

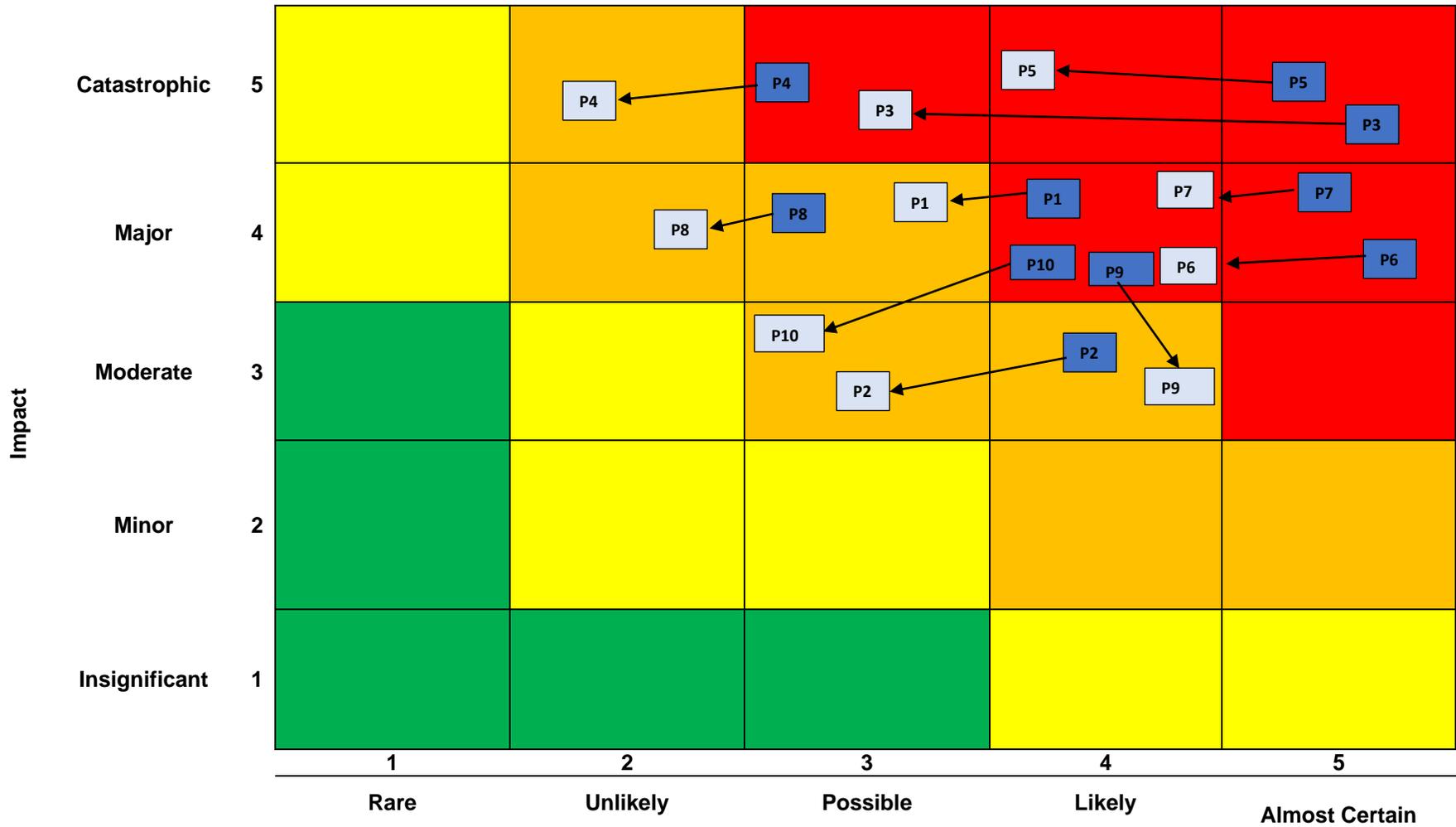
## Board Assurance Framework 2023/24 – Quarter 1 Review

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score	Priority Actions / Assurance Activities
<b>Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience</b>						
P1: The ICB is unable to meet its statutory duties to address health inequalities	Transformation Committee Clare Watson	4x4=16	3x4=12	No change	2x4=8	Further action to strengthen controls. Key actions are to finalise prioritisation framework, and re-focus Population Health Board.
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	Transformation Committee Rowan Pritchard-Jones	4x3=12	3x3=9	No change	2x3=6	Further action to strengthen controls. Key actions are to complete appointments and governance arrangements, establish 'intelligence into action' programme and conduct review of data and intelligence assets.
<b>Strategic Objective 2: Improving Population Health and Healthcare</b>						
P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results 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 Mutual Aid Hub and increasing diagnostics capacity through Community Diagnostic Centres and elective capacity through elective hubs

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	<b>3x5=15</b>	<b>2x5=10</b>	No change	<b>1x5=5</b>	Significant controls in place with some actions for further improvement, including development of clinical quality strategy. Priority will be to 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	<b>5x5=25</b>	<b>4x5=20</b>	No change	<b>3x5=15</b>	Further action to strengthen controls. Key actions are implementing operational plan for urgent emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	Primary Care  Clare Watson	<b>5x4=20</b>	<b>4x4=16</b>	No change	<b>3x3=9</b>	Further action to strengthen controls. Key actions are to complete and secure approval to primary care plans.
<b>Strategic Objective 3: Enhancing Quality, Productivity and Value for Money</b>						
P7: The Integrated Care System is unable to achieve its statutory financial duties	Finance, Investment & Our Resources Committee  Claire Wilson	<b>5x4=20</b>	<b>4x4=16</b>	No change	<b>2x4=8</b>	Further action to strengthen controls. Key actions are to finalise cost improvement plans and conclude provider contracts.
P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	Transformation Committee  Rowan Pritchard-Jones	<b>3x4=12</b>	<b>2x4=8</b>	No change	<b>2x3=6</b>	Further action to implement and strengthen controls. Key actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways, and re-launch the Sefton Shaping Care Together Programme.

