

## Integrated Care Board

<b>Date of meeting</b>	8 November 2023
<b>Title of paper</b>	Board Assurance Framework
<b>Presented by</b>	Sam Proffitt, Chief Finance Officer
<b>Author</b>	Debra Atkinson, Company Secretary/Director of Corporate Governance Claire Moore, Head of Risk, Assurance and Delivery
<b>Agenda item</b>	8
<b>Confidential</b>	No

### Executive summary

Effective risk management processes are central to providing the Integrated Care Board with assurance that all required activities are taking place to ensure the delivery of the ICB's strategic priorities and compliance with all legislation, regulatory frameworks and risk management standards.

This report provides an update on the risk management activity undertaken during the reporting period of those risks held on the Board Assurance Framework, relating to the achievement of the ICB's strategic objectives. This includes a summary of the risks reported through the ICB's assuring committees, to provide the board with oversight, and supports with the risk management reporting arrangements approved by the board in July.

The report also includes an update on the work undertaken following the board seminar held on 4<sup>th</sup> October 2023, at which the board considered its risk appetite. Following approval by the board, the risk appetite statements will be published, and used to further support the effective risk management approach of the ICB in the pursuit of its strategic objectives.

### Recommendations

The board is requested to:

- Note the contents of the report and progress of the ICB's risk management systems and processes;
- Review and comment on the Board Assurance Framework;
- Note the updates on risks held on the Corporate Risk Register (including a heat map and high-level summary dashboard);
- Note the board development seminar and:
  - the ICB's strategic objectives were re-affirmed and will continue to be the focus for delivery in 2023/24 and 2024/25;
  - the work undertaken in the development of the board's risk appetite statements.

### Which Strategic Objective/s does the report relate to:

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	<b>x</b>
SO2	To equalise opportunities and clinical outcomes across the area	<b>x</b>

SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	<b>x</b>
SO4	Meet financial targets and deliver improved productivity	<b>x</b>
SO5	Meet national and locally determined performance standards and targets	<b>x</b>
SO6	To develop and implement ambitious, deliverable strategies	<b>x</b>

#### Implications

	Yes	No	N/A	Comments
Associated risks				As outlined in the report
Are associated risks detailed on the ICB Risk Register?				As outlined in the report
Financial Implications			N/A	

#### Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Dates	Outcomes
Executive Management Team	31 October 2023	Approved

#### Conflicts of interest associated with this report

Not applicable

#### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	

**Report authorised by:**

Sam Proffitt Chief Finance Officer

# Integrated Care Board – 8 November 2023

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## Board Assurance Framework

### 1. Introduction

- 1.1 The Integrated Care Board (ICB), as a publicly accountable organisation, needs to take many informed, transparent, and complex decisions and manage the risks associated with these decisions. The ICB therefore needs to ensure that it has a sound system of internal control working across the organisation.
- 1.2 The ICB recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment, and mitigation of risks.
- 1.3 The ICB's strategic risk management processes are centred on the Board Assurance Framework (BAF), which is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's core aims/objectives. The Assurance Framework provides the Board with confidence that what needs to be happening is happening in practice.
- 1.4 The BAF also plays a key role in informing the production of the Chief Executive's annual Governance Statement (included within the ICB's Annual Report) and is the main tool that the Board should use in discharging its overall responsibility for ensuring that an effective system of internal control is in place.
- 1.5 The purpose of this report is to present the latest position of the ICB's BAF for review and comment and builds on the previous update presented to the board in July 2023.
- 1.6 Also presented, is an update on the work undertaken following the board seminar held on 4 October at which the board a facilitated session to consider its risk appetite and Strategic Objectives. Following the board's approval, a risk appetite statement for each strategic objective will be published and used to further support the effective risk management approach of the ICB in the pursuit of its strategic objectives.

### 2. ICB Risk Management Reporting and Oversight

- 2.1 The ICB has established and implemented an annual cycle of risk reporting to the board and its assuring committees. All risks held on the BAF and Corporate Risk Register (CRR) have been presented and reviewed over the reporting period, and where relevant updated, through each of the relevant committees and the Executive Management Team (EMT).
- 2.2 These strengthened arrangements have enabled the committees to undertake more in-depth focus on risks held by the ICB with rich discussions and therefore increased oversight and assurance on the management of those risks.
- 2.3 Section 3 highlights those areas of risk which have been focused on by the ICB's committees since the last update to board.

### **3. Board Assurance Framework**

3.1.1 There are 11 risks currently held on the ICB's BAF (in full at Appendix A)

3.1.2 Since the last report to the board each risk held on the BAF has been presented and reviewed at the relevant committee or the EMT. There has been one new risk added to the BAF, which has been approved by the EMT and will be reviewed by the People Board at its next meeting:

**ICB-033: Difficulty in recruiting to and retaining workforce in non-NHS statutory organisations** (16). This risk describes the impact of staff leaving primary care and other organisations delivering NHS contracts, who are not statutory NHS bodies due to the recent pay award not applying to them. At a time when recruitment is already challenged this could impact on other sectors across the system and the ability to delivery core services or support urgent and emergency care schemes.

### **3.2 Quality Committee (Strategic Objectives 1 and 2)**

3.2.1 The Quality Committee has received two risk management reports during the reporting period which have included the detailed review of 3 BAF risks and 12 corporate risks relating to the business of the committee.

3.2.2 Presentation of the BAF and CRR at the meeting on 19 July prompted the committee to request a deep dive review of risks associated with the fragility of the regulated care sector and the outcomes of the review will be reported to the committee at its November meeting.

3.2.3 Risks relating to long waiting times for children and adults in ASD and ADHD pathways, and the variation in waiting times across pathways were discussed at the meeting on 18 October 2023. The committee sought assurance on actions and were advised of further work in progress to review and re-commission neurodevelopment pathways.

### **3.3 Finance and Performance Committee (Strategic Objectives 4 and 5)**

3.3.1 At the meeting in September 2023, 4 BAF risks relating to the business of the committee were reviewed, including the impact to the achievement of the strategic objective relating to national and locally determined performance standards. Deteriorating performance, relating to 31-day cancer targets were highlighted in the Month 5 Performance Report.

3.3.2 The committee did not feel that the risk score and target risk date accurately reflected the current position or that performance was on trajectory for the reduction of this risk in line with the target date set. As a result the EMT approved the increase in this risk score from "20" to "25" and extended the target risk date to 31<sup>st</sup> March 2024.

3.3.3 The risk to the achievement of system financial sustainability was also reviewed alongside the ICB Month 5 Finance position and Provider Position reports. At this stage there was no proposed change in risk score however, this will remain closely under review as work continues to mitigate the financial position.

### **3.4 Primary Care Commissioning Committee (Strategic Objective 2)**

3.4.1 The PCCC received a presentation and "deep dive" review into the risk held relating to dental access at the September committee meeting. This was an issue that had been

signalled through the Public Involvement and Engagement Advisory Committee due to increasing numbers of complaints and had also been reported to the Quality Committee.

3.4.2 Further to the deep dive review facilitated through the primary care team, concerns relating to oral health (dental caries) and the longer time to recover from COVID, resulting in issues accessing routine dental care or specific services to manage oral health issues were highlighted. As a result, the committee supported the decision to re-assess this risk and a fully revised risk relating to oral health has been opened and added to the ICB's CRR.

### **3.5 People Board (Strategic Objective 3)**

3.5.1 The People Board has not met since the last report to the board in July; however, the risks which relate to the business of the committee including workforce transformation and the new risk relating to recruitment and retention of workforce in non-NHS statutory organisations) have been included for review within the monthly Risk and Exception reports to the EMT and will be presented to the People Board at its next meeting in November.

