	3	12	(4). 2 Monthly 30/10/2023 Catherine Richardson Updated controls and action plan.	4	2	8	

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.

01 Finance 3. Enhance Productivity And Value For Money	NENC/0004	06/07/2022	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	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. For 2023/24, a deficit plan of £49.9m has been agreed for the ICS as a whole, with a surplus of £32.4m planned for the ICB. Delivery of this plan will be extremely challenging with substantial unmitigated financial risk. Currently specific pressures are being experienced within the ICB relating to prescribing cost growth and continuing healthcare costs. Across the wider ICS, specific pressures are being experienced by provider trusts relating to the	5	5	25	Financial plan Efficiency plan in place with financial sustainability group established Financial reporting and monitoring process Financial controls reviewed and strengthened where relevant across the ICS, including vacancy control processes and approval of non-pay spend Monthly forecasting and variance reporting and plan	None None None None	Approved finance plan in place Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place. Monthly finance reports Vacancy control process in place and panel in place for approval of any discretionary non-pay spend Reported to Finance, Performance and	N/A Reported to NHSE each month. Review of position with NHSE Assurances received from each ICS FT provider on review of financial controls Monthly review with NHSE regional	None None Underlying financial position work illustrates significant potential financial pressures None	25/08/2023 Richard Henderson Medium term financial plan (including financial recovery plan) being developed across ICS July 2023 - Oct 2023 25/08/2023 31/10/2023 Richard Henderson Options for additional mitigations to offset financial risks are being developed July 2023 - Sept 2023	30/11/2023	5	4	20	(5). Quarterly 04/10/2023 Richard Henderson Updated risk description to more accurately reflect risk for 23/24 and highlight some specific pressures in ICB and providers. Propose to increase risk score to 20 (replacing Risk 0035 below)	3	3	9
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				costs of industrial action and ERF, along with other pay and non-pay cost pressures.				to date		Investment committee.	team and processes in place to highlight variances such as industrial action and prescribing pressures.												
								NHS Provider FT efficiency plans	N/A	None	NHS Provider FT finance committees	None											
								Financial governance arrangements, financial policies and scheme of delegation	None	Scheme of Delegation approved annually	N/A	None											
										Audit committee review													
03 Workforce	NENC/0028	21/10/2022	NENC Chief Nurse Directorate	Clinical and social care workforce across the region	5	4	20	Workforce People Group	None	Terms of reference, meeting notes, action plans.		None		5	3	15	(5). Quarterly	5	2	10			
2. Tackle Inequalities In Outcomes, Experience And Access		David Purdue		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 services, drive up waiting times leading to poorer outcomes for patients. This will cause further workload pressures on existing staff which could cause retention issues and potentially lead to staff ill health.				NHS England workforce functions are starting to emerge. Understanding of responsibilities still being explored and clarified.	Not finalised	Chief Nurse meetings with counterparts in NHSE. ICB workforce team have regular meetings with counterparts at NHSE	None yet	None.					25/10/2023						
		Jayne Aitken	NENC ICB Partial Control					People and Culture Plan	Still in final draft	Initial draft reviewed by the system with final amends being worked on. Plan will highlight the supply of clinical and social care staff and the development of a system-wide plan to reduce the risk raised. Currently working on reporting arrangements and delivery of the plan.	Developed in consultation with and co-operation of the wider system with comments incorporated in the Plan	Plan currently in final draft					Controls updated						
02 Quality	NENC/0049	14/06/2023	NENC Chief Nurse Directorate	Continuing Care - variation in practice and compliance within the ICB/ICS	4	4	16	Development of a Transformation Programme for All Age Continuing Care (AACC)	No gaps identified at last review.	Reporting from AACCTSG to Exec/Quality and Safety Committee.		No gaps identified at last review.	14/06/2023	31/10/2023	4	3	12	(5). Quarterly	4	3	12		
2. Tackle Inequalities In Outcomes, Experience And Access		David Purdue		As a result of unnecessary variation in how the CHC process is undertaken across the ICB there is a risk that compliance with statutory duties, financial processes, the market and client 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.				All Ages Continuing Care Strategic Transformation Group (AACCTSG) and working groups	No gaps identified at last review.	Minutes/notes from AACCTSG and working groups. Programme management of workplan. Highlight reports and Minutes from Exec, and Quality and Safety Committee and System Quality Group.		No gaps identified at last review	14/06/2023	30/09/2023				Ann Fox					
