NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

28 November 2024

Board Assurance Framework 2024-2025 and Quarter Two Update Report

Agenda Item No: ICB/11/24/19

Responsible Director: Clare Watson, Assistant Chief Executive

Board Assurance Framework 2024-2025 and Quarter Two Update Report

1. Purpose of the Report

1.1 The purpose of the report is to present the quarter two update of the Board Assurance Framework (BAF).

2. Executive Summary

2.1 The 2024-25 BAF and principal risks were approved by the Board in July. The principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives.

2.2 There are currently 10 principal risks, including 2 critical risks, 4 extreme risks and 4 high risks. Of these, 6 are at the agreed target for 2024-25 and the focus will be on assurance that controls remain effective and on continuing to progress actions to further mitigate the risk over the longer term. The remaining 4 remain above the agreed target for 2024-25 and the focus will be on delivering the planned actions to further mitigate these risks by year end.

2.3 The critical risks are:

- P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience, currently rated as critical (20).
- P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as critical (20).

2.4 Since the July report:

- P1 - The ICB is unable to meet its statutory duties to address health inequalities, planned mitigating actions have been delayed due to financial constraints and as a result the anticipated timescale to moderate this risk in line with the Board's risk appetite score of 8 has extended from 2-3 years to 3-4 years. While the current score remains at the 24-25 target level of 15, any further delays may result in this not being met.
- P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, **current rating has reduced** from extreme (16) to high (12) and is now meeting the target for 24-25. This reflects ongoing delivery of the Primary Care Access Recovery and Dental Improvement Plans, but there is the potential that collective action by GP practices, and potentially by community pharmacies, could drive up the score.

- P9 - Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives. Due to resource constraints, it is not now anticipated that a reduction in the score will be achieved by year-end and the target score **has been increased** to 16.

2.5 The report and appendices set out the controls that are in place, an assessment of their effectiveness and further control actions planned in relation to all principal risks. Planned assurances have been identified in relation to each principal risk and these are provided through the work of the Committees and through Board reports over the course of the year.

2.6 Acceptable assurance is available in relation to 5 of the principal risks but further assurance is required in respect of the remaining 5 and further details are provided in section 9.9 and appendix two.

3. Ask of the Board and Recommendations

3.1 **The Board is asked to:**

- **APPROVE** the reduction in the current risk rating for P6, and the increase in the target score for P9 as described in section 2.3.

- **NOTE** the current risk profile, progress in completing mitigating actions, assurances provided and priority actions for the next quarter; and consider any further action required by the Board to improve the level of assurance provided or any new risks which may require inclusion on the BAF.

4. Reasons for Recommendations

4.1 The Board has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Board discharges this duty as follows:

- identifying risks which may prevent the achievement of its strategic objectives
- determining the organisation's level of risk appetite in relation to the strategic objectives
- proactive monitoring of identified risks via the BAF and Corporate Risk Register
- ensuring that there is a structure in place for the effective management of risk throughout the organisation, and its committees (including at place)
- receiving regular updates and reports from its committees identifying significant risks, and providing assurance on controls and progress on mitigating actions
- demonstrating effective leadership, active involvement and support for risk management.

5. Background

5.1 As part of the annual planning process the Board undertakes a robust assessment of the organisation's emerging and principal risks. This aims to identify the significant external and internal threats to the achievement of the ICB's strategic goals and continued functioning. The principal risks identified for 2024-25 were approved for adoption by the Board in July and form the basis of the Board Assurance Framework reported quarterly to the Board.

5.2 The ICB must take risks to achieve its aims and deliver beneficial outcomes to patients, the public and other stakeholders. Risks will be taken in a considered and controlled manner, and the Board has determined the level of exposure to risks which is acceptable in general, and this is set out in the core risk appetite statement.

5.3 The Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The Board Assurance Framework (BAF) is a key component of this. The Board is supported through the work of the ICB Committees in reviewing risks, including these BAF risks, and providing assurance on key controls. The outcome of their review is reported through the reports of the committee chairs and minutes elsewhere on the agenda.

6. Link to delivering on the ICB Strategic Objectives and the Cheshire and Merseyside Priorities

Objective One: **Tackling Health Inequalities in access, outcomes and experience**
Objective Two: **Improving Population Health and Healthcare**
Objective Three: **Enhancing Productivity and Value for Money**
Objective Four: **Helping to support broader social and economic**

6.1 The BAF supports the objectives and priorities of the ICB through the identification and effective mitigation of those principal risks which, if realised, will have the most significant impact on delivery.

7. Link to achieving the objectives of the Annual Delivery Plan

7.1 The Annual Delivery Plan sets out linkages between each of the plan's focus areas and one or more of the BAF principal risks. Successful delivery of the relevant actions will support mitigation of these risks.

8. Link to meeting CQC ICS Themes and Quality Statements

Theme One: **Quality and Safety**
Theme Two: **Integration**
Theme Three: **Leadership**

8.1 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. As such the BAF underpins all themes, but contributes particularly to leadership, specifically QS13 – governance, management and sustainability.

9. Risks

9.1 The quarter 2 BAF is summarised in the heat map below:

ID	Risk	Inherent			Current (Q2)			Target 2024-25			Risk Appetite (Optimal)	
		L	I	R	L	I	R	L	I	R	Rating	Timescale
P1	Health inequalities	4	5	**20**	3	5	**15**	3	5	**15**	High (8)	2027-28
P3	Elective care	5	5	**25**	3	5	**15**	2	5	**10**	Moderate (5)	2026-27
P4	Major quality failures	3	5	**15**	2	5	**10**	2	5	**10**	Moderate (5)	2026-27
P5	Urgent & emergency care	5	5	**25**	4	5	**20**	3	5	**15**	Moderate (5)	2026-27
P6	Primary care access	5	4	**20**	3	4	**12**	3	4	**12**	Moderate (6)	2025-26
P7	Statutory financial duties	5	5	**25**	4	5	**20**	3	5	**15**	High (8)	2026-27
P8	Provider sustainability	4	4	**16**	3	4	**12**	3	4	**12**	Moderate (6)	2026-27
P9	ICS workforce	4	4	**16**	4	4	**16**	4	4	**16**	Moderate (6)	2026-27
P10	Focus on long term strategy	4	4	**16**	3	3	**9**	3	3	**9**	Moderate (6)	2025-26
P11	Digital infrastructure	5	4	**20**	4	4	**16**	4	4	**16**	High (8)	2025-26

9.2 The key changes proposed from the quarter 1 position are as follows:

P1 – **an extension of the period for achieving the risk appetite score of 8** from 2026-27 to 2027-28, reflecting re-profiling of mitigating actions due to financial constraints.

P6 – **a reduction in the current score from 16 to 12,** reflecting ongoing delivery of the Primary Care Access Recovery and Dental Improvement Plans.

P9 – **an increase in the target score from 12 to 16**, reflecting resource constraints and resulting delays in planned mitigations.

9.3 A summary of the principal risks and high-level mitigation strategies is provided at appendix one. Further detail in respect of each risk, including the assessment and scoring rationale, current controls and assessment of their effectiveness, gaps identified, planned actions and progress, assurances provided and a

current position statement in relation to progress towards target, is provided in the individual risk summaries at appendix two.

9.4 There are currently 2 critical risks, 4 extreme risks and 4 high risks. Of these, 6 are at the agreed target for 2024-25 and the focus will be on assurance that controls remain effective and on continuing to progress actions to further mitigate the risk over the longer term. The remaining 4 remain above the agreed target for 2024-25 and the focus will be on delivering the planned actions to further mitigate these risks by year end.