<p>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</p>	<p>Finance, Investment &amp; Our Resources Committee  Chris Samosa</p>	<p><b>4x4=16</b></p>	<p><b>4x3=12</b></p>	<p>No change</p>	<p><b>2x3=6</b></p>	<p>Further action to implement and strengthen controls. Key actions are review of workforce data, greater focus on system workforce planning and development of the system workforce strategy and establishment of new roles.</p>
<p><b>Strategic Objective 4: Helping the NHS to support broader social and economic development</b></p>						
<p>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</p>	<p>ICB Executive  Graham Urwin</p>	<p><b>4x4=16</b></p>	<p><b>3x3=9</b></p>	<p>No change</p>	<p><b>2x3=6</b></p>	<p>Further action to strengthen controls. Key actions are to further develop and finalise the HCP Strategy, and to establish delivery arrangements and governance.</p>

# Heat Map



## Risk Assurance Map

Principal Risks	Current Risk Score	Controls				1 <sup>st</sup> line of defence		2 <sup>nd</sup> line of defence	3 <sup>rd</sup> line of defence	Assurance Rating
		Policies	Processes	Plans	Contracts	Reporting				
<b>Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience</b>										
P1: The ICB is unable to meet its statutory duties to address health inequalities	12	A	A	A	A	A	<p>Management oversight of the development &amp; implementation of the prioritisation framework.</p> <p>Appraisal of health inequalities funding bids / allocations.</p>	<p>Progress reports to C&amp;M HCP Board on delivery &amp; implementation of programmes and projects aligned to Marmott principles - <b>Planned</b></p>	<p>Core 20+5 &amp; health inequalities stocktakes by NHSE/I reported to Population Health Board &amp; C&amp;M HCP Board - <b>Planned</b></p>	<b>Reasonable</b>
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	9	G	A	G	A	A	<p>Management scrutiny and prioritisation of requests.</p> <p>Management oversight of programme delivery.</p>	<p>Approval of 'intelligence into action' investment case by ICB Board – <b>In place</b></p> <p>Programme delivery reporting to Transformation, Quality &amp; Performance Committees, Population Health Board – <b>Planned</b></p>		<b>Reasonable</b>

## Strategic Objective 2: Improving Population Health and Healthcare

P3: Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes	15	G	A	G	G	G	Executive sign off to the operational plan  Management oversight of operational and programme planning and delivery	Performance reporting to Quality & Performance Committee, ICB Board – <b><i>In place</i></b>  Programme delivery reporting to Transformation Committee, ICB Board – <b><i>Planned</i></b>	NHSE/I Systems Oversight Framework – <b><i>In place</i></b>	Reasonable
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	10	A	A	R	A	G	Executive oversight through system-wide quality governance structure and reporting	Executive Nurse report to ICB Board – <b><i>In place</i></b>  Quality reporting and dashboard to Quality and Performance Committee – <b><i>In place</i></b>	Regional Quality Group reporting - <b><i>Planned</i></b>	Reasonable
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	20	G	A	A	G	A	Executive sign off to the operational plan  Management oversight of activity and performance	Urgent and Emergency Care Oversight and Transformation Group - <b><i>Planned</i></b>		Reasonable

<p>P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population</p>	16	G	A	A	G	G	<p>Executive sign off to the primary care strategic framework and plans and to the operational plan</p> <p>Management oversight of operational and programme planning and delivery</p>	<p>ICB Board approval of primary care strategic framework and plans – <b>Planned</b></p> <p>Programme delivery reporting to System Primary Care Committee, ICB Board – <b>In place</b></p> <p>Performance reporting to Quality &amp; Performance Committee, ICB Board – <b>In place</b></p>	<p>NHSE/I Systems Oversight Framework – <b>Planned</b></p> <p>NW Regional Transformation Board oversight - <b>Planned</b></p>	Reasonable
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money										
<p>P7: The Integrated Care System is unable to achieve its statutory financial duties</p>	16	A	G	A	A	G	<p>Management oversight of financial planning &amp; budget setting</p> <p>Management oversight of contract development &amp; negotiation</p>	<p>System Finance Reports to ICB Board – <b>In place</b></p> <p>ICB Board approval of 23-24 Financial Plan – <b>In place</b></p>	<p>NHSE/I Systems Oversight Framework – <b>Planned</b></p>	Reasonable
<p>P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services</p>	8	G	A	A	A	A	<p>ICB Executive &amp; Place representation on programme boards</p>	<p>Programme delivery reporting to Transformation Committee, ICB Board – <b>Planned</b></p> <p>ICB Women's Services Committee oversight of LCSR - <b>Planned</b></p>	<p>NHSE/I Major Service Change Process - <b>Planned</b></p>	Reasonable
<p>P9: Unable to retain, develop and recruit staff to the ICS workforce reflective</p>	12	A	A	A	G	A	<p>Executive sign off of workforce plans</p>	<p>Workforce performance reporting to the People Board – <b>Planned</b></p>	<p>CQC Well Led Review – <b>Planned</b></p>	Reasonable

of our population and with the skills and experience required to deliver the strategic objectives						Management oversight of operational and programme planning and delivery		NHSE/I Systems Oversight Framework – <b>Planned</b>	
<b>Strategic Objective 4: Helping the NHS to support broader social and economic development</b>									
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	<b>9</b>	<b>G</b>	<b>G</b>	<b>A</b>	<b>A</b>	Executive oversight of strategic planning process & associated engagement activity	Review and approval of joint strategy & plans by ICB & HCP Boards – <b>Interim approved</b>	NHSE/I Systems Oversight Framework – <b>Planned</b>  CQC Well Led Review - <b>Planned</b>	<b>Reasonable</b>

## Risk Summaries

ID No: P1    The ICB is unable to meet its statutory duties to address health inequalities				
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	4	<b>16</b>	
Current Risk Score	3	4	<b>12</b>	
Target Risk Score	2	4	<b>8</b>	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate		Responsible Committee
Clare Watson	Dave Sweeney / Ian Ashworth	Assistant Chief Executive		Transformation
Strategic Objective	Function	Risk Proximity	Risk Type	Risk Response
Tackling Health Inequalities in Outcomes, Access, and Experience	Transformation	C- Beyond the financial year	Principal	Manage
Date Raised	Last Updated		Next Update Due	
13/02/23	13/07/23		15/09/23	

Risk Description
There are longstanding social, economic and health inequalities across Cheshire and Merseyside, when comparing outcomes both between different communities in our area and to the national average. Population health is largely shaped by the social, economic, and environmental conditions in which people are born, grow, live and work in. This can only be addressed through collective efforts and investment across a partnership of our communities, the NHS, local government, the voluntary and private sectors. This risk relates to the potential inability of the ICB to secure the necessary investment and influence priorities across the multiple organisations, agencies and communities involved.

