

Integrated Care Board

Date of meeting	13 March 2024
Title of paper	Board Assurance Framework and Risk Management Policy
Presented by	Sam Proffitt Chief Finance Officer
Author	Debra Atkinson, Company Secretary/Director of Corporate Governance Claire Moore, Head of Risk Assurance and Delivery
Agenda item	7
Confidential	No

Executive summary

Effective risk management processes are central to providing the Integrated Care Board (ICB) 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 (BAF), relating to the achievement of the ICB's strategic objectives. Also provided is an update on the reporting of risks through the ICB's assuring committees, and a high-level summary of all risk management activity undertaken during the reporting period to provide the board with oversight of the management of all risks held by the ICB.

The report includes an update of the work currently underway following a detailed review of the risks held on the BAF undertaken by the executives and Senior Responsible Officers (SROs). This included a focused review on the risk descriptions, risk scores, controls, assurances, gaps in controls and gaps in assurances. Following this, a facilitated discussion was held with members of the executive management team to "horizon scan" for potential future risks and opportunities aligned to the strategic objectives of the ICB and the medium- and longer-term strategic intentions to achieve these.

A board development seminar is scheduled for Q1 2024 to build on this work and the outputs will be incorporated into the updated BAF and presented within the next scheduled update to the board in July 2024.

The report also presents for review and approval the ICB's Risk Management Strategy and Policy 2024-2027 which includes the ICB's risk appetite statement. Following approval these will be published on the ICB's website, communicated to all staff and then implementation supported by the corporate team to ensure the ongoing and 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 and the risks held in relation to the achievement of the ICB's strategic objectives;
- Note the summary provided in relation to risks held on the ICB's Corporate Risk Register (including a heat map and high-level summary dashboard).
- Approve the ICB's Risk Management Strategy and Policy 2024-2027 and risk appetite statement.
- Note the actions planned to support the implementation of this.

Which Strategic Objective/s does the report relate to:		Tick
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SO1	Improve quality, including safety, clinical outcomes, and patient experience	x
SO2	To equalise opportunities and clinical outcomes across the area	x
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	x
SO4	Meet financial targets and deliver improved productivity	x
SO5	Meet national and locally determined performance standards and targets	x
SO6	To develop and implement ambitious, deliverable strategies	x

Implications				
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	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)		
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Meeting	Dates	Outcomes
Audit Committee	January 2024	Risk Management Strategy and Policy reviewed and supported subject to minor amendments.
Executive Management Team	5 March 2024	Approved.

Conflicts of interest associated with this report

Not applicable

Impact assessments				
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	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
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Integrated Care Board – 13 March 2024

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 uses to discharge its overall responsibility for ensuring that an effective system of internal control is in place.
- 1.5 The report provides the latest position of the ICB's BAF for review and comment since the last update provided in November 2023. Also provided is an update to the board on the work currently underway following a detailed review undertaken by the executive risk owners leads and Senior Responsible Officers (SROs) of all risks held on the BAF.
- 1.6 The review focused on the current risks including risk descriptions, risk scores, controls, assurances, gaps in controls and gaps in assurances. A facilitated discussion was then held to consider the ICB's "risk universe" focusing on both external risks and opportunities. The executive team is now reviewing the BAF to ensure it accurately reflects the risks and opportunities to the strategic objectives of the ICB including the medium- and longer-term strategic intentions to achieve these.
- 1.7 The report also presents the ICB's Risk Management Strategy and Policy 2024-2027 for review and approval and includes the risk appetite statement. Following approval these will be published on the ICB's website, communicated to all staff and then implementation supported by the corporate team to ensure the ongoing and effective risk management approach of the ICB in the pursuit of its strategic objectives.

2. Review of ICB Risk Management Reporting and Oversight 2023/24

- 2.1 Throughout 2023/24 the ICB has maintained a robust 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 throughout the reporting period, and where relevant updated, through each of the relevant committees and the Executive Management Team (EMT).
- 2.2 The appendices to this report include:

- Board Assurance Framework Risks Heatmap and High-Level Dashboard (Appendix A);
- Full Board Assurance Framework position at March 2024 (Appendix B);
- Corporate Risk Register Heatmap and High-Level Dashboard (Appendix C) and
- A summary of risk management activity undertaken up to February 2024 (appendix D).
- Risk Management Policy (Appendix E)

2.3 These have enabled the EMT and the committees to undertake an in-depth focus on risks held by the ICB, with rich discussions and therefore increased oversight and assurance on the management of those risks.

2.4 Section 3 highlights any changes to those areas of risk which have been reviewed through the ICB's committees since the last update to board in November 2023.

3. Board Assurance Framework and review through the EMT and Assuring Committees

3.1 There are 12 risks currently held on the ICB's BAF, and the board is asked to note the further work currently under way described in sections 1.5 and 1.6 which be reported in the updated BAF scheduled for presentation to the board in July 2024.

3.2 Since the last update to the board in November 2023 one new risk has been approved for inclusion in the BAF:

- **Risk ICB-040:** There is a risk that healthcare provision across Lancashire and South Cumbria will be adversely affected because of the increasing frequency and intensity of extreme weather events due to climate change. These events can strain healthcare resources, disrupt service delivery and escalate demand for emergency medical care, potentially compromising the overall resilience of the healthcare system.

3.4 The risk relates to Strategic Objective 4 - Meet financial targets and deliver improved productivity, it is currently scored at 16 (C4/L4) with a target risk score date of 12 (L3) by March 2025. The actions to mitigate this risk focus on reducing the impact of commissioned services on climate change to a level that is acceptable to the ICB. This will include the development of a Climate Change Adaptation Plan (national guidance awaited) and will require collaboration across a range of stakeholders including buildings owners and those who manage the surrounding estates infrastructure.

3.5 Quality Committee (Strategic Objectives 1 and 2)

3.6 The Quality Committee has received one risk management report during the reporting period which included a detailed review of three risks held on the BAF (attached in full at Appendix B) and 12 risks held on the corporate risk register relating to the business of the committee.

3.7 The committee were alerted to action undertaken following review of BAF **Risk ICB-008** "That the ICB fails to meet its statutory financial responsibilities". Following the review of this risk at the Finance and Performance Committee in November 2023, the risk was re-assessed to capture the potential impact to the quality and safety of services and clinical outcomes as a result of the mitigating actions, and other controls, following the revised H2 Operational Planning submission in November 2023.

3.8 Following this a number of actions were undertaken including:

- The risk description was extended to include both the financial and quality impacts (Part A and Part B). This was to enable both the Quality Committee and the Finance and Performance Committee (F&P) to have visibility of the risk with distinction of those elements being overseen via each committee.
- The Chief Nursing Officer was co-opted as a member of Finance and Performance Committee.

3.9 The committee also noted an increase in the risk score and extension of target risk date to BAF **Risk ICB-019** (National Oversight Framework). This risk score was increased from “12” (C4 x L3) to “16” (L4) and the target risk date extended from 31 March 2024 to 31 December 2025. The rationale for the changes are in recognition of the agreed NOF segmentation transition timescales.

3.10 A full review of this risk is currently underway as described above.

3.11 Finance and Performance Committee (Strategic Objectives 4 and 5)

3.12 There are four BAF risks relating to the business of the F&P committee all of which have been reviewed during the reporting period. **Risk ICB-008** “Failure to achieve statutory financial responsibilities” was re-assessed following the H2 operational planning submission in November 2023 with the risk description extended to incorporate the potential impact on quality and safety of services including clinical outcomes (as described under 3.7)

3.13 Since the previous report to the board, significant work has been undertaken with regards to **Risk ICB-010** “Meet national and locally determined performance targets”. The risk score was previously increased from “20” (C4xL5) to “25” (C5) and the target risk date extended to 31 March 2024. Given the pressures nationally, the ICB is a high performer when benched marked across other ICBs and has received positive messages from NHS England in this regard. A full re-assessment is in progress and the updated risk will be reported in the next update to the board.