		Ann Fox	NENC ICB Partial Control										Undertake a comprehensive and detailed review and analysis of All Age CHC services across NENC, ensuring the involvement of key stakeholders				Ann Fox						
			3. NENC Quality And Safety Committee										Produce a comprehensive Transformation Programme Plan (TPP) to implement the recommendations from Phase 1				Ann Fox						
													14/06/2023	31/01/2024				Support the delivery of the TPP through an All age CHC service Operating Model for 23/24					
03 Workforce	NENC/0051	13/07/2023	NENC Chief Nurse Directorate	LeDeR reviews capacity	3	5	15	Local area contacts are overseeing the workload and timeliness of reviews.	Insufficient resource and recurrent funding.	Developing a workforce/budget options appraisal for Exec to consider (in the context of ICB 2.0)		None at present.	01/05/2023	29/09/2023	3	4	12	(5). Quarterly	3	2	6		
1, Improve Outcomes In Population Health And Healthcare		David Purdue		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.				Currently reliant on ad-hoc interim arrangements and non-recurrent funding.		LeDeR assurance group is in place (six weekly)				Ann Fox				Options appraisal in development					
		Ann Fox	NENC ICB Limited Control							LeDeR annual report to QSC and system quality group (Jul/Aug)								LeDeR assurance group cycle of business under review					
			3. NENC Quality And Safety Committee															Reviewed and updated					

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04 System Recovery 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0033	15/12/2022 Jacqueline Myers Marc Hopkinson	NENC Strategy And System Oversight NENC ICB Limited Control 3. NENC Quality And Safety Committee	Meeting needs of refugees and asylum seekers 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. This population group has complex needs, including untreated communicable diseases, poorly controlled chronic conditions, maternity care and mental health and specialist support needs. The risk is being managed at place, but still requires a more consistent approach to management across the system to ensure providers have a clear understanding of the entitlement and requirements for refugee and asylum seeker health provision. An increase in demand will impact on sustainability of services, increase health inequalities and there is also a risk to the reputation of the ICB if adequate and appropriate services are not commissioned.	4	4	16	Multi agency working group looking at the migrant health issues across the ICB area.		Issues have been identified and a multi agency approach identified to address specific impacts.	These issues are also being addressed by NHSE and UKHSA regionally		29/06/2023 29/12/2023 Marc Hopkinson Identified agencies are working together to provide an assurance framework	4	3	12	(5). Quarterly 29/08/2023 Daniel Webber Residual risk score lowered following review of QSC risks.	3	3	9		
02 Quality 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0052	01/08/2023 David Purdue Ann Fox	NENC Chief Nurse Directorate NENC ICB Limited Control 3. NENC Quality And Safety Committee	BPAS termination of pregnancy pathways receiving 'inadequate' CQC rating 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.	4	4	16	Termination of pregnancy pathway Contract management process System quality group	Inequitable access with whole pathway not provided in every locality and depending on gestation, women may need to travel out of area.	Information shared with commissioning and contracting to ensure joined up approach and understanding when meeting with provider Joint contract meetings with BPAS, ICB/NECS Contracting, Quality and Commissioning teams to challenge local action plans and monitor data. Measurement of KPIs, patient surveys at contract meetings ToR, minutes	CQC/NHSE monitoring meetings including oversight of action plan Assurance visits with safeguarding leads. Peer level support from other areas and ICBs (Leeds/Newcastle/Doncaster) South Yorkshire ICB leading on the report for the region		4	3	12	(5). Quarterly 29/08/2023 Daniel Webber Residual risk score lowered following review of QSC risks.	4	3	12			
02 Quality 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0006	06/07/2022 Kate O'Brien Linda Reiling	NENC Chief Nurse Directorate 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 escalate to crisis. There is an additional risk of damage to reputation damage to the ICB.	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.	Contact management and performance oversight systems and processes under review through the MHLDA partnership.	Contract management process Performance management process OPEL status	NHS England quarterly performance submissions and assurance meeting Workforce planning from NHS E and providers	See gaps in control		4	3	12	(5). Quarterly 07/11/2023 Linda Reiling Reviewed risk and no change at present. Currently in process of handing over risk to Linda's remit	4	2	8		
