NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

30 May 2024

Board Assurance Framework 2023-2024 Quarter Four Update Report

Agenda Item No:

Responsible Director: Clare Watson, Assistant Chief Executive

Board Assurance Framework 2023-2024
Quarter Four Update Report

1. Purpose of the Report

1.1 The purpose of the report is to provide an update on the Board Assurance Framework (BAF).

2. Executive Summary

2.1 The 2023-24 BAF and principal risks were approved by the Board in May and updates were received in July, November 2023 and January 2024. The principal risks are those which, if realised, will have the most significant impact on the delivery of the ICB's strategic objectives.

2.2 There are currently 10 principal risks, including 2 critical risks, 3 extreme risks, 4 high risks, and 1 moderate risk. The most significant risks are:

- P7 - The Integrated Care System is unable to achieve its statutory financial duties, currently rated as critical (25).
- P5 - Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience, currently rated as critical (20).
- P6 - Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population, currently rated as extreme (16).
- P9 - Unable to retain, develop and recruit staff to the Cheshire and Merseyside Integrated Care System (ICS) workforce reflective of our population and with the skills and experience required to deliver the strategic objectives, currently rated as extreme (16).
- P3 - Acute and specialist providers across Cheshire and Merseyside may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes, currently rated as extreme (15).

2.3 Since the January 2024 report:

- P7 - The ICS is unable to achieve its statutory financial duties, **current rating has increased** from extreme (16) to critical (25). This reflects the deterioration in the system financial position reported to the Board in March 2024. In addition, **the target score has increased** from high (8) to high (12) reflecting what is realistically achievable within the current financial environment.

- P9 - Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives, **current rating has increased** from high (12) to extreme (16). This reflects the withdrawal of workforce development monies and the system financial pressures, which impact on recruitment of staff and significantly impact our ability to deliver programs of work which support the aims of recruiting, developing and retaining people that is reflective of our local population.

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

2.5 In light of the significant challenge to both contain expenditure within the resources available and increase productivity, it will be necessary to focus on the most important short-term priorities during 2024-25. This will require significant reprioritisation which may impact on planned mitigations and require higher tolerance levels for some risks in the short term. The BAF will be reviewed and refreshed for 2024-25 in light of revised priorities and plans. It is anticipated that a refreshed BAF will come to Board in July 2024. Board are also due to undertake a risk appetite workshop in June 2024.

3. Ask of the Board and Recommendations

3.1 **The Board is asked to:**

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

- **APPROVE** the changes to current risk ratings for P7 and P9 and increased target score for P7 as described in section 2.3.

4. Reasons for Recommendations

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

- identifying risks which may prevent the achievement of its strategic objectives
- determining the organisation's level of risk appetite in relation to the strategic objectives

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

5. Background

5.1 As part of the annual planning process the Board undertakes a robust assessment of the organisation's emerging and principal risks. This aims to identify the significant external and internal threats to the achievement of the ICB's strategic goals and continued functioning. The principal risks identified for 2023-24 were approved for adoption by the Board in May 2023 and form the basis of the BAF reported quarterly to the Board.

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

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

Implications and Comments

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

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

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

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

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

8. Link to meeting CQC ICS Themes and Quality Statements

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

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

9. Risks

9.1 There are currently 2 critical risks, 4 extreme risks, and 4 high risks. There have been increases in current risk scores for 3 risks since the January report, described in 2.3, reflecting the financial challenges facing the ICB. The movement in principal risks over the course of the year is illustrated below.

ID	Risk	Inherent			Q1			Q2			Q3			Q4			Target		
		L	I	R	L	I	R	L	I	R	L	I	R	L	I	R	L	I	R
P1	Health inequalities	4	4	**16**	3	4	**12**	3	4	**12**	3	4	**12**	3	4	**12**	2	4	**8**
P2	Digital & data Infrastructure	4	3	**12**	3	3	**9**	2	3	**6**	2	3	**6**	4	4	**6**	2	3	**6**
P3	Elective care	5	5	**25**	3	5	**15**	3	5	**15**	3	5	**15**	3	5	**15**	2	5	**10**
P4	Major quality failures	3	5	**15**	2	5	**10**	2	5	**10**	2	5	**10**	2	5	**10**	1	5	**5**
P5	Urgent & emergency care	5	5	**25**	4	5	**20**	4	5	**20**	4	5	**20**	4	5	**20**	3	5	**15**
P6	Primary care access	5	4	**20**	4	4	**16**	4	4	**16**	4	4	**16**	4	4	**16**	3	4	**12**
P7	Statutory financial duties	5	5	**25**	4	4	**16**	4	4	**16**	4	4	**16**	5	5	**25**	3	4	**12**
P8	Provider sustainability	3	4	**12**	2	4	**8**	3	4	**12**	3	4	**12**	3	4	**12**	2	3	**6**
P9	ICS workforce	4	4	**16**	4	3	**12**	4	3	**12**	4	3	**12**	4	4	**16**	2	3	**6**
P10	Focus on long term strategy	4	4	**16**	3	3	**9**	3	3	**9**	3	3	**9**	3	3	**9**	3	3	**9**