9.5 The majority of the planned actions are on track, but there is one action assessed as problematic - delivery remains feasible, actions not completed, awaiting further interventions. This is:

9.5.1 In relation to P7 – statutory financial duties, action to conclude and secure agreement to the medium-term financial strategy. This reflects the scale of the challenge and the work still to complete in testing and finalising delivery metrics, timescales and quantifying associated financial impact for recovery programmes.

9.6 As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level. The ICB's committees provide scrutiny and challenge of risk independent of the management line and are an important source of 2nd line assurance to the Board. Their discussion and decisions in relation to BAF risks were summarised in the chair's highlight reports considered by the Board on 25/7/24, 26/9/24 and appearing elsewhere on this agenda.

9.7 In addition the following assurance reports have been provided to the Board during quarter two:

9.7.1 Director of Nursing Report – 25/7/24, 26/9/24 (P4)
9.7.2 Integrated Performance Report – 25/7/24, 26/9/24 (P3, P4, P5, P6, P9)
9.7.3 Finance Report – 25/7/24, 26/9/24 (P7)
9.7.4 Shaping Care Together – A Case for Change – 25/7/24 (P8)
9.7.5 Key Delivery Plans – 25/7/24 (P1, P10)
9.7.6 CMAST Annual Work Plan (P8)
9.7.7 Consolidated Workforce Update – 25/7/24 (P9)
9.7.8 Urgent Emergency Care Improvement Programme Update – 26/9/24 (P5, P8)
9.7.9 Children and Young People's Elective Wait Recovery – 26/9/24 (P3)
9.7.10 Annual Business Plan – 26/9/34 (P1, P10)
9.7.11 Population Health Update – 26/9/24 (P1)
9.7.12 Gynaecology and Maternity Hospital Services in Liverpool – Case for Change – 9/10/24 (P8)

9.8 A summary of the assurance ratings for each of the principal risks is provided below:

ID	Risk	Committee	Current Score (Q1)	Controls					Assurance Rating
				Policies	Processes	Plans	Contracts	Reporting	
P1	Health inequalities	S&T	**15**	**G**	**G**	**G**	**G**	**G**	**Acceptable**
P3	Elective care	Q&P	**15**	**G**	**A**	**G**	**G**	**G**	**Acceptable**
P4	Major quality failures	Q&P	**10**	**A**	**A**	**A**	**A**	**G**	**Acceptable**
P5	Urgent & emergency care	Q&P	**20**	**G**	**A**	**A**	**G**	**A**	**Partial**
P6	Primary care access	SPCC	**12**	**G**	**A**	**A**	**G**	**G**	**Acceptable**
P7	Statutory financial duties	FIRC	**20**	**G**	**G**	**A**	**A**	**G**	**Partial**
P8	Provider sustainability	S&T	**12**	**G**	**G**	**A**	**A**	**A**	**Partial**
P9	ICS workforce	FIRC	**16**	**A**	**A**	**A**	**G**	**A**	**Partial**
P10	Focus on long term strategy	Execs	**9**	**G**	**G**	**A**	**A**	**G**	**Acceptable**
P11	Digital Infrastructure	S&T	**16**	**A**	**A**	**A**	**A**	**A**	**Partial**

9.9 There are a number of risks assessed as having only partial assurance - some confidence in delivery of existing mechanisms / objectives, some areas of concern. These are:

P5 where key performance measures indicate that, despite existing controls, service delivery is not yet meeting required national and local standards.

P7 where additional assurance is required that there is an agreed and approved ICS medium-term financial strategy to address the financial deficit.

P8 where additional assurance is required that there is a credible case for change and sustainable transformation plans in relation to a number of fragile services.

P9 where further assurance is required regarding action planned to address priority gaps in control with the reduced resource available.

P11 where additional assurance is required regarding organisation and system level cyber security compliance and risk, and robust plans to address any identified gaps.

Further detail is provided in the risk summaries at appendix two.

10. Finance

10.1 There are no financial implications arising directly from the recommendations of the report. However, the report does cover a number of financial risks which are described in section 9 and detailed in the appendices.

11. Communication and Engagement

11.1 No patient and public engagement has been undertaken.

12. Equality, Diversity and Inclusion

12.1 Principal risks P3, P4, P5, P6, P8 and P9 have the potential to adversely impact on equality, diversity and inclusion in service delivery, outcomes or employment. The mitigations in place and planned are described in more detail in the risk summaries at appendix two.

12.2 Principal risk P1 has the potential to impact on health inequalities. The mitigations in place and planned are described in more detail in the risk summaries at appendix two.

13. Climate Change / Sustainability

13.1 There are no identified impacts in the BAF on the delivery of the Green Plan / Net Zero obligations.

14. Next Steps and Responsible Person to take forward

14.1 Senior responsible leads and operational leads for each risk will continue to develop and improve the controls in line with the targets and progress the priority actions and assurance activities as identified in appendix one and in the individual risk summaries at appendix two. Updates will be provided through the regular BAF report to the Board.

15. Officer contact details for more information

Dawn Boyer
Head of Corporate Affairs & Governance
NHS Cheshire and Merseyside ICB

16. Appendices

Appendix One: Board Assurance Framework Summary
Appendix Two: BAF Risk Summaries

Board Assurance Framework 2024/25 – Quarter 2 review

Appendix One – Summary

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score 2024-25	Priority Actions / Assurance Activities
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience						
P1: The ICB is unable to meet its statutory duties to address health inequalities	Strategy & Transformation Committee Clare Watson	**4x5=20**	**3x5=15**	No change	**3x5=15**	Assurance on progress and effectiveness of delivery of All Together Fairer: Our Health and Care Partnership Plan. Focus remains the building of the foundations that would lead to a reduction in health inequalities over the longer term.
Strategic Objective 2: Improving Population Health and Healthcare						
P3: Acute and specialist providers across C&M may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes	Quality & Performance Committee Anthony Middleton	**5x5=25**	**3x5=15**	No change	**2x5=10**	Further action to strengthen controls. Key actions are the Elective Recovery Team and increasing diagnostics capacity through Community Diagnostic Centres and elective capacity through elective hubs.

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score 2024-25	Priority Actions / Assurance Activities
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	Quality & Performance Committee Chris Douglas / Rowan Pritchard-Jones	3x5=15	2x5=10	No change	2x5=10	Significant controls in place. Priority will be to continue to embed and strengthen controls and provide assurance on continuing effectiveness of control framework.
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience	Quality & Performance Committee Anthony Middleton	5x5=25	4x5=20	No change	3x5=15	Urgent Care Recovery Programmes in 5 areas are focused on the key objective of eliminating corridor care in 24-25, as well as reducing the number of hospital attendances and admissions and improving discharge pathways and processes.
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	Primary Care Clare Watson	5x4=20	3x4=12	Score reduced from 16 to 12	3x4=12	Assurance on progress and effectiveness of delivery of Primary Care Access Recovery Plan and Dental Improvement Plan.
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money						
P7: The Integrated Care System is unable to achieve its statutory financial duties	Finance, Investment & Our Resources Committee Claire Wilson	5x5=25	4x5=20	No change	3x5=15	Key aim of Recovery Programme is to improve use of resources. Key further action is to secure agreement to the Medium-Term Financial Strategy.
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	Strategy & Transformation Committee	4x4=12	3x4=12	No change	3x4=12	Further action to implement and strengthen controls. Ongoing action to progress the development of