### **3.6 Executive Management Team and Exception Reporting (Strategic Objectives 1-6)**

3.6.1 The EMT has continued to receive monthly risk management and exception reports detailing all activity undertaken relating to risks held on both the BAF and the CRR. The EMT has reviewed and approved all new risks, proposed changes to risk scores as well as risks recommended for closure as outlined above.

## **4. Corporate Risk Register**

4.1 There are 16 risks currently held on the ICB's CRR (Appendix C); all have been reviewed during the reporting period in accordance with the risk reporting cycle.

4.2 Since the last update to board, 1 new additional risk has been added to the CRR:

**ICB-037:** Medicines shortages impacting on clinical time and financial balance; this risk relates to ongoing supply issues and fragile global supply chains and subsequent impact on clinical time (changing prescriptions) and costs. This will be included for review at the next report to the Quality Committee.

## **5. ICB's Strategic Objectives and Risk Appetite**

5.1 The risk update report to the board in July 2023 set out the requirement for the ICB to agree and communicate the board's risk appetite statement and consider if the six strategic objectives that were agreed by the board in December 2022 were still relevant to the strategic intent of the ICB.

5.2 A Board Development Seminar was held on 4 October 2023 where the board considered the strategic objectives, supported by a mapping exercise that confirmed alignment of these to the four aims of an integrated care system; the functions of an ICB; and the strategic priorities within the 5 Year Joint Forward Plan priorities.

5.2 The ICB's strategic objectives were re-affirmed and will continue to be the focus for delivery in 2023/24 and 2024/25.

- 5.3 Following this, a facilitated session was held to assess the board's risk appetite against the achievement of each of the strategic objectives.
- 5.4 The session supported the board in considering its risk appetite of both an overarching risk appetite statement, as well as individual risk appetite statements for each of the ICB's strategic objectives.
- 5.5 The board was asked to consider the level, amount or degree of risk that the ICB would be willing to tolerate to meet the strategic objectives. This included consideration on a scale of "none, minimal, cautious, open, seek or significant" against each of the following categories:
- Financial
  - Regulatory
  - Quality
  - Reputational
  - People
- 5.6 Following the outcomes of the session, work is now underway to finalise the risk appetite statements which reflect the board's willingness and capacity to tolerate risk to the achievement of each of its strategic objectives. These will be shared with the board for review and approval and the final statements, will be included in the ICB's Risk Management Strategy and BAF and included in the January update.
- 5.7 It is proposed the risk appetite statements are reviewed at least annually, or sooner if the environment in which the ICB operates necessitates a significant adjustment to the level, amount or degree of risk the ICB is prepared to tolerate.
- 5.8 This will provide a framework and structure within which informed management decisions can be taken in the pursuit of the ICB's strategic objectives and delivery against the wider System Strategies.

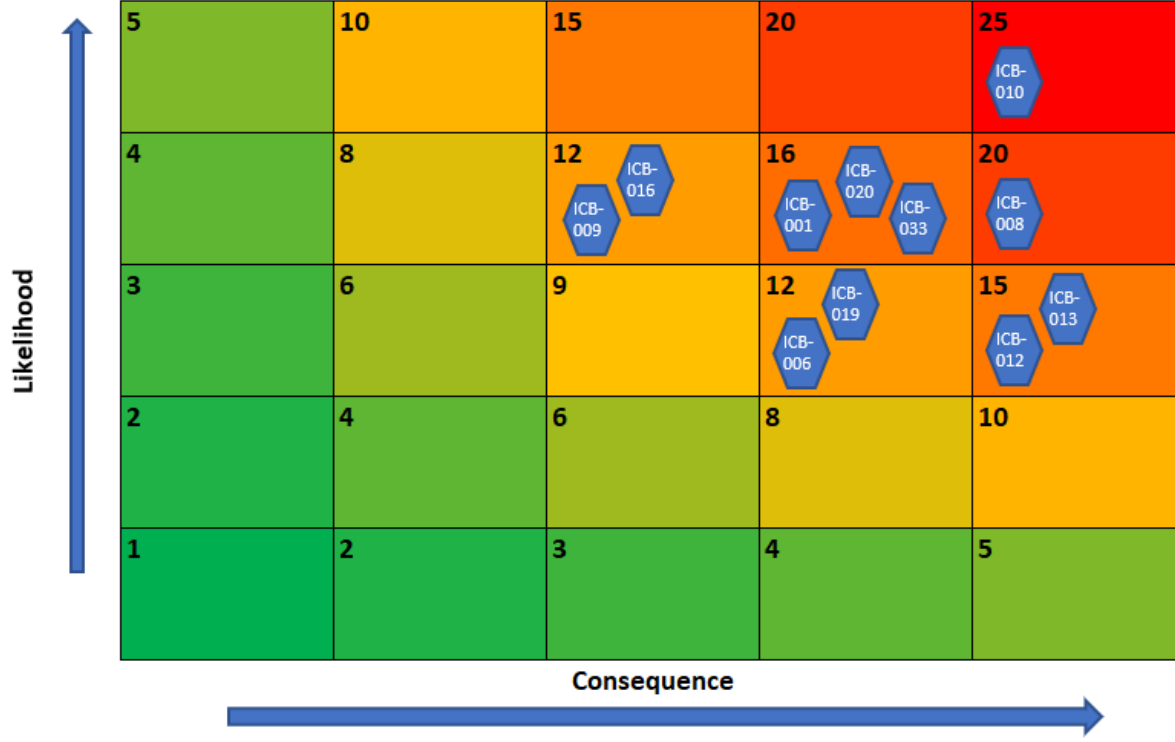
## **6. Recommendations**

- 6.1 The board is requested to:
- Note the contents of the report and progress of the ICB's risk management systems and processes;
  - Review and comment on the Board Assurance Framework;
  - Note the updates on risks held on the Corporate Risk Register (including a heat map and high-level summary dashboard);
  - Note the board development seminar and:
    - the ICB's strategic objectives were re-affirmed and will continue to be the focus for delivery in 2023/24 and 2024/25
    - the work undertaken in the development of the board's risk appetite statements.

**Debra Atkinson**  
**Company Secretary/Director of Corporate Governance**  
**30 October 2023**

# Appendix A: Board Assurance Framework Heat Map and High-Level Dashboard

BAF Risks Heat Map




Summary of BAF Risks (Click here for full BAF)												
Risk ID	Risk Title (no more than 20 words)	Type of Risk	Strategic Objective at Risk	Exec Lead	Directorate/ Functional Area	Assuring Committee	Initial Treated Risk Score	Current Risk Score	Target Risk Score	Target Date for Reducing/ Closing the Risk	Risk Progress	
ICB-001	Continuing Healthcare	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	20	16	12	31/12/23	➔	
ICB-019	National Oversight Framework (NOF) ratings of commissioned organisations and the ICB.	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy, Sarah O'Brien	Quality Assurance and Safety	Quality Committee	12	12	8	29/03/24	➔	
ICB-006	Implementation of Fuller Report recommendations	Level 2 - ICB (NHS System Oversight)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Primary Care	ICB Execs	16	12	8	30/09/25	➔	
ICB-020	Worsening economic impact on health inequalities	Level 1 - ICB (Our Statutory Responsibility)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Population Health	Quality Committee	16	16	12	01/04/24	➔	
ICB-009	Workforce Transformation	Level 1 - ICB (Our Statutory Responsibility)	3. Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	Emma Davies	People - Transformation	People Board	12	12	6	31/03/26	➔	
ICB-033	Difficult to retain and recruit workforce to non NHS Statutory organisations (including primary care) because they don't qualify for NHS pay award.	Level 3 - ICB - (System Partners Supporting Integration)	3. Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	Sarah O'Brien	People & Workforce	People Board	20	16	12	31/01/24	➔	
ICB-008	System Financial Sustainability	Level 3 - ICB - (System Partners Supporting Integration)	4. Meet financial targets and deliver improved productivity	Sam Proffitt	Strategic Finance	Finance and Performance Committee	20	20	15	31/03/24	➔	
ICB-012	Physical and digital infrastructure (cyber security and business continuity)	Level 1 - ICB (Our Statutory Responsibility)	4. Meet financial targets and deliver improved productivity	Asim Patel	Digital	Finance and Performance Committee	15	15	10	31/03/24	➔	
ICB-013	Delivery of Lancashire and South Cumbria system-wide estates plan and LSC Health Infrastructure Strategy.	Level 1 - ICB (Our Statutory Responsibility)	4. Meet financial targets and deliver improved productivity	Sam Proffitt	Strategic Estates, Infrastructure and Sustainability	Finance and Performance Committee	15	15	10	31/03/24	➔	
ICB-010	Meet national and locally determined performance targets	Level 2 - ICB (NHS System Oversight)	5. Meet national and locally determined performance standards and targets	Maggie Oldham	Planning, Performance and Strategy - General	Finance and Performance Committee	20	25	16	31/03/24	⬇	
ICB-016	Contribution of the ICB to the development of places in LSC.	Level 2 - ICB (NHS System Oversight)	6. To develop and implement ambitious, deliverable strategies	Craig Harris	Health and Care Integration	ICB Execs	12	12	6	31/12/23	➔	



