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| Risk ID:<br>BAF001 | SO1: Improve quality including safety, clinical outcomes and patient experience. |
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**Risk Title: There is a risk that safe and effective healthcare services are not delivered and health outcomes in Lancashire and South Cumbria are not improved.**

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| <b>Driven By:</b><br>- Population demand and demographics, workforce shortages and financial challenges | <b>Resulting in:</b><br>- Patient harm<br>- Morbidity and mortality rates above the national average<br>- National Oversight Framework segmentation of services in Lancashire and South Cumbria rated as 3 or 4.<br>- CQC ratings of "Inadequate" or "Requires Improvement", regulatory actions.<br>- Quality and financial sustainability not maintained.<br>- Reputational damage |
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| Executive Risk Owner | <b>Sarah O'Brien</b> |
| Assuring Committee   | <b>Quality</b>       |
| Date added/reviewed  | <b>17 Jul 24</b>     |

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| Risk Domain: | Risk Score |
| QUALITY      | <b>16</b>  |

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| Current Score: |   |     | Target Score: |   |     | Movement: |    |    |    | Risk Appetite/Tolerance | Current Risk Status: |                 |
| C              | L | CxL | C             | L | CxL | Q1        | Q2 | Q3 | Q4 | ↔                       | CAUTIOUS (4-10)      | OUT OF APPETITE |
| 4              | 4 | 16  | 4             | 2 | 8   |           |    |    |    |                         | IN APPETITE          |                 |

| Controls  | Gaps in controls  |
|---|---|
| IAGs in place for all acute providers, with appropriate escalation pathways in place.<br>Quality Committee oversight of statutory functions and providers and AAA to ICB, System Quality Group.<br>Ongoing implementation of PSIRF, with ICB oversight. Responsive quality visits/ liaison with Trusts when data or intelligence triggers.<br>Establishment of monthly ICB exceptions reporting against the improvement and sustainability criteria, with defined escalation pathway into ICB IAG and ICB Transformation and Recovery Board.<br>NW Regional Quality Group meets quarterly, opportunity to escalate System Quality issues.<br>Roll out of QIA training,<br>QIA policy and templates and process to inform commissioning decisions. | Updated NHS Oversight Framework guidance awaited.<br>QIA processes not embedded in ICB.<br>Delay in approval of CIPs due to unrealistic sign off timescales originally proposed.<br>Ongoing demand which is creating pressures for ED and patient flow. This has the potential to impact provider ability to embed improvement.<br>Significant increases in referrals for SEND pathways resulting in long waiting times and risk to patients.<br>Embedded standardised and consistent ICB internal approach to governance with Providers.<br>Schedule of regular of visits across all LSC Acute Providers.<br>Quality data and intelligence triangulation processes still maturing. |
| Assurances  | Gaps in Assurances  |
| Assurance from MIAA audit on ICB's readiness to operate PSIRF with providers,<br>NHSE assurance on ICB quality systems<br>Quality committee reporting<br>IAG monthly meetings<br>ICB Integrated Performance Report, providing a benchmark position against the NOF criteria in relation to each provider and the ICB.<br>The IPR is being used to track delivery against the CIP required outcomes over time.<br>Committee Escalation and Assurance Report to alert, advise and assure presented to Board.  | Multiple Providers not meeting all CQC Standards and lack of pace with improvements.<br>System financial deficit results in increased risk to sustainable improvement and recovery.<br>Gap in assurance in relation to the financial plan for recovery which has the potential to impact on ICB and other system partners NOF ratings.<br>Lack of clarity regarding regional intent in relation to movement of NOF score positions for the ICB and Providers due to the challenging financial environment.<br>SEND pathways fragmented and long waiting times.  |

| Mitigating Actions   | Timescale | Update on Progress  | Review Date | Lead                           |
|--|-----------|---|-------------|--------------------------------|
| Establish schedule of regular quality assurance visits across all LSC Acute Providers  | 30 Jun 24 | Quality team visits to trusts have commenced and will continue to be held throughout the year.  | Complete    | Kathryn Lord                   |
| Develop clear system financial accountability framework (short and medium term) and evaluation through IAG meetings                    | 30 Jun 24 | Financial accountability framework and plans in place and assurance meetings held with all providers.   | Complete    | Stephen Downes/Andrew Harrison |
| Implement recommendations from Interim SEND business case (waiting list initiatives for ASD, access to SLT, digital referral platform) | 31 Dec 24 | Executives have agreed some interim additional funding to address waiting times; team starting to implement recommendations.  | 30 Sep 24   | Vanessa Wilson                 |
| Development of Integrated Performance and Quality Report and Integrated Performance Improvement Framework;                             | 31 Dec 24 | The Integrated Performance Report is maturing with each version produced and further development will be incorporated following F&P committee feedback. Work continues to progress against the performance framework and understand the ICB's teams reporting requirements (metrics/cascade and escalation routes). | 30 Sep 24   | Asim Patel/Glenn Mather        |

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| Risk ID:<br>BAF002 | SO2: Equalise opportunities and clinical outcomes across the area. |
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**Risk Title: There is a risk that the ICB does not deliver its statutory duty to reduce health inequalities.**

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| <p>Driven by: -</p> <ul style="list-style-type: none"> <li>- Demography of population and expected changes in the population demographics with increasingly elderly population and increased numbers of people living with multiple long-term conditions for longer.</li> <li>- National cost of living challenges leading to worsening health in the population</li> <li>- NHS and partner organisation financial challenges</li> <li>- Challenges of re-allocating resource to focus on areas of greatest need in period of constrained resources and significant operational pressures.</li> <li>- Pressures on VCFSE provision due to reduced funding opportunities from NHS and other sources</li> <li>- Workforce challenges in terms of recruitment and retention with particular workforce challenges in geographical areas with the greatest health inequalities</li> </ul> | <p>Resulting in: -</p> <ul style="list-style-type: none"> <li>- Continued unwarranted variation in access, experience and outcomes for our population which means that we have significant variation in life expectancy and healthy life expectancy.</li> <li>- Integrated Care Strategy isn't delivered.</li> <li>- Reduced morale across the NHS system-wide workforce due to relentless demand and inability to impact on the causes of the demand.</li> <li>- Inability to deliver longer term clinical and community transformation strategic ambitions which are vital to make the health system financially sustainable.</li> <li>- Poor patient experience and outcomes and increasing complaints, particularly for those in our population who face the worst health inequalities.</li> <li>- Reputational damage for the ICB amongst partners and with NHSE</li> </ul> |
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| Executive Owner      | <b>David Levy</b> |
| Assuring Committee   | <b>Quality</b>    |
| Date added /reviewed | <b>17 Jul 24</b>  |

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| Risk Domain: | Risk Score |
| QUALITY      | <b>10</b>  |