Linked Operational Risks

Current Controls		Rating
<b>Policies</b>	Constitution, membership & role of HCP Partnership Board, 'All Together Fairer' (Marmott Review), Core 20+5, Prioritisation Framework, Public Engagement / Empowerment Framework	A
<b>Processes</b>	Strategic planning, consultation & engagement, HCP & Place-based partnership governance, financial planning, proactively securing investment / bidding opportunities	A
<b>Plans</b>	C&M HCP Interim Strategy, Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, ringfenced funding for health inequalities & transformational programmes, continued focus on Core 20+5 for adults and children, implementation of Marmott principles	A
<b>Contracts</b>	Role of Director of Population Health	A
<b>Reporting</b>	C&M HCP Partnership Board oversight of health inequalities, Population Health Board, Place-based partnership boards, ICB Board	A

Gaps in control
<p>Work is still ongoing to finalise &amp; secure agreement to the strategy</p> <p>Prioritisation framework is being rolled out</p> <p>Director of Population Health not fully in post until July</p> <p>Plan to re-focus Population Health Board - July</p> <p>MOUs with place-based partnerships to be agreed in relationship to delivery at place</p> <p>MOUs with place-based partnerships to be agreed in relationship to delivery at place</p>

Actions planned	Owner	Timescale	Progress Update

Finalise Joint 5-year Forward Plan	Neil Evans	Complete	Approved by ICB Board in June
Re-focus Population Health Board	Ian Ashworth	31/7/23	Now started in post
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	Executive Team workshop planned this month on ICB operating model. Interviews held with key place stakeholders to inform themes and objectives for this workshop. Following the workshop, it is planned to bring operating model to Place Partnership Boards & ICB Board in July.
Finalise & secure partner sign off to strategy	Neil Evans	30/9/23	HCP strategy progress to date and next steps agreed at HCP Board on 13/6/23
Develop & implement prioritisation framework	Neil Evans	Mar – Dec 23	Prioritisation framework developed and being tested by the ICB to invest in bids from transformation programmes during Q1 and 2 of this year. Implementation and roll out Mar – Dec 23

### Assurances

Planned	Actual	Rating
ICB Board approval to Joint 5 Year Forward Plan	Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24 – 29/6/23 (reasonable)	<b>Reasonable</b>
Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles (place & system where appropriate) (quarterly)	Update on Social value, Anchor, and Green Net Zero – 18/7/23 (reasonable)	
Core 20+5 & health inequalities stock takes by NHSE/I reported to Population Health Board & C&M HCP Board (quarterly)	Quarterly submissions made to NHSE – to be reported to Board	

### Gaps in assurance

Work is still underway to finalise joint strategy & plan  
Assurance around infrastructure to deliver transformation programmes

Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final strategy & plans	Neil Evans	Sept 2023	Joint 5-Year Forward Plan approved by ICB Board in June. HCP strategy progress to date and next steps agreed on 13/6/23.
Establish population health programme governance structures	Ian Ashworth	TBC	

<b>ID No: P2</b>					<b>Risk Title: The ICB is unable to address inadequate digital and data infrastructure and interoperability, which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities</b>				
		<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>				
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>		4	3	<b>12</b>					
Current Risk Score		3	3	<b>9</b>					
Target Risk Score		2	3	<b>6</b>					
Risk Appetite		In the short term (3 months) the ICB can accept the risk because existing arrangements are supporting a reduced capability for data and intelligence. In the medium and longer term The ICB cannot accept the risk at the current level because resolution is required to fulfil its core objectives.							

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>	
Rowan Pritchard-Jones		John Llewelyn		Medical		Transformation	
<b>Strategic Objective</b>		<b>Function</b>	<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Tackling Health Inequalities in Outcomes, Access, and Experience		Transformation	<b>B – within the financial year</b>		Principal		Manage
13/02/23		10/07/23			15/09/23		
13/02/23		10/07/23			15/09/23		

Risk Description
Understanding the health and care needs of our population and our ability to bring focused and meaningful interventions to those who most need it, and therefore improve health and care outcomes of our population in an equitable way, is dependent on a robust interoperable infrastructure to deliver high quality data and intelligence. Developing consistent at scale capabilities will require a levelling up, and rationalisation, of our digital and data infrastructure across places, communities, partner, and provider organisations. This risk relates to the potential inability of the ICB to deliver equitable access to a common set of technologies and services across the whole system.

Linked Operational Risks

Current Controls	Rating
<b>Policies</b> What Good Looks Like success criteria, technical & data architecture standards, IT policies, information governance policies, Data Saves Lives	<b>G</b>
<b>Processes</b> Digital and data maturity assessment, programme & project management, training, communication & engagement, academic validation,	<b>A</b>
<b>Plans</b> Digital and Data Strategy 2022-2025, System P programme, 2 year funding plan now approved and associated procurements are progressing well.	<b>G</b>
<b>Contracts</b> IT provider contracts, data sharing agreements, AGEM CSU Data Services for Commissioners Regional Office (DSCRO), CIPHA (Graphnet contract for: population health management and shared care record integrated health and care data platform; Johns Hopkins Population Health risk stratification tools; and analytic services) Liverpool University Civic Health Innovation Lab (CHIL) including Civic Data Cooperative and analytic resource from Faculty of Health and Life Sciences , C2Ai tools,	<b>A</b>
<b>Reporting</b> Digital Transformation & Clinical Advisory Board, Transformation Committee	<b>A</b>

Gaps in control
Shared governance with system partners still in development Gaps in data coverage – e.g., social care

Actions planned	Owner	Timescale	Progress Update
Complete shared governance arrangements, including pipeline process for analytics requests, prioritization process and progress reporting.	John Llewelyn	30/6/23	Draft Governance being consulted on. Recommended Proposal for Governance model to be presented to Digital Transformation and Clinical Improvement Assurance board in July 2023

			<p>On 7<sup>th</sup> July, a Data into Action meeting agreed a T.O.R. for the new DiA Board including T.o.R. for all DiA sub-groups. On 2<sup>nd</sup> August, Medical Director will chair a shadow DiA board.</p> <p>Paper formalizing Data into Action programme will be taken to Executive Team in August, prior to extended socialization. Will come to Transformation Committee in September.</p>
Conduct review of data and intelligence assets (including Social Care) and platforms to identify rationalization opportunities	John Llewelyn/Anthony Middleton	Dec 2023	<p>Initial desk-based assessment complete. More detailed review and consultation with users is in planning stage</p> <p>July 23 Opened discussion with DDAS C&amp;M lead around alignment with Digital &amp; Data Strategy and increased data sharing.</p>
Establish C&M Digital Design Authority	John Llewelyn	Sept 2023	Draft T.O.R written. Discuss with formal CIO group April 2023
Appoint Chief Technical Officer (CTO)	John Llewelyn	Sept 2023	<p>Digital TOM and Org structure under staff consultation until end April. Structure agreed and establishment approved. Some key posts (inc. CTO) under vacancy control consideration.</p> <p>Vacancy now approved for recruitment, process underway.</p>

Assurances		
Planned	Actual	Rating
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	<p>ICB Finance Investment and Resources Committee (FIRC) agreed the 'data into action' investment case to continue 2 further years funding of the Graphnet contract, SystemP and C2AI.</p> <p>FIRC recommendations approved at ICB Board</p>	Reasonable
Through the Medical Director establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB,	ICB Medical Director appointed Senior Academic from University of Liverpool as Associate Director of Research.	