## Lancashire and South Cumbria Integrated Care Board

## Board Assurance Framework November 2023


Risk Description: Continuing Healthcare: quality, financial and reputational risks due to unmet need for NHS CHC statutory responsibilities												
Risk ID: ICB-001		Strategic Objective: SO1		Level 1-3: 1	Risk Appetite:		Risk Analysis Q1 – Q3: 		Current Risk Score: <b>16</b>			
Executive Lead: Sarah O'Brien		Assuring Committee: Quality Committee		Date added to BAF: 19 April 2023		July	August		September		October	
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:		16	16		16	16
C	L	C x L	C	L	C x L	31/12/2023		16	16		16	16
4	5	20	4	3	12							
<b>Controls:</b>						<b>Gaps in controls</b>						
Quality Committee minutes and ICB Delivery Board oversight, Dedicated senior leadership roles for CHC appointed to in Chief Nurses portfolio, Weekly operational and oversight meetings between ICB and CSU with agreed improvement plan, service now in-housed from 1st October 2023 Fortnightly assurance meetings with regional NHSE lead and agreed recovery trajectory.						Non-recurrent funding to address gaps has not delivered improvement required, There continues to be a significant backlog of cases requiring assessment, ICB are not achieving 28-day target for assessment using the Decision Support Tool, Workforce capacity and recruitment and retention of skills needed.						
<b>Assurances:</b>						<b>Gaps in assurances:</b>						
Feedback to Quality Committee every two months from weekly operational and oversight meetings; KPIs/ BI analysis, Review of variation across LSC complete and recommendations made for new service model based on demand and benchmarked to areas of good practice. Finance have approved the AACC Service Model (24th March 23) and approval Sarah O'Brien and Jane Brennan 27th March 2023. PHB service is varied across LSC, and a workshop was carried out on the 27th March 2023 to look at future models. Now in recruiting and transitional planning phase for the delivery of the new service model. TUPE of MLCSU staff on 1st October 2023 and new service model will be in operation at this time						None currently identified.						
<b>Mitigating actions</b>						<b>Update on progress/mitigation actions due this month</b>				<b>Target Date</b>	<b>Lead</b>	
Case for change: Continuing Healthcare/Individual Patient Activity recommendations for remodelling the service.						Case for change signed off at Finance and Performance Committee with additional investment of £4.2m available from Q1 23/24 to support new services model				Complete	n/a	
In-housing of CHC services from MLCSU Transition plan and implementation of new service model						TUPE of service from MLCSU took place on 1 <sup>st</sup> October 2023 Service now focusing on implementation of new model for next 4-6 weeks				16.11.23	R Jethwa	
MIAA Solutions commissioned to support reviews for Fast Tracks and CHC packages of care.						Approval for 2 schemes of recovery work: scheme 1 continuation of MIAA for CHC and FT reviews; Scheme 2 OPW scheme to support review of highly restrictive, high-cost complex cases. Phase 2 now underway, cases reviewed, and savings have started to be made.				31.10.23	R Jethwa	
Completion of a strategic plan for All Age Continuing Care						Objectives completed and will continue to be developed. 1. Deliver the CHC National Framework 2. Commission person centred, safe and timely care 3. Operate within our budget and deliver our savings plan 4. Engaged and competent people 5. Data we can trust 6. Fit for purpose systems and processes				31.08.23	R Jethwa	
Undertake review of current LA/ICB agreements for CHC and complex care within each LA in ICB						Not started				31.12.23	R Jethwa	
Establish plan for reviewing data quality						Planning started in October as new Senior Business Manager in post.				31.03.24	R Jethwa	



<b>Risk Description: There is a risk that primary care development based on the recommendations in the national Fuller report are not achieved.</b>							
<b>Risk ID:</b> ICB-006	<b>Strategic Objective:</b> SO2		<b>Level 1-3:</b> 2	<b>Risk Analysis Q1 – Q3:</b> ↔			<b>Current Risk Score: 12</b>
<b>Executive Lead:</b> David Levy	<b>Assuring Committee:</b> Quality Committee		<b>Date added to BAF:</b> 13 June 2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>
<b>Initial Treated Risk Score</b>			<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>			
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
4	4	16	4	2	8	30/9/2025	12

<b>Controls:</b>	<b>Gaps in controls</b>
Development of Fuller delivery framework and associated self-assessment and planning processes. Development of an outcome's framework, Board and Executive reporting. Establishment of INT Board.	Provision of sufficient support to PCNs and partners to implement recommendations. Leadership capacity and capability. Partner 'buy in' and contribution to delivery. Demand and capacity of INT services (specifically workforce and funding challenges).
<b>Assurances:</b>	<b>Gaps in assurances:</b>
PINC TPG minutes, Board and Executive reporting, INT Board reporting as part of wider ICB transformation programme and associated PMO	None currently

<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
Establishment of an Oversight Group (now known as the INT Board)	Integrated neighbourhood teams board TOR agreed, PID agreed, initial meeting held in June and schedule of meetings agreed.	completed	P Tinson, D Haworth
Development of a system delivery plan for Fuller	Delivery plan in place, monthly highlight report being received from work stream leads and Monthly reporting into TCCP Board in place.	completed	D Haworth
Development of Fuller delivery framework and associated self-assessment and planning processes	Delivery framework has been produced and signed off by ICB execs 14.02.23. Self-assessment and annual planning tools has been developed and process established. This is now underway led by Places. Completion of self-assessments and annual plans is underway but has been delayed due to a number of complexities. SROs and Chair of Board have agreed an extension to the timeline for completion following feedback from PCNs.	15.10.23	D Haworth
Development of an outcome's framework	Task group established, first draft framework developed, further work and engagement underway to refine. Draft due to be presented at INT Board 25.10.23	30.11.23	P Tinson
Funding proposals paper to support INT development	Investment plan for SDF funding to support INT development agreed at CRG in September.	30.09.23	D Haworth P Tinson