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| Current Score: |   |     | Target Score: |   |     | Movement: |    |    |    | Risk Appetite/Tolerance | Current Risk Status:<br>In or out of Appetite |             |
| C              | L | CxL | C             | L | CxL | Q1        | Q2 | Q3 | Q4 | ←→                      | CAUTIOUS (4-10)                               | IN APPETITE |
| 2              | 5 | 10  | 2             | 3 | 6   |           |    |    |    |                         | IN APPETITE                                   |             |

| Controls | Gaps in controls |
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| <p>Robust health inequality and prevention plans spanning all ICB directorates, and incorporated into the ICB Operational plan and Forward Plan</p> <p>Bi-monthly ICB Prevention and Health Inequalities Steering Group</p> <p>Compliance with national requirements for data submissions on tobacco treatment and alcohol</p> <p>Clear deliverables written into the NHS Oversight and Assessment Framework for ICB and each Trust.</p> <p>Population health teams embedded in place and playing a key role in Place partnerships.</p> <p>ICP Health equity metrics agreed by the ICP Board in Jan 2024 with 6 monthly reporting.</p> <p>Joint LSC-wide Public Health Collaborative Plan</p> <p>Joint place-based plans with public health</p> <p>Robust financial planning for ICB Health inequality allocation and SDF prevention funding</p> <p>Screening and Immunisation joint plans with Public Health including agreement to establish a Screening and Immunisation Oversight Group</p> <p>Robust Tobacco Strategy and implementation plan, including inpatient &amp; smoking in pregnancy</p> | <p>Need to establish a strategic direction for the ICB in relation to health inequalities and prevention in order to ensure this approach is embedded across the ICB.</p> <p>On-going work to ensure that health inequalities and prevention are embedded in the LSC recovery and transformation plans.</p> <p>Insufficient resource to fully implement evidence-based approaches (e.g., enhanced tobacco dependency service is currently only provided in Blackpool)</p> <p>Gaps in workforce for Tobacco services and alcohol care teams because posts are fixed term (because of 12-month national SDF funding)</p> <p>Lack of resource and workforce capacity to improve access, experience and outcomes in areas of greatest inequality, particularly in primary care.</p> <p>Lack of Public Health Intelligence and analytical capacity to support widespread application of Population Health Management approach across workstreams &amp; places.</p> <p>Establish Screening and Immunisation Oversight Group</p> |
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| Assurances | Gaps in Assurances |
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| <p>Oversight of plans, delivery, performance and risks by the ICB Prevention and Health Inequalities Steering Group</p> <p>Quarterly reports collated across ICB functions and reported to Prevention and Health Inequalities Steering Group and NHSE</p> <p>Quarterly review of NHS Oversight and Assessment Framework deliverables and feedback to Trusts</p> <p>6 monthly reporting to ICP against the Health Equity dashboard</p> <p>Robust monitoring of ICB health inequalities funding</p> <p>Inpatient mental health tobacco dependency treatment service mobilised by LSCFT</p> | <p>Establish clear accountability from the Prevention and Health Inequalities Steering Group to the ICB Executive and Board, including quarterly reports.</p> <p>Strengthen chairing arrangements for the PHISG, with recommendation for a Board-level Chair.</p> <p>Health inequality metrics to be incorporated into ICB's routine performance monitoring and be publicly available (in line with the requirements of the Nov 2023 NHSE legal statement)</p> <p>Support the ICB work in Core20plus5 clinical priority areas to strengthen delivery and assurance.</p> <p>Establish a baseline measure for level of investment in prevention (baseline required in order to demonstrate % increase)</p> <p>Improve monitoring of return on investment; improve datasets, in particular ethnicity coding; improve oversight of the ICB's SDF prevention funding</p> |
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| Overarching aims and objectives to deliver  | Timescales       | Update on Progress  | Review Date      | Lead                         |
|---|------------------|---|------------------|------------------------------|
| Refresh PHISG governance and reporting arrangements – alignment with trusts, Provider Collaborative and Public Health Collaborative | <b>30 Sep 24</b> | Terms of reference review underway, invitation extended to all NHS providers. Discussion with Medical Director about Chairing arrangements. | <b>20 Sep 24</b> | Andrew Bennett               |
| Present proposal for reduction of UEC demand in priority wards  | <b>31 Jul 24</b> | Check and challenge session held June 2024; meeting with Chief Finance Officer and Medical Director to be arranged.                         | <b>31 Jul 24</b> | Andrew Bennett               |
| Ensure refresh of Joint Forward Plan contains additional references to tackling health inequalities.                                | <b>31 Jul 24</b> | Additional content and progress reporting contained in JFP refresh.   | <b>31 Jul 24</b> | Carl Ashworth/Andrew Bennett |
| Mobilisation of successful Work Well Bid  | <b>31 Oct 24</b> | Funding confirmed in May 2024; with service implementation to commence in October.  | <b>20 Sep 24</b> | Andrew Bennett               |

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| Risk ID:<br>BAF003  | SO3: Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees.   |
| <b>Risk Title: There is a risk that the continued challenges to recruit and retain a stable workforce in primary care, radiology, psychiatry, Community and intermediate care services and oncology are impacting the system's ability to deliver high quality and timely care to our patients and communities.</b> |  |
| Driven By:<br><br>LSC has areas of deprivation resulting in significant challenges to recruit a local and sustainable workforce, which is driving up increased use of agency and locum costs for nursing, medical and AHP workforces.   | Resulting in:<br><br>Low staff morale<br>Significant use of high-cost locum and agency and further impact on in-year financial pressures impacting the longer-term financial sustainability of the system. |

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| Executive Owner     | <b>Andrea Anderson</b> | Risk Domain: | Risk Score | Current Score: |   |     |   | Target Score: |     |    |    | Movement: |    |    |             | Risk Appetite/Tolerance | Current Risk Status:<br>In or out of Appetite |
| Assuring Committee  | <b>People</b>          | PEOPLE       | <b>16</b>  | C              | L | CxL | C | L             | CxL | Q1 | Q2 | Q3        | Q4 | ←→ | SEEK (8-15) | OUT OF APPETITE         |   |
| Date added/reviewed | <b>17 Jul 24</b>       |              |            | 4              | 4 | 16  | 4 | 2             | 8   |    |    |           |    |    | IN APPETITE |                         |   |

| Controls  | Gaps in controls  |
|---|---|
| 5-year multi-sector workforce strategy and Training and Education Plan covering development of new medical apprenticeship programme to enable our local community into our future workforce.<br>ICB Belonging Plan 2023 – 2028 to create an inclusive culture across LSC.<br>Strategic Training and Education Collaborative (STEC).<br>LSC People Board reset to lead workforce strategy and NHS Long Term Workforce Plan.<br>Widening participation and apprenticeship strategy<br>ICB IAGs monitoring workforce and bank and agency spend.  | Limited influence over workforce planning and transformation for non-NHS statutory organisations e.g., Primary Care Transformation plans including GPs, nursing and AHPs working in primary care.<br>Acute and Community Transformation Strategies are still developing.<br>ICB has limited influence in relation to harder to recruit and retain nursing and AHP roles in non-NHS statutory organisations as Agenda for Change terms and conditions do not apply.<br>INT maturity is very variable across LSC and requires ongoing OD support to enable new approaches to implement the Fuller Report.<br>Hard to recruit medical posts for fragile services located in areas with high levels of deprivation.<br>High usage of “off-framework payments” in providers. |
| Assurances  | Gaps in Assurances  |
| The People Board monitors and reviews the following information and data to receive assurance against actions to mitigate risk e.g., Equality in Employment, Workforce and Leadership grading events, Staff Survey Results, Workforce PIDs, Workforce Priorities Dashboard, Workforce Insights Reports, WRES data, WDES data.<br>System Vacancy Control Panel use following mechanisms to receive assurance against controls to mitigate risk through local establishment and vacancy control processes.<br>System vacancy control processes in place<br>New single collaborative bank established.<br>One LSC single platform agreed | Primary Care workforce data for GPs, nursing and AHPs is not linked to ESR and can be challenging to obtain a system overview.<br>Primary care workforce data currently not visible within the ICB and needs to be strengthened.<br>EDI GP, nursing and AHPS workforce data is limited for primary care to identify priority improvement areas.   |