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 3. Enhance Productivity And Value For Money	NENC/0065	07/11/2023 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance,	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	5	5	25	MTFP development programme agreed across the ICS with external support and agreed governance arrangements. Range of potential system opportunities identified and plans being developed	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 29/03/2024 Richard Henderson Ensure MTFP programme includes plan to review and progress potential opportunities	4	5	20	(3). Monthly 07/11/2023 Richard Henderson New risk added	4	2	8		

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			Performance And Investment Commit	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.				Efficiency plan in place with ICB financial sustainability group established	None	Efficiency delivery included in monthly finance reports. Monitored by financial sustainability group with PMO support in place	Reported to NHSE each month.	Efficiency plan to be developed for 24/25. Under-delivery of recurring efficiency schemes in 23/24	07/11/2023 Richard Henderson 29/03/2024 Work programme being developed from long list of opportunities to inform 24/25 plan and address recurring shortfalls - led by financial sustainability group										
							NHS Provider FT efficiency plans	N/A	Reports received from NHS Provider FT finance committees	NHS Provider FT finance committees	N/A	N/A	07/11/2023 29/12/2023										
							Financial governance arrangements, financial policies and scheme of delegation	None	Scheme of Delegation approved annually Financial policies reviewed and updated annually Audit committee review	N/A	None	None	David (ICB) Chandler Options for additional mitigations to offset financial risks are being developed July 2023 - Dec 2023										
							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	Further detail requested from a number of providers to give assurance around financial controls. Action agreed with all provider DoFs to provide required assurances (RH)	None											
							ICB investment / business case policy to manage ongoing investments / commitments	None	Investment / business case policy	N/A	None	None											
							Monthly forecasting and variance reporting and plan to date to manage current and underlying position	None	Monthly finance reports. Reported to Finance, Performance and Investment committee.	Monthly review with NHSE regional team and processes in place to highlight variances such as industrial action and prescribing pressures.	Significant unmitigated financial risks for 23/24 being reported which would impact underlying position												
04 System Recovery 1. Improve Outcomes In Population Health And Healthcare	NENC/0054	15/08/2023 Neil O'Brien Richard Scott	ICB North NENC ICB Partial Control 3. NENC Quality And Safety Committee	Inconsistent Primary Care Quality across ICB Highlighted through Quality & Safety North Inconsistencies identified across North around Primary Care Quality reporting and risk and mitigations. Lack of capacity and inconsistent approach to Primary Care Quality identified throughout ICB. Place no longer receive Primary Care dashboard and lack of capacity and regular support to Primary Care (GP Practices and Care Homes) means a lot of soft intelligence has also been lost.	4	5	20	Looking to pull together plan to feed Primary Care Quality issues into Q&S group	No governance structure for reporting lack of capacity at place to manage					4	4	16	(5). Quarterly 15/08/2023 New risk added	3	2	6			
01 Finance 3. Enhance Productivity And Value For Money	NENC/0032	16/11/2022 David (ICB) Chandler Richard Henderson	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 2022/23 due to vacancies but this remains a significant recurring risk for future years, with a 30% real terms reduction to be delivered by 2025/26	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	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	N/A N/A N/A NA	None None None None	25/08/2023 Richard Henderson 29/03/2024 Richard Henderson ICB 2.0 Transformation Programme in place to manage expected 30% reduction in running cost allowance, with detailed project plan and timetable April 2023 - March 2024 Minor amendment to risk description and action added. No proposed change to risk score at this stage.	4	4	16	(5). Quarterly 25/08/2023	3	2	6			