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score 2024-25	Priority Actions / Assurance Activities
	Rowan Pritchard-Jones					case for change across multiple programmes.
P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives.	Finance, Investment & Our Resources Committee Chris Samosa	**4x4=16**	**4x4=16**	Target increased from 12 to 16	**4x4=16**	Further action to implement and strengthen controls. Key actions are to develop and enhance system workforce planning and scaling up of Peoples Services.
Strategic Objective 4: Helping the NHS to support broader social and economic development						
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population.	ICB Executive Graham Urwin	**4x4=16**	**3x3=9**	No change	**3x3=9**	Assurance on progress and effectiveness of delivery of All Together Fairer and Joint 5-Year Forward Plan.
P11: The ICB is unable to address inadequacies in the digital infrastructure and related resources leading to disruption of key clinical systems and the delivery of high quality, safe and effective health and care services across Cheshire and Merseyside.	Strategy & Transformation Committee Rowan Pritchard-Jones	**5x4=20**	**4x4=16**	No change	**4x4=16**	Further action to implement and strengthen controls. Key actions are C&M wide baseline analysis and benchmarking, identifying and progressing opportunities for collaboration and standardisation, and identifying and addressing supply chain risks.

Appendix Two – BAF Risk Summaries

ID No: P1	Risk Title: The ICB is unable to meet its statutory duties to address health inequalities
Risk Description (max 100 words)	Longstanding social, economic and health inequalities across Cheshire and Merseyside, when comparing outcomes both between different communities in our area and the national average for HI. Population health and wellbeing is shaped by social, economic, and environmental conditions in which people are born, grow, live, and work. This can only be addressed through collective systemwide effort and investment across the partnership, our communities, the NHS, Local Government, and Voluntary and Private sectors. This risk relates to the potential inability of the ICB to secure the necessary investment and influence priorities across multiple organisations, agencies and communities covered by the ICB.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Prof. Ian Ashworth	Assistant Chief Executive	Strategy & Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequality, Improving Outcomes and Access to Services	Transformation	C – beyond 12 months	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	14/10/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	4	3	3			3	31/03/25	Our longer-term ambition is to moderate to a (2x4=8) level of risk but will only be achievable over 3-4 years due to resource allocation and capacity. This equally applies to systemwide inequalities due to financial pressures and capacity.
Impact	5	5	5			5		
Risk Score	20	15	15			15		

Rationale for score & progress in quarter (max 300 words)	There is potential for a major reduction in health outcomes and/or life expectancy and major increase in the health inequality gap in deprived areas or for socially excluded groups (impact 5). Current controls are effective in reducing the likelihood, but this is still possible (3). There have been delays in mitigating action due to financial constraints and any further delay is likely to increase the risk score to 20 (critical). Planned mitigation is focused on delivering the All Together Fairer: Our Health and Care Partnership Plan, including securing health inequalities investment allocation. The planned actions will be affected by the ICB financial review, some delay to some aspects of work, will be applied to support the 2024-25 financial challenges. The delay would be for the remainder of this financial year. As a result, the completion dates for All Together Fairer and Health Inequalities approaches with place-based partnerships and implementation of Population Health Group sub-groups have been delayed. Our focus remains the building of the foundations that would lead to a reduction in health inequalities and contribute to our ambition of a score of 8, but this is now expected to take longer over the next 3-4 years. It is vital that the ICB Recovery Programme consistently reviews opportunities to reduce demand and avoidable admissions, whilst taking action on reducing the impact of health care inequalities.

Current Key Controls		**Rating**
Policies	Constitution, membership & role of HCP Partnership Board, 'All Together Fairer;(Marmot Review)' Core 20+5 stocktake, Prioritisation Framework, Public Engagement / Empowerment Framework.	**G**
Processes	Strategic planning, consultation & engagement, financial planning, Population Health Partnership group support, advice, and scrutiny of the Population Health Programme.	**G**
Plans	***All Together Fairer: Our Health and Care Partnership Plan,*** HCP Interim Strategy, 5 Year Joint Forward Plan, Financial Plan (including ringfenced health inequalities funding) approved by HCP, Joint Health, and Wellbeing Strategies	**G**
Contracts	NHS Trust contracts (including contract schedule to support reducing health inequalities)	**G**
Reporting	C&M HCP Partnership Board, Population Health Partnership Group, Place-Based Partnership Boards, Strategy & Transformation Committee, ICB Board.	**G**

Gaps in control

Lack of long-term sustainable funding across a number of programmes that are contributing to Population Health Priorities
A reduced investment in Health Inequalities funding in year 24/25 from the
This will lead to a delay in some programme commencement dates until April 2025.

Actions planned	**Expected outcome**		**Owner**	**Timescale**	**Rating**
	Likelihood	**Impact**			
Finalise Joint 5-year Forward Plan aligned to All Together Fairer			Neil Evans	01/10/24	**Complete**

Secure ICB ring-fenced Health Inequalities budget allocation	[redacted]		Clare Watson	31/03/25	**Complete**
Agree All Together Fairer and Health Inequalities approaches with place-based partnerships (incl allocation, guidance & reporting)	Reduce	Reduce	Ian Ashworth	31/03/25	**On Track**
Implement Population Health Group sub-groups aligned to population health programme plan on a page	Reduce	Reduce	Population Health Consultants	31/03/25	**On Track**
Develop of performance framework, underpinning data & intelligence to enable demonstration of progress.	Reduce	Reduce	Cerriann Tunnah	31/03/25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme, or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
ICB Board approval to Joint 5 Year Forward Plan	October 2024	1/10/24	**Acceptable**
Progress reports to C&M HCP Board on delivery & implementation of programmes and projects. Green	Quarterly	26/09/24	
Progress reports to Strategy & Transformation Committee on delivery & implementation of programmes and projects.	Bi-monthly	April & May June & July August & September	
Core20+5 Health Inequalities Stocktake for NHSE/I reported to Population Health Partnership Group & C&M HCP Board.	Quarterly	QT 1 submitted July	
Gaps in assurance			
Limitations on scale and pace of investment due to challenging financial environments for all partners. Population Health Group Sub-Groups to develop where required. Programme metrics and impact reporting requires review.			

Actions planned	**Owner**	**Timescale**	**Rating**
Secure ICB ring-fenced Health Inequalities budget allocation – 2025-26	Clare Watson	31/03/25	**On Track**
Review of Programme reporting metrics and Impacts	Cerriann Tunnah	31/12/24	**On Track**
Develop assurance role of Population Health Group Sub-Groups	Ian Ashworth	28/02/25	**On Track**

ID No: P3	**Risk Title: Acute and specialist providers across C&M may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes**
Risk Description (max 100 words)	The COVID 19 pandemic generated significant backlogs due to reduced capacity and people delaying seeking healthcare interventions, exacerbating existing inequalities in access to care and health outcomes. Supply side constraints, including industrial action, impact on the available capacity in the system to tackle the longest waits. This risk relates to the potential inability of the ICB in this context to deliver these plans against national targets for recovery of electives, diagnostics and cancer services, which may result in patient harm and increased health inequalities.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Andy Thomas	Finance	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Performance	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	11/10/24	16/12/2024

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	**5**	**3**	**3**			**2**	31/3/25	The ICB has a low tolerance for risks impacting patient safety and the aim is to reduce to a moderate/low level acknowledging that this will take 2-3 years to achieve in line with national improvement trajectories.
Impact	**5**	**5**	**5**			**5**		
Risk Score	**25**	**15**	**15**			**10**		
Rationale for score & progress in quarter (max 300 words)	There is potential for multiple deaths or irreversible health effects, or harm to more than 50 people, and gross failure to meet national standards (impact 5). Current controls are effective in reducing the likelihood to possible (3). Elective Recovery, Diagnostics and Cancer Programmes are focused on increasing activity, faster diagnosis and treatment and reducing long waits. The planned actions are currently on track, and it is anticipated that this will reduce the likelihood further to unlikely (2) and that the target risk score of 10 will be achieved by year-end. The safety and quality impacts will also be lessened but due to the breadth and nature of the service, the potential remains for catastrophic (5) impact.							