3.14 A board development session held on 6 December 2023 included a presentation on the ICB’s Infrastructure Strategy which was endorsed by the board. The presentation set out the national and local context, alongside key infrastructure priorities and timescales for delivery (2024 – 2045). The risks which could potentially impact on the delivery of the strategy were outlined and have been incorporated into **Risk ICB-013** “Delivery of the Lancashire and South Cumbria system-wide estates strategy”.

3.17 There have been no changes during the reporting period to Risk ICB-012 “Physical and digital infrastructure including cyber security and business continuity”; this risk is currently under review as outlined above.

3.18 Primary Care Commissioning Committee (PCCC) (Strategic Objective 2)

3.19 Following the review and re-assessment of the BAF risk relating to Dental Access as reported in the last update to the board, there are no risks held on the BAF relating to the business of the PCCC. The PCCC has reviewed the re-assessed risk - opened as ICB-038 High levels of Oral Health Issues which is held on the ICB’s CRR at a risk score of “16” and a target risk date of March 2026.

3.19 People Board (Strategic Objective 3)

3.20 There are two risks which relate to the business of the People Board including workforce transformation and recruitment and retention of workforce in non-NHS statutory organisations. Both risks are currently undergoing a full re-assessment as part of the review described in sections 1.5 and 1.6.

3.21 Executive Management Team and Exception Reporting (Strategic Objectives 1-6)

3.22 The EMT has received 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.

3.23 There are 3 risks held which are assigned to the EMT which includes the new BAF risk (ICB-040) described in section 3.2. Both Risks ICB-006 (implementation of Fuller recommendations) and ICB-016 (contribution of the ICB to the development of Place) are being fully reviewed in accordance with the review as outlined in the report.

3.24 The EMT are also currently assessing the risks associated with Urgent and Emergency Care Performance as part of the detailed work described above.

4.0 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 the board, 2 new risks has been added to the CRR:

- **Risk ICB-041:** There is a risk that the ICB will fail to deliver the strategic objectives of the net zero targets set out in the Green Plan 2022-2025 because of inadequate funding and resources for the NHS to decarbonize existing buildings and infrastructure. This will result in a failure to realise the long-term cost savings associated with sustainable practice and exacerbation of environmental health issues.

4.3 The actions to reduce this risk will be managed via the Estates team and the actions are aligned to the ICB's Infrastructure and digital strategies and will be mitigated through access to funding from the Public Sector Decarbonisation Scheme as well as advocating sustainable practices alongside our system partners.

- **Risk ICB-037:** There is a risk that the ongoing impact on global supply chain results in medicines shortages.

4.4 This risk was opened in October 2023 for review through the Quality Committee with an opening risk score of "16" (C4xL4) with a target risk score of "12" (L3), the target date has been extended from 31 March 2024 to 30th June 2024.

4.5 There have been two risks closed during the reporting period:

- **Risk ICB-028:** The fragility of the care sector impacting on quality and wider system resilience.
- **Risk ICB-035:** East Lancashire Hospitals Trust Discharge Letters not reaching GPs correctly.

4.6 The EMT approved the closure of both of the above risks in February 2024 as these had been mitigated to their target risk scores within the ICB's risk tolerance levels; both areas and any residual risk will be overseen at an operational level.

5.0 ICB's Risk Management Strategy and Policy (including Risk Appetite)

5.1 Since the last report to the board in November 2023, significant work has been undertaken to support the ICB's arrangements (including systems and processes) for risk management, including the presentation of a revised Risk Management Strategy and Policy (including risk appetite statements) which was reviewed and supported by the ICB's Audit Committee at its meeting on 25 January 2024.

5.2 The strategy and policy has been reframed and re-focused to provide a clear framework that reflects the ICB's maturing governance arrangements. A summary of revisions to the revised policy is provided below including updates to:

- Definitions and risk management terminology;
- Roles and responsibilities of the board, its committees and individuals within the ICB;
- The inclusion of the board approved Risk Appetite statement and risk tolerance;
- Revised risk stratification approach to ensure all risks are captured on the BAF or Operational Risk Register (previously named Corporate Risk Register) with risks deemed as 'High' or above having corporate oversight via the EMT, Committees or the board as appropriate;
- The proposed reporting frequency of the BAF to the board at least bi-annually, to affirm that sufficient levels of controls and assurances are in place in relation to the organisation's strategic risks;
- Reference to System Risk Management principles (co-developed in partnership with ICBs)
- Consideration given within the review to the recommendations made in the MIAA Risk Management Core Controls assessment.

5.3 The revised strategy and policy reflects the significant organisational development that has taken place during 2023/24 as well as further developments in the governance arrangements within the ICB. This has included work to support proactive risk management and reporting to the Primary Care Commissioning Committee from its Groups (Primary Medical, Pharmacy, Ophthalmology, Dental and Capital Working Group), through the development of the Groups' risk reporting arrangements.

5.4 The strategy and policy will remain under review to ensure it continues to align to the evolving roles and responsibilities of the ICB for risk management, including the transition of Specialised Services commissioning responsibilities from April 2024.

5.5 Following the board's approval, the Risk Management Strategy and Policy will be launched via publication on the ICB's website with staff communications via the staff newsletter to ensure all relevant staff are aware of the policy further to its implementation. This will be supported by the corporate team who will continue to provide 1:1 support for risk owners alongside the development of a comprehensive toolkit to provide all of the information and resources required to ensure the successful implementation of the revised arrangements as set out in the policy.

6. Future developments

- 6.1 A Board Development Seminar is scheduled for Q1 2024 and will include a review of the BAF and undertake a further facilitated “horizon scanning” exercise with the board to consider their view of the ICB’s “Risk Universe” including potential threats and opportunities and that these are reflected in the refreshed BAF.
- 6.2 This will then provide the 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 ICB and System Strategies.