9.2 Over the course of the year action has been taken to improve controls and the most significant are summarised below:

- Joint 5-Year Forward Plan 2023-2028 completed (P1, P10)
- 2023-24 Operational Plans and Winter Plans agreed (P3, P5)
- 2023-24 System Financial Plan agreed (P7)
- Primary Care Strategic Framework and Primary Care Access Recovery Plan approved (P6)

- C&M UEC Recovery Programme established (P5)
- Liverpool Trusts Joint Committee established (P8)
- Women's Services Committee established (P8)
- East Cheshire Trust / Stockport Foundation Trust Programme Board established (P8)
- Shaping Care Together Programme in Sefton Place re-launched (P8)
- Cheshire and Merseyside Digital Design Authority and Shadow Data into Action Board established (P2)
- Clinical and Care Constitution approved and Clinical Quality Strategy completed (P4)
- Investment approved for continued provision of ICS digital and data platforms (P2)
- Enhanced system for diagnostics mutual aid targeted at reducing health inequalities and increasing system performance in terms of 6 week waits agreed by C&M Chief Operating Officers (P3)
- Patient Safety Incident Response Framework implemented (P4)
- Implementation of revised national OPEL Framework for acute trusts completed (P5)
- Procurement and implementation of supplier for real time urgent care reporting completed (P5).

9.3 The remaining key actions planned will be rolled forward to the 2024-25 BAF, subject to review and prioritisation in the context of the ICB Recovery Programme and adjusted risk tolerances. Further key actions may also be identified as required to address critical and extreme risks in line with priorities where these exceed tolerances. The remaining significant actions currently planned are:

- Re-focus HCP Strategy 2024-29 aligned to 'All Together Fairer' and Joint Forward Plan 2024-29 (P1 & P10)
- Operational Plans 2024-25 (P3 & P5)
- Complete development of long-term financial strategy (P7)
- Place / catchment centred UEC recovery programme in development across 5 places in hospital discharge, in-hospital process and pre-hospital (P5)
- Further iterations of the Primary Care Strategic Framework, Primary Care Access Recovery Plan, and Dental Improvement Plan (P6)
- Finalise Population Health Vision and strategic programme approach for ICB / ICS (P1)
- Develop and enhance workforce planning capabilities across the system – **investment currently on hold** (P9).

Further detail is provided in the risk summaries at Appendix Four.

9.4 As progress is made in implementing and strengthening controls, with resulting reductions in the level of risk, the focus will shift to assuring that key controls are embedded and effective in continuing to mitigate the risk to an acceptable level. Planned and actual assurances have been identified in relation to each principal risk and these are summarised in Appendix Three and detailed in the risk summaries at Appendix Four.

10. Finance

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

11. Communication and Engagement

11.1 No patient and public engagement has been undertaken.

12. Equality, Diversity and Inclusion

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

12.2 Principal risks P1 and P2 have the potential to impact on health inequalities. The mitigations in place and planned are described in more detail in the risk summaries at Appendix Four.

13. Climate Change / Sustainability

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

14. Next Steps and Responsible Person to take forward

14.1 The Executive Team will review and refresh the BAF risks for 2024-25 in light of revised priorities and plans, prior to recommending to Board. This will be discussed and reviewed with Board members at a development session in June and the agreed 2024-25 BAF will be reported to the Board in July 2024.