Current Key Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, NHS elective recovery plan published February 2022 '**Delivery plan for tackling the COVID-19 backlog of elective care'**	**G**
Processes	System level operational planning, performance monitoring, contract management, system oversight framework, diagnostics mutual aid,	**A**
Plans	C&M Operational Plan, Elective Recovery Programme and Plans, Diagnostics Programme and Plans, Cheshire & Merseyside Cancer Alliance work programme, Place Delivery Plans, Winter Plan, EPRR	**G**
Contracts	NHS Standard Contract – contracting round for 23/24 concluded	**G**
Reporting	Programme level reporting, Quality & Performance Committee, Primary Care Committee, ICB Board, Regional Elective Board (chaired by NHSE)	**G**

Gaps in control
Scale and frequency of future industrial action unknown and likely to continue to impact on workforce capacity.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
CMAST Elective Recovery Improvement Programme	Reduce	Reduce	Anthony Middleton	2024/25	**On Track**
Increase diagnostics capacity through CDCs and elective capacity through elective hubs	Reduce	Reduce	Anthony Middleton	2024/25	**On Track**
Cancer Alliance targeted investment and support to priority cancer pathways	Reduce	Reduce	Anthony Middleton	2024/25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
Performance reporting to Quality & Performance Committee & ICB Board	Monthly & bi-monthly	Monthly & bi-monthly	**Acceptable**
Programme delivery reporting to Strategy & Transformation Committee, ICB Board	Bi-monthly	Bi-monthly	
Children and Young People's Elective Wait Recovery: accelerated delivery proposal	-	26/9/24	
Gaps in assurance			
All Trusts are committed to eliminate waits over 65 weeks by September per 24-25 operational plans, however it is noted that certain specialties are particularly pressured, including ENT, T&O, Plastics and Gynaecology, and that the majority of Cheshire & Merseyside Trusts therefore have not eliminated as at the end of September 65 week waits. Each of the "breach" patients are validated and tracked on a daily and weekly basis, and we are looking at additional opportunities for mutual aid and shared support between the trusts.			

Actions planned	Owner	Timescale	Rating
Weekly patient tracking list meetings all trusts	Anthony Middleton (via CMAST)	2024-25	**On Track**
C&M Elective Recovery Mutual Aid Team broker mutual aid	Anthony Middleton (via CMAST)	2024-25	**On Track**

ID No: P4	Risk Title: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience
Risk Description (max 100 words)	The ICB has a statutory responsibility to improve the quality of commissioned services and safeguard the most vulnerable, the quality governance framework that has been established supports early identification and triangulation of risks to quality and safety. This risk pertains to the potential failure of the established framework, with the consequence of a major impact on the safety and experience of services by our population.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Douglas / Rowan Pritchard-Jones	Kerry Lloyd	Nursing & Care / Medical	Quality & Performance

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	B – within the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	01/10/24	15/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	3	2	2			2	31/3/25	The ICB has a low appetite for risk that impacts on patient safety. Our longer-term aspiration remains to reduce further to a moderate (1x5=5) level.
Impact	5	5	5			5		
Risk Score	15	10	10			10		
Rationale for score & progress in quarter (max 300 words)	There is potential for multiple deaths, permanent injuries or irreversible health effects, or harm to more than 50 people, totally unacceptable quality of clinical care, and gross failure to meet national standards (impact 5). Current controls are effective in reducing the likelihood, to unlikely (2). Good progress has been made in establishing the quality oversight framework providing a firm foundation for identifying emerging concerns and appropriate intervention. The increased focus on the resources available and our need to increase our productivity in 2024-25 makes it increasingly important to mitigate any potential impact to the quality and safety of commissioned services, and as a result it is anticipated that progress in further reducing this risk will be limited during the current financial year.							

Current Key Controls		Rating
Policies	Clinical Quality Strategy, National Quality Board guidance on risk management and escalation, Safeguarding legislation and policy alignment, Patient Safety policy alignment, including Patient Safety Incident Response Framework	**A**
Processes	System Quality Group, Emerging Concerns Group, Clinical Effectiveness Group, Multi- agency safeguarding boards/partnerships, Infection Prevention Control/Anti-Microbial Resistance Board, Place based quality partnership groups & serious incident panels, Quality Assurance Visits, Rapid Quality Reviews, Independent Investigations & other reviews and responses to national enquiries and investigations.	**A**
Plans	Development of Clinical and Care Professional Leadership Framework & Associated Steering Group, Approach to NHS Impact	**A**
Contracts	Place based quality schedule within NHS standard contract, Development of standardised C&M quality schedule, Service specifications, Safeguarding commissioning standards	**A**
Reporting	System Oversight Board, Quality & Performance Committee ICB Board, National quality reporting	**G**

Gaps in control
Need to ensure NHS Impact & PSIRF are embedded and extended Development of data and intelligence platforms to identify and triangulate quality concerns / failures.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Closedown Serious Incident Framework	Reduce	Maintain	Richard Crockford	31/12/24	**On Track**
Continuous review and alignment of quality reporting requirements	Reduce	Maintain	Chris Douglas	2024-25	**On Track**
Embedding NHS Impact approach	Reduce	Maintain	Fiona Lemmens	2024-25	**On Track**
Extending and embedding PSIRF	Reduce	Maintain	Richard Crockford	2024-25	**On Track**
Continue to develop BI capability to support intelligence led approach	Reduce	Maintain	Becky Williams	2024-25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
Quality reporting to Quality & Performance Committee & ICB Board	Monthly	30/5/24, 25/7/24, 26/9/24	**Acceptable**
Executive Director of Nursing & Care report to ICB	Bi-monthly	30/5/24, 25/7/24, 26/9/24	
Regional quality group reporting	Bi-monthly		
Gaps in assurance			
Work to strengthen quality, safety and experience reporting through intelligence led approach			

Actions planned	Owner	Timescale	Rating
Continue to develop ability to be intelligence led	Chris Douglas / Rowen Pritchard Jones	2024-25	**On Track**
Strengthen approach to the use of patient experience insight and feedback to ensure the early identification of negative impact on patient experience	Kerry Lloyd	2024-25	**On Track**

ID No: P5	Risk Title: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience.
Risk Description (max 100 words)	The wider urgent and emergency care system, spanning all sectors, is under significant pressure with similar demand, capacity and flow challenges impacting on the ability of patients to access the right urgent or emergency care at the right time in the right place. Within the acute sector, high bed occupancy, driven by delayed discharges and longer stays, results in reduced flow from emergency departments, which in turn impacts waiting times in ED and ambulance response times. Such delays may result in patient harm and poor patient experience, and increased health inequalities.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Claire Sanders	Finance	ICB Executive

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Quality	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	11/10/24	15/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	5	4	4			3	31/3/25	The ICB has a low tolerance for risks impacting patient safety and the aim is to reduce to a moderate/low level acknowledging that this will take 2-3 years to achieve.
Impact	5	5	5			5		
Risk Score	25	20	20			15		
Rationale for score & progress in quarter (max 300 words)	There is potential for multiple deaths, permanent injuries or irreversible health effects, or harm to more than 50 people, totally unacceptable quality of clinical care, and gross failure to meet national standards (impact 5). Current controls are effective in reducing the likelihood, but this is still likely (4). Urgent Care Recovery Programmes in 5 areas are focused on the key objective of eliminating corridor care in 24-25, as well as reducing the number of hospital attendances and admissions and improving discharge pathways and processes. The planned actions are currently on track, and it is anticipated that this will reduce the likelihood further to possible (3) and that the target risk score of 15 will be achieved by year-end. The safety and quality impacts will also be lessened but due to the scale and nature of the service, the potential remains for catastrophic (5) impact.							