7. Recommendations

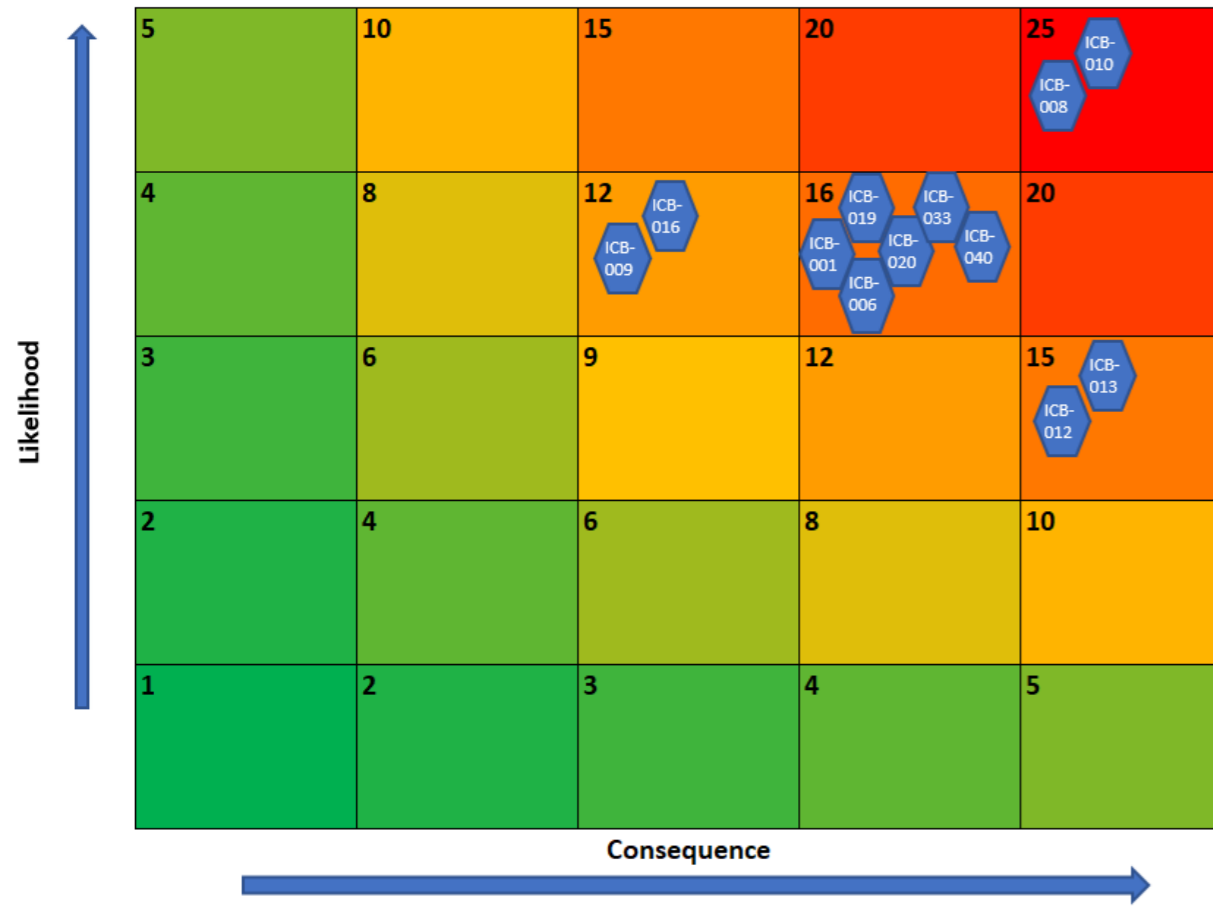
7.1 The board is requested to:

- Note the contents of the report;
- Review and comment on the Board Assurance Framework and the risks held in relation to the achievement of the ICB’s strategic objectives;
- Note the summaries provided in relation to risks held on the ICB’s Corporate Risk Register (including a heat map and high-level summary dashboard);
- Approve the ICB’s Risk Management Strategy and Policy 2024-2027 and risk appetite statement.
- Note the actions planned to support the implementation of this.

Debra Atkinson
Company Secretary/Director of Corporate Governance
13 March 2023

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


BAF Risks Heat Map



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	30/06/24	➔
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	16	8	31/12/25	➔
ICB-040	Climate change will result in an increase in frequency and intensity of extreme weather events which will negatively impact on our population and our ability to provide health and care.	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sam Proffitt	Strategic Estates, Infrastructure and Sustainability	ICB Execs	16	16	12	01/03/25	
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	16	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 2 - ICB (NHS System Oversight)	3. Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	Lee Radford	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	Lee Radford, Sarah O'Brien	People & Workforce	People Board	20	16	12	31/01/24	➔
ICB-008	System Financial Sustainability	Level 1 - ICB (Our Statutory Responsibility)	4. Meet financial targets and deliver improved productivity	Sam Proffitt	Strategic Finance	Finance and Performance Committee	20	25	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	Asim Patel	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 March 2024

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 Analysis Q1 – Q4: 		Current Risk Score: 16	
Executive Lead: Sarah O'Brien		Assuring Committee: Quality Committee		Date added to BAF: 19 April 2023	December	January	February	March
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			
4	5	20	4	3	12	30/06/24		

Controls:	Gaps in controls
<p>Quality Committee update reports and scrutiny (bimonthly) and ICB Delivery Board oversight (Funded Care Partnership and Governance Board - monthly).</p> <p>Weekly internal operational meetings to ensure cases are managed appropriately and in a timely manner - service now in-housed from 1st October 2023 - review weekly performance reports.</p> <p>Fortnightly assurance meetings with regional NHSE lead and agreed recovery trajectory.</p>	<p>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.</p>
Assurances:	Gaps in assurances:
<p>Quality Committee reporting</p> <p>Funded Care Partnership and Governance Board reporting</p> <p>Weekly Performance Reports</p> <p>Regional and fortnightly NHSE assurance meetings</p> <p>MIAA recovery workstream outcomes (external company sourced to complete Fast Track and CHC backlog reviews) - monitored weekly.</p>	<p>None currently identified.</p>

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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
Completion of a strategic plan for All Age Continuing Care	Objectives completed and will continue to be developed.	Complete	R Jethwa
Establish plan for reviewing data quality	Data Quality Plan continues to be developed and actions completed according to programme plan, this action is now complete as built into the programme.	Complete	R Jethwa
MIAA Solutions commissioned to support reviews for Fast Tracks and CHC packages of care.	MIAA recovery work due to be completed imminently.	29.02.24	R Jethwa
In-housing of CHC services from MLCSU Transition plan and implementation of new service model	Data migration work has progressed over the last 3 months, a programme plan has been developed for a new system to commence being used on 1st April for nursing home brokerage and exploring potential use of system for payments, programme planning continues.	29.03.24	R Jethwa
Undertake review of current LA/ICB agreements for CHC and complex care within each LA in ICB	Not started	31.03.24	R Jethwa

Risk Description: There is a risk that primary care development based on the recommendations in the national Fuller report are not achieved.											
Risk ID: ICB-006		Strategic Objective: SO2		Level 1-3: 2	Risk Analysis Q1 – Q4: ↓		Current Risk Score: 16				
Executive Lead: David Levy		Assuring Committee: Quality Committee		Date added to BAF: 13 June 2023	December	January	February	March			
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:					
C	L	C x L	C	L	C x L						
4	4	16	4	2	8	30/9/2025		12	12	16	16

Controls:					Gaps in controls				
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).				
Assurances:					Gaps in assurances:				
PINC TPG minutes, Board and Executive reporting, INT Board reporting as part of wider ICB transformation programme and associated PMO					None currently				

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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	Self-assessments and annual plans have been completed and a thematic review of the plans has been presented to INT Board, the findings will be reflected in the ICB's operational planning.	completed	D Haworth
Development of an outcome's framework	Draft framework presented to INT Board in December and being distributed to Places.	completed	P Tinson
Funding proposals paper to support INT development	SDF funding for INT development is no longer available. Work is underway to explore potential alternative funding sources and to develop a refreshed plan for INT development for 2024/25 and beyond.	2024/25	D Haworth P Tinson

Risk Description: Part A: Risk that the ICB fails to meet its statutory financial duties.									
Part B: There is a significant risk that the mitigating actions required to meet the revised H2 operational planning submission and other controls will have an impact on the quality and safety of services, and clinical outcomes and impact on the achievement of Strategic Objective 1.									
Risk ID: ICB-008	Strategic Objective: SO4; (Part A); SO1 (Part B)			Level 1-3: 1, 2	Risk Analysis Q1 – Q4: ↓		Current Risk Score: 25		
Executive Lead: Sam Proffitt	Assuring Committee: Finance and Performance Committee; Quality Committee			Date added to BAF: 19 April 2023	December	January	February	March	
Initial Treated Risk		Target Risk Score			Target Risk Score Date:				
C	L	C	C	L	C x L	25	25	25	25
5	4	20	5	3	15				
									31/03/2024