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

15. Officer contact details for more information

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

16. Appendices

Appendix One: Board Assurance Framework Summary
Appendix Two: Heat Map
Appendix Three: Risk Assurance Map
Appendix Four: Risk Summaries

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Board Assurance Framework 2023/24 – Quarter 4 review

Appendix One – Summary

Principal Risks	Responsible Committee & Executive	Inherent Risk Score (LxI)	Current Risk Score (LxI)	Change from previous quarter	Target Risk Score	Priority Actions / Assurance Activities
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience						
P1: The ICB is unable to meet its statutory duties to address health inequalities	Strategy & Transformation Committee Clare Watson	**4x4=16**	**3x4=12**	No change	**2x4=8**	Further action to strengthen controls. Key actions are to finalise and seek partner sign off to the Population Health Vision and strategic programme approach for C&M ICB / ICS, and finalise and implement the public health operating model.
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	Strategy & Transformation Committee Rowan Pritchard-Jones	**4x3=12**	**2x3=6**	No change	**2x3=6**	Currently at target score. Key focus should be on assurance. It is planned that this is provided through Intelligence into Action programme governance and reporting via Transformation Committee.
Strategic Objective 2: Improving Population Health and Healthcare						
P3: Acute and specialist providers across C&M may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency	Quality & Performance Committee Anthony Middleton	**5x5=25**	**3x5=15**	No change	**2x5=10**	Further action to strengthen controls. Key actions are the Elective Recovery Team and increasing diagnostics capacity through Community Diagnostic

Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes						Centres and elective capacity through elective hubs
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	Quality & Performance Committee Chris Douglas / Rowan Pritchard-Jones	**3x5=15**	**2x5=10**	No change	**1x5=5**	Significant controls in place. Priority will be to continue to strengthen controls and provide assurance on continuing effectiveness of control framework.
P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience	Quality & Performance Committee Anthony Middleton	**5x5=25**	**4x5=20**	No change	**3x5=15**	Further action to strengthen controls. Key actions are implementing operational plan for urgent emergency care, virtual wards, admissions avoidance, no criteria to reside, and bed occupancy; and C&M UEC Recovery Programme.
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	Primary Care Clare Watson	**5x4=20**	**4x4=16**	No change	**3x4=12**	Further action to strengthen controls. Key action is to establish delivery of primary care plans.
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money						
P7: The Integrated Care System is unable to achieve its statutory financial duties	Finance, Investment & Our Resources Committee Claire Wilson	**5x5=25**	**5x5=25**	Score increased from 16 to 25	**3x4=12**	Further action to strengthen controls. Key actions are to finalise cost improvement plans and a long-term financial strategy.

P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	Strategy & Transformation Committee Rowan Pritchard-Jones	**3x4=12**	**3x4=12**	No change	**2x3=6**	Further action to implement and strengthen controls. Key actions are to develop the clinical improvement hub, establish governance and progress the Liverpool urgent care pathways.
P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives	Finance, Investment & Our Resources Committee Chris Samosa	**4x4=16**	**4x4=16**	Score increased from 12 to 16	**2x3=6**	Further action to implement and strengthen controls. Key actions are to develop and enhance system workforce planning and deliver the C&M Retention Plan.
Strategic Objective 4: Helping the NHS to support broader social and economic development						
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	ICB Executive Graham Urwin	**4x4=16**	**3x3=9**	No change	**3x3=9**	Further action to strengthen controls. Key actions are the next iterations of the HCP Strategy and Joint 5-Year Forward Plan and the ICB operating model.