Current Key Controls		Rating
Policies	NHS Delivery plan for recovering urgent and emergency care services. Winter Planning Guidance. SCC Review of Standards. Revised OPEL framework	**G**
Processes	System Coordination Centre, System wide operational planning, NHS Oversight Framework. Winter Planning process	**A**
Plans	UEC Recovery Programme, C&M Operational Plan, Place Delivery Plans	**A**
Contracts	NHS Standard Contract	**G**
Reporting	UEC Recovery and improvement Group, Strategy & Transformation Committee, Quality & Performance Committee, ICB Board	**A**

Gaps in control

Scale and frequency of future industrial action, GP collective action is unknown and likely to continue to impact on workforce capacity.
Demand exceeds planned capacity levels in a range of sectors, and fuller understanding of demand and capacity across all sectors is required.
Variation in processes C&M wide, e.g. application of patient choice, discharge processes.
Revaluation of NEPTS is required as part of procurement process.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
At scale work stream admission avoidance	Reduce	Reduce	Tony Mayer	2024/25	**On Track**
At scale work stream ambulance improvement	Reduce	Reduce	Ian Moses	2024/25	**On Track**
At scale work stream acute discharge	Reduce	Reduce	Dan Grimes	2024/25	**On Track**
At scale work stream acute length of stay	Reduce	Reduce	Dan Grimes	2024/25	**On Track**
At scale work stream oversight resilience	Reduce	Reduce	Claire Sanders	2024/25	**On Track**
Urgent Care Improvement Programme – Liverpool	Reduce	Reduce	Mark Bakewell & Deb Butcher	2024/25	**On Track**
Tier 1 rapid improvement offer from National UEC/ECIST	Reduce	Reduce	Claire Sanders	31/12/24	**On Track**
Urgent Care Improvement Programme – Mersey and West Lancashire	Reduce	Reduce	Mark Palethorpe & Deb Butcher	2024/25	**On Track**

Urgent Care Improvement Programme – Cheshire	Reduce		Laura Marsh & Mark Wilkinson	2024/25	**On Track**
Urgent Care Improvement Programme – Warrington and Halton	Reduce		Carl Marsh	2024/25	**On Track**
Urgent Care Improvement Programme – Wirral	Reduce		Simon Banks	2024/25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
UEC Recovery and Improvement Group	Monthly		**Partial**
Recovery Programme delivery reporting to Recovery Committee & ICB Board	Monthly & bi-monthly	26/9/24	
Performance reporting to Quality & Performance Committee & ICB Board	Monthly & bi-monthly	30/5/24, 25/7/24, 26/9/24	
Gaps in assurance			
Performance against the majority of urgent and emergency care measures is below target and England average.			

Actions planned	**Owner**	**Timescale**	**Rating**
Urgent Care Improvement Programmes (as above)	Place Directors (as above)	2024/25	**On Track**

ID No: P6	Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population
Risk Description (max 100 words)	The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions, exacerbating existing inequalities in access to care and health outcomes. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer outcomes and inequity for patients and loss of stakeholder trust and confidence in the ICB.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Chris Leese & Tom Knight	Assistant Chief Executive	Primary Care

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Improving Population Health and Healthcare	Primary Care	A – within the next quarter	Principal	Manage

Date Raised	Last Updated	Next Update Due
10/05/23	02/10/24	15/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	5	4	3			3	31/03/25	The aim is to reduce to a moderate level of risk over the 2024-26 lifetime of access recovery / improvement plans.
Impact	4	4	4			4		
Risk Score	20	16	12			12		
Rationale for score & progress in quarter (max 300 words)	There is potential for significant reduction in health outcomes and/or life expectancy, significant increase in health inequality gap in deprived areas or socially excluded groups, adverse public reaction and significant impact on trust and confidence of stakeholders (impact 4). Current controls are effective in reducing the likelihood to possible (3). Ongoing delivery of Primary Care Access Recovery and Dental Improvement Plans is on target and currently achieving the target risk score of 12. From a Primary Medical perspective, the ongoing collective action by GP practices could drive up the score during the remainder of the year if patients are becoming impacted. There will be Place variation with the scoring. In addition, there is also a potential impact on community pharmacies due to the collective action which will also be monitored and could impact the scoreduring the remainder of the year. A new risk for the Collective Action has been drafted and discussed at the System Primary Care Committee who have oversight							

Current Key Controls		Rating
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, National Stocktakes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, National Dental Recovery Plan 2024	**G**
Processes	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework.	**A**
Plans	Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan, Place Level Access Improvement Plans x 9.	**A**
Contracts	GMS PMS APMS Contracts, Local Enhanced/Quality Contracts, Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS&PDS Contracts	**G**
Reporting	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board. Place Primary Care forums. Local Dental improvement plan delivery board	**G**

Gaps in control
Primary Care Strategic Framework version 2 to be completed & formally signed off. Ongoing successful delivery of the access recovery / improvement plans required over a 2-3 year period to close gap, specifically dental workforce and funding for primary medical baselines as reported by contractors.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Complete & secure approval to Primary Care Access Recovery Plan Y2			Chris Leese	30/11/24	**On Track**
Delivery of Access Recovery and Improvement Plans			Corporate & Place Primary Care Leads	2024-26	**On Track**
Delivery of Dental Improvement Plan 2024-26			Tom Knight	2024-26	**On Track**
Collective action EPRR process in place			Chris Leese	2024-26	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Committee Rating**
Reporting on delivery to System Primary Care Committee & ICB Board	Quarterly	18/4/24	**Acceptable**

Performance Reporting to ICB Board	Bi-monthly	30/5/24, 25/7/24, 26/9/24	
ICB Board approval to Primary Care Access Recovery Plan Y2	November 24		

Gaps in assurance
No Phase 2 of strategic framework

Actions planned	**Owner**	**Timescale**	**Rating**
Secure approval to Primary Care Access Recovery Plan Y2	Chris Leese	30/11/24	**On Track**

ID No: P7	Risk Title: The Integrated Care System is unable to achieve its statutory financial duties
Risk Description (max 100 words)	There is a substantial underlying financial gap across the Cheshire and Merseyside healthcare system between current spending levels and the national formula-based allocation. If the ICB is unable to secure agreement to and deliver a long-term financial strategy which eliminates this gap whilst also enabling delivery of statutory requirements and strategic objectives, then it will fail to meet its statutory financial duties. This is further exacerbated by the relative' distance from target, convergence adjustments for both core ICB allocations and specialised services and inflationary pressures anticipated in the short -medium term above funding settlements.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Claire Wilson	Rebecca Tunstall	Finance	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Finance	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	24/10/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	**5**	**4**	**4**			**3**	31/03/25	The ICB is willing to pursue higher levels of risk while maintaining financial sustainability and efficient use of resources. The aim is to reduce to a moderate level over the 3-year financial plan.
Impact	**5**	**5**	**5**			**5**		
Risk Score	**25**	**20**	**20**			**15**		
Rationale for score & progress in quarter (max 300 words)	There is potential for a major financial loss, special measures and major impact on trust and confidence of stakeholders (impact 5). The scale of the financial gap means that the likelihood is currently likely (4). Planned actions to secure ICS wide agreement and NHSE approval to a Medium-Term Financial Strategy are in progress. It is anticipated that will reduce the likelihood to possible (3) achieving the target risk score of 15 by year end. The longer-term aim is to reduce to a moderate level over the lifetime of the medium-term financial strategy. A medium-term financial model has been shared with the Board which sets out the financial challenge and drivers of the deficit. The medium-term financial strategy will be developed as the associated transformation and commissioning strategies are progressed.							