Risk Description: The ICB fails to meet its statutory financial duties and therefore fails to engineer a financially sustainable health and social care economy										
Risk ID: ICB-008		Strategic Objective: SO4		Level 1-3: 3		Risk Analysis Q1 – Q3: 				Current Risk Score: <b>20</b>
Executive Lead: Sam Proffitt		Assuring Committee: Finance and Performance Committee		Date added to BAF: 19 April 2023		July	August	September	October	
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:				
C	L	C x L	C	L	C x L	20	20	20	20	
5	4	20	5	3	15	31/03/2024				
Controls:						Gaps in controls				
<p>A financial plan for 2023/24 has been approved which delivers a £500k surplus position for the ICB for the period (1 April 2023 – 31 March 2024), therefore planning to deliver statutory financial duties.</p> <p>ICB Standing Financial Instructions/ Scheme of Reservation and Delegation</p> <p>Senior leadership team roles in finance portfolio working collectively to deliver QIPP and mitigation schemes.</p> <p>Single LSC system plan submitted to NHS E detailing all commissioning and provider plans agreed by individual organisations within the system.</p> <p>Additional financial controls have been implemented across the system (with peer review in place).</p> <p>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.</p> <p>Delegation to place partnerships delayed whilst financial stability is achieved and system wide vacancy control panel.</p>						<p>Significant underlying deficit with Covid funding levels to taper over 3 years. High level of QIPP and risk to be mitigated in order to deliver ICB and system plan. Finance pressures in all Trusts within the ICS System, need to be able to make collective decisions about a significant number of efficiency opportunities and deliver consistently. Operational pressures in urgent and emergency care. Ambulance performance well below target. Trajectories for delivery programmes still to be defined.</p>				
Assurances:						Gaps in assurances:				
<p>Finance and Performance Committee established Monthly CFO finance report to the board on progress against plans and key risks.</p> <p>2 weekly Sustainability meeting established to ensure schemes are on track for delivery and provide a vehicle for escalation if not.</p> <p>Report to board on Transformation and Delivery Schemes. Balanced scorecard metrics "Recover financial position" Audit Committee reports. 5 priority delivery programmes agreed (P1- P5) to help mitigate the risks to in-year financial performance. MIAA Review of Financial Performance - "Improving Financial Sustainability: are you getting the basics right" exercise - on track for demonstrating improvement. MIAA Review of core financial controls resulted in substantial assurance.</p>						<p>ICB Integrated Performance Report is still being developed. Limited internal audit and external VFM audit assurance due to ICB only being established in July 2022. Full plans are required in respect of QIPP and risk mitigations, supported by robust QIA/EIA's.</p>				
Mitigating actions						Update on progress/mitigation actions due this month			Target Date	Lead
Implementation of a robust 'Non-Core Funding Policy' to ensure appropriate oversight over commitments against additional funding received by the ICB.						Non-Core Funding Policy approved by the Executive Team on 25th of July 2023 with the process now live on the ICB intranet.			Completed	K Hollis
Implementation of a robust process for ensuring deliverability of QIPP and mitigation plans, overseen by the 'Sustainability Group'.						Sustainability Group established 10 May 2023 with clear expectations and reporting timeframes for each workstream. This has been supplemented by Exec team 'Deep Dives' into QIPP and mitigation plans to assess ability to deliver in year.			Completed	A Harrison
Full review of the 'Scheme of Delegation' to ensure appropriate assignment of authorisation thresholds following implementation of new ICB functional structures and full budget holder delegation.						Full review of the SoD undertaken, reviewed by Audit Committee on 21 June 2023 and approved by the ICB Board on 5th July 2023.			Completed	K Disley
Implementation of strict non pay expenditure controls to support the centralisation of non-pay budgets and requests requiring Chief Executive Officer and Chief Finance Officer approval.						Non pay controls process approved by the Executive Team on 25th July 2023 with the process live on the ICB intranet.			Completed	E Collier
Maintaining strict pay controls via the ICB Establishment Group. Revised Assignment Change Form to be implemented with oversight of all employee changes via Establishment Group. Formal approval of all changes required by Chief Executive Officer and Chief Finance Officer.						Revised Assignment Change form in place. Revised process in place to approve all vacancy requests against the additional system controls implemented as part of financial recovery. Process and documentation requirements all live on the ICB Intranet.			Completed	K Disley
Implementation of the 'Recovery and Transformation Plan' which will enable the ICB to perform the oversight and assurance role delegated from NHSE regional team starting from Q2, with Providers to be held to account for financial delivery through Improvement and Assurance Groups.						The first Integrated Assurance meetings took place on 30th August and are being held monthly. The first meeting of the Recovery and Transformation Board will take place 19th September.			27.10.23	S Downs

<b>Risk Description: That the workforce transformation programme does not: address the significant use of high-cost locum and agency; mitigate the in-year financial pressures or support the longer-term system financial sustainability of the system.</b>						
<b>Risk ID:</b> ICB-009	<b>Strategic Objective:</b> SO3		<b>Level 1-3:</b> 2	<b>Risk Analysis Q1 – Q3:</b> ↔		<b>Current Risk Score: 12</b>
<b>Executive Lead:</b>	<b>Assuring Committee:</b> People Board		<b>Date added to BAF:</b> 13 June 2023	<b>July</b>	<b>August</b>	<b>September</b>
<b>Initial Treated Risk Score</b>			<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>		
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>	
3	4	12	3	2	6	31/03/2026
				12	12	12
				12		12

<b>Controls:</b>	<b>Gaps in controls</b>
The ICB has worked with all system partners to agree 5 system-wide workforce priority programmes of work for 2023/24 which address the ICB's strategic workforce priorities, as set out in the NHS People Plan. These priority programme areas were presented to and approved by the ICB People Board at its meeting in March 2023. System workforce leaders (NHS providers & LA) have been appointed as Senior Responsible Officers to lead each of these work programmes. People Board updates on all programmes to each meeting; deep dives into one of the 5 programmes to each meeting of the People Board. Project initiation documents were approved by People Board in May for each priority.	None currently
<b>Assurances:</b>	<b>Gaps in assurances:</b>
Governance will be through the ICB Executive, Recovery & Transformation Board and the ICB People Board, with updates on all programmes to each meeting of the People Board and a deep dive into one of the 5 programmes to each meeting of the People Board.	People Board has not met since May 2023. New Chair of People Board recently appointed and interim Chief People Officer in place following resignation of previous post holders. Next meeting scheduled for November where focus will be placed on reviewing progress against each of the 5 programmes.

**Opportunities: Partnership working between individual organisations, the Provider Collaborative Board, Local Authorities and VCFS. Temporary workforce optimisation (collaborative bank) is in mobilisation phase as well as shared corporate services. Building high calibre system leadership with partners to drive transformational change, improvement, and sustainability.**

<b>Mitigating actions</b>	<b>Update on progress</b>	<b>Target Date</b>	<b>Lead</b>
<b>Priority 1:</b> Deliver sustainable workforce capacity. • To deliver the 23/24 workforce plans (Operating Plan), working with providers and wider partners to implement collaborative schemes and interventions to deliver the workforce capacity commitments within the 23/24 operating plans. There are six projects to deliver this priority each with an extensive delivery plan.	Extensive action plan in place which is in progress	31.03.2024	Emma Davies
<b>Priority 2:</b> Develop the Culture of Equality, Diversity, Inclusion and Belonging for our People. An extensive action plan is in place which includes delivery of ICS belonging implementation plan, development and implementation of a system wide governance framework and development and implementation of EIA template embedding into everyday business.	Extensive action plan in place which is in progress	31.03.2024	Aisha Chaudhary
<b>Priority 3:</b> Transform and innovate through People Digital PCB plan, Phase 1 – baseline of current workforce management systems to provide an insight into the number of workforce systems used across the PCB, the associated cost and whether they are fit for purpose. An understanding of the key stakeholders involved in People Digital An overview of ongoing programmes of work that may be of relevance to the People Digital Plan Phase 2 – Development of a localised Digital People vision for Lancashire and South Cumbria PCB	Extensive action plan in place which is in progress	30.09.2023	Emma Davies
<b>Priority 4:</b> Improve the Health and Wellbeing of our People. There are five projects to deliver this priority each with an extensive delivery plan.	Extensive action plan in place which is in progress	31.03.2024	Andrea Anderson
<b>Priority 5:</b> Optimise Workforce Productivity and Transformation across our system. An extensive action plan is in place to deliver this priority, which includes: Baseline Social Care workforce, education and training priorities and articulate the 'as is position' vs the 'to be position' by Jan 24 Develop a careers and education pathway from school to employment for two key hard to recruit to roles by Feb 24 Identify immediate opportunities for widening participation, including VCFS capacity within health and care by Mar 24. Baseline Social Care workforce, education, and training priorities for the ICS. Establish health and care training & education plan March 24 Productivity deep-dives with all providers, focus on optimising workforce capacity/activity in areas where FTEs have increased. Data led-focused on driving increased productivity to improve efficiency, quality, and performance. This is key to delivering the 23/24 operating plan.	Extensive action plan in place which is in progress	31.03.2024	Lee Radford