<p>Academia and Providers. The ICB will use this programme to set objectives consistent with CM joint forward plan and receive assurances on delivery through Transformation Committee, Quality and performance Committee and Population Health Board.</p>	<p>Programme architecture developing in draft. Approval in August/Sept.</p> <p>ICB Director of Population Health in post mid July 2023 and engaged with governance design work.</p>	
--	---	--

**Gaps in assurance**

Actions planned	Owner	Timescale	Progress Update
<p>ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.</p>	<p>Rowan Pritchard-Jones</p>	<p>27 April 2023</p>	<p>Investment case has been approved by FIRC. FIRC recommendations approved by ICB Board in April.</p>
<p>Due Diligence and IG compliance work underway alongside procurement process to secure PTL risk stratification capability.</p>	<p>Rowan Pritchard-Jones</p>	<p>30<sup>th</sup> June 2023</p>	<p>IG model agreed for continuation of PTL work. With system IG leads for consideration and approval at next IG steering Group.</p>
<p>Establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers.</p>	<p>Rowan Pritchard Jones</p>	<p>May 2023</p>	<p>Draft proposition for discussion at existing 'data into action' meeting on 21 April 2023            Paper to be prepared for Corporate Executives meeting before end of April 2023            Programme to be established during May 2023.</p> <p>Proposal now going to July meeting of DTCIA Group then up to Transformation Committee</p>
<p>Socialise the governance model and establish pipeline and delivery methodology across wider C&amp;M system</p>	<p>Rowan Pritchard Jones</p>	<p>Dec 2023</p>	

<b>ID No: P3</b>		<b>Service recovery plans for Planned Care are ineffective in reducing backlogs and meeting increased demand which results in poor access to services, increased inequity of access, and poor clinical outcomes</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	5	5	25	
Current Risk Score	3	5	15	
Target Risk Score	2	5	10	
Risk Appetite				

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>		
Anthony Middleton		Andy Thomas		Finance		Quality & Performance		
<b>Strategic Objective</b>		<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Improving Population Health and Healthcare		Performance		A – within the next quarter		Principal		Manage
<b>Date Raised</b>			<b>Last Updated</b>			<b>Next Update Due</b>		
13/02/23			14/07/2023			14/08/23		

<b>Risk Description</b>
<p>The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. The Cheshire and Merseyside Operational Plan sets out service recovery plans to deliver significantly more elective care and diagnostic activity to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and to improve timely access to primary care. This risk relates to the potential inability of the ICB to ensure that these plans are effective in delivering against national targets for recovery of electives, diagnostics, and cancer services, which may result in patient harm and increased health inequalities. This may be due to a range of factors including demand and capacity issues within the NHS and the independent sector, workforce, industrial action.</p>

<b>Linked Operational Risks</b>	
---------------------------------	--

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

**Gaps in control**  
 Industrial Action. IA to date has had significant impact thus far, scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts/programmes seek to mitigate impact overall. It should be noted that on elective long waits (65+ weeks) overall C&M is ahead of trajectory as at July 2023, providing some contingency.

<b>Actions planned</b>	<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>
Mutual Aid Hub	AM	Ongoing	23/24 Plans set out in operational plans, finalised 04/05/2023
Increasing diagnostics capacity through CDCs and elective capacity through elective hubs	AM	Ongoing	23/24 Plans set out in operational plans, finalised 04/05/2023

<b>Assurances</b>		
<b>Planned</b>	<b>Actual</b>	<b>Rating</b>
Implementation of C&M SOF Framework in 23/24	23/24 SOF framework anticipated in August 2023	<b>Reasonable</b>
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report	
Programme delivery reporting to Transformation Committee, ICB Board		

**Gaps in assurance**

Actions planned	Owner	Timescale	Progress Update

<b>ID No: P4</b>		<b>Risk Title: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience</b>			
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>	
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	3	5	<b>15</b>		
Current Risk Score	2	5	<b>10</b>		
Target Risk Score	1	5	<b>5</b>		
Risk Appetite	The ICB has a low appetite for risk that impacts upon patient safety and experience				

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>	
Chris Douglas / Rowan Pritchard-Jones		Kerry Lloyd		Nursing & Care / Medical		Quality & Performance	
<b>Strategic Objective</b>	<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Improving Population Health and Healthcare	Quality		<b>B – within the financial year</b>		Principal		Manage
<b>Date Raised</b>			<b>Last Updated</b>			<b>Next Update Due</b>	
13/02/23			12/07/23			15/09/23	

<b>Risk Description</b>
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. The current score is reflective of the mitigations in place which support in reducing the likelihood and potential impact of a major quality failure.

<b>Linked Operational Risks</b>	TBC
---------------------------------	-----

Current Controls		Rating
<b>Policies</b>	National Quality Board guidance on risk management and escalation Safeguarding legislation and policy alignment Patient Safety policy alignment - Patient Safety Incident Response Framework and Serious Incident Framework	A
<b>Processes</b>	System Quality Group Place based quality partnership groups Place based serious incident panels (Maternity panel at C&M level) Quality Assurance Visits Rapid Quality Review Desktop reviews Responses to national enquiries and investigations Safeguarding practice reviews and serious adult review Multi- agency safeguarding boards/partnerships Clinical effectiveness group Infection Prevention Control/Anti-Microbial Resistance Board Independent Investigations	A
<b>Plans</b>	Development of clinical quality strategy	R
<b>Contracts</b>	Place based quality schedule within NHS standard contract Development of standardized C&M quality schedule Service specifications Safeguarding commissioning standards	A
<b>Reporting</b>	Quality & Performance Committee System Oversight Board Quality and Performance Dashboard National quality reporting requirements	G
<b>Gaps in control</b>		
<ol style="list-style-type: none"> <li>1. Alignment and maturity of PSIRF development</li> <li>2. Development of ICB governance and interface with place based governance</li> <li>3. Clinical quality strategy not yet in place</li> </ol>		

4. C&M wide quality schedule under development in 23/24, with full implementation planned in 24/25
5. Development of data and intelligence platforms to identify and triangulate quality concerns / failures