| Mitigating Actions   | Timescales       | Update on Progress   | Review Date      | Lead                   |
|--|------------------|--|------------------|------------------------|
| Management of 5-year Workforce Strategy, including 6 key workforce priorities: present People Committee with Year 1 proposed objectives and implementation plan      | <b>30 Sep 24</b> | Proposal paper to be presented at People Committee on 31 Jul 24.   | <b>31 Jul 24</b> | <b>Andrea Anderson</b> |
| Complete LSC System Workforce Plan   | <b>31 Mar 25</b> | The provider workforce plans have been submitted, awaiting regional and national closedown confirmation. Now working towards building a framework of support for in-year delivery.   | <b>31 Jul 24</b> | <b>Fiona Ball</b>      |
| Development of baseline system reporting dashboard for 10 People Functions   | <b>30 Oct 24</b> | Work ongoing around requirements and structure of revised analytics; starting to work on mock-up design of product.  | <b>30 Oct 24</b> | <b>Fiona Ball</b>      |
| Identify and engage OD support with development of an OD strategy  | <b>31 Dec 24</b> | Currently recruiting Associate Director of OD and Education; interviews being held in July 24, start date TBC. Advertising for team OD practitioner; interviews being held in July, start date TBC. OD consultant to work within system on wider OD and cultural issues. | <b>31 Jul 24</b> | <b>Andrea Anderson</b> |
| Priority 1: Develop with partners the definition and offer of the LSC One Workforce Vision ethos and offer; develop monitoring mechanisms for providers against plan | <b>31 Mar 25</b> | Currently working with CSU Transformation Unit re proposal One Workforce Vision as part of options appraisal for delivery.   | <b>31 Oct 24</b> | <b>Andrea Anderson</b> |
| Present system reporting dashboard to People Committee; deep dive on specific areas of concern and develop system wide approach to improvements                      | <b>29 Jan 25</b> | Update will be presented to People Committee in October 2024 and work will continue to identify specific improvement areas for review January 2025.  | <b>31 Oct 24</b> | <b>Fiona Ball</b>      |
| Identify recovery culture priorities and supporting OD approaches; present People Committee with draft proposal for implementation and priorities.                   | <b>31 Mar 25</b> | In process of defining and planning the culture priorities including revision of Values vision and recruiting to key OD posts to support with this work. People and Culture Steering Group reviewing internal culture within ICB.  | <b>31 Oct 24</b> | <b>Andrea Anderson</b> |

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| Risk ID:<br>BAF004 | SO4: Meet financial targets and deliver improved productivity. |
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**Risk title: There is a risk that the ICB continues to be a national outlier when benchmarked for AACC in terms of referrals per head of the population and cost per head of the population and that quality targets are not sustained.**

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| Driven By: <ul style="list-style-type: none"> <li>Historical underperformance and backlog of reviews</li> <li>Historical practices in NHS providers and Local Authority partners regarding discharge and packages of care</li> <li>Lack of compliance with System SOP for discharge</li> <li>Additional significant stretch targets added in-year.</li> <li>Data quality issues (Adam system)</li> <li>Provider financial pressures requiring additional financial uplift (7%)</li> <li>Increased demand across AACC</li> <li>Increased costs in packages of care</li> <li>Demography of population and challenges in Care Market locally</li> </ul> | Resulting in: <ul style="list-style-type: none"> <li>Financial targets and savings not being met, poor patient experience, delays in care or treatment, inadequate out of hospital care.</li> </ul> |
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| Executive Owner     | <b>Sarah O'Brien</b>     | Risk Domain: | Risk Score | Current Score: |   |     | Target Score: |   |     | Movement: |    |    |    | Risk Appetite/Tolerance | Current Risk Status:<br>In or out of Appetite |                 |
| Assuring Committee  | <b>F&amp;P Committee</b> |              | <b>16</b>  | C              | L | CxL | C             | L | CxL | Q1        | Q2 | Q3 | Q4 | ↔                       | OPEN (8-15)                                   | OUT OF APPETITE |
| Date added/reviewed | <b>17 Jul 24</b>         |              |            | 4              | 4 | 16  | 4             | 3 | 12  |           |    |    |    |                         | IN APPETITE                                   |                 |

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| <b>Controls</b>  | <b>Gaps in controls</b>  |
| Extensive action plan in place with bi-monthly progress reporting into Quality Committee, Financial recovery plan and close working between financial and AACC ICB teams, New service model continues to be embedded.<br>Maintained repository of AACC & IPA procedures and protocols to support consistency.<br>Backlog of incomplete referrals confirmed and QIPP plans for 2024-25 worked up and instigated.<br>Proposals for managing market costs completed.<br>Funded Care Operational Group<br>Funded Care Governance Partnership Board | Demand increasing across All Age Continuing Care (AACC), Increase in costs for packages of care.<br>Provider Financial pressures necessitating an uplift above 7%.<br>Potential for variation in service delivery requests from Place Based Directors (i.e., for PHB delivery) which will lead to variation in service delivery across LSC ICB<br>Capacity to undertake reviews.<br>Deviation from SOP when system under pressure (UEC)<br>Additional capacity to be commissioned to support reviews.<br>Further work required to optimise some of the procedures and protocols currently in place to enable consistency and reduce variation in practice. |
| <b>Assurances</b>  | <b>Gaps in Assurances</b>  |
| Regular assurance meetings with regional NHSE lead<br>Quality Hub established and will oversee an internal audit programme.<br>Internal draft audit plan presented to Quality Committee in Feb 24.<br>Updates to new Recovery Programme Board on QIPP delivery (24-25)<br>Peer review completed.<br>External company commissioned to review systems and processes in place for managing CHC assessments and payments.  | Service awaiting external review findings.<br>Risk to achieving savings if delay in approval for additional capacity.<br>Limited assurance findings based on internal audit review of CHC operations   |