PART A: Risk description: There is a risk that the ICB fails to meet its statutory financial duties and therefore fails to engineer a financially sustainable health and social care economy as defined in strategic objective 4.	
Controls:	Gaps in controls
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. ICB Standing Financial Instructions/ Scheme of Reservation and Delegation Senior leadership team roles in finance portfolio working collectively to deliver QIPP and mitigation schemes. Single LSC system plan submitted to NHS E detailing all commissioning and provider plans agreed by individual organisations within the system. Additional financial controls have been implemented within the ICB and across the system (with peer review in place). 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 in the last half of the financial year and endorsement of the key recommendations to deliver effective mitigation. Additional system wide controls have been implemented to reduce discretionary spend, provide challenge on all vacancies both clinical and non-clinical and robust oversight of proposals to spend SDF funding.	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. • H2 operational planning submission on 22 November 2023 with a revised forecast declaring that the ICB and System will not achieve the agreed year end position. • Three-year recovery programmes with clear trajectories and milestones with detailed plans are required by January 2024 • A clear commissioning and recommissioning plan required by December 2023 • A system clinical strategy is required by January 2024 • Review of plans for Prescribing and CHC is required by December 2023 • Potential impact of any further industrial action • Current forecast position includes a residual risk of (£72.0m) associated with delivering the planned £0.5m full year surplus position. Current actions and mitigations will not deliver the plan therefore alternative mitigations are required to bridge the gap. - Re planning exercise conducted in November 2023 proposed an adjusted forecast outturn deficit of (£49m); however, this was based on a number of assumptions that will not be delivered. Current residual risk reflects the best-case position; therefore, additional mitigations are required to achieve the proposed adjusted deficit position.
Assurances:	Gaps in assurances:
Finance and Performance Committee established Monthly CFO finance report to the board on progress against plans and key risks. • Weekly Business and Sustainability meeting established to scrutinise schemes are on track for delivery and provide a vehicle for escalation if not. Report to board on Transformation and Delivery Schemes. Balanced scorecard metrics “Recover financial position” Audit Committee reports. 5 system 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.	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. • Development of a robust transformation and recovery programme with clear milestones, trajectories, and deliverables – Chief Transformation and Recovery Officer • A clear clinical strategy to inform the In-year and longer-term commissioning plan to recommission and decommission with providers – Chief Operating Officer • 3-year financial plan with the clear deliverables from above in place by January 2023- Chief Finance Officer
Mitigating Actions:	
As part of the full review of this risk all the mitigating actions are being fully re-considered ready for the start of the new financial year and business cycle.	


Part B: There is a significant risk that the mitigating actions required to meet the revised H2 operational planning submission and other controls will have an impact on the quality and safety of services and clinical outcomes and this will impact on the achievement of Strategic Objective 1: improve quality, including safety, clinical outcomes and patient experience.

Risk ID: ICB-008 Part B	Executive Lead: Sam Proffitt/Sarah O'Brien	Assuring Committee: Finance and Performance; Quality Committee	Level/s: 1 and 2
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Controls:	Gaps in controls:
<p>NHSE Quality Functions: Responsibility of Providers, ICB, and NHSE used to support Terms of Reference for the Quality Committee (QC)</p> <p>NQB Guidance on Quality Management for ICB's used to inform the Terms of Reference for the ICB Quality Committee and the function of the ICB System Quality Group (SQG, which is a system learning Group)</p> <p>Quality team members linked to lead providers including Acutes, Mental Health, Community/Primary Care and Learning Disabilities and Autism.</p> <p>Quality Team linked to key workstreams i.e. Mortality, Patient Safety Incident Response Framework (PSIRF).</p> <p>ICB team for Patient Experience including Patient Advisory and Liaison (PALS)</p> <p>Deep dives into high-risk concerns taken through QC and the SQG Clinical Care Professional Leads (CCPL) in most of the ICB geographical localities (PLACE).</p> <p>Identified Patient Safety Specialist in the ICB.</p> <p>Robust reporting pack to Quality Committee covering all key escalations and risks.</p> <p>Patient Public Involvement and Engagement Committee (PIEAC) reporting for Engagement and Experience.</p> <p>Touchpoint meetings with colleagues for quality to triangulate and share intelligence, Primary Care Team, UEC, SCC.</p> <p>LSC Chief Nurse meeting weekly led by LSC Chief Nurse with the Directors of Nursing</p> <p>QIA policy has been approved to support the process which has been signed off by Chief Medical Officer and Chief Nursing Officer.</p>	<p>Full plans are required in respect of Quality, Innovation, Productivity and Prevention (QIPP)/ Cost Improvement Plans (CIP) and risk mitigations, to ensure robust Quality Impact Assessment (QIA), Equality Impact Assessment (EIA) are completed.</p> <p>Quality Governance framework is in draft and is yet to be approved via Quality Committee, this is due March/ April 2024.</p> <p>Vacancies in the Quality Assurance team and Patient Experience Teams.</p> <p>Clinical Care Professional Leads not appointed in all areas across the ICB.</p> <p>Whilst we have people aligned to key agendas, provider knowledge of these providers is being gained as the reorganisation of the system impacted on workforce locations.</p> <p>Impact of ongoing/further Industrial Action (IA)</p> <p>Impact of Covid-19 and further health inequalities and deprivation indices for the population the ICB is serving with a limited resource.</p> <p>An agreed approach on the ICB statutory responsibilities, versus must dos versus non-essential. The ICB should approach its commissioning and recommissioning plans with a safety and quality perspective with clear QIAs/ EIAs.</p> <ul style="list-style-type: none"> •QIA documents are not always being signed off ahead of CRG (commissioning Resource Group) papers being received. •Partial soft intelligence processes in place to assist with triangulation of themes, trends and emerging concerns.
Assurances:	Gaps in assurances:
<p>Assurance to Quality Committee on a monthly basis</p> <p>Dedicated senior leadership roles for Quality Assurance, Patient Safety, Patient Experience and Safeguarding</p> <p>Established governance/escalation of significant issues through the ICB Quality Committee, then learning and deep dives from QC key themes escalated to SQG. Chief Nurse (or named deputy) co-opted into Finance and Performance Committee.</p> <p>Complaints monitoring and reporting in PIEAC.</p> <p>The formal reporting of quality and risk is presented to Quality Committee on a monthly basis.</p> <p>Improvement and Assurance Group established for all Acute and Mental Health providers.</p> <p>Clinical Effectiveness Group/ Primary Care Quality group</p> <p>Quarterly Provider quality meetings</p> <p>Contracting meeting with Providers</p> <p>Regional Quality Group</p> <p>ICB Medical Director meeting with MDs</p>	<p>There are multiple assurance platforms, therefore no single data source for internal use. As providers are working on different EPR's or paper records, this impacts on the ability to triangulate data. • Further work needs to be undertaken on the reporting mechanisms into Quality Committee (workshop occurred on the 20th December 2023). Formal realignment of meeting and reporting schedule pending.</p> <p>MIAA audit in relation to QIA process has returned limited assurance.</p>

Mitigating actions	Update on progress	Review date	Lead
Completion of QIAs	Policy has been approved for QIA process and templates. Training support to be provided by MIAA. Commencement due in February 2024	29.02.24	K Lord
Session with the Executives to review and agree statutory must do's and key delivery against strategic objectives	Complete and outcomes considered as part of the 2024/25 commissioning intentions	Complete	D Atkinson
Quality Governance Framework in draft, - return to Quality Committee for approval in March/ April 2024.	Due for approval request at Quality Committee March/ April 2024	30.4.24	K Lord
New business cycle for Quality Committee 2024/25 as a result of workshop, focusing on statutory duties for quality.	Outputs from the review include review of quality committee workplan to ensure that statutory duties for quality are reflected, a change in frequency of meetings.	31.03.24	K Lord
Mapping of statutory and regulatory quality requirements underway to demonstrate interdependencies and ICB approach to addressing.	Outcome will be presented to Quality Committee.	31.03.24	K Lord
Business cases to be supported by a QIA/EIA to be returned if not before submitted to CRG	Business cases to be supported by a QIA/EIA to be returned if not before submitted to CRG	29.02.24	K Lord
Soft intelligence centralised system to enable triangulation of information (how we know) financial impact on quality and to support identification of emerging concerns.	Funding identified to support a single system, meetings commenced with MLCSU regarding population of the required fields to support effective reporting.	30.06.24	K Lord

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.