Actions planned	Owner	Timescale	Progress Update
Oversight and implementation of PSIRF, with close down of SIF	CD	April 2024	<p>C&amp;M steering group established            Panel process to sign off individual organization priorities pan underway            Closing down of legacy serious incidents in progress</p> <p>Dates listed for organizational sign off, first organization goes live in July 2023, assurance given to QPC re organisational readiness</p>
Ongoing and iterative maturity of ICB level and place based roles and responsibilities	CD/RPJ	Ongoing	<p>Continuous review and evaluation of governance, with place based maturity assessment in development</p> <p>MIAA audit submitted April 2024            Participation in Grant Thornton VFM Audit underway</p>
Development of clinical quality strategy	RPJ	October 2023	<p>Initial meeting of senior system clinical leaders (primary care, ICB corporate and CMAST) took place on 17.4.23 with next meeting planned for May 23.</p> <p>A review of Provider Trust clinical strategies is underway to look for themes and to assess alignment between system strategy and provider strategies.</p> <p>A Clinical and Care Constitution has been developed which outlines the principles that will underpin our Clinical Strategy. This document on a page is currently being socialised and refined based on feedback. It will be presented to ICB board in September.</p>
C&M group established	CD/KL	April 2024	<p>C&amp;M group mapping exercise underway            Strategic and ops group established            Standardisation reviews underway            Streamlining reporting requirements            Provider forum to be established</p>
Ongoing review and alignment of quality reporting requirements	CD/AM	Ongoing	<p>Iterative review of national, regional, and local quality reporting requirements</p>

Assurances			
Planned	Actual		Rating
Executive Director of Nursing & Care report to ICB	Executive Director of Nursing & Care report to ICB – Apr to Jun (reasonable)		Reasonable
Monthly quality report to Quality & Performance Committee	Monthly quality report to Quality & Performance Committee – Apr to Jun (reasonable)		
Monthly quality and performance dashboard to quality and performance committee	Monthly quality and performance dashboard to quality and performance committee – Apr to Jun (reasonable)		
Regional quality group reporting (quarterly)			
Gaps in assurance			
Work to strengthen quality, safety and experience reporting through intelligence led approach			
Actions planned	Owner	Timescale	Progress Update
Development of digital strategy and alignment of place based reporting	CD/RPJ	April 2024	

<b>ID No: P5</b>		<b>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.</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	5	5	<b>25</b>	
Current Risk Score	4	5	<b>20</b>	
Target Risk Score	3	5	<b>15</b>	
Risk Appetite				

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>	
Anthony Middleton		Claire Sanders		Finance		Quality & Performance	
<b>Strategic Objective</b>	<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Improving Population Health and Healthcare	Quality		<b>A – within the next quarter</b>		Principal		Manage
<b>Date Raised</b>			<b>Last Updated</b>			<b>Next Update Due</b>	
13/02/23			14/07/2023			14/08/23	

<b>Risk Description</b>
The wider urgent and emergency care system, spanning primary care, community and mental health care and social care 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 excess bed days due to delayed discharges and increased length of stay compared to pre-COVID is resulting in reduced flow from emergency departments into the acute bed base, and is in turn impacting on waiting times in ED, ambulance handover delays and failure to meet ambulance response time standards. Delays in ambulance response

times and delays in ED are associated with patient harm and poor patient experience, and increased health inequalities as people living in more deprived areas are more likely to present at EDs.

<b>Linked Operational Risks</b>	As acute hospitals must accommodate urgent and emergency care this may impact on the delivery of elective care and cancer care.
---------------------------------	---

Current Controls		Rating	
<b>Policies</b>	NHS Delivery plan for recovering urgent and emergency care services (“the recovery plan”)	<b>G</b>	
<b>Processes</b>	System Control Centre, ICB level operational planning, provider and Place level planning, performance monitoring, contract management, System Oversight Framework	<b>A</b>	
<b>Plans</b>	C&M Operational Plan, Place Delivery Plans – 23/24 operational planning round concluded, and plans signed off 04/05/2023. Plans in development in response to national discharge visit/UEC tiering.	<b>A</b>	
<b>Contracts</b>	NHS Standard Contract – contracting round for 23/24 concluded	<b>G</b>	
<b>Reporting</b>	SCC reporting, Winter Plan reporting, Programme level reporting, Quality & Performance Committee, ICB Board	<b>A</b>	
Gaps in control			
Demand exceeds planned 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			
Actions planned	Owner	Timescale	Progress Update
UEC and wider actions within operational plans, spanning UEC, Virtual Wards, Admissions Avoidance, NCTR, Bed occupancy	Provider, Place and ICB	23/24	Operational plans signed off 04/05/2023, contracting round completed
Production of action plan in response to national discharge visit	Provider, Place and ICB	Q1 23/24	Initial discharge task and finish group held, and will be the fortnightly steering group for UEC/discharge priorities, fortnightly meeting set up with national UEC Tiering team
Production of action plan and implementation of improvement actions in response to UEC Tiering of C&M Providers and ICB	Provider, Place and ICB	Q1 23/24	Initial discharge task and finish group held, and will be the fortnightly steering group for UEC/discharge priorities

Assurances			
Planned	Actual		Rating
C&M Urgent Care Improvement Group is being established from July			Reasonable
Winter Plan to be brought to September Board			
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report		
Gaps in assurance			
Actions planned	Owner	Timescale	Progress Update

<b>ID No: P6</b>		<b>Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	5	4	<b>20</b>	
Current Risk Score	4	4	<b>16</b>	
Target Risk Score	3	3	<b>9</b>	

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>	
Clare Watson		Chris Leese & Tom Knight		Assistant Chief Executive		Primary Care	
<b>Strategic Objective</b>	<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Improving Population Health and Healthcare	Primary Care		<b>A – within the next quarter</b>		Principal		Manage
<b>Date Raised</b>			<b>Last Updated</b>			<b>Next Update Due</b>	
10/05/23			07/07/23			15/09/23	

**Risk Description**

The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. While general practice is delivering more appointments than pre-pandemic, this increase is not keeping pace with demand and there are financial sustainability pressures in general practice in some places. Primary Care dentistry is slowly recovering, and patients are presenting in greater need than pre-COVID. Access for new patients seeking an NHS dentist remains an ongoing issue. Community Pharmacy continues to play a key role in managing patient demand and creating additional GP capacity but is also under considerable pressure. The national delivery plan for recovering access to primary care focuses initially on streamlining access to care and advice. 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. We continue to work with optometry colleagues to understand risk in this area.