| Mitigating Actions   | Timescales       | Update on Progress  | Review Date      | Lead                       |
|--|------------------|---|------------------|----------------------------|
| Improve existing triage processes within AACC Discharge to Assess across ICB to ensure appropriate alignment of patients to Fast Track and DTA pathways. Particular focus is UHMBT due to variation in practice. | <b>31 Jul 24</b> | Refined triage processes in place with discharge teams, district nurses and operational AACC staff for fast track and DTA referrals to ensure adherence to NHS England guidance and NHSE framework for CHC. Numerous meetings have taken place with UHMBT discharge staff, Westmorland and Furness LA, Director of Adult Health and Care, and Director of Health and Care Integration for South Cumbria Place and respective finance leads in ICB and LA around process and payments. | <b>15 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Ratify Choice and Equity Policy  | <b>30 Sep 24</b> | Choice and Equity Policy is scheduled for review through Funded Care Partnership and Governance Board (3 July 24) prior to ratification through the ICB's Quality Committee.  | <b>31 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Ratify Personal Health Budget Policy   | <b>30 Sep 24</b> | Policy currently with ICB legal advisors for comment.   | <b>31 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Complete finance modelling of options to support medium to long term commissioning strategy  | <b>30 Sep 24</b> | Finance modelling will be completed by end of July by ICB finance team and AACC commissioning team.   | <b>15 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Develop internal controls within AACC and IPA to ensure accurate and robust financial reporting  | <b>31 Mar 25</b> | Process charts under development for inputting onto CMS system in a consistent manner; training packs will be developed, and training implemented for all operational and admin staff who use the system; audit will be carried out in internal process.  | <b>31 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Development of procurement specification for new integrated case management system (CMS) across AACC and IPA with support from digital team  | <b>31 Dec 24</b> | Task and finish group established with appropriate representation to develop procurement specification.   | <b>31 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Complete external reviews and peer reviews to identify learning and implement findings/develop action plan   | <b>31 Jul 24</b> | Peer review action plan completed and will evolve; external review findings will be reported in middle July; further actions will be developed and implemented.   | <b>15 Jul 24</b> | Rakhee Jethwa/Jane Brennan |
| Evaluation of delivery of new service model  | <b>30 Sep 24</b> | Evaluation mapping underway with some elements already commenced.   | <b>15 Jul 24</b> | Rakhee Jethwa/Jane Brennan |



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| Risk ID:<br>BAF005 | SO4: Meet financial targets and deliver improved productivity. |
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**Risk title: There is a risk that the ICB fails to deliver against its financial plan to ensure recurrent financial balance over a three-year period.**

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| Driven By: <ul style="list-style-type: none"> <li>Poor delivery plans, mitigations, execution and lack of holding to account.</li> </ul> | Resulting in: <ul style="list-style-type: none"> <li><b>Depletion of cash and inability to pay liabilities.</b></li> <li><b>Prevention on progressing transformation and delivery of the outcomes for our population</b></li> <li><b>Poor morale due to short term draconian spending controls and budget cuts</b></li> </ul> |
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| Executive Owner     | <b>Sam Proffitt</b>      | Risk Domain: | Risk Score | Current Score: | Target Score: | Movement:   | Risk Appetite/Tolerance | Current Risk tatus:<br>In or out of Appetite |
| Assuring Committee  | <b>F&amp;P Committee</b> |              | <b>20</b>  | C L CxL        | C L CxL       | Q1 Q2 Q3 Q4 | OPEN (8-15)             | <b>OUT OF APPETITE</b>                       |
| Date added/reviewed | <b>17 Jul 24</b>         |              |            | 5 4 20         | 5 3 15        |             | IN APPETITE             |  |

| Controls | Gaps in controls |
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| <p>A financial plan for 2024/25 has been submitted which shows a breakeven position with £175m deficit support funding. ICB Standing Financial Instructions/ Scheme of Reservation and Delegation updated and in place. QIPP schemes have been identified for the ICB and CIP Schemes are being developed across all Trusts. Schemes worked up and triangulated to WTE and activity. With half in plans or progressing and half in opportunity as recovery plans are finalised Recovery and transformation Board is now in place and closely monitoring the schemes and programmes are in place for most areas. A reset of the recovery programmes has been undertaken to ensure delivery of our financial plan with a focus on immediate high-cost pressures including UEC pathway and CHC aligning place and partners to the programmes Longer term work continues to enable transformation of clinical and corporate services. Place teams have supported the UEC pathway work for which we now have a plan for each place. Alignment of Exec portfolios and senior leadership team responsibilities to recovery and transformation has been agreed. A robust commissioning process is now in place with commissioning intentions being refined. Additional financial controls have been implemented within the ICB and across the system (with peer review in place). These are now embedded with a weekly expenditure control panel in place attended by CEOs and ICB Execs. Full budget holder delegation now in place with all budget holders taking full responsibility for delivery of QIPP targets and mitigations aligned to their functions. Delivery and forecast are reviewed periodically through Exec Deep Dive sessions. Delegation to place partnerships delayed whilst financial stability is achieved and system wide vacancy control panel. Board oversight of the scale of financial challenge during the financial year and endorsement of the key recommendations to deliver effective mitigation.</p> | <p>Commissioning intentions need to be fully quantified and developed into robust plans with clear timelines to impact the financial plan.</p> <p>A strong communication plan engaging and communicating to our staff and public to be developed.</p> <p>Recovery team needs to be fully embedded with roles clearly communicated across the system. Alignment f recovery programme with the PCB will be supported through the appointment of a new MD post.</p> |
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| Assurances | Gaps in Assurances |
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| <p>ICB has submitted a lower deficit plan than the 2023/24 outturn position and can demonstrate 5% savings of which 70% are recurrent in 2024/25. The work on recovery and the downturn in run rate will support the position as moving along the right trajectory. A list of other actions which may have impact on quality and /or performance has been identified if the position is not accepted and further cost reductions are demanded. The system is on plan at Month 2 2024/25 A deputy CFO post is being created from within the current team to allow the CFO to focus on both finance and recovery. ICB Finance team under leadership of Director of Strategic Finance is ensuring processes in place to test the CIP plans. Deputy Director of Finance is ensuring plans are reflected in budgets of ICB and monitored through QIPP meetings and reported through to Recovery Programme Board The CFO is leading this, and plans will be reported to the Finance and Performance Committee and Board IAGS will oversee the key metrics for providers with a report to both Finance &amp; Performance and Quality Committee The CNO is leading the Community Transformation Programme with an alignment of Place through to Providers (Acute and MH) A data driven approach being taken with strengthening BI support to Director of Strategic Finance Team CEO to bring back new arrangements to the Board in Quarter 1 Senior / Director level finance commissioning post through the Director of finance for Commissioning and Contracting now dedicated to the process and commissioning / contracting function working closely with COO. Report of Expenditure control panel to Exes each week and will form part of the Recovery Board agenda to give further assurances. Any exceptions to be highlighted through IAGS.</p> | <p>Escalation processes need to be developed further to ensure rapid action is taken. A full year assessment of risk to be provided to Finance and Performance Committee in August 2024; risk remains until this time; UEC Contract and CHC are the largest current risks. Clear plans are required with milestones and trajectories for fragile services and clinical blueprint – strong clinical leadership support to be identified. A mitigation plan needs to be identified for any slippage or non-delivery of current plan.</p> |
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| Mitigating Actions  | Timescales       | Update on Progress  | Review Date | Lead   |
|---|------------------|---|-------------|--|
| Undertake baseline metrics for programmes incl. UEC and quantify deliverables in 2024/25.                       | <b>30 Jun 24</b> | Completed and just finalising the alignment of the costs        | Closed      | Stephen Downes/Terry Whalley                               |
| Delivery plan with milestones and trajectories needs to be finalised and delivered through the rest of the year | <b>30 Sep 24</b> | Allocation and Service lines report finalised and feeding plans |             | Stephen Downes to provide update (delivery by Trust CEOs). |