Risk ID: ICB-009	Strategic Objective: SO3	Level 1-3: 2	Risk Analysis Q1 – Q4: 				Current Risk Score: 12
Executive Lead:	Assuring Committee: People Board	Date added to BAF: 13 June 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
3	4	12	3	2	6	31/03/2026	
			12	12	12	12	

Controls:	Gaps in controls
<p>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.</p> <p>These priority programme areas were presented to and approved by the ICB People Board at its meeting in March 2023.</p> <p>System workforce leaders (NHS providers & LA) have been appointed as Senior Responsible Officers to lead each of these work programmes.</p> <p>People Board updates on all programmes to each meeting; deep dives into one of the 5 programmes to each meeting of the People Board.</p> <p>Project initiation documents were approved by People Board in May for each priority.</p> <p>Progress dashboards will be presented at each meeting to provide assurance that the priorities are being developed and progressed.</p>	None currently
Assurances:	Gaps in assurances:
Governance will be through the ICB Executive, the ICB People Board, with updates on all programmes to each meeting of the People Board through a visual dashboard report.	People Board has not met since May 2023. New Chair of People Board recently appointed and acting Chief People Officer in place.

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.

Mitigating actions	Update on progress	Target Date	Lead
People Board is being reformed and will review these 5 priorities in January 2024 to see if they are still fit for purpose.	Development of People Board session completed and new priorities for 24/25 will be presented at the April meeting.	April 24	Lee Radford
New workforce strategy being approved by ICB Board in May 24.	Ongoing.	May 24	Lee Radford

Risk Description: That national and locally determined performance targets are not achieved, and constitutional targets not delivered.											
Risk ID: ICB-010			Strategic Objective: SO5			Level 1-3: 2	Risk Analysis Q1-Q4: ↓				Current Risk Score: 25
Executive Lead: Asim Patel			Assuring Committee: Finance and Performance Committee			Date added to BAF: 19 April 2023	December		January	February	March
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:	25		25	25	25
C	L	C x L	C	L	C x L	31/03/2024	25		25	25	25
4	5	20	4	4	16						

Controls:						Gaps in controls					
Improvement and Assurance Groups for each provider have been established that report to the Recovery and Transformation Board. The objective is to move to segment 2 of the OF via exit plans. Quality Committee oversight, A&E Delivery Board oversight, Urgent and Emergency Care Network, Urgent and Emergency Care Business Assurance Framework, UEC Strategy development.						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.					
Assurances:						Gaps in assurances:					
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), Significant pressures in ambulance handovers and A&E 4hr performance. LSC system is rated overall as SOF3.					

Mitigating actions						Update on progress/ mitigation actions due this month					
LSC ICB in discussion with UHMB to agree support and accountability package to progress to SOF status 2 within 18-24 months.						UHMB at SOF3. Regular review via IAG					
Sustain elective recovery - reduce waiting list to maximum 65 weeks by end of March 2024						H2 submission predicting >65 ww at BTH (260) and ELHT (628) at the end of March 2024. Mutual aid and outsourcing being used to minimise the delays.					
Reduce Delayed Transfers of Care - Review variation in discharge teams, intermediate bed capacity, community services and capacity in domiciliary care						NMC2R review meetings, Local escalation calls, Flow improvement programme.					
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 Priority high impact interventions, UEC capacity investment scheme, Place bases / UEC winter plans					


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.

Risk ID: ICB-012	Strategic Objective: SO4	Level 1-3: 1	Risk Analysis Q1-Q4:				Current Risk Score: 15
Executive Lead: Asim Patel	Assuring Committee: Finance and Performance Committee	Date added to BAF: 16 May 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
5	3	15	5	2	10	31/03/24	
			15	15	15	15	

Controls:	Gaps in controls
<ul style="list-style-type: none"> 1. Procurement Frameworks 2. Trust Digital Strategy 3. Performance framework and KPI's 4. Cyber Security Response Plan 5. Benchmarking 6. Workforce Development 7. Departmental Risk Register and management 8. Organisation/supplier Disaster Recovery Plan and restore procedures. 9. Organisation/supplier Backup Systems 10. Engagement with L&SC Cyber Security Group 11. Cyber Associates Network Membership 12. Organisation/supplier Business Continuity Plans 13. Care Cert Response Process 14. Project Management framework 15. Information asset owner / administrator register. 	<ul style="list-style-type: none"> 1. Minimal Cyber Security Personnel 2. Lack of Technical Development of Trust Staff 3. Lack of visibility of supplier risk 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.
Assurances:	Gaps in assurances:
<ul style="list-style-type: none"> 1. Information Governance Oversight Group 2. Board level cyber risk 3. DSPT return. 4. MIAA DSPT Audit 	<ul style="list-style-type: none"> 1. Lack of visibility digital solutions ICS 2. Lack of visibility of supplier assurance

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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.	The externally led IT provider review has been completed. Recommendations to EMT are being compiled to be passed to CDIO for onward discussion in March 2024. Ongoing cyclic refresh of GP hardware is underway within all ICB areas.	31.03.24	Peter Kelly
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.	The ICB is in the process of establishing a non-clinical prioritisation process that will enable all contracts above a certain financial level to be reviewed and standardised. This process will now be part of the 2024/25 planning process and delivery will now be end June 2024.	30.06.24	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.	A Training Needs Analysis (TNA) process has now been agreed and appropriate staff will receive that training. As we move to a single support provider those staff are already receiving the necessary training so this risk will be significantly reduced.	31.03.24	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 to continue the planning of a tabletop exercise/ test.	31.03.24	Alison Whitehead
Inadequate investment in digital systems, digital infrastructure and the design and ongoing development of systems and infrastructure. 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. Agreement of a future technology investment 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 equipment used by all ICB corporate staff has been conducted as part of the ICB corporate services being onboarded to Blackpool Teaching hospitals IT support service. Upon completion of this work a full computing device asset register will be available for the ICB and no equipment will be below the minimum requirements of the ICB workforce. A cyclical refresh programme will need to be agreed. This part of ICB-012 risk is mitigated now but an approach needs to be agreed in next financial year with ICB execs for funding any cyclical refresh. Ongoing cyclic refresh of GP hardware is underway across all ICB primary care estate.	31.03.24	Andrew Thompson

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.

Risk ID: ICB-013	Strategic Objective: SO4	Level 1-3: 1	Risk Analysis Q1 – Q4: 				Current Risk Score: 15
Executive Lead: Sam Proffitt	Assuring Committee: Finance and Performance Committee	Date added to BAF: 19 April 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
5	3	15	5	2	10	31/03/2024	
			15	15	15	15	

Controls:	Gaps in controls
Infrastructure Strategy has been endorsed by the board 10th January 2024. Support has been secured to work with Primary Care Networks and wider partners to develop neighbourhood estates plans to inform the proposed prioritised investment.	Workforce – unfunded vacant posts in ICB estate’s structure will impact the ability to undertake the necessary work required across the estate’s footprint. Finance – delivery plan required and associated capital resource. Historic under-investment in primary care estate development. The Clinical Strategy will need to develop at pace to drive the Infrastructure Strategy. The Clinical Strategy will require sufficient input from an Infrastructure perspective and associated fixed points / costs. There is currently a lack of sufficient resources for the delivery of the infrastructure strategy and delivery of the requirements for the Clinical Strategy. A robust process to prioritise the investment requirements and an agreed approach to attracting new investment is required.
Assurances:	Gaps in assurances:
Reports to the board. Strategic Infrastructure minutes Regular Executive oversight via Director for Strategic Estates	Increasing complaints. Local public, political and MP attention.