Risk Description: That national and locally determined performance targets are not achieved, and constitutional targets not delivered.											
<b>Risk ID:</b> ICB-010			<b>Strategic Objective:</b> SO5			<b>Level 1-3:</b> 2		<b>Risk Analysis Q1-Q3:</b> ↓		<b>Current Risk Score: 25</b>	
<b>Executive Lead:</b> Asim Patel			<b>Assuring Committee:</b> Finance and Performance Committee			<b>Date added to BAF:</b> 19 April 2023		July	August	September	October
<b>Initial Treated Risk Score</b>			<b>Target Risk Score</b>			<b>Target Risk Score Date:</b>		20	20	20	25
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>	31/03/2024		20	20	20	25
4	5	20	4	4	16						

<b>Controls:</b>	<b>Gaps in controls</b>
Quality Committee oversight A&E Delivery Board oversight Urgent and Emergency Care Network Urgent and Emergency Care Business Assurance Framework Introduction of the Improvement and Assurance Groups for each provider that reports to the Recovery and Transformation Board.	Impact of industrial action on capacity for planned care, financial constraints of the system, Variable trust (5 NHS Trusts and independent provider in one locality) performance against national oversight framework. Varied existing models, Impact of winter pressures on system recovery, Ambulance performance significantly below target, Overcrowded A&Es resulting in delays leading to longer hospital stays, Too many low priority cases and mental health cases presenting at A&E, Variable take up of Virtual Wards, Cancer performance below target, and issues in particular are specialties across system, Workforce constraints, Primary care workforce and capacity.
<b>Assurances:</b>	<b>Gaps in assurances:</b>
LSC ICB Resilience and Surge Planning Urgent and Emergency Care (including UEC action plan) report to board, ICB Performance Report, F&P committee, Quality Committee reports, Improvement and Assurance meetings with providers, Recovery and Transformation Board.	System is working through major backlog and looking to deliver no >65 ww by March 2024; however, impact of IA is significant challenge, Rates of DTOC are variable (ranging from 5% in Pennine Lancashire to 22% in Morecambe Bay), LSC system is rated overall as SOF3.

<b>Mitigating actions</b>	<b>Update on progress/ mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
LSC ICB in discussion with UHMB to agree support and accountability package to progress to SOF status 2 within 18-24 months.	October meeting to agree SOF4 to SOF3 exit assuming good progress against agreed targets.	01.09.23	Roger Parr
Sustain elective recovery - reduce waiting list to maximum 65 weeks by end of March 2024	Weekly monitoring – risk of IA	31.03.24	Gary Doherty
Reduce Delayed Transfers of Care - Review variation in discharge teams, intermediate bed capacity, community services and capacity in domiciliary care	In progress	31.10.23	Jayne Mellor
Improve Urgent and Emergency Care - Improve take up of virtual ward - Reduce long waits - Minimise ambulance handover delays	Working groups monitoring utilisation Strategy developed with ECIST	31.10.23	Jayne Mellor




**Risk Description:** There is a risk that major and sustained failure of essential IT systems may prevent us from delivering our key current and future functions and responsibilities.

<b>Risk ID:</b> ICB-012	<b>Strategic Objective:</b> SO4	<b>Level 1-3:</b> 1	<b>Risk Analysis Q1-Q3:</b> 				<b>Current Risk Score: 15</b>
<b>Executive Lead:</b> Asim Patel	<b>Assuring Committee:</b> Finance and Performance Committee	<b>Date added to BAF:</b> 16 May 2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
<b>Initial Treated Risk Score</b>		<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>				
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
5	3	15	5	2	10	31/03/24	
			15	15	15	15	

<b>Controls:</b>	<b>Gaps in controls</b>
<ul style="list-style-type: none"> <li>1. Procurement Frameworks</li> <li>2. Trust Digital Strategy</li> <li>3. Performance framework and KPI's</li> <li>4. Cyber Security Response Plan</li> <li>5. Benchmarking</li> <li>6. Workforce Development</li> <li>7. Departmental Risk Register and management</li> <li>8. Organisation/supplier Disaster Recovery Plan and restore procedures.</li> <li>9. Organisation/supplier Backup Systems</li> <li>10. Engagement with L&amp;SC Cyber Security Group</li> <li>11. Cyber Associates Network Membership</li> <li>12. Organisation/supplier Business Continuity Plans</li> <li>13. Care Cert Response Process</li> <li>14. Project Management framework</li> <li>15. Information asset owner / administrator register.</li> </ul>	<ul style="list-style-type: none"> <li>1. Minimal Cyber Security Personnel</li> <li>2. Lack of Technical Development of Trust Staff</li> <li>3. Lack of visibility of supplier risk</li> <li>4. Legacy CCG risk (RR208) cited roll out of new NHS IT system as main barrier to LeDeR reviews being carried out within 6-month timescale.</li> </ul>
<b>Assurances:</b>	<b>Gaps in assurances:</b>
<ul style="list-style-type: none"> <li>1. Information Governance Oversight Group</li> <li>2. Board level cyber risk</li> <li>3. DSPT return.</li> <li>4. MIAA DSPT Audit</li> </ul>	<ul style="list-style-type: none"> <li>1. Lack of visibility digital solutions ICS</li> <li>2. Lack of visibility of supplier assurance</li> </ul>

<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
Digital Project ID 308 – Cyclic Refresh - Agreement of a cyclic technology refresh plan ensuring we have technologies in place to handle the needs of our front-line staff whilst balancing the benefits and risk of spend.	A full review of IT and digital service provision of the three ICB and primary care suppliers is taking place. An options appraisal will be submitted to the ICB board for a decision about the direction of travel for IT support for the organisation. A full transparent audit will be completed for all primary care supported devices by the chosen supplier/s and a cyclic refresh plan will be developed to satisfy annual requirements.	30.11.23  31.03.24	Peter Kelly Andrew Thompson
Ensure collation and understanding of all current contracts, expiry dates and impact on services. Ensure all contract management goes through a central procurement/contracting function to facilitate common process and risk reduction.	Digital contracts register to be developed. All contracts will be discussed with the procurement lead to ensure that any standard or required clauses around cyber will be built into the contracts that we are able to sign off at an ICB level.	31.03.24	Joe McGuigan
Ensure mandatory training and awareness monitoring for all staff and specific training for appropriate individuals in line with national requirements, with review of incident RCAs to see if training needs are appropriate.	Discussions have taken place with leads in the information governance team to develop a more bespoke training plan for Cyber and IG for later this year and next year. However, this may require additional funding and any bespoke training approved by Exec Team. The 1st objective is to collect Training Needs Analyses and requirements from departments and build this into a plan. This approach is to be approved by IG group in October.	31.01.24	Joe McGuigan
Preparation for major incident e.g., power outage or cyber-attack. Carry out regular exercises including senior and front-line staff to ensure awareness and understanding of loss of digital technologies.	Senior staff continue to attend / participate in local exercises to respond to various types of incidents, including power outages. A local exercise will be developed to improve awareness around the potential loss of digital technologies across the ICB, linking in with the digital team, providers and primary care. The Head of EPRR is meeting with the IG Team and Digital Security Lead (4th Oct) to continue the planning of a tabletop exercise/ test.	31.03.24	Alison Whitehead

**Risk Description:** There is a risk the system-wide estates plans and LSC Health Infrastructure Strategy is not delivered due to a historic lack of adequate investment, gaps in estates staffing and other resources, which could result in inadequate patient experience, an increased number of complaints and adversely impact on the reputation of the ICB and its wider partners.