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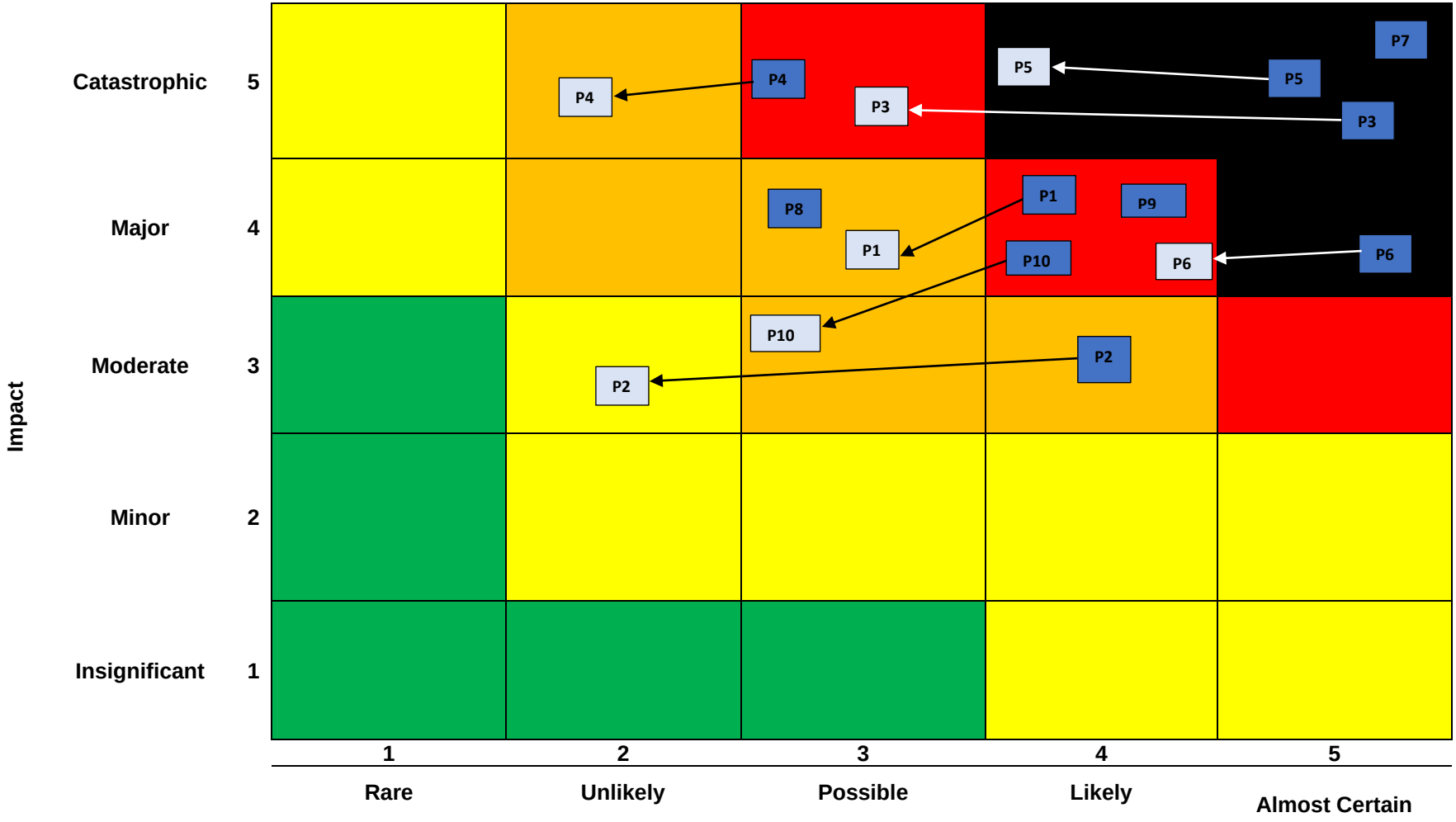
Appendix Two – Heat Map



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Appendix Three – Risk Assurance Map

Principal Risks	Current Risk Score	Controls					1st line of defence	2nd line of defence	3rd line of defence	Assurance Rating
		Policies	Processes	Plans	Contracts	Reporting				
Strategic Objective 1: Tackling Health Inequalities in Outcomes, Access and Experience										
P1: The ICB is unable to meet its statutory duties to address health inequalities	**12**	**G**	**A**	**A**	**A**	**G**	Management oversight of the development & implementation of the prioritisation framework. Appraisal of health inequalities funding bids / allocations.	Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmott principles - ***In place***	Core 20+5 & health inequalities stocktakes by NHSE/I reported to Population Health Board & C&M HCP Board - ***Planned***	**Reasonable**
P2: The ICB is unable to address inadequate digital and data infrastructure and interoperability which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities	**6**	**G**	**G**	**G**	**A**	**G**	Management scrutiny and prioritisation of requests. Management oversight of programme delivery.	Approval of 'intelligence into action' investment case by ICB Board – ***In place*** Data into Action Board to report into ICB Board – ***Planned***		**Reasonable**

Strategic Objective 2: Improving Population Health and Healthcare										
P3: Acute and specialist providers across C&M may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes	**15**	**G**	**A**	**G**	**G**	**G**	Executive sign off to the operational plan Management oversight of operational and programme planning and delivery	Performance reporting to Quality & Performance Committee, ICB Board – ***In place*** Programme delivery reporting to Strategy & Transformation Committee, ICB Board – ***In place***	NHSE/I Systems Oversight Framework – ***In place***	**Reasonable**
P4: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience	**10**	**A**	**A**	**A**	**A**	**G**	Executive oversight through system-wide quality governance structure and reporting	Executive Nurse report to ICB Board – ***In place*** Quality reporting and dashboard to Quality and Performance Committee – ***In place***	Regional Quality Group reporting - ***Planned***	**Reasonable**