Current Key Controls		Rating
Policies	Standing Financial Instructions, Scheme of Reservation & Delegation, Delegation Agreements (ICB / Place), Financial Policies	**G**
Processes	Financial planning	**G**
Plans	ICS Financial Plan 2024/25, Medium Term Financial Strategy	**A**
Contracts	NHSE/I Funding allocations (Revenue & Capital), NHS Standard Contracts	**A**
Reporting	ICB Executive Team, Finance Investment and Resources Committee, ICB Board, NHSE/I	**G**

Gaps in control
Medium Term Financial Strategy including Recovery Plan to be agreed.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Conclude 24-25 contracts	Reduce	Reduce	Claire Wilson	31/07/24	**Complete**
Develop Medium Term Financial Strategy including Financial Recovery Plan	Reduce	Reduce	Claire Wilson	30/09/24	**Problematic**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Committee Rating**
ICB Board approval of Medium-Term Financial Strategy	September 24		**Partial**
System Financial Report to ICB Board	Bi-monthly	25/7/24, 26/9/24	
NHSE ICB Assessment	Annual (July)		
Gaps in assurance			
ICS Medium Term Financial Strategy including Recovery Plan yet to be agreed			

Actions planned	Owner	Timescale	Rating
Secure approval to Medium Term Financial Strategy	Claire Wilson	30/09/24	**Problematic**

ID No: P8	Risk Title: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services
Risk Description (max 100 words)	There are significant service sustainability challenges across the Cheshire and Merseyside system, including significant clinical risk and challenges identified by the Liverpool Clinical Services Review, and Trusts at SOF3, and a number of fragile hospital and other services across C&M. This risk concerns the potential inability to maintain services in their current configuration and inability to deliver the necessary transformational business cases in relation to our most challenged services.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard Jones	Fiona Lemmens/Carole Hill/ Mark Wilkinson	Medical	Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity and Value for Money	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	30/10/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	4	3	3			3	31/03/25	The ICB has a low appetite for risk that impacts on patient outcomes. Our longer-term ambition is to moderate to (2x3=6) level of risk but will only be achievable over 2-3 years.
Impact	4	4	4			4		
Risk Score	16	12	12			12		

Rationale for score & progress in quarter (max 300 words)	There is potential for major effect on quality of clinical care and non-compliance with national standards posing significant risk to patients, and significant impact on trust and confidence of stakeholders (impact 4). Current controls are maintaining the likelihood at possible (3). Strategic transformation programmes have been established to address service sustainability issues and work will continue to develop case for change and consultation proposals during 2024-25 but are not expected to be complete or impact on the risk level until 2025-26 and beyond. Progress has been made on key programs over the last quarter: • Shaping Care Together (SCT) case for change published and SCT programme in formal stage of public engagement in September and October 2024.

	• C&M Continuous Improvement Programme Steering Group and Cheshire and Merseyside Improvement Network established, and Delivery plan developed with a focus on supporting the ICB recovery programmes. • Women's services in Liverpool programme case for change approved by ICB board and formal public engagement started on 15th October. In parallel work will begin on the design phase and development of a clinical model at a Clinical Reference group meeting in December 2024. A Lived Experience Panel has been established to support the programme. • Liverpool Clinical Services Review - Liverpool University Hospitals Foundation Trust and Liverpool Women's FT come together as University Hospitals of Liverpool Group from 1 November. This will streamline decision-making and develop further collaboration opportunities in terms of service quality, access, workforce capacity and finance. Plans for other acute and specialist trusts to join a group structure, retaining their status as separate Trusts, are in development. • C&M CMAST clinical pathways programme - Cardiology options appraisal workshops established to develop plans for optimising cath lab provision across C&M in order to address poor performance and outcomes in Acute Coronary Syndrome (ACS)

Current Key Controls		**Rating**
Policies	NHSE Major Service Change Guidance, NHSE Standard Operating Framework	**G**
Processes	NHSE Major Service Change Process	**G**
Plans	C&M Clinical Improvement and NHS Impact programme, Liverpool Place provider collaboration on urgent care pathways, CMAST Clinical Pathways Programme, Shaping Care Together Programme in Sefton Place, ECT/Stockport Foundation Trust (SFT) Programme in East Cheshire Place, Women's Services Programme in Liverpool Place	**A**
Contracts	Provider contracts held at Place. NHSE Specialist Commissioning Contracts held at NHSE region	**A**
Reporting	Provider Boards and internal governance arrangements, Programme Boards, Liverpool Provider Joint Committees, ICB Women's Services Committee, ICB Strategy & Transformation Committee, ICB Board	**A**
Gaps in control		

Progression through programme plans including where appropriate business case development, consultation and approval of key strategic transformation programmes is required to improve controls.					
Actions planned	**Expected outcome**		**Owner**	**Timescale**	**Rating**
	Likelihood	**Impact**			
Continuous Improvement Approach	Maintain	Maintain	Fiona Lemmens	2024-25	**On Track**
Oversight of Shaping Care Together Programme delivery and milestones	Maintain	Maintain	Deb Butcher, Fiona Lemmens, Clare Watson	2024-25	**On Track**
Oversight of ECT Sustainable Hospitals Programme delivery and milestones	Maintain	Maintain	Mark Wilkinson, Fiona Lemmens, Clare Watson	2024-25	**On Track**
Oversight of Liverpool Clinical Services Review Programme delivery and milestones	Maintain	Maintain	Mark Bakewell	2024-25	**On Track**
Oversight of Womens Services in Liverpool Programme delivery and milestones	Maintain	Maintain	Fiona Lemmens, Chris Douglas	2024-25	**On Track**
Oversight of CMAST programmes	Maintain	Maintain	Fiona Lemmens	2024-25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
Continuous Improvement updates to ICB Executives Committee	As required		**Partial Assurance**
Shaping Care Together Programme Board updates to Strategy & Transformation Committee	Bi-monthly	Board – 25/7/24	
ECT Sustainable Hospitals Programme Board updates to Strategy & Transformation Committee	Quarterly		
LCSR Programme updates to One Liverpool Board and Strategy & Transformation Committee	TBC		
Womens Services in Liverpool Programme updates to ICB Women's Services Committee	Quarterly	3/7/24 & Board – 9/10/24	

Recovery Programme delivery reporting to Recovery Committee & ICB Board	Fortnightly and Month Bi-Monthly	May – Sept (fortnightly) & Board – 30/5/24, 26/9/24	
CMAST programme updates to Strategy & Transformation Committee and Board	Quarterly	Board – 25/7/24	

Gaps in assurance
Issues in relation to affordability and timescales will need to be addressed in pre consultation business cases for key programmes. The impact of the current ICB financial situation and associated planning processes on the various transformation processes remains uncertain.