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05 Political 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0048	05/06/2023	NENC Digital And Information Directorate NENC ICB Partial Control 1. NENC Executive Committee	Transfer of patient records from one GPIT system (EMIS) to another platform (TPP - SystmOne). It has been identified that transferred records do not automatically reconnect the link to the regional shared care record system (the Great North Care Record - GNCR) that then allows the GP patient records to be viewed in other points of care delivery to facilitate 'joined up care' and appropriate clinical decisions to be made. In addition to this TPP have made a decision not to accept any digitised patient records into the system (paper records which have previously been scanned) and an additional payment could be charged to host these records. If the records are not stored on the clinical system, the patient record is then stored in disparate locations which introduces risk of data loss. Therefore, there is a risk that the transfer of patient records from EMIS to SystmOne will compromise the integrity of GP patient records potentially leading to patient harm. TPP not allowing the reconnecting to GNCR is also impacting on any new community connections, so preventing data such as 0-19 services (whole region) health visitor, safeguarding, immunisations etc. from appearing in the GNCR.	4	5	20	NHS England picking up work started by NHS Digital to negotiate with TPP the transfer of scanned/digitised records NECS safe alternate storage for the records outside of the system	No updates since 29/03/2023. NHS England have previously stated the ICB is the contract holder so it should be managed locally. Not finalised yet	ICB has escalated through the primary care transformation programme NECS IG and Clinical Standards team to review governance arrangements. 1 practice has agreed to take part in a trial		NHSE restructure could cause further delays	05/06/2023 Graham Evans Raise concerns with TPP and escalate nationally Meeting delayed until November 2023. Date Entered : 24/10/2023 14:11 Entered By : Mandy Mitchinson 05/06/2023 31/10/2023 Mandy Mitchinson Discuss alternative storage solutions with NECS and seek assurance that these have risk assessed by IG and Clinical Standards to ensure they comply with legislation Awaiting summary of proposed solution from NECS so it can be assured for clinical safety and information governance. Date Entered : 25/09/2023 13:26 Entered By : Mandy Mitchinson	4	4	16	(3). Monthly 24/10/2023 Mandy Mitchinson Reviewed all aspects and updated.	3	3	9		
04 System Recovery 1. Improve Outcomes In Population Health And Healthcare	NENC/0067	03/04/2023	NENC Strategy And System Oversight NENC ICB Partial Control 1. NENC Executive Committee	Care, Education and Treatment Reviews (C(e)TRs) and Dynamic support registers (DSRs) Compliance C(e)TRs and DSRs not being compliant against the new updated policy and guidance. This is due to limited capacity in case management and a lack of standardisation and co-ordinated ICB approach	4	5	20	Some areas already have an implementation plan in place but not all. These need to be triangulated and developed into a transformational project to standardise the process across the ICB. This would reduce variation in process and offer in place based areas. Work to review how this is delivered to ensure it is appropriately resourced.	Unsure as to where this sits or who is the lead to ensure compliance and variation in offer / process is addressed.	-	-	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	4	4	16	(5). Quarterly 09/11/2023 Kate O'Brien -	3	4	12			
02 Quality 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0007	06/07/2022	NENC Strategy And System Oversight NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	Delivery of NENC 23/24 operational planning objectives There is a risk of failure to achieve 23/24 operational planning objectives for our patients. Significant pressures are evident in certain standards, particularly in respect of HCAI, Cat 2 ambulance response times, A&E 4 hour, elective activity levels, units of dental activity, cancer 62 day backlog, access to Talking Therapies, and mental health support for CYP. Any failure to deliver the objectives has the potential to adversely impact on patient care, as well as posing a reputational risk for the ICB.	4	5	20	Contract management processes in place to manage delivery of objectives. Performance management processes in place as well as support through relevant strategic programmes. Elective recovery plans developed with main providers where needed.	None None None	Performance monitored by Executive Committee. Performance and activity monitored by ICB. New North East and North Cumbria Performance improvement and oversight group established with terms of reference and first meeting to take place in December 2023 and will include COO attendance from acute trusts. Monitoring against plans	N/A N/A N/A	None None None		4	4	16	(5). Quarterly 09/11/2023 Lucy Topping Controls updated. Current score remains the same but will be reviewed in January 2024 once the end of year forecast is clearer with regards to key performance metrics. Target score has been increased to a more realistic figure of 9 Y (from 4 G)	3	3	9		