P5: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care)results in patient harm and poor patient experience	**20**	**G**	**A**	**A**	**G**	**A**	Executive sign off to the operational plan Management oversight of activity and performance	Urgent Care Recovery and Improvement Group - ***In place*** Performance reporting to Quality & Performance Committee, ICB Board – ***In place***	Oversight by NHSE national UEC team, NHSE NW region team and ECIST director - ***In place***	**Reasonable**
P6: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population	**16**	**G**	**A**	**A**	**G**	**G**	Executive sign off to the primary care strategic framework and plans and to the operational plan Management oversight of operational and programme planning and delivery	ICB Board approval of primary care strategic framework and plans – ***In place*** Programme delivery reporting to System Primary Care Committee, ICB Board – ***In place*** Performance reporting to Quality & Performance Committee, ICB Board – ***In place***	NHSE/I Systems Oversight Framework – ***Planned*** NW Regional Transformation Board oversight - ***Planned***	**Reasonable**
Strategic Objective 3: Enhancing Quality, Productivity and Value for Money										
P7: The Integrated Care System is unable to achieve its statutory financial duties	**25**	**G**	**G**	**A**	**A**	**G**	Management oversight of financial planning & budget setting Management oversight of contract development & negotiation	System Finance Reports to ICB Board – ***In place*** ICB Board approval of 23-24 Financial Plan – ***In place***	NHSE/I Systems Oversight Framework – ***Planned***	**Reasonable**

P8: The ICB is unable to resolve current provider service sustainability issues resulting in poorer outcomes for the population due to loss of services	**12**	**G**	**G**	**A**	**A**	**A**	ICB Executive & Place representation on programme boards	Programme delivery reporting to Strategy & Transformation Committee, ICB Board – ***Planned*** ICB Women's Services Committee oversight of LCSR – ***In place***	NHSE/I Major Service Change Process - ***Planned***	**Reasonable**
P9: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives	**16**	**A**	**A**	**A**	**G**	**A**	Executive sign off of workforce plans Management oversight of operational and programme planning and delivery	Workforce performance reporting to the People Board – ***In place***	CQC Well Led Review – ***Planned*** NHSE/I Systems Oversight Framework – ***Planned***	**Reasonable**
Strategic Objective 4: Helping the NHS to support broader social and economic development										
P10: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population	**9**	**G**	**G**	**A**	**A**	**G**	Executive oversight of strategic planning process & associated engagement activity	Review and approval of joint strategy & plans by ICB & HCP Boards – ***Interim approved***	NHSE/I Systems Oversight Framework – ***Planned*** CQC Well Led Review - ***Planned***	**Reasonable**

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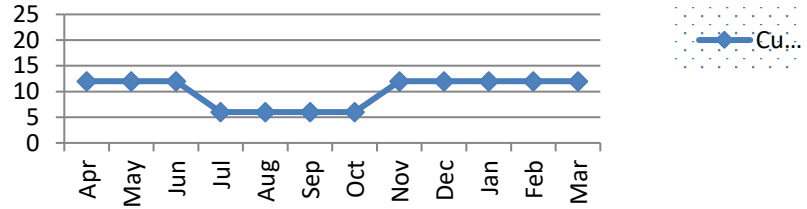
ID No: P1	Risk Title: The ICB is unable to meet its statutory duties to address health inequalities			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	4	**12**	
Target Risk Score	2	4	**8**	
Risk Appetite	Our longer-term aim is to limit to a moderate level of risk, but this is unlikely before 2024/2025 due to resource allocation and capacity implementation agreed.			

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Clare Watson	Prof. Ian Ashworth-Director of Population Health	Assistant Chief Executive	Transformation

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

Date Raised	Last Updated	Next Update Due
13/02/23	12/04/2024	14/06/24

Risk Description
There are longstanding social, economic and health inequalities across Cheshire and Merseyside, when comparing outcomes both between different communities in our area and the national average for HI. Population health and wellbeing is shaped by social, economic, and environmental conditions in which people are born, grow, live, and work. This can only be addressed through collective systemwide effort and investment across the partnership, our communities, the NHS, Local Government, and Voluntary and Private sectors. This risk relates to

the potential inability of the ICB to secure the necessary investment and influence priorities across the multiple organisations, agencies and the communities covered by the ICB.