Area for Opportunity: Q4 plans see strategic estates planners working with service planners for opportunities to support the Service Strategy, making links with the forthcoming Digital strategy and planning actions that will support the delivery of the Infrastructure Strategy. System-wide Estates "Blueprint" workforce planning session held on 26th January and agreed a series of actions to review the estates workforce across Lancashire and South Cumbria NHS along with plans associated with workforce fragility, minimum safe roles and opportunities associated with One Lancashire and South Cumbria.

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
ICB Infrastructure Strategy to November Board	Infrastructure Strategy has been endorsed by the board 10th January 2024.	Completed	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.

Risk ID: ICB-016	Strategic Objective: SO6	Level 1-3: 2	Risk Analysis Q1 – Q4: ↔				Current Risk Score: 12
Executive Lead: Craig Harris	Assuring Committee: ICB Executive	Date added to BAF: 13 June 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
3	4	12	3	2	6	31/12/2023	
			12	12	12	12	

Controls:	Gaps in controls
<p>'Place Integration Deal' approved by the ICB Board 05.07.2023.</p> <p>Engagement plan for 'Place Integration Deal' sets out how to include perspectives from range of partners.</p> <p>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.</p> <p>Self-Assessment process to understand places readiness for partial devolution from April 2024 in development.</p> <p>The Place Integration Deal Delivery group (PIDDG) established. 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>Senior Programme Manager working with place programme leads to develop implementation plan for place integration to enable more collaboration across the places on common work programmes.</p> <p>Place delivery and development update was well received by ICB Board in November, who are keen to better understand the resource issues and implications for our four places. Further updates to Board planned in early 2024. There was also a commitment from the Board to consider how they can best support the work of our places. This will be picked up as part of the ICB Board development sessions.</p> <p>Majority of vacant roles within place teams now recruited to. Associate Director for Partnerships and Integration now in post. Portfolio includes numerous programmes that will support delivery at place. Clarity provided from ICB CEO to DSHCI around delegations for 24/25.</p> <p>Places to develop joint 24/25 place proposal outlining how each place can contribute to financial recovery and transformation. This will include responsibilities, accountabilities and resources for each place. Development will be supported by PIDDG</p>	<p>Conversations not always held in meetings that are formally minuted.</p>
Assurances:	Gaps in assurances:
<p>Strategic narrative for places agreed.</p> <p>Discussions via ICB Executives meetings, Provider Collaborative and in places. Progress reporting to the ICB Board.</p> <p>Place Integration Deal Delivery group (PIDDG) notes to be provided from 03.10.23 and subsequent meetings.</p> <p>Progress reporting from the PIDDG to the ICB Board. Place development and delivery update scheduled for November Board.</p> <p>Comms being developed which will be jointly signed by ICB and LA CEOs clarifying the ICBs position on 24/25 delegations to place.</p> <p>PIDDG to support development of 24/25 joint place proposal. ICB Board to receive proposal for approval prior to implementation.</p>	<p>None currently identified</p>

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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 by December 2025.

Risk ID: ICB-019	Strategic Objective: SO1	Level 1-3: 2	Risk Analysis Q1 – Q4: ↔				Current Risk Score: 16
Executive Lead: Sarah O'Brien David Levy	Assuring Committee: Quality Committee	Date added to BAF: 19 April 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
4	3	12	4	2	8	31/12/2025	
			12	16	16	16	

Controls:

<p>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. ICB BAF risk ICB008 reflects the risks relating to failure to meet statutory financial responsibilities and resulting impact on quality.</p>	<p>Gaps in controls</p> <p>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 need to ensure internal governance pathways are followed. Delay in approval of SIPs due to unrealistic sign off timescales originally proposed. This is impacting on progression with formalising of the reporting into IAG. Quality data and intelligence triangulation processes still maturing.</p>
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Assurances:

<p>NICHE overview of ICB processes for the delivery of assurance for pathway specific investigations.</p> <ul style="list-style-type: none"> 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. Committee Escalation and Assurance Report to alert, advise and assure presented to Board, of which Quality Committee Chair provides an update. Workstream exceptions reporting processes in place to Quality Committee. Existing ICB staff aligned to Patient Safety Specialist roles and continued system-wide support in relation to the implementation of PSIRF and sharing learning. Assurance from MIAA audit on ICB's readiness to operate PSIRF with providers, evidences the ICB's support to providers in their preparations for and delivery of PSIRF objectives. Further development work undertaken to the ICB Integrated Performance Report, with ICB Director of Digital oversight. The ICB IPR is providing a benchmark position against the NOF criteria in relation to each provider and the ICB. The IPR is being used to track delivery against the SIP required outcomes over time. Established escalation routes with Providers for emerging concerns via ICB chaired quality contract quality meetings which occur quarterly. UHMBT's NOF segment position formally moved from 4 to 3, as at November 2023. 	<p>Gaps in assurances:</p> <p>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. 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. Maturation of ICB matrix working and governance processes to enhance internal intelligence and escalation pathways. 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.</p>
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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.

Mitigating actions

There is an extensive action plan in place for this risk, issues being address include (not exhaustive): NOF improvement and sustainability metrics, ICB quality governance arrangements, engagement with Provider Collaborative, System financial deficit, and engagement with MIAA audit work.

The majority of the actions are in progress with target dates of March/ April 2024.


Risk Description: 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.

Risk ID: ICB-020	Strategic Objective: SO2	Level 1-3: 1	Risk Analysis Q1 – Q4: 				Current Risk Score: 16
Executive Lead: David Levy	Assuring Committee: Quality Committee	Date added to BAF: 16 May 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
4	4	16	4	3	12	01/04/2024	
			16	16	16	16	

Controls:	Gaps in controls
Regular meetings are in place with DsPH. Associate Medical Director has bi-monthly meetings with DoPH and Director of Population Health and Associate Medical Director meet regularly with Place Directors. Regular discussions through meetings, emails and telephone calls with finance team. Place based Pop Health leads have worked with BI team to identify wards with biggest need. Early results now available from community engagement and shared widely across ICB. Options for action in being identified. Monthly best practice sessions are organised to communicate, discuss and share best practice. Resource deployment papers are regularly discussed with the Pop Health senior team and included within the action logs.	Agreed system wide health inequalities dashboard. Limited ability of the ICB to influence the impact of cost of living and fuel poverty crisis. Release of population health investment fund had previously been reported as delayed but the funding is not available in 2023/4 due to financial controls.
Assurances:	Gaps in assurances:
ICB Prevention and Health Inequalities Steering Group has been established to provide oversight of plans and risks. Health Inequalities quarterly reporting to NHSE and oversight meetings. Population Health Team is continuing priority ward work within our programme and working with other directorates to influence work across the ICB and with other partners.	Limited metrics to measure real time impact of health inequalities (work underway to develop metrics using validated data, however real time data on equity is not readily available at system level).

Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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	Funding not available in 23/24 due to financial controls. Rescheduled due date to 30/6/24 in expectation that 24/25 budget.	30/06/24	Julia Westaway
Realistic benefits monitoring	Return of investment approach for 23/24 complete.	31/03/24	Julia Westaway
Establish a set of metrics with Public Health for the ICS	Draft metrics delayed due to expertise and capacity across the PH Collaborative. Update to be given to the ICP with a revised date for delivery of the metrics by the end of Q4.	31/03/24	Julia Westaway

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.