Actions planned	**Owner**	**Timescale**	**Rating**
Shaping Care Together (SCT) – conclude public engagement, analyse feedback and commence options appraisal process.	Deb Butcher, Fiona Lemmens, Clare Watson	2025-26 Q1	**On Track**
Women's services in Liverpool programme - conclude public engagement, analyse feedback and commence options appraisal process	Fiona Lemmens, Chris Douglas	2025-26 Q2	**On Track**
All other programmes – oversight and assurance of milestone progress	Mark Bakewell, Mark Wilkinson, Fiona Lemmens, Clare Watson, Chris Douglas	2025-26 and beyond	**On Track**

ID No: P9	Risk Title: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives
Risk Description (max 100 words)	Ensuring that we have a workforce with the necessary skills and experience, and that is reflective of our local population, is essential to the delivery of our strategic objectives. The C&M system has significant workforce challenges including recruitment, retention and sickness absence.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Christine Samosa	Sarah Smith	Nursing & Care	Finance, Investment & Our Resources

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Enhancing Quality, Productivity & Value for Money	Workforce	B – within financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	19/11/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	4	4	4			4	31/03/25	Our longer-term ambition is to moderate to a (2x3=6) level of risk but will only be achievable over 2-3 years due to resource allocation and capacity.
Impact	4	4	4			4		
Risk Score	16	16	16			16		
Rationale for score & progress in quarter (max 300 words)	There is potential for a major effect on quality of clinical care and significant financial loss (impact 4). Current controls are maintaining the likelihood at likely (4). Workforce Recovery Programme, supporting the implementation of the C&M Workforce Plan in 2024-25, is focused on identifying opportunities to optimise our resources to support a reduction in workforce costs whilst not compromising quality of care and the patient experience. Financial constraints have limited ability to increase workforce planning capacity but realignment of existing Peoples Team resources will enable a more limited work programme in the short term. Due to resource constraints, it is not now anticipated that a reduction in likelihood to possible (3) will be achieved by year-end and the target score has been increased to 16, with further reductions over a 2-3 year period dependent on resources.							

Current Key Controls		Rating
Policies	Provider Recruitment & Selection, Apprenticeship, Retention Strategies.	**A**
Processes	Organisational development, workforce planning, PDR, training & development, communication & engagement, recruitment, demographic profiling, international recruitment, apprenticeship levy, C&M retention forum, NHSE/HEI supply data	**A**
Plans	C&M People Plan, NHS People Promise, provider workforce plans	**A**
Contracts	TRAC, ESR, Occupational Health, Payroll, EAP	**G**
Reporting	WRES, WDES, Staff survey, reporting to People Board. System workforce dashboard (manual).	**A**

Gaps in control

Financial constraints have limited / deferred investment in workforce development capacity
While manual System Workforce dashboard has been developed, need still exists for broader automated options.
Limited maturity of collaborative working at system level
Inconsistent workforce planning process/methodology across the system
Insufficient links to educational institutions and local authorities
Technology and inconsistent use of workforce systems across the region (ESR, ERoster, TRAC, NHS jobs, OH system)

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Develop and enhance workforce planning capabilities across the system	Reduce	Maintain	Emma Hood	30/09/24	**Complete**
Scaling of Peoples Services	Reduce	Maintain	Sarah Smith	Review Apr 25	**On Track**
Plans to further develop and enhance workforce planning capabilities across the system as resources and capacity allow	TBC	TBC	TBC	2025-26	**TBC**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**

Integrated Quality & Performance Reports to ICB Board	Bi-monthly	30/5/24, 25/7/24, 26/9/24	**Partial Assurance**
System workforce reporting to People Board	Quarterly		
NHS Equality Diversity and Inclusion Improvement Plan updates	Quarterly		
WRES & WDES reporting	Annual		
CQC Well Led review	Annual		

Gaps in assurance
CQC approach to assessing integrated care systems is still evolving.

Actions planned	**Owner**	**Timescale**	**Rating**
Respond to CQC framework	Clare Watson	2024/25	**On Track**

ID No: P10	Risk Title: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population
Risk Description (max 100 words)	Delivery of our shared aims, strategy and 5-year plan is dependent on collective ownership and collaborative effort by communities and organisations across Cheshire & Merseyside. The ICB has a key role in system leadership and promoting greater collaboration across the NHS and with local partners. This risk relates to the potential that focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of the population.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Graham Urwin	Clare Watson	Assistant Chief Executive	ICB Executive

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Helping the NHS to support broader social & economic development	Transformation	C – beyond financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
13/02/23	29/10/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	4	3	3			3	Achieved	Interim target score achieved based on what is feasible for 2024/25. Our longer-term aim is to limit to a moderate level of risk, but this is unlikely before 2025/26.
Impact	4	3	3			3		
Risk Score	16	9	9			9		
Rationale for score & progress in quarter (max 300 words)	The current national and local quality, safety, performance and financial pressures during the post COVID recovery period gives rise to potential for significant reduction in health outcomes and/or life expectancy and significant increase in health inequality gap in deprived areas or socially excluded groups, criticism or intervention by NHSE and significant impact on trust and confidence of stakeholders (impact 4). This is mitigated by a refreshed Joint Forward Plan which includes a focus on urgent care and financial recovery during 24/25 which also need to reflect impacts on Core20+5 populations and our strategic ambitions. A revised HCP Strategy has been approved which aligns the HCP to the All Together Fairer plan to address health inequalities. In support of this a delivery plan has been developed together with a plan for investment into health inequalities which was presented to the Health and Care Partnership in July 2024 with a focus on smoking, healthy weight and housing, building on previous commitments, for example children and young people schemes. It is recognised							

	that in the short term the level of resources available for this wider focus on longer term population health investments is constrained and may limit further progress in reducing this risk during the current financial year.

Current Key Controls		Rating
Policies	Constitution & membership of ICB Board & HCP, Public Engagement / Empowerment Framework, Prioritisation Framework.	**G**
Processes	Strategic planning, communication & engagement, programme & project management, culture & organisational development, Provider Collaboratives, C&M and sub-regional networks	**G**
Plans	HCP Strategy 2024-29, Joint 5-year Forward Plan 2024-29, Joint Health & Wellbeing Strategies x 9 places, Operational Plan, Communications & Engagement Plan, Provider Collaborative Business Plans, Financial Plan.	**A**
Contracts	MOU with NHSE for system oversight is in development	**A**
Reporting	C&M HCP Partnership Board, Place-based partnership boards & H&WB Boards, ICB Board	**G**

Gaps in control
ICB operating model under review

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Refocus HCP Strategy 2024-2029 aligned to 'All Together Fairer'	Maintain	Maintain	Neil Evans & Ian Ashworth	30/08/24	**Complete**
Complete JFP 2024-29 *(delayed Board approval until post General Election)*	Maintain	Maintain	Neil Evans	31/07/24	**Complete**
Develop an update to propose a refreshed ICB operating model	Maintain	Maintain	Clare Watson	30/11/2024	**On Track**
Identify ICB health inequalities funding that will be overseen by the HCP Committee to support delivery of Marmot the C&M All Together Fairer strategy and ambitions. To be presented to July HCP Meeting	Maintain	Maintain	Ian Ashworth	31/07/24	**Complete**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Assurance Rating**
Approval of updated HCP Strategy (To be approved by HCP – August) & Joint Forward Plan 2024-29 (ICB Board - July)	July 2024	Board 25/7/24 & 26/9/24 HCP 1/10/24	**Acceptable Assurance**
Reporting on progress of delivery plans during 2024-25 (ICB Board and delegated Board Committee)	In line with delivery dates in plan		
Joint Overview & Scrutiny of HCP Strategy and Joint Forward Plan	As required		
NHSE Systems Oversight Framework	Quarterly Review with NHS England		
Gaps in assurance			
JFP requires annual refresh and needs to reflect both short and longer term (five year) description of ICB priorities.			