|  |                  |   |           |  |
|--|------------------|---|-----------|--|
| Develop 3-year financial plan – assess baseline position to ensure clear understanding of drivers of deficit   | <b>30 Jun 24</b> | Completed   | Closed    | Stephen Downes   |
| Establish transformation and recovery programme governance; agree approach with partners   | <b>30 Jun 24</b> | Completed   | Closed    | Stephen Downes/Terry Whalley                           |
| Board approval of commissioning intentions across system, sector and Place   | <b>30 Jun 24</b> | Complete. Board approved ICB commissioning intentions at their April meeting and shared with providers  | Closed    | Craig Harris/Carl Ashworth/all commissioning directors |
| Prioritisation of commissioning intentions to highlight early action areas of highest benefit and easiest implementation.                                  | <b>30 Jun 24</b> | Complete. The initial prioritisation plan was presented to May meeting (Part 2) to inform the CI delivery plan (see below)  | Closed    |  |
| Development of high-level commissioning intentions delivery plan showing expected benefits, timescales, accountability for delivery and interdependencies. | <b>31 Jul 24</b> | Initial work complete; draft CI delivery plan reviewed by Execs at the end of May. Further work underway to reprioritise actions; be clearer on benefits; reduce overlap across service commissioning teams, places and RATP; and map easily deliverable CIs to Recovery & Transformation programmes. | 31 Jul 24 |  |
| Board approval of commissioning intentions delivery plan   | <b>Complete</b>  | The board approved the ICB's Commissioning Intentions in April; the CI delivery plan will be overseen through the Executive Management Team and Finance and Performance Committee.  | Closed    |  |
| Finalise Procurement Strategy to support delivery of Commissioning Intentions  |                  |   |           | Katherine Disley                                       |

|                    |  |
|--------------------|--|
| Risk ID:<br>BAF006 | SO4: Meet financial targets and deliver improved productivity. |
|--------------------|--|

**Risk title: There is a risk that the ambition for infrastructure transformation as set out in the Lancashire and South Cumbria system-wide estates plan and LSC infrastructure strategy, will not be delivered**

|   |  |
|---|--|
| <p>Driven by:</p> <ul style="list-style-type: none"> <li>The current suitability of our built and digital infrastructure.</li> <li>Affordability and lack of availability of required capital investments</li> <li>Historic under investment in primary care estates</li> <li>Alignment of emerging site development strategies with future investment requirements to meet longer term strategic infrastructure strategy.</li> </ul> | <p>Resulting in:</p> <ul style="list-style-type: none"> <li>Poor space and capacity utilisation of existing available estate impacting on current service re-design and delivery plans.</li> <li>Inability to deliver longer term clinical and community transformation strategic ambitions.</li> <li>Poor patient experience and outcomes and increasing complaints.</li> </ul> |
|---|--|

|                     |                          |
|---------------------|--------------------------|
| Executive Owner     | <b>David Levy</b>        |
| Assuring Committee  | <b>F&amp;P Committee</b> |
| Date added/reviewed | <b>17 Jul 24</b>         |

|              |            |
|--------------|------------|
| Risk Domain: | Risk Score |
| QUALITY      | <b>15</b>  |

|                |   |     |               |   |     |           |    |    |    |                         |                 |                       |
|----------------|---|-----|---------------|---|-----|-----------|----|----|----|-------------------------|-----------------|-----------------------|
| Current Score: |   |     | Target Score: |   |     | Movement: |    |    |    | Risk Appetite/Tolerance | Current Status: |                       |
| C              | L | CxL | C             | L | CxL | Q1        | Q2 | Q3 | Q4 | ↔                       | OPEN (8-15)     | In or out of Appetite |
| 5              | 3 | 15  | 5             | 2 | 10  |           |    |    |    |                         | IN APPETITE     | IN APPETITE           |

| Controls   | Gaps in controls   |
|--|--|
| <p>5 Year Joint Forward Plan<br/>ICS Infrastructure Strategy 2024-2040<br/>LSC ICB Green Plan 2022 – 2025<br/>ICB Data and Digital Strategy<br/>Net Zero Carbon Strategy</p> | <p>Workforce fragility</p> <p>Lack of system visibility across all health-built infrastructure.</p> <p>Inconsistent access to data and information with no live central dataset.</p> <p>Financial delivery plans required and associated capital resources.</p> <p>Historic under-investment in primary care estate development.</p> <p>Clinical Strategy will need to develop at pace to drive the Infrastructure Strategy and will require sufficient input from an Infrastructure perspective and associated fixed points / costs.</p> <p>Currently a lack of sufficient resources for the infrastructure identified in the strategy and to deliver the requirements of the Clinical Strategy.</p> <p>A robust process to prioritise the investment requirements and an agreed approach to attracting new investment is required.</p> <p>Strategic infrastructure groups to be established.</p> |
| Assurances   | Gaps in Assurances   |
| <p>Limited assurance through Strategic Infrastructure reporting through System Transformation and Recovery Board.</p>  | <p>Forums for strategic infrastructure discussions need alignment to new landscape and governance structures.</p>  |

| Mitigating Actions  | Timescales       | Update on Progress   | Review Date      | Lead                                    |
|---|------------------|--|------------------|---|
| Develop 3-year capital plan as part of financial plan. Ensure plan is agreed across all partners and through HWBs.  | <b>30 Sep 24</b> | JCRP complete. Work underway to complete NHSE templates for capital planning.  | <b>15 Sep 24</b> | Stephen Downs/Alistair Rose             |
| Establish strategic infrastructure groups   | <b>30 Sep 24</b> | Strategic Infrastructure Group Draft Terms of Reference; working with Place leads to establish on a "Place plus" basis             | <b>15 Sep 24</b> | Alistair Rose                           |
| Clinical Services Reconfiguration/Blueprint for Acute Services/New Hospitals Infrastructure Strategy  | <b>30 Sep 24</b> | The ICB's Strategic Director for Estates has met with strategic service planners and a further meeting scheduled during July 2024. | <b>31 Jul 24</b> | David Levy/Andrew Bennett/Alistair Rose |
| Align Digital and Data Strategy to transformation and recovery (acute clinical and non-clinical configuration, recovery and transformation, community transformation diagnostics) | <b>30 Sep 24</b> | Planning underway for updated Infrastructure and digital strategy and associated investments/disinvestments.                       | <b>15 Sep 24</b> | Alistair Rose/Stephen Dobson            |

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| Risk ID:<br>BAF007 | SO5: Meet national and locally determined performance standards and targets. |
|--------------------|--|

**Risk Title:** There is a risk that: critical information systems suffering some sort of failure due to a cyber-attack leading to possible financial loss, disruption to services and patient care and/or damage to the reputation of the ICB.

|   |  |
|---|--|
| Driven By: <ul style="list-style-type: none"> <li>Inadequate replacement or maintenance planning</li> <li>Inadequate contract management</li> <li>Failure in skills or capacity of staff or service providers</li> <li>Inadequate investment in digital systems, digital infrastructure and the design and ongoing development of systems and infrastructure</li> </ul> | Resulting in: <ul style="list-style-type: none"> <li>Reduced quality or safety of services, financial penalties, reduced patient experience, failure to meet KPIs and loss of reputation.</li> </ul> |
|---|--|

|                     |                          |              |            |                |   |     |   |               |     |    |           |    |    |   |                         |   |
|---------------------|--------------------------|--------------|------------|----------------|---|-----|---|---------------|-----|----|-----------|----|----|---|-------------------------|---|
| Executive Owner     | <b>Asim Patel</b>        | Risk Domain: | Risk Score | Current Score: |   |     |   | Target Score: |     |    | Movement: |    |    |   | Risk Appetite/Tolerance | Current Risk Status:<br>In or out of Appetite |
| Assuring Committee  | <b>F&amp;P Committee</b> | QUALITY      | <b>12</b>  | C              | L | CxL | C | L             | CxL | Q1 | Q2        | Q3 | Q4 | ↔ | OPEN (8-15)             | IN APPETITE                                   |
| Date added/reviewed | <b>17 Jul 24</b>         |              |            | 4              | 3 | 12  | 4 | 2             | 8   |    |           |    |    |   | IN APPETITE             |   |