Risk ID: ICB-033	Strategic Objective: SO3	Level 1-3: 3	Risk Analysis Q1-4: 				Current Risk Score: 16
Lee Radford Acting Chief People Officer	Assuring Committee: People Board	Date added to BAF: 29/08/2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
4	5	20	4	3	12	31/01/2024	16

Controls:	Gaps in controls
Meeting being arranged with regional colleagues. Regular meetings with primary Care Training Hub leads to offer support and ongoing discussions about recruitment & retention	Limited ability of the ICB to influence this risk- the variation in terms and conditions across primary care – requires exploration as to whether the ICB can mandate any standardisation of this but a challenge as independent contractors - need to drive this through PCN meetings and explore alternative benefits to pay e.g. protected CPD time. Pay across all sectors that deliver NHS services should be reviewed but that requires a national lead and national funding
Assurances:	Gaps in assurances:
Feedback from Primary care training hub and staff working in other sectors vacancy and turnover rates	

Opportunities: New NHSE workforce plan and ICB Workforce strategy			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
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.	Completed	Sarah O'Brien
Risk will be highlighted at the People Board.	This work is ongoing.	31.1.24	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
Undertake a workforce data capture exercise to understand the nursing gaps in primary care workforce.	This work is ongoing.	31.3. 24	Lee Radford

Risk Description: There is a risk that healthcare provision across Lancashire and South Cumbria will adversely be affected because of the increasing frequency and intensity of extreme weather events due to climate change. These events can strain healthcare resources, disrupt service delivery, and escalate demand for emergency medical care, potentially compromising the overall resilience of the healthcare system.

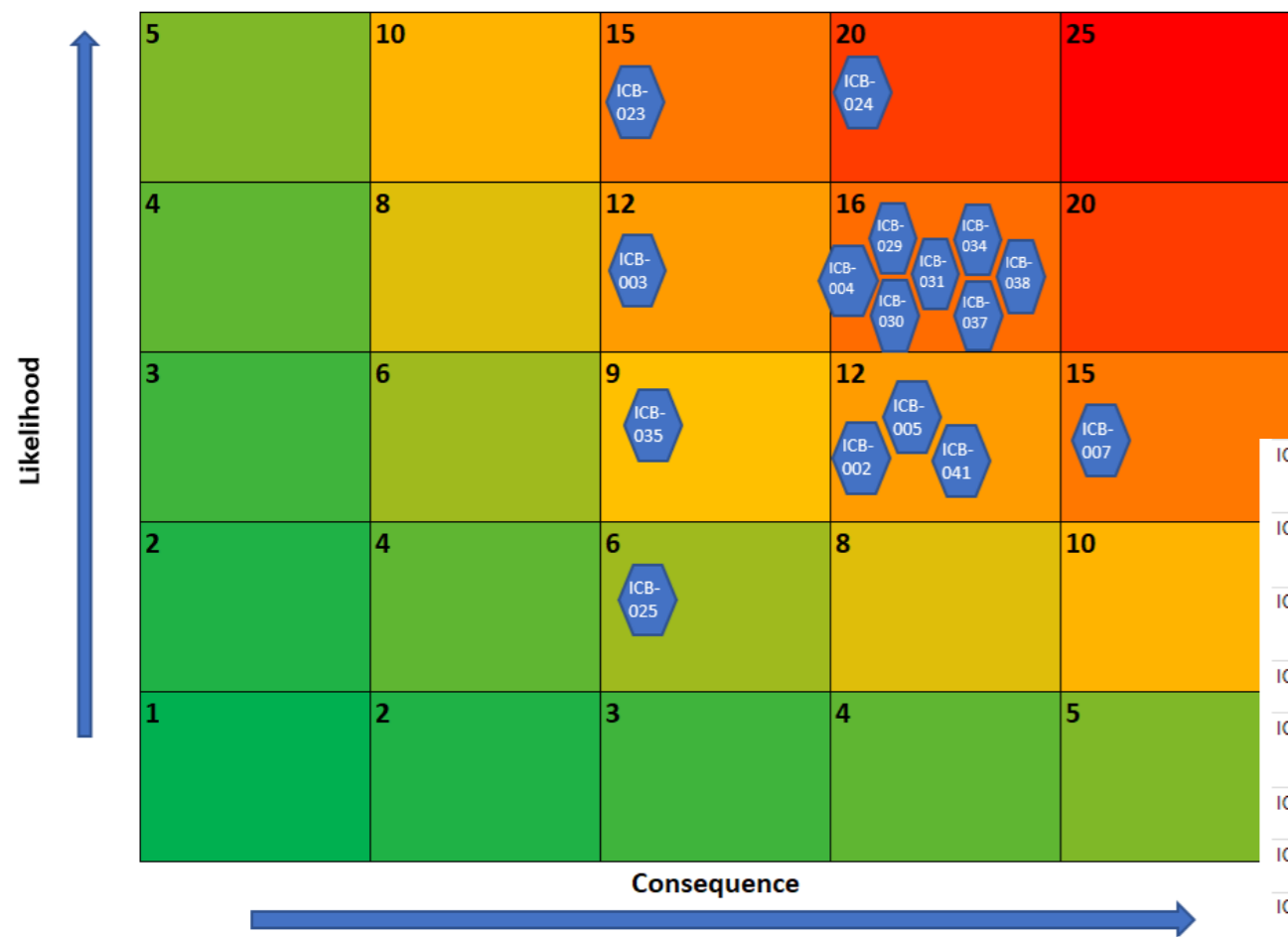
Risk ID: ICB-040	Strategic Objective: SO4	Level 1-3: 1	Risk Analysis Q1-4:				Current Risk Score: 16
Executive Lead: Sam Proffitt	Assuring Committee: ICB Executives	Date added to BAF: 18 th December 2023	December	January	February	March	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
4	4	16	4	3	12	01/03/2025	
			16	16	16	16	

Controls:	Gaps in controls
<p>ICB Green Plan has been approved with escalation in place to the Business & Sustainability Group. Ongoing work to address health inequalities. National Heatwave Plan in place. Health impact assessment being scoped.</p> <p>Adaptation planning begun in 1 of 6 Trust, opportunity to roll out the pilot model across the region. "At risk" Primary Care Practices being identified in to enable options and consequences to be developed. Greener NHS page on the ICB website promoting awareness for staff and the public. Quarterly highlight reports presented to the Business and Sustainability Group. ICB Infrastructure Strategy Approved.</p>	<p>ICB does not have a current Climate Change Adaptation Plan, and will be developing this further to national guidance being issued.</p> <p>Lack of understanding of the impact of climate change on the organisation and the services we commission. Adaptation will have a significant cost across the system, not just the NHS. Collaborative working not yet initiated in relation to this.</p>
Assurances:	Gaps in assurances:
<p>ICB Net Zero Project Manager in post with daily operational management of this risk with strategic oversight by the Director of Strategic Estates.</p> <p>Regular reporting into the Net Zero Board</p>	<p>Systems need to be established with building owners as well as other stakeholders such as councils who manage surrounding infrastructure to enable assurance for levels 1-3. This will inform the ICB's Adaptation Plan.</p>