04 System Recovery 1. Improve Outcomes In Population Health And Healthcare	NENC/0055	04/09/2023	NENC Strategy And System Oversight NENC ICB Full Control 1. NENC	23-24 planned inpatient discharges and subsequent bed closure trajectories Failure to achieve 23-24 planned inpatient discharges and subsequent bed closure trajectories. Blockages in care and discharge pathways and implications of MM Judgement	4	5	20	Senior Intervenor Project, development of regional commissioning framework to enable discharges and triangulation with housing work led by NHSE. Use of 12 point discharge plan, escalation processes to be used and in place, C(E)TR training programme, RCA		Terms of reference for Senior Intervenor, meeting notes, action plans and reports			05/09/2023 Kate O'Brien NENC SRO / ICB Director NENC ICB Regional Manager for Learning Disability and Autism NENC ICB Senior Programme Managers NENC ICB Programme Managers	3	5	15	(5). Quarterly 05/09/2023 Kate O'Brien ICB Team - Programme of work to include: 1. Registry of complex care	3	3	9		

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
														Executive Committee					completion and development of robust Dynamic Support Systems. Place based considerations for alternative accommodation, care and support solutions. ICB Learning Disability and Autism Programme Team to help support discharges from hospital with regards to guidance, capacity and expertise in stimulating the market and case management.	
02 Quality 1. Improve Outcomes In Population Health And Healthcare	NENC/0023	06/09/2022 David Purdue Marc Hopkinson	NENC Chief Nurse Directorate 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.	None at last review. None at last review. None at last review. None at last review.	Minutes/actions from LADB. Analysis of any serious incidents (SIs) resulting from delay over 59 mins. 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.	N/A N/A N/A N/A N/A N/A	None at last review. None at last review. None at last review. None at last review.		4	3	12	(5). Quarterly 24/08/2023 Ann Fox Improvement seen in compliance with maximum 59min handover commitment. Targeted work being undertaken with those organisations requiring additional support.	4	2	8
01 Finance 3. Enhance Productivity And Value For Money	NENC/0034	18/01/2023 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Partial Control 2. NENC Finance, Performance And Investment Commit	Recurrent implications of non-recurring funding. There is a risk of ongoing recurring financial pressures and commitments for the ICB arising from services initially commissioned with non-recurring funding allocations.	4	4	16	Financial plan, including QIPP plan. Register of recurring commitments to incorporate into future financial plan Financial reporting and monitoring process ICB investment / business case policy to manage ongoing investments / commitments Financial governance arrangements, financial policies and scheme of delegation Monthly forecasting and variance reporting and plan to date	None None None None None	Approved financial plan showing ICB surplus position. Medium Term Financial Plan being developed which will include underlying position Investments budgeted for on recurring basis Monthly finance reports Investment / business case policy Scheme of Delegation approved annually Financial policies reviewed and update annually Audit committee review Reported to finance, performance and investment committee	N/A None None None None	None None None None		4	3	12	(5). Quarterly 25/08/2023 Richard Henderson Control assurances update. No change in score	3	2	6
01 Finance 3. Enhance Productivity And Value For Money	NENC/0031	16/11/2022 David (ICB) Chandler Richard Henderson	NENC Finance Directorate NENC ICB Full Control 2. NENC Finance, Performance And Investment Commit	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, capital plans have been agreed in line with the capital allocation, including 5% 'over-programming' allowance, however this is a significant	4	5	20	Capital plan Monthly financial reporting and forecasting against capital plans and funding allocation Provider collaborative process for managing capital spend	None None None	Agreed ICS capital plan with variance reported monthly Monthly finance reports, reported to FPI Committee Updates to monthly ICS Directors of Finance group	Agreed capital plan is in excess of confirmed funding allocation N/A N/A	None None None		3	4	12	(5). Quarterly 25/08/2023 Richard Henderson Minor update to risk description and assurances - no proposed change to risk score	3	2	6

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			
				reduction to original plans with a potential risk of overspends in-year.																		