Linked Operational Risks	The ICB receives national Health Inequalities funding to ensure investment occurs in each financial year to support addressing the Health Inequalities that the ICS, and local places face within their populations. The ICB and the Cheshire and Merseyside Health and Care Partnership also faces significant financial challenges, which presents a significant and real risk of worsening health inequalities and may also impact on the decision-making priorities and resource allocation towards investments within this area.

Current Controls		**Rating**
Policies	Constitution, membership & role of HCP Partnership Board, 'All Together Fairer' (Marmot Review), Core 20+5, Prioritisation Framework, Public Engagement / Empowerment Framework.	**G**
Processes	Strategic planning, consultation & engagement, HCP & Place-based partnership governance, financial planning, and workforce planning for Population Health Team of the Director of Population Health will provide greater capacity to support system wider work on Health Inequalities with recruitment now commenced March 2024. The previous Population Health Board will hold its last meeting 14/03/24. From April 2024-25 a Population Health Partnership group will commence to support advise and scrutinise the Population Health Programme. This group will report to the Strategy & Transformation Committee, advising the ICB, but also the engine room/enabler for Health and Care Partnership priorities.	**A**
Plans	C&M ICB Annual Assessment, Annual Report and ICB Legal Statement are in development for year end. Joint Forward Plan refresh has commenced. Joint Health & Wellbeing Strategies x 9 places. Ringfenced funding for health inequalities & transformational programmes, with a focus on Core 20+5 for adults and children, implementation of Marmot principles is embedded within formal ICB documentation / strategy. The Director of Population Health's vision and programmes (Social Determinants, Healthy Behavior's, Health Care Inequalities (Core20Plus5), Strategic Intelligence, Cross Cutting enablers – Communications / Population Health Alliance Network, Workforce and Research Development programmes), have been approved by the ICB Board meeting and the All Together Fairer Board. This follows extensive engagement with current Population Health board, stakeholders and LA DsPH. The HCP Interim Strategy is being replaced by a revised document more closely aligned with the All Together Plans. This will be finalised in Quarter 1 2024. The 5 Year Joint Forward Plan will be finalised by the end of April 2024.	**A**
Contracts	The use of NHS Standard Contracts includes requirements on our service providers to focus on addressing health inequalities. Meetings have been held develop an NHS Contract schedule to support reducing Health	**A**

	Inequalities this will be implemented with NHS Trust contracts from April 2024-25. This document will also support the development of similar requirements for Primary Care contracts. from April 2024-25. A draft In November 2023 under statutory duty s13SA of the National Health Service (NHS) Act 2006 NHS England requires NHS to publish a Statement of Information on Health Inequalities. The duty seeks for relevant NHS bodies to use inequalities data to shape and monitor improvement activity. The Statement will help drive improvement in the provision of good quality services and in reducing healthcare inequalities, helping to ensure equitable access, experience, and outcomes for all. A review of the relevant metrics for the ICB to include is taking place as part of the contracting schedule development and with Business intelligence leads.	
Reporting	C&M HCP Partnership Board has oversight of Health Inequalities, the Population Health Board / Committee, Place-Based Partnership Boards, and the ICB Board.	**G**

Gaps in control

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]
Work underway to form a Population Health Partnership group, and Programme Sub-Group meetings. The group commences in the new financial year April 2024 – 2025 and will report to the Cheshire & Merseyside ICB Strategy and Transformation Committee. The current board holds its last meeting 14/03/24 and its extended membership will convert to commence the development of a Population Health Alliance Network to support the Population Health Programmes communication and engagement ICS wide. Enabling the distribution of population health information and professional network development opportunities. There will also be sub-group meetings in line with population health programme plan on a page. These will be initiated during spring / early summer pending recruitment completion to the Director of Population Health's team.

Approval to recruit to the ICB's Director of Population Health's target operating model has been agreed through Corporate Directors of the ICB with recruitment scheduled to commence early 2024.This will provide the capacity to expedite programme growth, along with the provision of strategic leadership that will enable transformation programmes to be informed by C&M population health intelligence, best evidence-based practice, that achieves a return on investment, as well as focusing on where reductions in the Health Inequalities experienced at place and community levels can be positively supported to realise improvements.