Opportunities: The identification of practices and other healthcare sites at risk will improve buildings and surrounding infrastructure.			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
The Adaptation Workstream of the ICB Green Plan 2022 – 2025 has a number of specific actions that will support the ICB demonstrating its progress towards Net Zero Carbon.	Updates on this workstream are regularly reported to the Net Zero Board	31/03/2025	Alistair Rose
Develop an ICB wide Climate Change Adaptation Plan	EPPR have been contacted to discuss, GP practices have been identified where flooding threat is severe. Primary Care audit of independent practices will include adaptation. Property services and Community Health Partnerships (CHP) keep the ICB updated on adaptation schemes within their buildings.	31/03/24	Alistair Rose
Ensure Trust estates strategies incorporate climate change readiness and are actively assessing the built environment to make climate ready updates	ICB infrastructure strategy has been reviewed and signed off by ICB Board	31/03/2025	Alistair Rose
Promote public awareness and education on climate-related health risks can contribute to preventive measures reduce inequalities and the burden on healthcare services	Greener NHS page which is part of the ICB website	31/03/2025	Alistair Rose

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







Corporate Risk Heat Map
















ICB ID	Description	Level	Strategic Area	Owner	Department	Committee	Current	Target	Impact	Review Date	Status
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	31/10/24	→
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	30/09/24	→
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	30/04/24	→
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	20	12	30/09/24	→
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	31/12/24	→
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	31/12/24	→
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	31/12/25	→
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	9	6	29/03/24	↑
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	30/06/24	→
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	31/05/24	→
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	→
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	6	3	31/03/24	↑
ICB-029	Failure to deliver the community transformation programme	Level 3 - ICB - (System Partners Supporting Integration)	6. To develop and implement ambitious, deliverable strategies	Sarah O'Brien	People - Transformation	ICB Execs	16	16	8	01/09/25	→
ICB-041	The ICB fails to deliver the strategic objectives and National Net Zero	Level 1 - ICB (Our Statutory Responsibility)	6. To develop and implement ambitious, deliverable strategies	Sam Proffitt	Strategic Estates, Infrastructure and	ICB Execs	20	12	8	01/03/40	→

Appendix D - Summary of Risk Management Activity October 23 - February 24


















Legend

	New risk		Increase or decrease in risk score (red/deterioration; green/improvement)
	Closed risk		Extended target risk date
	Risk reviewed with no change		Risk currently under review

BAF Risks

Risk ID	Title	Activity	Assuring Committee	SO	Movement
ICB 001	Continuing Healthcare	Target date extension approved by EMT on 30 January 2024.	QC	SO1	
ICB 006	Implementation of Fuller recommendations	Risk likelihood score has increased to give overall risk rating of "16". Current SRO has highlighted the risk requires a full review and potential change of SRO to align closer with Place integration development.	EMT	SO2	
ICB-008	ICB fails to meet its statutory financial duties	Reviewed by F&P and risk score increased from "20" to "25"; risk description has been separated into two distinct sections "Part A (finance) and Part B (quality)". EMT have requested this risk is reviewed.	F&P/QC	SO4	
ICB 009	Workforce Transformation	Currently under review by SRO; People Board development session took place in January 2024 which reconsidered the People Plan Priorities; new priorities for 24/25 will be presented at the April meeting.	PB	SO3	
ICB 010	Meet national and locally determined performance targets	Reviewed by F&P and risk score increased from "20" to "25"; target risk date extended from 29 th September 2023 to 31 March 2024; Change in lead executive (A Patel). Full review currently underway.	F&P	SO5	
ICB 012	Physical and digital infrastructure including business continuity	Reviewed by committee and good progress being made. The Chief Digital Officer is reviewing this risk.	F&P	SO4	
ICB-013	Delivery of Lancashire and South Cumbria system-wide estates plan and LSC infrastructure strategy	EMT agreed to extend target risk date. The SRO has updated the gaps in controls for this risk which may impact on the delivery against planned actions.	F&P	SO4	
ICB 016	Contribution of the ICB to the development of Places in LSC	Currently under review.	EMT	SO6	
ICB 019	National Oversight Framework ratings of commissioned services	Increase risk score to "16"; extend target risk score date from 31 March 2024 to 30 th November 2025. EMT have requested a full review of this risk.	QC	SO1	
ICB 020	Worsening economic impact on health inequalities	This is currently under review by SRO (there are 2 population health workshops scheduled for January 2024 which may influence proposed changes.	QC	SO2	
ICB 026	Primary care dental services taking longer to recover from COVID/access to routine dental care	Risk closed following "deep dive" by PCCC; the risk was re-assessed as "ICB 038 - high levels of oral health inequity" and de-escalated to CRR.	PCCC	SO2	
ICB 033	Difficult to retain and recruit workforce to non-NHS statutory organisations (national pay award)	No change. Acting Chief People Officer is working with Chief Nursing Officer to review this risk due to limited influence the ICB has with regards to national pay awards.	PB	SO3	
ICB 040	Climate change will negatively impact in our population and our ability to provide health and care	Risk score "16"; target risk score date 01/03/25.	EMT	SO1	

CRR Risks

Risk ID	Title	Activity	Assuring Committee	SO	Movement
ICB 002	Failure to deliver safeguarding duties	Extended target risk date from 29 th March 2024 to 31 st October 2024.	QC	SO1	
ICB 003	LeDeR	Extended target risk date from 31 st March 2024 to 30 th September 2024.	QC	SO1	
ICB 004	LDA – inpatient services	Reviewed by committee	QC	SO1	
ICB 005	Cancer Performance (backlog reduction)	Extended target risk date from 29 th September 2023 to 31 st May 2024.	QC	SO2	
ICB 007	Quality of Maternity and Neonatal Care	Target date approved as 31 st March 2026 to align with the 3 year maternity delivery plan.	QC	SO1	
ICB 023	CYP Autism Assessment	Target risk date extended from 24 th November 2023 to 30 th April 2024.	QC	SO1	
ICB 024	Adult Autism Assessments	Increase risk score from “15” to “20” and extend target risk score date from 31 March 2024 to 30 September 2024.	QC	SO1	
ICB 025	Complexity in development of the South Cumbria Place	Extended target risk score date from 31 st December 2023 to 31 st March 2024. SRO requested risk closure which will be considered by EMT in March 2024.	EMT	SO6	
ICB 028	Fragility of Regulated Care System	EMT agreed to close this risk on the 27 th February as the score reduced to acceptable tolerance level.	QC	SO1	
ICB 029	Failure to deliver the Community Transformation Programme	New SRO and operational risk lead identified.	EMT	SO6	
ICB 030	Waiting times for CYP ADHD	Extended target risk score date from 31 st December 2023 to 31 st December 2024.	QC	SO1	
ICB 031	Waiting times for Adult ADHD	Extended target risk score date from 31 st December 2023 to 31 st December 2024.	QC	SO1	
ICB 032	Reduction of Psychiatric Intensive Care Capacity (PICU)	Approved for closure subject to revised broader strategic risk assessment relating to lack of inpatient learning disability beds.	QC	SO1	
ICB 035	East Lancashire Trust discharge letters	On the 27 th February EMT agreed to close this risk on 31 st March 2024 as the score reduced to acceptable tolerance level. Assurance provided this will continue to be managed operationally by ELHT.	EMT	SO1	
ICB 034	Maternity Services – lack of secure shared data environment	Extend target risk score date from 31 st March 2024 to 31 st December 2025	QC	SO1	
ICB 037	Medicines shortages are impacting clinical time and financial balance	Opening risk score “16” (post mitigation); EMT approved request to extend target date from 31 st March 2024 to 30 th June 2024.	QC	SO1	
ICB 038	High levels of oral health inequalities	This risk replaced the previous risk held re Dental Access (ICB 026) following “deep dive” undertaken and reported to Primary Care Commissioning Committee in November 2023.	PCCC	SO2	
ICB 041	The ICB fails to deliver the strategic objectives and National Net Zero targets set out in the Green Plan 2022-25	Opening risk score “12” (post mitigation).	EMT	SO4	