<b>Risk ID:</b> ICB-013	<b>Strategic Objective:</b> SO4	<b>Level 1-3:</b> 1	<b>Risk Analysis Q1 - Q3:</b> 				<b>Current Risk Score: 15</b>
<b>Executive Lead:</b> Sam Proffitt	<b>Assuring Committee:</b> Finance and Performance Committee	<b>Date added to BAF:</b> 19 April 2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
<b>Initial Treated Risk Score</b>		<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>				
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
5	3	15	5	2	10	31/03/2024	
			<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	

<b>Controls:</b>	<b>Gaps in controls</b>
<p>The LSC health infrastructure Strategy was endorsed by the ICS in March 2022 setting out the aspirations and high-level investment plans to 2040.</p> <p>Support has been secured to work with Primary Care Networks and wider partners to develop neighbourhood estates plans to inform the proposed prioritised investment.</p> <p>The proposed delivery planning approach to the implementation of the Fuller stocktake recommendations including the development of a system wide estates plan were approved by the ICB in July 2022.</p>	<p>Workforce – unfunded vacant posts in ICB estate's structure will impact the ability to undertake the necessary work required across the estate's footprint.</p> <p>Finance – delivery plan required and associated capital resource.</p> <p>Historic under-investment in primary care estate development.</p>
<b>Assurances:</b>	<b>Gaps in assurances:</b>
<p>Reports to the board.</p> <p>Strategic Infrastructure minutes</p> <p>Regular Executive oversight via Director for Strategic Estates</p>	<p>Increasing complaints.</p> <p>Local public, political and MP attention.</p>

<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
ICB Infrastructure Strategy to November Board	The ICB Infrastructure Strategy is currently being updated to the latest template provided by the national team at NHSE. This needs to be endorsed by the Board prior to submission to the national team.	31.12.23	Alistair Rose
Funding sought this year 23/24 for additional primary care estates support from NHSE source.	A funding bid has been submitted; outcome awaited.	31.12.23	Alistair Rose
Job descriptions for vacant posts to be developed (currently on hold)	Job descriptions still under development - completion date 30.06.23 - more robust action plan will be developed when vacant posts recruited to.	29.09.23	Alistair Rose

**Risk Description:** There is a risk that Places will not develop with sufficiently because the operating model for the ICB is not yet clear. This will result in Places being unable to deliver on the needs of the population as set out in the ICPs Integrated Care Strategy, the ICB's Joint Forward Plan and their own locally defined priorities.

<b>Risk ID:</b> ICB-016	<b>Strategic Objective:</b> SO6	<b>Level 1-3:</b> 2	<b>Risk Analysis Q1 – Q3 :</b> ↔				<b>Current Risk Score: 12</b>
<b>Executive Lead:</b> Kevin Lavery/ Craig Harris	<b>Assuring Committee:</b> ICB Executive	<b>Date added to BAF:</b> 13 June 2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
<b>Initial Treated Risk Score</b>		<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>				
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
3	4	12	3	2	6	31/12/2023	
			12	12	12	12	

<b>Controls:</b>	<b>Gaps in controls</b>
<p>Place development workshops held in December 2022. Significant feedback on ICB consultation relating to resource allocation to places. Models for place resourcing now defined post-consultation. 'Place Integration Deal' approved by the ICB Board 05.07.2023. Engagement plan for 'Place Integration Deal' sets out how to include perspectives from range of partners. Work completed with ICB population health directorate re ways of working and resource allocation. Work underway with the ICB Primary and Integrated Neighbourhood Care (PINC) directorate to translate integration deal into practical ways of working. Place Away Days scheduled each month to focus on place development and the place integration deal. Working group established to review progress on place governance and delegations. Self-Assessment process to understand places readiness for partial devolution from April 2024 in development, with a view to ICB Board receiving and approving this in November 2023. The Place Integration Deal Delivery group (PIDDG) established and held its inaugural meeting on 03.10.23. This group will oversee the co-creation and implementation of a workplan that will ensure implementation of the Place Integration Deal. Chaired by the ICB Partner Member for Primary Medical Services, the group will provide updates and make recommendations to the ICB Board and Local Authority meetings as required to support specific elements of the workplan and/or specific agenda items of these groups.</p>	<p>Conversations not always held in meetings that are formally minuted.</p>
<b>Assurances:</b>	<b>Gaps in assurances:</b>
<p>Strategic narrative for places agreed. Outputs from place development workshops held in December 2022, including recommendations. Discussions via ICB Executives meetings, Provider Collaborative and in places. Progress reporting to the ICB Board. Place Integration Deal Delivery group (PIDDG) notes to be provided from 03.10.23 and subsequent meetings. Progress reporting from the PIDDG to the ICB Board.</p>	<p>None currently identified</p>

<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
Place Integration Deal' in development	There have been discussions in each of the four places with the provider collaborative and local authority chief executives. Approved by the ICB on the 5th July 2023.	Completed	Claire Richardson
Application of the place integration deal to the ICB population health directorate	Completed	Completed	Victoria Ellarby
A Common Place development programme to support the implementation of the devolution 'Place Integration Deal' is in progress	Content agreed to support the 'Place Integration Deal' and will be refined as the deal is further developed and agreed.	31/03/2024	Jane Cass
Alignment of resources to Places as ICB consultation outcome is implemented	Named links for places being collated. Phased approach to transitioning to place-based ways of working aligned to priorities across all places and within each place. Recruitment for Place Clinical Care and Professional Leads has been completed.	31/03/2024	Andrea Anderson
Application of the place integration deal to the ICB primary and integrated neighbourhood care directorate	Seeking DHCI and CCPL sponsorship from places. Place Development Away Day has been delayed to maximise attendance. However, work remains on track for completion in September 2023 and will be shared for discussion via alternative route.	15/09/2023	Jane Cass
Recruitment of subject matter specific CCPL roles to places	Review of job descriptions completed by South Cumbria place development lead and ICB subject matter experts. These are ready for adoption by other places as required. Recruitment timetable in development, staggered to accommodate availability of recruiting managers. South Cumbria place will have concluded recruitment by the end of October 2023. Not all places need to recruit - some individuals have been matched into roles.	30/11/23	Andrea Anderson




**Risk Description: There is a risk that the ICB will fail to deliver support to the organisations to improve high quality operational delivery of services by achieving at least NOF 2 segmentation rating.**

<b>Risk ID:</b> ICB-019	<b>Strategic Objective:</b> SO1	<b>Level 1-3:</b> 2	<b>Risk Analysis Q1 – Q3:</b> ↔				<b>Current Risk Score: 12</b>
<b>Executive Lead:</b> Sarah O'Brien David Levy	<b>Assuring Committee:</b> Quality Committee	<b>Date added to BAF:</b> 19 April 2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
<b>Initial Treated Risk Score</b>		<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>				
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
4	3	12	4	2	8	29/03/2024	
			12	12	12	12	