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| <b>Controls</b>  | <b>Gaps in controls</b>  |
| Single IT Provider of services for the ICB (corporate)<br>External cyber accreditation for the IT provider<br>Supplier Disaster Recovery Plan and restore procedures (relevant to ICB)<br>External testing of weaknesses / penetration testing<br>Resilient network architecture and data centres<br>ICS Wide Cyber Security Strategy<br>ICB Digital and Data Strategy<br>Cyber Security Response Plan<br>Critical System Backup plans<br>Engagement with L&SC Cyber Security Group<br>Cyber Associates Network Membership<br>NHS Care Cert Response Process | Business Continuity Planning in the event of prolonged unavailability of critical ICB information systems (i.e., Continuing Healthcare, Finance, HR).<br>No comprehensive list of all IT systems in use within the ICB |
| <b>Assurance</b>   | <b>Gaps in Assurances</b>  |
| Information Governance Oversight Group<br>Data Security Protection Toolkit<br>Internal audit of critical information systems<br>External assessment and accreditation of cyber defences (ICB IT supplier(s)).  | Business Continuity Testing  |

| Mitigating Actions   | Timescales       | Update on Progress   | Review Date      | Lead                                      |
|--|------------------|--|------------------|---|
| Carry out regular exercises including senior and front-line staff to ensure awareness and understanding of loss of digital technologies. | <b>31 Jan 25</b> | MIAA are being commissioned to review all L&SC Provider organisation Cyber tooling to inform a gap analysis before a converged approach to cyber assurance can be achieved. As part of this work MIAA will deliver an awareness raising session for the Board setting out the cyber landscape, cyber-attack methods, the legal and regulatory responsibilities, and accountabilities of the ICB in the context of being an organisation in its own right, as a provider of essential services and in the context of leading an ICS. More detailed breakdown of this work will be provided in future updates. | <b>31 Dec 24</b> | Andrew Thompson                           |
| Undertake departmental Business Impact Analysis assessments to inform development of Business Continuity Plan                            | <b>31 Dec 24</b> | Each ICB corporate function that relies on a digital solution is required to have a business continuity plan in place in the event of a cyber-attack or loss of service. The ICB EPRR team have contacted all ICB directorates to understand the position in relation to their business continuity plans. This will inform a report on any business continuity gaps by directorate.  | <b>30 Sep 24</b> | <b>Alison Whitehead/Directorate Leads</b> |
| Coordination of completed Business continuity plans for specific areas (CHC, finance, HR)  | <b>31 Aug 24</b> | The ICB has commissioned MIAA to undertake a focused review of the ICB's CHC system as priority area for review. The findings will be presented to the ICB's Audit Committee in July and mitigating actions enacted. Following this, further corporate functions' IT systems will be scheduled for review as agreed.   | <b>31 Jul 24</b> | <b>Alison Whitehead</b>                   |
| IT Asset Register to be populated for ICB  | <b>31 Dec 24</b> | Following the DSPT review a series of actions will be implemented including the identification of a complete IT asset register of critical systems and Information Asset Owners to support the ICB's business continuity arrangements.   | <b>30 Sep 24</b> | <b>Joe McGuigan</b>                       |
| Undertake digital resilience exercise supported by NHS England   | <b>31 Mar 25</b> | The ICB is mandated to carry out a cyber resilience exercise during the 2024/25 financial year. Alison Whitehead and Andrew Thompson are working with NHSE colleagues to plan this exercise for later in the year.   | <b>30 Sep 24</b> | <b>Alison Whitehead/Andrew Thompson</b>   |



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| Risk ID:<br>BAF008 | SO5: Meet national and locally determined performance standards and targets. |
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**Risk Title: There is a risk that the recovery and delivery plans for improvements in Elective and Urgent and Emergency Care services are not achieved in Lancashire and South Cumbria**

|   |  |
|---|--|
| Driven By: <ul style="list-style-type: none"> <li>System financial pressures leading to increased risks to sustainable improvement in performance standards.</li> <li>Increased demand and ongoing pressures in Urgent and Emergency Care Services across all trusts across Lancashire and South Cumbria</li> <li>Gaps in surgical capacity within the system is impacting on waiting times in key areas, with 2 out of 3 of the core cancer treatment standards not being met across all providers.</li> </ul> | Resulting in: <ul style="list-style-type: none"> <li>Emerging harm and risks to patient safety as a result of long waits in A&amp;E departments which is further impacted by delays in ambulance handovers.</li> <li>Recovery and operational performance targets for cancer treatment not being achieved.</li> <li>Provision of a sub-optimal service leading to poor patient experience or outcomes.</li> <li>Reputational damage if LSC is categorised as requiring higher levels of intervention from NHS England (Universal Support Tier 3).</li> </ul> |
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|---|-------------------------|-------------------------|---------------------------------------|--------------------------------------|-----------------------------|---|--|
| Executive Owner<br><b>Craig Harris/David Levy</b> | Risk Domain:<br>QUALITY | Risk Score<br><b>16</b> | Current Score:<br>C: 4, L: 4, CxL: 16 | Target Score:<br>C: 4, L: 3, CxL: 12 | Movement:<br>Q1, Q2, Q3, Q4 | Risk Appetite/Tolerance<br>OPEN (8-15)<br>IN APPETITE | Current Risk Status:<br>In or out of Appetite<br>OUT OF APPETITE |
| Assuring Committee<br><b>F&amp;P Committee</b>    |                         |                         |                                       |                                      |                             |   |  |
| Date added/reviewed<br><b>17 Jul 24</b>           |                         |                         |                                       |                                      |                             |   |  |

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| <b>Controls</b>  | <b>Gaps in control</b>  |
| <p>Transforming access to urgent and emergency care programme.<br/>Cancer improvement plan<br/>A re-set of recovery programmes has been undertaken to ensure delivery of the ICB's financial plan with a focus on immediate high-cost pressures including UEC pathway.<br/>ICB's Finance and Performance Committee oversight<br/>Monthly UEC Collaborative Improvement Board meetings<br/>Monthly Planned Care Strategic Oversight Group (PCSOG) meetings<br/>Place recovery and transformation plans<br/>Elective Recovery Programme Board (monthly)<br/>Integrated Commissioning and Contract Meetings established and will meet quarterly</p> | <p>Updated NHS Oversight Framework guidance awaited.<br/>Recovery programmes need to be implemented with appropriate programme resource and governance in place.<br/>Acute and Community Transformation Strategies are still developing.<br/>Resources required to deliver the transformation and delivery programmes.<br/>UEC strategy in development<br/>Contract performance review meetings still to be established.<br/>Ongoing demand which is creating pressures for ED and patient flow. This has the potential to impact Provider ability to embed improvement.<br/>No internal audit data</p> |
| <b>Assurances</b>  | <b>Gaps in Assurances</b>   |
| <p>ICB Integrated Performance Report to the board.<br/>Benchmarking data against ICB's performance against Outcomes Framework measures<br/>IAG oversight of key metrics for provider organisations<br/>Progress against NOF segmentation criteria in relation to each provider and the ICB.<br/>Committee Escalation and Assurance Report to alert, advise and assure presented to Board.<br/>ICB position against National Benchmarking – ICB in upper quartile nationally<br/>Elective Recovery Programme Board minutes to PCSOG<br/>Integrated Commissioning and Contract Meeting minutes to PCSOG and CRG highlighting key risks</p>         | <p>Limited health inequalities metrics<br/>Escalation processes need to be developed further to ensure rapid action is taken.</p>   |