Until the Population Health Target Operating model is established, the scoping of health inequalities investment and allocation to priority programmes, the risk ratings for population health programme delivery will remain high and above our ambitious target score.

Actions planned	Owner	Timescale	Progress Update
Finalise Joint 5-year Forward Plan	Neil Evans	30/06/24	Approved by ICB Board in June 2024.

Re-focus Population Health Board	Ian Ashworth	31/07/24	Director of Population Health commenced in post 26/06/23. Plans for a Population Health Partnership group commenced September 2023 and completed March 2024, for implementation from April 2024 – March 2025. Invitations for the new partnership group have been distributed along with the meeting dates for the year. The Population Health Partnership group will continue to provide system assurance for the ICB and be a driver for the HCP work programme, linking strongly with the new CYP Committee. It will continue to be focal point within any review of ICB Governance structures. The next focus will be on the development of sub-Groups that report to the Population Health Partnership group.
Agree All Together Fairer and Health Inequalities approaches with place-based partnerships	Ian Ashworth	25/6/24	Population Health team be partially recruited to by July 2024 that will help ensure the delivery of core population health priority areas. Engagement by the nine place directors with their local stakeholders on the process of health inequalities investment arrangements has been completed during March 2024. The use of this investment funding at 'Place' will be aligned with ICS All Together Fairer recommendations / priorities, and population health at scale programmes and will be decided by the HCP Committee in June 2024
Finalise & secure partner sign off to the Population Health Vision and strategic programme approach for C&M ICB / ICS	Ian Ashworth	31/03/25	A formal programme report was presented at the HCP Board July 2023 on this programme. This board will receive regular updates on Population Health themes, this has included a Health and Housing workshop in September Board meeting, and a CYP workshop delivered at November HCP. A full stocktake and progress on All Together Fairer is scheduled for the January 2024 HCP meeting. March 2024 Altogether Active programme update and plans for 2024-25. These updates from the Director of Population Health will continue throughout 2024-25 with

			presentations / Reports covering the Health Inequality Priorities agreed as primary foci for 2024-25.
Develop & implement prioritisation framework	Neil Evans	31/03/25	The prioritisation framework for 2024-25 has informed programme priorities for this financial year. The prioritisation framework is monitored to ensure the latest data and any change is reflected in the prioritisation framework. This framework is shared with place and with the C&M DsPH.

Assurances		
Planned	**Actual**	**Rating**
ICB Board approval to Joint 5 Year Forward Plan	Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan for 2024-25 will be completed by 30/04/24.	**Reasonable**
Progress reports to C&M HCP Board on delivery & implementation of programmes and projects aligned to Marmot principles (place & system where appropriate) (quarterly)	Regular reporting to the HCP Board by the Director of Population Health is well established. The alignment of the HCP strategy with the All Together Fairer Strategy has been completed.	
Core20+5 Health Inequalities Stocktake for NHSE/I reported to Population Health Board & C&M HCP Board (quarterly) through focused themed updates	Quarterly submissions made to NHSE, and assurance meetings are embedded in operational practice. The Director of Population Health reports progress and assurance feedback to the Population Health Board and Health and Care Partnership through the Director of Population Health's reports.	

Gaps in assurance

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

The new Population Health Partnership group arrangements will be addressed as the NHS C&M Population Health Partnership group, and it will hold its first meeting May 2024 and reports the ICB Strategy & Transformation Committee.

The Population Health target operating model to support the programme is now progressing. Confirmation of collaborative working with the C&M DsPH to provide workforce capacity and commissioned programme capacity from the Champs Support Team for the next three years has been formally confirmed. The ICB recruitment of population health team members has also commenced with the recruitment of two Consultants in Population Health.

Actions planned	**Owner**	**Timescale**	**Progress Update**

Finalise & seek approval to population health strategy & plans	Ian Ashworth	31/03/25	Reported to the HCP Board July - March 2024 completed. The Director of Population Health will sustain reporting on priority Health Inequality areas thought out 2024-25 to the HCP Board.
Population Health programme resource allocation paper.	Ian Ashworth	31/03/24	The Director of Population reported to the Executive Group, Place Director Group, and other governance groups on the plan for recruiting to a population health team and the Health Inequalities priority programmes for 2024-25. This will be completed by July 2024 .
Further develop business intelligence monitoring processes to assess the impact of our work on outcomes and report this through ICB governance structures to provide assurance.	Ian Ashworth	31/03/2024	Reporting to track programme delivery to NHSEI and the Integrated Commissioning & Transformation Board is well established, as are programme updated for ICB performance and risk monitoring. The Data into Action Committee has been established in shadow form and will commence formally from April 2024-25. An operational Strategic Intelligence group meets monthly to sustain system wide collaboration on data an intelligence reporting actions, this will support the best access to systemwide population Health intelligence. The Director of Population health has also instigated the development of a Population Health Management Academy to further realise access to academic research and workforce development opportunities across the ICS.