<b>Controls:</b>	<b>Gaps in controls</b>
Documentation and data analysis on quality. Exec to Execs conversations and regular Board to Board meetings. Regular on-site visits. NW Regional Quality Group meets quarterly, opportunity to escalate System Quality issues. ICB representation at internal Provider assurance forums. Joint working with NHSE/I, ongoing system support, oversight via National Recovery Support Programme, and Maternity Service Support Programme. System Improvement Boards in place with transitional arrangements to ICB lead assurance and improvement groups for Q2 2023/24. RTT recovery with regional support in place. IAGs in place for all acute providers apart from BTH who will transition from System Improvement Board to ICB IAG in November 2023, with appropriate escalation pathways in place. Establishment of monthly ICB exception reporting against the improvement and sustainability criteria, with defined escalation pathway into ICB IAG. Established ICB Quality Committee which has delegated responsibility and accountability to ICB Board. Ongoing implementation of PSIRF, with ICB oversight. Responsive quality visits/ liaison with Trusts when data or intelligence triggers.	Embedded standardised and consistent ICB internal approach to governance with Providers. Schedule of regular of visits across all LSC acute providers. Although ICB signalled requirement, full audit of quality governance arrangements not yet concluded. Ongoing demand which is creating pressures for ED and patient flow. This has the potential to impact Provider ability to embed improvement. Whilst work has been ongoing to refine the content of improvement and sustainability plans, the providers needs to ensure internal governance pathways are followed.
<b>Assurances:</b>	<b>Gaps in assurances:</b>
NICHE overview of ICB processes for the delivery of assurance for pathway specific investigations. • Existing internal ICB data quality monitoring processes in place (contract data, quality visit outputs and trust committee papers) to allow for identification of emerging quality themes and trends. • Existing ICB staff aligned to Patient Safety Specialist roles and continued system-wide support in relation to the implementation of PSIRF and sharing learning both at place and system wide. • Established escalation routes both internally, with providers for concerns.	Multiple providers not meeting all CQC Standards and lack of pace with improvements. System challenges continue in relation to patient flow which is impacting on capacity within providers and hampering ability to provide assurance of sustained quality improvements in some areas. System financial deficit results in increased risk to sustainable improvement and recovery. ICB inter-function relationships are maturing in order that the ICB quickly reviews its support offer in relation to demand pressures within providers and across the system. Lack of clarity regarding regional intent in relation to movement of NOF score positions for Providers due to the challenging financial environment.

**Opportunities: Scope for collaborative working between system partners which will allow for improved clinical pathways and enhanced patient experience and outcomes as part of a support offer.**


<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
SOF exit criteria metrics agreed with providers that allow for effective measurement of achievement to improve segment rating position.	Revised set of ToR for Improvement and Assurance Group, internal assurance meetings being aligned across Place.	30.06.2023	ICB Director of Quality Assurance and Safety and ICB Medical Director
Implementation of ICB groups for all acute providers. This includes Trust facing ICB chaired contract meetings, ICB internal Oversight Group and Trust facing ICB chaired Improvement and Assurance Group.	The aim is to have these groups in place by end of July 2023.	31.07.2023	ICB Director of Quality Assurance and Safety, Associate Directors for Quality and ICB Medical Director
Understand the offer of expertise from the Cancer Alliance and the Integrated Stroke Delivery Network and other improvement network programmes such as GIRFT, virtual ward, hospital at home.	Initial scoping is due to commence, awaiting confirmation of enhanced support requests from providers.	30.09.2023	ICB Director of Quality Assurance and Safety, Associate Directors for Quality
Engagement with the Provider Collaborative and other system partners regarding support for SOF segment improvement.	It is anticipated that IAG will receive updates on improvement programmes with annual plans, quarterly reporting that align with ICB/ ICP strategy and priorities and underpinned by quality and equality impact assessments.	30.11.2023	ICB Director of Quality Assurance and Safety, Associate Directors for Quality and ICB Medical Director
System financial deficit and delivery of financial sustainability to support the clinical strategy, improvement, and transformation.	Plans are in train to: • Development of a system level recovery strategy • Development of a system financial framework to support the financial recovery strategy/clinical strategy & Improvement & Transformation Timeframe for achievement steered by Finance function.	31.03.2024	ICB Director of Strategic Finance

<b>Risk Description:</b> The health and wellbeing of the population is diminished because of the cost-of-living crisis leading to a widening of health inequalities. The risk is that the positive impact of Population Health Programme will be reduced.											
<b>Risk ID:</b> ICB-020		<b>Strategic Objective:</b> SO2		<b>Level 1-3:</b> 1		<b>Risk Analysis Q1 – Q3:</b> 		<b>Current Risk Score: 16</b>			
<b>Executive Lead:</b> David Levy		<b>Assuring Committee:</b> Quality Committee		<b>Date added to BAF:</b> 16 May 2023		<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>		
<b>Initial Treated Risk Score</b>			<b>Target Risk Score</b>			<b>Target Risk Score Date:</b>					
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>	<b>01/04/2024</b>					
4	4	16	4	3	12	N/A			16	16	16

<b>Controls:</b>						<b>Gaps in controls</b>					
<p>Quarterly meetings are being arranged with DsPH. Associate Medical Director has bi-monthly meetings with Director of Population Health and DoPH and Associate Medical Director meets monthly with Place Directors.</p> <p>Regular discussions through meetings, emails and telephone calls with finance team.</p> <p>Place based Pop Health leads have worked with BI team to identify wards with biggest need. Early results now available from community engagement and options for action being identified.</p> <p>Monthly best practice sessions are organised to communicate, discuss, and share best practice.</p> <p>Resource deployment papers are regularly discussed with the Pop Health senior team and included within the action logs.</p>						Agreed system wide health inequalities dashboard.					
<b>Assurances:</b>						<b>Gaps in assurances:</b>					
<p>ICB Prevention and Health Inequalities Steering Group has been established to provide oversight of plans and risks.</p> <p>Health Inequalities quarterly reporting to NHSE and oversight meetings.</p> <p>Population Health Team is continuing priority ward work within our programme.</p>						Lack of metrics to measure impact of health inequalities.					

<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
Working jointly with Directors of Public Health and Place Directors to align priorities and programme objectives	The place integration model for population health has been developed and proposed including next steps regarding joint work with public health.	Completed	Andrew Bennett
The ongoing work led by Health Inequalities Clinical Leads in each neighbourhood	Following completion of the academy program Health Inequalities leads are now proceeding with their projects and leading on health inequalities in each PCN.	Ongoing	Julia Westway Health Inequality Leads
Investment in the community to address poverty and cost of living	Discussion with DHCI's underway regarding the allocation of population health investment funds equitably across LSC ICB. Additional support from finance team agreed to support this process as part of a wider allocation to resources to places. Request submitted to discretionary spend panel to release funding.	30/11/23	Andrew Bennett
Realistic benefits monitoring	Performance framework and return of investment approach being developed. Work is ongoing with an in-year target date.	31/03/24	Gary O'Neil Paul Hegarty
Establish a set of metrics with Public Health for the ICS	Work underway as part of the ICP strategic plan. Discussions ongoing with places for the development of metrics.	30/11/23	Andrew Bennett

**Risk Description:** There is a risk that staff will leave non-NHS statutory bodies because the recent NHS pay award does not apply to them and it will be harder to recruit to nursing and AHP roles in these sectors as AFC terms and conditions do not apply. If realised this will directly impact on services and the system's ability to deliver operationally and strategically. The outcome will be key sectors of the system, pivotal to integrated system working will not be able to deliver core services or support UEC schemes.