| Mitigating Actions  | Timescales       | Update on Progress  | Review Date | Lead                          |
|---|------------------|---|-------------|-------------------------------|
| Reduce all long waiting patients >65 weeks (Sep 24) with reduction of >52-week breaches by March 2025   | <b>30 Sep 24</b> | All LSC NHS Providers have detailed plans to deliver the waiting time target by September and this is a standing item on the monthly Assurance Meetings. Progress against a trajectory is monitored and the system has an established mutual aid process to support fragile services that present the greatest risk.  | 15 Sep 24   | Jayne Mellor                  |
| Continued monitoring of provider performance across LSC (NHS and IS)  | <b>Ongoing</b>   | This is done via regular integrated contract meetings that consider finance, quality and performance. Issues can be escalated to the monthly Improvement and Assurance Group if necessary.  | Monthly     | Jayne Mellor                  |
| Ensure patient choice guidance is implemented to improve utilisation of all available capacity, including independent sector providers and furthermore ensure patients are fully informed of their right to choose under the NHS Constitution | <b>Ongoing</b>   | Patient Choice Oversight Group established (bi-monthly/qty to be determined), this will monitor the actions we have submitted to NHS England in terms of providing assurance on patient choice. Our Referral Management Services are under review, one function of an RMC is to support delivery of the choice agenda. A recommendation will be made to CRG in August 2024. Regular contract meetings are in place with independent sector, standardised activity and finance data now in place to inform these meetings. New MDT meeting to be established to provide assurance in relation to independent sector contracts. | 31 Aug 24   | Jayne Mellor/Beth Goodman     |
| Transforming Care in the Community Place delivery plans to be developed   | <b>30 Sep 24</b> | Initial plans drafted on-going UEC review will further inform plan.   | 31 Jul 24   | Sarah O'Brien/Place Directors |
| Stocktake on progress 10 UEC high impact interventions to support delivery of 4-hour A&E performance and Category 2 ambulance response times and key actions set out in the 2024/25 priorities and operational planning guidance.             | <b>30 Sep 24</b> | Progress against the 10 High Impact Interventions is reported to F&P Committee and ICB Board. Key to the delivery of the 10 HII are the finalisation and implementation of the 5 Year UEC strategy and the delivery of associated Place Based UEC improvement plans that are in development following the UEC rapid data driven diagnostic that has been undertaken through the UEC delivery boards. Colleagues within the UEC portfolio and transforming community care portfolio are working jointly to align workstreams and priorities.   | 30 Aug 24   | Jayne Mellor/Craig Frost      |

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| Risk ID:<br>BAF009   | SO6: Develop and implement ambitious and deliverable strategies.  |
| Risk Title: NEW There is a risk that longer term strategic priorities including transformation of clinical and community services and Place are not delivered.   |   |
| Driven by: <ul style="list-style-type: none"> <li>Significant clinical, operational and financial challenges in year preventing focus on longer run transformation.</li> <li>increased urgent care demand.</li> <li>workforce gaps</li> <li>quality of the physical and digital infrastructure of the system.</li> <li>Lack of capacity and capability to do the work.</li> <li>Delayed implementation of the Place Integration Deal and reduced impact of delivering health outcomes for residents</li> </ul> | Resulting in: <ul style="list-style-type: none"> <li>Inability to deliver New Hospitals Programme because supporting necessary transformation not delivered.</li> <li>Reduced health outcomes</li> <li>Inconsistent care processes</li> <li>Increased costs</li> <li>Variation in quality of care across our system.</li> <li>Unwarranted variation in models of care across system affecting access and outcomes.</li> <li>Reset of Place priorities and programmes</li> </ul> |

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|---------------------|---------------------------------|
| Executive Owner     | <b>Sarah O'Brien/David Levy</b> |
| Assuring Committee  | <b>F&amp;P Committee</b>        |
| Date added/reviewed | <b>17 Jul 24</b>                |

|                             |            |
|-----------------------------|------------|
| Risk Domain:                | Risk Score |
| FINANCE/BUSINESS OBJECTIVES | <b>16</b>  |

|                |               |             |                         |  |
|----------------|---------------|-------------|-------------------------|--|
| Current Score: | Target Score: | Movement:   | Risk Appetite/Tolerance | Current Risk Status: In or out of Appetite |
| C L CxL        | C L CxL       | Q1 Q2 Q3 Q4 | OPEN (8-15)             | OUT OF APPETITE                            |
| 4 4 16         | 4 3 12        |             | IN APPETITE             |  |

| Controls   | Gaps in controls   |
|--|--|
| <p>Transforming Community Care (TCC) programme Board established to oversee Community Service transformation.</p> <p>Clinical Programme Board (CPB) established as part of the Provider Collaborative to oversee acute clinical transformation.</p> <p>New Hospital Programme Board established which connects to TCC and CPB</p> <p>Establishment of Recovery and Transformation Programme board chaired by ICB CFO meets twice monthly to oversee delivery of strategic priorities including TCC and CPB.</p> <p>Clear strategies are in place and will be used to inform delivery plans (5-year Joint Forward Plan, Integrated Care Strategy, ICB Health System Infrastructure Strategy, Primary Care Procurement Evaluation Strategy, ICB Digital and Data Strategy)</p> | <p>Underdeveloped Acute and Out of Hospital transformation programme</p> <p>Acute Clinical Strategy</p> <p>Community Service Strategy</p> <p>UEC strategy and place-based improvement plans in development.</p> <p>Lack of dedicated programme resource to deliver programme.</p> <p>Provider landscape and barriers arising from current delivery model.</p> <p>Inconsistent care processes</p> <p>Workforce availability and gaps in primary and community care workforce and lack of clear workforce strategy.</p> <p>Difficulty in recruiting and retaining staff resulting in increased spending on agency staff.</p> <p>Resources required to deliver the transformation and delivery programmes.</p> <p>Variation, demand and capacity of INT services, specifically workforce and funding challenges</p> |
| Assurances   | Gaps in Assurances   |
| <p>Programme delivery reporting to System Recovery and Transformation Programme Board / Business and sustainability / Provider Collaborative Board</p> <p>System Recovery and Transformation Programme Board providing assurance to Finance &amp; Performance Committee and to Quality Committee</p> <p>INT Board reporting as part of wider ICB transformation programme and associated PMO</p>   | <p>Detailed trajectories for delivery plans and associated formal reporting on delivery against recovery and transformation programmes.</p>  |