**Linked Operational Risks**

Current Controls		Rating
<b>Policies</b>	NHS Long Term Plan, NHS Operational Planning Guidance, National Stock takes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, Core 20 plus 5	<b>G</b>
<b>Processes</b>	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework, dental reporting midyear/end year performance	<b>A</b>
<b>Plans</b>	Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan, System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan	<b>A</b>
<b>Contracts</b>	GMS PMS APMS Contracts (note no specific ask in terms of number of appointments), Local Enhanced/Quality Contracts (poss stretch asks within), Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS PDS Contracts nationally determined	<b>G</b>
<b>Reporting</b>	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board	<b>G</b>

**Gaps in control**

Primary Care Strategic Framework version 2 to be completed & formally signed off  
 Primary Care Access Recovery Plan yet to be completed

Actions planned	Owner	Timescale	Progress Update
Secure approval to Primary Care Strategic Framework	Jonathan Griffiths	Nov 2023	General Practice & Community Pharmacy agreed by ICB Board in June. Optometry & Dental to be completed for Board review in November.
Complete & secure approval to Primary Care Access Recovery Plan	Chris Leese	November 2023	In development. Update to System Primary Care Committee in June on Access Recovery Plan
Complete & secure approval to Dental Improvement Plan	Tom Knight	Complete	Approved by System Primary Care Committee in June
Secure agreement & establish governance arrangements for above	Clare Watson	Complete	

Assurances			
Planned	Actual		Rating
Sign off plans by ICB Board	System Primary Care Committee & ICB Board approval to Primary Care Strategic Framework & Dental Improvement Plan (June) (reasonable)		Reasonable
Reporting on delivery to System Primary Care Committee & ICB Board	System Primary Care Committee & ICB Board reports (reasonable)		
Performance Reporting to ICB Board (monthly)	Performance reporting		
Gaps in assurance			
Plans yet to be approved Delivery reporting yet to be established			
Actions planned	Owner	Timescale	Progress Update
Secure approval to plans	Jonathan Griffiths, Chris Leese & Tom Knight	October 2023	Primary Care Strategic Framework will be going to ICB Board in June and System Primary Care Committee in August. Dental Improvement Plan will be going to System Primary Care Committee in June. Primary Care Access Recovery Plan is in development for completion in October.
Establish delivery reporting	Chris Leese & Tom Knight	Complete	

<b>ID No: P7</b>		<b>Risk Title: The Integrated Care System is unable to achieve its statutory financial duties</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	5	4	<b>20</b>	
Current Risk Score	4	4	<b>16</b>	
Target Risk Score	2	4	<b>8</b>	
Risk Appetite				

<b>Senior Responsible Lead</b>	<b>Operational Lead</b>	<b>Directorate</b>		<b>Responsible Committee</b>
Clare Wilson	Rebecca Tunstall	Finance		Finance, Investment & Our Resources
<b>Strategic Objective</b>	<b>Function</b>	<b>Risk Proximity</b>	<b>Risk Type</b>	<b>Risk Response</b>
Enhancing Quality, Productivity and Value for Money	Finance	<b>B – within financial year</b>	Principal	Manage
<b>Date Raised</b>	<b>Last Updated</b>		<b>Next Update Due</b>	
13/02/23	14/07/23		15/09/23	

**Risk Description**

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' and convergence adjustments for both core ICB allocations and future specialised services and inflationary pressures anticipated in the short -medium term compared to funding settlements.

<b>Linked Operational Risks</b>	
---------------------------------	--

Current Controls		Rating	
<b>Policies</b>	Standing Financial Instructions, Scheme of Reservation & Delegation, Delegation Agreements (ICB / Place), Financial Policies	<b>A</b>	
<b>Processes</b>	Financial planning	<b>G</b>	
<b>Plans</b>	23-23 System Financial Plan, Cost Improvement Plans	<b>A</b>	
<b>Contracts</b>	NHSE Funding allocations (Revenue & Capital), NHS Standard Contracts	<b>A</b>	
<b>Reporting</b>	ICB Executive Team, Finance Investment and Resources Committee, ICB Board, NHSE/I	<b>G</b>	
Gaps in control			
<p>23-24 Contracts yet to be signed            ICB / ICS Long Term Financial Strategy            Operational scheme of reservation and delegation (SoRD) does not yet reflect final structures            Cost improvement plans need to be fully identified</p>			
Actions planned	Owner	Timescale	Progress Update
Finalise 23-24 System Financial Plan	Claire Wilson	Complete	Now agreed
Conclude 23-24 contracts	Claire Wilson	July 23	Still ongoing, target date deferred from May 23 to July 23. Financial values have been agreed so for purposes of this risk, substantially complete.
Update Operational SoRD	Rebecca Tunstall	August 23	In progress, confirming appropriate officers with places and corporate directorates. Planned to take to FIRC in August for approval.
Finalise cost improvement plans	Place Directors	July 23	Places are working to confirm their final cost improvement plans including recurrent delivery
Develop long term financial strategy	Claire Wilson	Dec 23	Project initiated and system working group confirmed to support development of strategy
Assurances			
Planned		Actual	Rating
ICB Board approval of 23-24 Financial Plan (annual)		ICB Board approved 23-24 Financial Plan – 25/5/23 (Reasonable)	<b>Reasonable</b>
System Finance Reports to ICB Board (monthly)		System Financial Report to ICB Board – 29/6/23 (Reasonable)	

NHSE/I ICB Assessment (annual)			
<b>Gaps in assurance</b>			
<b>Actions planned</b>	<b>Owner</b>	<b>Timescale</b>	<b>Progress Update</b>
ICB Board & system partners sign off to 23-24 System Financial Plan	Claire Wilson	Complete	The system financial plan is now finalised and agreed

<b>ID No: P8</b>	<b>The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services</b>			
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	3	4	<b>12</b>	
Current Risk Score	2	4	<b>8</b>	
Target Risk Score	2	3	<b>6</b>	
Risk Appetite	The ICB has a low appetite for risk that impacts on patient outcomes.			