Actions planned	Owner	Timescale	Rating
Seek approval to updated HCP Strategy and JFP	Clare Watson	31/08/24	**Complete**
Development of ICB Integrated Business Plan to describe delivery of Joint Forward Plan and ICB Corporate, Operational and Financial Planning priorities	Neil Evans	31/08/24	**Complete**
Development of MOU with NHS England in relation to system oversight operating model	Clare Watson/Anthony Middleton	31/08/24	**Complete**

ID No: P11	Risk Title: The ICB is unable to address inadequacies in the digital infrastructure and related resources leading to disruption of key clinical systems and the delivery of high quality, safe and effective health and care services across Cheshire and Merseyside.
Risk Description (max 100 words)	The ICB is responsible for leading ICS-wide cyber security. C&M is a complex system including the ICB, all 16 NHS providers, 349 GP practices and other related health and care services. Risks may arise from a Cyber security attack (either direct to one or more organisations or to one of their suppliers), lack of investment in resilient infrastructure and / or lack of appropriately skilled staffing. This could lead to possible financial and / or data loss, disruption to the delivery of patient care and/or damage to the reputation of one or more organisations in Cheshire and Merseyside.

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard-Jones	John Llewelyn	Medical	Strategy & Transformation

Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequality, Improving Outcomes and Access to Services Enhancing quality, productivity and value for money	Transformation	B – within the financial year	Principal	Manage

Date Raised	Last Updated	Next Update Due
27/6/24	25/10/24	16/12/24

	Inherent Score	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Target Score	Target Date	Risk Appetite / Tolerance
Likelihood	5	4	4			4	31/3/25	The ICB has a low tolerance for risks impacting patient safety. The aim is to moderate to a (2x8) over two years as resources and capacity allow.
Impact	4	4	4			4		
Risk Score	20	16	16			16		
Rationale for score & progress in quarter (max 300 words)	There is the potential for patient harm, major effect on quality of clinical care, significant financial loss, significant loss of trust and confidence of stakeholders and adverse national media (impact 4). Current controls are sufficient to reduce the likelihood to likely (4). The possibility of a cyber-attack cannot be completely removed, and a residual risk will remain, but the implementation of the 5-Year Cheshire and Merseyside Cyber Security Strategy aims to reduce likelihood to unlikely (2) over the lifetime of the strategy. It is anticipated that limited investments possible in 2024-25 will maintain the risk at the current level. In year funding secured through national cyber resilience fund and that will fund the delivery of priorities in the programme. New programme manager appointed for the Cyber Strategy delivery. We anticipate a further round of funding next year and this year's programme will build the business case to support securing further funding. Issues in relation to cyber security							

	manager vacancy but this is being mitigated through support from our IT providers. Anticipate this risk level will be maintained for the remainder of the year but controls should reduce likelihood but is always subject to new threats arising.

Current Key Controls		Rating
Policies	IT Security Policy (individual IT Service providers and organisations); IT Umbrella Policy, NHS England's CareCERT process, National Cyber security policy for England, What Good Looks Like success criteria, technical & data architecture standards, IT policies, information governance policies.	**A**
Processes	Cyber security systems & processes, Security audits & penetration tests, Digital maturity assessment, DSPT assessment & submissions, Cyber Associates Network, ICB monitoring of system wide cyber security standards. Clear incident management and support in major incidents agreed with ICB providers	**A**
Plans	ICS Cyber Security Strategy, Digital and Data Strategy 2022-2025, Investment (280k) & delivery plan in 2024/25, Cyber incident / Business continuity plan. National funding £620k revenue & £640k capital	**A**
Contracts	Cyber security monitoring tools inc. IT Health and Cynerio, IT provider contracts, data sharing agreements	**A**
Reporting	Digital Services Delivery Board (ICB infrastructure only), Digital Transformation & Clinical Improvement Assurance Board, Strategy & Transformation Committee	**A**

Gaps in control

ICS / ICB Capacity and investment to respond to continuously evolving threat.
Gaps in ICB cyber leadership (Head of Cyber Security) and out of hours response capacity.
Lack of organisational & system level monitoring and reporting of standards, compliance & risks.
Further work required to raise awareness and understanding of cyber security at Board level & for all staff.

Actions planned	Expected outcome		Owner	Timescale	Rating
	Likelihood	Impact			
Cyber Security training for ICB Board	Reduce	Maintain	RPJ / JL	TBC	**On Track**
Further desktop Cyber exercise	Reduce	Maintain	JL / SP / MIAA	21/11/24	**On Track**

Benchmarking BAF/digital/cyber risks and associated processes across all healthcare organisations in Cheshire and Merseyside	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Develop a process for the transparent governance of provider level risks	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Define clear incident management and support in major incidents with ICB providers	Maintain	Reduce	CTO	30/09/24	**Complete**
Scope options and define requirements for Cyber security delivery model	Reduce	Maintain	JL / SP / MIAA	31/12/24	**On Track**
Explore opportunities to improve collaboration and sharing of Cyber resource across the Cheshire and Merseyside system	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Investigate and conclude upon the need for third party incident response capacity creating a business case for investment if deemed appropriate.	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Explore opportunity to standardize cyber tooling across C&M and procure at scale	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Analyse & map across C&M organisations, critical service/supply chain security assurances and gaps. Identify significant exposure points and report with recommended actions	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Work with ICB procurement & IG to create standard security and assurance procurement & contracts requirements & share across all organisations within the ICS.	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
Undertake a skills survey across Digital teams within the ICS, analysing data to identify gaps in organisations and across the footprint and build out a training needs assessment based upon the outcomes.	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**
DSPT becomes aligned to Cyber assessment framework in 24/25	Reduce	Maintain	JL / SP / MIAA	31/03/25	**On Track**

To be completed for BAF risks and risks escalated to ICB Committees (rated high, extreme or critical)

Assurances available to lead committee and ICB Board			
Source	**Planned Date /Frequency**	**Date/s provided**	**Committee Rating**
Cyber dashboard reporting to Digital Services Delivery Board / S&T Committee / Board	Quarterly (from Sept 24)		**Partial**
S&T Committee and Board approval of ICS Cyber Security Strategy	March 2024	28/03/24	
Penetration testing – IT Providers and Trusts	March 2025 Annual		

Cyber Essentials accreditation – IT Providers and Trusts	Annual		
MIAA audit of DSPT in line with the mandated scope set out in the DSPT Independent Assessment Guide reported to Audit Committee	Annual	25/06/24	
2024-25 delivery plan progress reports	September 2024 Quarterly		
Approval of delivery plans for future years.	April 2025 Annual		

Gaps in assurance
No oversight of compliance with cyber security standards at organisation and system level across C&M Funded delivery plans beyond 2024-25 yet to be established

Actions planned	**Owner**	**Timescale**	**Rating**
Develop cyber dashboard to provide oversight of compliance with key Cyber standards at organisation level	JL / SP / MIAA	31/03/25	**On Track**
Formalise Cyber risk reporting to the Board	JL / SP / MIAA	31/03/25	**On Track**
Review provider SLA's and existing Cyber investment to realign to requirements in the Cyber strategy.	JL	31/03/25	**On Track**