| Mitigating Actions  | Timescales       | Update on Progress   | Review Date      | Lead                                   |
|---|------------------|--|------------------|--|
| Establish TCC programme board to report into system recovery and transformation programme board.  | <b>1 Jul 24</b>  | TCC Programme Board established, and first meeting scheduled for 1 July 24.  | <b>Complete</b>  | <b>Sarah O'Brien</b>                   |
| Define Transforming Community Care 24/25 Delivery Plan and the Community Services Strategy,   | <b>TBA</b>       | Plan on a Page for 24/25 under review by TCC Board   | <b>31 Jul 24</b> | <b>Sarah O'Brien</b>                   |
| Establish TCC programme support and identify metrics and ROI.   | <b>30 Sep 24</b> | The programme is mobilised and has a one-year plan in place which is linked to the UEC de-escalation Place plans and will support delivery at Place through system level action and targeted support at Place. | <b>31 Jul 24</b> | <b>Sarah O'Brien (Tony McDonald)</b>   |
| Define Acute Clinical Service Blueprint and Delivery Roadmap  | <b>30 Sep 24</b> | Acute Clinical Service Group meeting twice weekly, 3.5 billion data items analysed to understand patient needs and inform options, clinically led working group established with workshops planned             | <b>30 Sep 24</b> | <b>David Levy (Terry Whalley)</b>      |
| Develop overarching clinical strategy/blueprint for the ICB that brings together Acute and Community elements together with strategy for UCE and Planned Care | <b>31 Mar 25</b> | ICB clinical directorates have agreed scope of this work.  | <b>30 Sep 24</b> | <b>Sarah O'Brien / David Levy</b>      |
| Develop delivery plans for Place.   | <b>30 Sep 24</b> | Initial plans drafted on-going UEC review will further inform plans.   | <b>31 Jul 24</b> | <b>Sarah O'Brien / Place Directors</b> |
| UEC Strategy to be signed off   | <b>31 Jul 24</b> | Strategy drafted, using detailed diagnostic and fact base to inform year 1 recovery plans at Place aimed at de-escalating UEC Pressures  | <b>31 Jul 24</b> | <b>Craig Harris (Jayne Mellor)</b>     |
| Identify additional resource to support Acute and Out of Hospital programmes  | <b>31 Jul 24</b> | Requirements defined, roles described and work progressing to seek candidates from within the System.  | <b>31 Jul 24</b> | <b>Sam Proffitt (Alex Wells)</b>       |

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| Risk ID:<br>BAF010 | SO6: Develop and implement ambitious and deliverable strategies – under review Craig Harris |
|--------------------|---|

Risk Title: There is a risk that places will not be able to deliver both the place integration deal and the place recovery and transformation plans.

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| Driven By:  | Resulting in:   |
| <ul style="list-style-type: none"> <li>Realignment of Place teams and priorities to deliver key areas of recovery and the transformation community care programme.</li> </ul> | <ul style="list-style-type: none"> <li>Delayed implementation of the Place Integration Deal and reduced impact of delivering improved health outcomes for residents</li> <li>Delay of an agreed operating model for the ICB and its places with Place-based Partnership, the ICP and the PCB</li> </ul> |

|                     |                        |
|---------------------|------------------------|
| Executive Owner     | <b>Craig Harris</b>    |
| Assuring Committee  | <b>Exec Mgmt. Team</b> |
| Date added/reviewed | <b>17 Jul 24</b>       |

|                             |            |
|-----------------------------|------------|
| Risk Domain:                | Risk Score |
| FINANCE/BUSINESS OBJECTIVES | <b>16</b>  |

|                |   |     |               |   |     |           |    |    |    |                         |   |                 |
|----------------|---|-----|---------------|---|-----|-----------|----|----|----|-------------------------|---|-----------------|
| Current Score: |   |     | Target Score: |   |     | Movement: |    |    |    | Risk Appetite/Tolerance | Current Risk Status:<br>In or out of Appetite |                 |
| C              | L | CxL | C             | L | CxL | Q1        | Q2 | Q3 | Q4 | ↔                       | OPEN (8-15)                                   | OUT OF APPETITE |
| 3              | 4 | 12  | 3             | 2 | 6   |           |    |    |    |                         | IN APPETITE                                   |                 |

| Controls   | Gaps in controls  |
|--|---|
| <p>Place recovery and transformation plans agreed with focus on discharge to assess / single point of discharge: INTs, Priority wards, Better Care Fund</p> <p>Integrated Care Strategy driving collaborative focus across local authority and ICB within Place</p> <p>Place-based Partnerships formally established, to drive collaborative delivery of recovery plans within places, with distributed leadership across partners.</p> <p>Place leadership and resource realigned to deliver agreed priorities and recovery and transformation plan.</p> <p>Population health teams embedded in Place and playing a key role in Place partnerships.</p> <p>ICP Health equity metrics agreed by the ICP Board in Jan 2024 with 6 monthly reporting.</p> <p>Joint place-based plans with public health</p> <p>Place teams have supported the UEC pathway work for which we now have a plan for each Place</p> | <p>Place delivery plans to support Recovery and Transformation are in development.</p> <p>Limited wider partner resources aligned to transformation and recovery plans.</p> <p>Lack of Public Health Intelligence and analytical capacity to support widespread application of Population Health Management approach across workstreams &amp; Places.</p> <p>Integrated Performance Report and Performance Framework is being developed which will support performance metrics; progress/impact to be identified or modelling of work programmes to take place.</p> <p>Varying demand and capacity of INT services, specifically workforce and funding challenges</p> |
| Assurances   | Gaps in Assurances  |
| <p>Place updates on delivery of recovery plans to ICB executives and included within the System Transformation and Recovery reports to ICB board.</p> <p>INT Board reporting as part of wider ICB transformation programme and associated PMO</p> <p>Transforming Community Care Programme Board.</p> <p>Place updates to ICP on delivery of integrated care strategy (in development phase and forward plan and scope of updates not yet confirmed)</p> <p>Health equity metrics agreed and will be reported to the ICP Board on 6 monthly bases.</p>   | <p>Establishment of key performance priorities for each place to be agreed.</p> <p>Integrated Performance Framework that includes place level performance</p> <p>Health equity reporting requires further development at Place level.</p> <p>ICP in development phase which will explore how it receives assurances on delivery of Integrated Care Strategy.</p>  |

| Mitigating Actions   | Timescale        | Review Date   | Lead             | Lead  |
|--|------------------|---|------------------|---|
| Development of Integrated Performance and Quality Report and Integrated Performance Improvement Framework; | 31 Dec 24        | The Integrated Performance Report is maturing with each version produced and further development will be incorporated following F&P committee feedback. Work continues to progress against the performance framework and understand the ICB's reporting requirements (metrics/cascade and escalation routes). | <b>30 Sep 24</b> | <b>Asim Patel/Glenn Mather</b>                                |
| Board approval of commissioning intentions across system, sector and Place                                 | <b>Complete</b>  | Complete. Board approved ICB commissioning intentions at their April meeting and shared with providers  | <b>Closed</b>    | <b>Craig Harris/Carl Ashworth/all commissioning directors</b> |
| Transforming Care in the Community Place Delivery Plans to be developed                                    | <b>30 Sep 24</b> | Initial plans drafted and on-going UEC review will further inform plan  | <b>30 Jul 24</b> | <b>Sara O'Brien/Place Directors</b>                           |