<b>Senior Responsible Lead</b>	<b>Operational Lead</b>	<b>Directorate</b>		<b>Responsible Committee</b>
Rowan Pritchard Jones	Fiona Lemmens	Medical		Transformation
<b>Strategic Objective</b>	<b>Function</b>	<b>Risk Proximity</b>	<b>Risk Type</b>	<b>Risk Response</b>
Enhancing Quality, Productivity and Value for Money	Transformation	C – beyond financial year	Principal	Manage
<b>Date Raised</b>	<b>Last Updated</b>		<b>Next Update Due</b>	
13/02/23	06/07/23		15/09/23	

<b>Risk Description</b>
<p>There are significant service sustainability challenges across the Cheshire and Merseyside system.</p> <ul style="list-style-type: none"> <li>The Liverpool Clinical Services Review (LCSR) identified significant clinical risks for Women’s, Maternity and Neonatal Services both locally in secondary care services provided to the population of Liverpool and North Mersey, and for specialist tertiary services provided to the whole C&amp;M population, due to the configuration of hospital services in Liverpool.</li> <li>The LCSR also identified challenges with both timely access and poor outcomes in the urgent and emergency care pathways particularly in acute cardiology which affects the entire C&amp;M population.</li> <li>Liverpool University Hospital Foundation Trust (LUHFT) is at SOF4 indicating critical quality and / or finance issues</li> </ul>

- 4 other trusts in C&M are at SOF3 indicating significant support needs.
- Southport and Ormskirk Hospital (S&O) Trust has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications
- East Cheshire Trust (ECT) has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications.
- There are a number of services identified as fragile due to national workforce shortages and require providers to work collaboratively to identify mitigations

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.

**Linked Operational Risks**

Current Controls		Rating
<b>Policies</b>	NHSE Major Service Change Guidance NHSE Standard Operating Framework	<b>G</b>
<b>Processes</b>	NHSE Major Service Change Process S&O and St Helens and Knowsley Hospital (StHK) Transaction process.	<b>A</b>
<b>Plans</b>	C&M Clinical Improvement Hub S&O and StHK transaction Development of the ICB Women's Services Committee Liverpool Place Provider collaboration on Urgent care pathways CMAST Clinical Pathways Programme Re-establishment of the Shaping Care Together Programme in Sefton Place (to oversee the S&O services transformation). Continuation of the ECT/Stockport Foundation Trust (SFT) Programme in East Cheshire Place	<b>A</b>
<b>Contracts</b>	Provider contracts held at Place. NHSE Specialist Commissioning Contracts held at NHSE region	<b>A</b>
<b>Reporting</b>	Provider Boards and internal governance arrangements, Liverpool Provider Joint Committees, ICB Women's Services Committee, ICB Transformation Committee, ICB Board	<b>A</b>

Gaps in control			
<p>The C&amp;M ICB Clinical Improvement Hub is still under development and the Medical Directorate currently does not have capacity to progress this at the speed it would like.</p> <p>NHSE regional team re-organisation means there is uncertainty here is uncertainty over the transfer of NHSE regional improvement team staff into the ICB to support Improvement Hub</p> <p>The Shaping Care Together (SCT) programme in Sefton Place is to be re-convened in light of the approval of the StHK and S&amp;O transaction to create the Mersey and West Lancashire Hospital (WMLH)</p>			
Actions planned	Owner	Timescale	Progress Update
Clinical Improvement Hub Development	RPJ	October 2023	Group met on 14.6.23. NHS Futures site now established. Additional resource brought in from End of Life Programme team for 1 day a week. Fiona Lemmens meets regularly with regional NHSE and clinical network colleagues to ensure alignment and meeting planned with CEO to discuss approach to the potential changes in NHSE teams
AMD for Transformation and East Cheshire Place team to support the ECT/SFT programme	Fiona Lemmens Mark Wilkinson	October 2023	ECT/SFT Programme Board meeting bimonthly attended by Fiona Lemmens and Mark Wilkinson. At last meeting ECT reporting on track with plans, recruitment underway to support the work, clinical and patient engagement happening. Scope of programme agreed. East Cheshire Place have appointed a new Place clinical director who will also now support this work. Next meeting 18.7.23
AMD for Transformation and Sefton Place team to work with provider to re-launch the SCT programme	Deb Butcher Fiona Lemmens		Programme Board met on 18.5.23 and 22.6.23. The STHK/S&O transaction is now approved. The SCT programme, which was paused to prevent conflating the issues and prejudicing future plans, will discuss the implications of the transaction approval at its next meeting. Comms programme remains active to ensure public are informed. Community based service transformation will be covered by Place Team work.

<p>Liverpool Place Team to support the development of the programmes of work and governance arrangements to progress the urgent care pathway improvements</p>	<p>Mark Bakewell Fiona Lemmens</p>	<p>April 2024</p>	<p>UEC Liverpool system summit held on 6.6.23 with aim of developing a single integrated UEC plan for Liverpool with oversight from a proposed urgent care “board” and a dashboard under development. Cardiology Partnership Board meets bimonthly chaired by Fiona Lemmens to consider 4 workstreams 3 of which related strongly to Urgent care pathways. 3 pilots currently live. Liverpool Trusts Joint committee established and 3 site based sub committees set up. Formal ratification of TOR awaited.</p>
---	--	-------------------	--

<b>Assurances</b>
-------------------

Planned	Actual	Rating
ICB Women’s Services Committee oversees the LCSR		Reasonable
ICB Exec (FL) and Place Director (DB) attendance at SCT Programme Board ICB Exec (FL) and Place Director (MW) attendance at ECT/SFT Programme Board		
Programme plans approval – Transformation Committee		
Programme Delivery reporting – Programme Boards for S&O, ECT and Clinical Pathways to report to the ICB - Transformation Committee		
NHSE Major Service Change Process is being followed in all these programmes which includes compliance with gateway reviews.	Secretary of State approval to transactions to create Mersey and West Lancashire Hospital (WMLH)	

<b>Gaps in assurance</b>
--------------------------

Plans for S&O and ECT are not yet fully developed to provide assurance on deliverability (workforce, financial investment etc)

Actions planned	Owner	Timescale	Progress Update
Discussion at ICB Execs re LCSR SRO Role	FL C.Watson	June 2023	Mark Bakewell ( Liverpool Place Director )agreed as LCSR SRO
Programme Boards to confirm scope on S&O and ECT programmes of work going forward	FL and DB or MW	June 2023	See above updates. Both Programme boards have considered this at their last meetings

<b>ID No: P9</b>		<b>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</b>		
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	4	<b>16</b>	
Current Risk Score	3	4	<b>12</b>	
Target Risk Score	2	3	<b>6</b>	

<b>Senior Responsible Lead</b>		<b>Operational Lead</b>		<b>Directorate</b>		<b>Responsible Committee</b>	
Chris Samosa		Vicki Wilson		Nursing & Care		Finance, Investment & Our Resources	
<b>Strategic Objective</b>	<b>Function</b>		<b>Risk Proximity</b>		<b>Risk Type</b>		<b>Risk Response</b>
Enhancing Quality, Productivity & Value for Money	Workforce		B – within financial year		Principal		Manage
<b>Date Raised</b>			<b>Last Updated</b>			<b>Next Update Due</b>	
13/02/23			14/07/23			15/09/23	