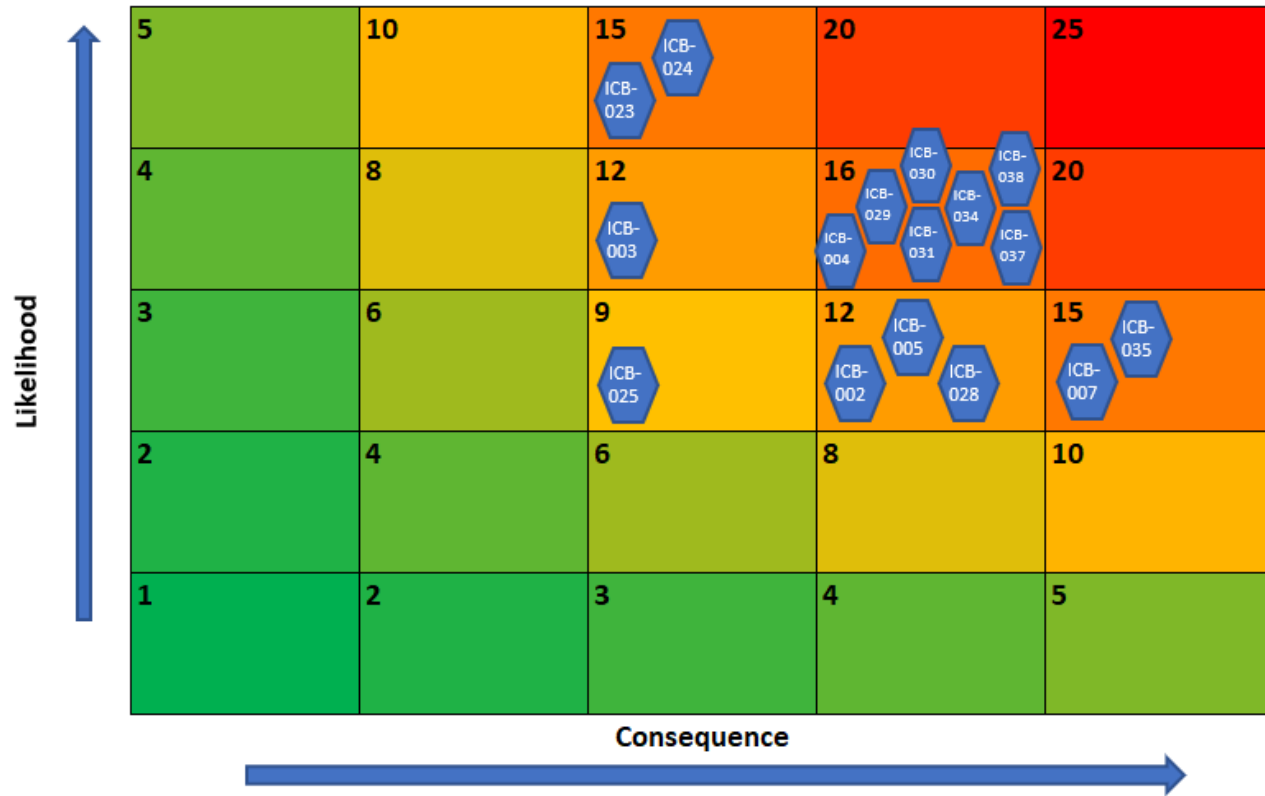
<b>Risk ID:</b> ICB-033	<b>Strategic Objective:</b> SO3	<b>Level 1-3:</b> 3	<b>Risk Analysis Q1-3:</b> 				<b>Current Risk Score: 16</b>
<b>Executive Lead:</b> Sarah O'Brien/Chief People Officer	<b>Assuring Committee:</b> People Board	<b>Date added to BAF:</b> 29/08/2023	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
<b>Initial Treated Risk Score</b>		<b>Target Risk Score</b>	<b>Target Risk Score Date:</b>				
<b>C</b>	<b>L</b>	<b>C x L</b>	<b>C</b>	<b>L</b>	<b>C x L</b>		
4	5	20	4	3	12	31/01/2024	
			<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	
			N/A	16	16	16	

<b>Controls:</b>	<b>Gaps in controls</b>
Meeting being arranged with regional colleagues. Regular meetings with primary Care Training Hub leads to offer support and ongoing discussions about recruitment & retention	The variation in terms and conditions across primary care - need to explore if ICB can mandate any standardisation of this but a challenge as independent contractors - need to push this through PCN meetings and explore alternative benefits to pay e.g. protected CPD time.
<b>Assurances:</b>	<b>Gaps in assurances:</b>
Feedback from Primary care training hub and staff working in other sectors vacancy and turnover rates	

<b>Opportunities: New NHSE workforce plan and ICB Workforce strategy</b>			
<b>Mitigating actions</b>	<b>Update on progress/mitigation actions due this month</b>	<b>Target Date</b>	<b>Lead</b>
Escalation to Regional NHSE as the pay award is a national issue, planning to raise National Director Primary Care	The issue has been escalated; discussions continue.	31.1.24	Sarah O'Brien
Raised at People Board previously and will raise again - this may improve morale in primary care	This work is ongoing.	31.1.24	Sarah O'Brien/Lee Radford
Initiated discussions with Primary Care Team about better representation of nurses in PCN	This work is ongoing.	31.1.24	Sarah O'Brien
ICB workforce strategy in development and needs to include these sectors	This work is ongoing.	31.1.24	Lee Radford

## Appendix C: Corporate Risk Register Heat Map and High-Level Dashboard

CRR Risks Heat Map



Summary of CRR (Click here for full CRR)

Risk ID	Risk Title (no more than 20 words)	Type of Risk	Strategic Objective at Risk	Exec Lead	Directorate/ Functional Area	Assuring Committee	Initial Treated Risk Score	Current Risk Score	Target Risk Score	Target Date for Reducing/ Closing the Risk	Risk Progress
ICB-002	Failure to deliver statutory safeguarding duties	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Safeguarding	Quality Committee	12	12	8	29/03/24	→
ICB-003	LeDeR	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Nursing - general	Quality Committee	15	12	6	31/03/24	→
ICB-004	Learning Disability and Autism - inpatient services	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	20	16	12	31/05/24	→
ICB-007	Quality of Maternity and Neonatal Care	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	CYP and Maternity	Quality Committee	15	15	10	31/03/26	→
ICB-023	CYP Autism Assessment	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	CYP and Maternity	Quality Committee	15	15	12	24/11/23	→
ICB-024	Adult Autism Assessments	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	15	15	12	28/03/24	→
ICB-028	The fragility of the care sector impacting on quality and wider system resilience.	Level 3 - ICB - (System Partners Supporting Integration)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	12	12	9	01/04/24	→
ICB-031	Waiting times for Adult ADHD	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy	Mental Health	Quality Committee	16	16	12	31/12/23	→
ICB-030	Waiting times for CYP ADHD	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy	Mental Health	Quality Committee	16	16	12	31/12/23	→
ICB-034	Maternity Services Risk - Lack of a secure shared data environment is preventing the establishment of dashboards and system wide BI reporting to statutory obligations	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	CYP and Maternity	Quality Committee	20	16	4	29/12/23	→
ICB-035	East Lancashire Trust letters and discharge notices not reaching GPs correctly	Level 3 - ICB - (System Partners Supporting Integration)	1. Improve quality, including safety, clinical outcomes and patient experience	Asim Patel, David Levy	Digital	ICB Execs	25	15	6	30/11/23	→
ICB-037	Medicines shortages impacting clinical time and financial balance	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy, Sarah O'Brien	Meds Optimisation	Quality Committee	20	16	12	31/03/24	NEW
ICB-005	Cancer Performance (backlog reduction)	Level 2 - ICB (NHS System Oversight)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Cancer Alliance	Quality Committee	12	12	4	29/09/23	→
ICB-038	High levels of Oral Health issues (Dental Caries) and the longer time to recover from COVID means patients are having difficulties in accessing routine dental access or specific services to manage oral health issues.	Level 1 - ICB (Our Statutory Responsibility)	2. To equalise opportunities and clinical outcomes across the area	Craig Harris	Primary Care	Primary Care Commissioning Committee	16	16	8	31/03/26	NEW
ICB-025	Complexity in development of the South Cumbria place	Level 2 - ICB (NHS System Oversight)	6. To develop and implement ambitious, deliverable strategies	Craig Harris	Health and Care Integration	ICB Execs	9	9	3	31/12/23	→
ICB-029	Failure to deliver the Community Transformation Programme	Level 3 - ICB - (System Partners Supporting Integration)	6. To develop and implement ambitious, deliverable strategies	Emma Davies, Sarah O'Brien	People - Transformation	Quality Committee	16	16	8	01/09/25	→