04 System Recovery 1. Improve Outcomes In Population Health And Healthcare	NENC/0059	19/09/2023 Jacqueline Myers Thomas Knox	NENC Strategy And System Oversight NENC ICB Partial Control 3. NENC Quality And Safety Committee	Impact of Industrial Action for Health Providers across the ICB Failure to provide required services across the integrated care system	4	4	16	ICB regular engagement with Providers. Providers have risk assessment, registers and mitigation action plans that have been developed through a series of recent periods of industrial action	Possibility that Providers have some unmitigated risk or patient safety issues	ICB Incident Coordination Centres stood up for every period of industrial action and ongoing planning and engagement with all providers across the system	NHSE robust oversight and regular engagement at ICB and Regional level	Dealing with unplanned risks	19/09/2023 Jacqueline Myers ICB industrial planning process / Incident Coordination Centre	19/12/2023	3	4	12	(5). Quarterly	3	4	12	
03 Workforce 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0060	02/10/2023 Jacqueline Myers Clare Nesbit	NENC Strategy And System Oversight NENC ICB Full Control 1. NENC Executive Committee	ICB 2:0 Programme ICB 2:0 Programme aims to redesign the ICB operating model and staffing structure to achieve a range of improvements including the 30% reduction in the Running Cost Allowance that will take effect across 2024/25 and 2025/26. There is a risk that the scale of reduction will compromise the ability of the ICB to meet its statutory duties and make progress towards its vision and long-term foals There is a further risk that the change process will result in staff being distracted and/or demotivated, or that we will lose key staff members to jobs elsewhere The is an associated risk that the change will destabilise the North of England Commissioning Support Unit (NECS) and exacerbate there existing financial challenges and that the impact of this will knock onto delivery capacity within the ICB	4	4	16	Executive oversight of the ICB 2:0 Programme, with a Steering Group chaired by the ICB Executive SRO reporting to the ICB Executive Committee. Steering Groups is supported by a dedicated program team ICB Organisational Development plan approved which focusing on supporting staff through the change Close working with NECS; they have a seat at the Programme Steering Group Organisation Development Plan is now published following being agreed and ratified at the Exec Committee on 12/9/23. The plan is now being implemented in support of the org redesign for ICB 2.0		Plan progress is closely monitored, reviewed and regularly tested The Finance Team are leading the assurance in relation to the delivery of the 30 RCA reduction The proposed operating model and staffing structure will be subject to formal consultation Regular engagement with staff and partners t is taking place via a range of channels including weekly newsletter and face to face roadshows.	Assurance exercise undertaken by NHSE at the end of August 2023.		02/10/2023 Clare Nesbit Rachel Michelson/Clare Nesbit Ongoing since May 2023 Formal monthly update to Executive Committee. Fortnightly Steering Group Meeting, with updated action log and risk register Weekly programme team meeting Jacqueline Myers Ongoing since Jun 2023 Deep dive into NECS contracts and Service Level Agreement and regular dialogue with NECS Exec Team and wider NHSE stakeholders	04/12/2023	4	3	12	(5). Quarterly	3	3	9	

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

04 System Recovery 2. Tackle Inequalities In Outcomes, Experience And Access	NENC/0066	13/10/2023 Jacqueline Myers Kate O'Brien	NENC Strategy And System Oversight 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	The ICS Autism Statement will seek to build upon the themes and outcomes of placed based Autism Strategies to tackle and address health and social inequalities that autistic people face.	none	-	-	-	12/10/2023 Kate O'Brien ICB Place Based Commissioners and Place Based Case Managers	12/01/2024	4	4	16	(5). Quarterly 09/11/2023 Kate O'Brien We will do this through: A review of place based Autism Strategies Data analysis in relation to outcomes identified in different strategies Establishment of a network across the region to evaluate areas of good practice - from health and social care services Establishment of an Autism Statement	4	3	12
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