**Risk Description**  
 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.

**Linked Operational Risks**

Current Controls		Rating	
<b>Policies</b>	Provider Recruitment & Selection, Apprenticeship, Retention Strategies.	A	
<b>Processes</b>	Organisational development, workforce planning, PDR, training & development, communication & engagement, recruitment, demographic profiling, international recruitment, apprenticeship levy, C&M retention forum	A	
<b>Plans</b>	C&M People Plan, NHS People Promise, provider workforce plans	A	
<b>Contracts</b>	TRAC, ESR, Occupational Health, Payroll, EAP	G	
<b>Reporting</b>	WRES, WDES, Staff survey, reporting to People Board	A	
Gaps in control			
<p>System Workforce dashboard in development            Maturity of collaborative working at system level            Inconsistent workforce planning process/methodology across the system            Links to educational institutions and local authorities            Technology and inconsistent use of workforce systems across the region (ESR, ERoster, TRAC, NHS jobs, OH system)</p>			
Actions planned	Owner	Timescale	Progress Update
Develop workforce dashboard framework	Paul Martin	July 2023	Current available data being reviewed along with the metrics reported within provider Trusts. Following benchmarking, first draft dashboard will be developed.
Develop and enhance workforce planning capabilities across the system	Emma Hood	September 2023	New posts to support development of workforce planning capability funded by People Board, currently being recruited to.
Data on available supply through NHSE/ HEIs	Emma Hood	September 2023	Data on attrition from programmes available but need to plot trends due to impact of bursary for some specialties
Delivery of the C&M retention plan	Paul Martin	April 2024	Good progress continues to be made in line with retention plan.
Maximise the use of apprenticeship levy	Taira Shaffi	September 2023	
Assurances			
Planned		Actual	Rating
People Board		Revised People Board terms of reference and Planning session held on 16 <sup>th</sup> May 2023	Reasonable
CQC Well Led review (annual)			



<b>ID No: P10</b>		<b>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</b>			
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Trend</b>	
Initial Risk Score <i>[assess on 5x5 scale, this is the score before any controls are applied]</i>	4	4	16		
Current Risk Score	3	3	9		
Target Risk Score	2	3	6		
Risk Appetite					

<b>Senior Responsible Lead</b>	<b>Operational Lead</b>	<b>Directorate</b>		<b>Responsible Committee</b>
Graham Urwin	Clare Watson	Assistant Chief Executive		ICB Executive
<b>Strategic Objective</b>	<b>Function</b>	<b>Risk Proximity</b>	<b>Risk Type</b>	<b>Risk Response</b>
Helping the NHS to support broader social & economic development	Transformation	C – beyond financial year	Principal	Manage
<b>Date Raised</b>		<b>Last Updated</b>		<b>Next Update Due</b>
13/02/23		07/07/23		15/09/23

**Risk Description**

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 the ICB is unable to build effective collaboration, shared ownership, and delivery of the strategy on behalf of the population. This is in the context of the changing operating model of NHSE/I and the ICB, and current national and local quality, safety, performance, and financial pressures during the post COVID recovery period and the impact this is having on patients.

<b>Linked Operational Risks</b>	
---------------------------------	--

Current Controls		Rating	
<b>Policies</b>	Constitution & membership of ICB Board & HCP, Public Engagement / Empowerment Framework, Prioritisation Framework	G	
<b>Processes</b>	Strategic planning, consultation & engagement, public / stakeholder / local media communications & campaigns, programme & project management, culture & organisational development, Provider Collaboratives, CQC well led review, attendance at C&M wide and/or sub regional leadership / partnership forums & networks	G	
<b>Plans</b>	C&M HCP Interim Strategy, Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, Operational Plan, Communications & Engagement Plan, Provider Collaborative business plans, allocation of resources for health inequalities & transformation programmes	A	
<b>Contracts</b>	MOU with NHSE for system oversight	A	
<b>Reporting</b>	C&M HCP Partnership Board, Place-based partnership boards & H&WB Boards, ICB Board	G	
Gaps in control			
<p>Work is still ongoing to finalise &amp; secure agreement to the strategy</p> <p>MOUs with place-based partnerships to be agreed in relationship to delivery at place</p> <p>Joint committee with Cheshire and Merseyside local authorities to be formally established in 2023</p>			
Actions planned	Owner	Timescale	Progress Update
Finalise Joint 5-year Forward Plan	Neil Evans	Complete	Approved by ICB Board in June
Finalise & secure agreement to C&M HCP Strategy	Neil Evans	30/9/23	HCP strategy progress to date and next steps agreed on 13/6/23
Agree MOUs with place-based partnerships	Clare Watson	31/8/23	Executive Team workshop planned this month on ICB operating model. Interviews held with key place stakeholders to inform themes and objectives for this workshop. Following the workshop, it is planned to bring operating model to Place Partnership Boards & ICB Board in July.
Secure agreement to next steps to establish Joint Committee with local authorities	Matthew Cunningham	31/7/23	Revised TORs for HCP will be considered at the HCP meeting in July 2023 which will include the next steps for its establishment as a joint committee of the ICB and the nine local authorities in Cheshire and Merseyside.
Identify ICB function and budgets that decision making on can be formally delegated to the HCP Committee	Clare Watson	TBC	Work is underway to determine the extent of the ICB Health Inequalities funding that could be identified as pot that would be under the authority of the HCP Committee to decide on how to allocate

Assurances			
Planned	Actual		Rating
C&M ICB Quality & Performance Report to ICB Board (monthly)	C&M ICB Quality & Performance Report - 27/4/23, 25/5/23, 29/6/23 (reasonable)		<b>Reasonable</b>
Joint Overview & Scrutiny			
Approval and review of joint strategy & plans (annual)	C&M HCP Interim Draft Strategy – 26/1/23, Joint Forward Plan – 29/6/23, Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24 – 29/6/23 (reasonable)		
NHSE Systems Oversight Framework (annual)			
CQC Well Led review (annual)			
Gaps in assurance			
Work is still underway to finalise joint strategy & plan CQC approach to assessing integrated care systems is still evolving			
Actions planned	Owner	Timescale	Progress Update
Finalise & seek approval to final HCP strategy & plans	Neil Evans	Sept 2023	HCP strategy progress to date and next steps agreed on 13/6/23. Joint 5-Year Forward Plan approved by ICB Board in June.
Respond to CQC framework as it evolves & build evidence base as required	Clare Watson	Ongoing	Will not be participating in pilots of CQC assessment in Q3. A number of other assessments underway – working with regional and national teams on segment 2 to 3 assessment & ICB partnership governance self-assessment