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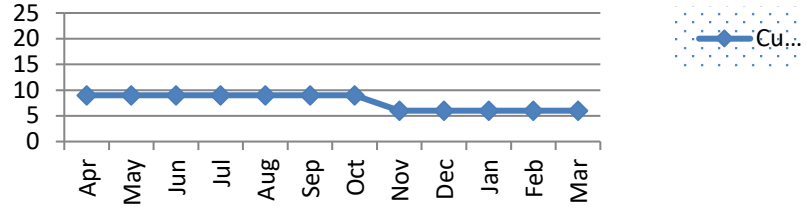
ID No: P2	Risk Title: The ICB is unable to address inadequate digital and data infrastructure and interoperability, which inhibits development of system-wide population health management and effective targeting of initiatives to reduce health inequalities

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	3	**12**	
Current Risk Score	2	3	**6**	
Target Risk Score	2	3	**6**	
Risk Appetite	In the short term (3 months) the ICB can accept the risk because existing arrangements are supporting a reduced capability for data and intelligence. In the medium and longer term The ICB cannot accept the risk at the current level because resolution is required to fulfil its core objectives.			

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

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

Date Raised	Last Updated	Next Update Due
13/02/23	22/04/24	14/06/24

NHS
Cheshire and Merseyside

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

Linked Operational Risks	

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

Gaps in control
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness] Gaps in data coverage – eg social care

Actions planned	Owner	Timescale	Progress Update
Complete shared governance arrangements, including pipeline	John Llewelyn	November 23	

process for analytics requests, prioritization process and progress reporting.			Draft Governance being consulted on. Recommended Proposal for Governance model to be presented to Digital Transformation and Clinical Improvement Assurance board in July 2023 On 7th July, a Data into Action meeting agreed a T.O.R.for the new DiA Board including T.o.R. for all DiA sub-groups. On 2nd August, Medical Director chaired a shadow DiA board. On 22 August a meeting of senior stakeholders discussed prioritization and delivery mechanism of the programme Meeting planned for 6 September to follow up with stakeholders and agree Governance route to formally establish the programme. Paper formalizing Data into Action programme will be taken to Executive Team in September, prior to extended socialization. Will come to Strategy & Transformation Committee in November . Data into Action shadow Board met 27/11/23 and 18/12/23. Medical Director confirmed to Board that the programme will report directly to the ICB Trust Board with reporting arrangements in place for other governance groups in the ICB governance. The Board has agreed a broad plan of work and a significant focus on work to develop evidence for impacts and opportunities for the ICB to inform transformation and future commissioning (shift left) intentions.
Conduct review of data and intelligence assets (including Social Care) and platforms to identify rationalization opportunities	John Llewelyn/Anthony Middleton	Dec 2023	Initial desk-based assessment complete. More detailed review and consultation with users is in planning stage

			July 23 Opened discussion with DDAS C&M lead around alignment with Digital & Data Strategy and increased data sharing. December 2023 – this work forms part of the work plan for the Data into Action programme as it reviews all data assets
Establish C&M Digital Design Authority	John Llewelyn	Sept 2023	Draft T.O.R written Meeting scheduled for November C&M CIO Away day September – session planned to agree scope of DDA and supporting process. Interim CTO will subsequently take forward to establish the group. **Completed**
Appoint Chief Technical Officer (CTO)	John Llewelyn	Sept 2023	Digital TOM and Org structure under staff consultation until end April. Structure agreed and establishment approved. Some key posts (inc. CTO) under vacancy control consideration. p/t CTO appointed on an interim p/t basis. Perm requirements for role will be refined over next few months. **Completed**

Assurances		
Planned	**Actual**	**Rating**
ICB Board April 2023 Board to consider the 'intelligence into action' investment case with recommendation from FIRC to approve.	ICB Finance Investment and Resources Committee (FIRC)agreed the 'data into action' investment case to continue 2 further years funding of the Graphnet contract, System and C2AI.	**Reasonable**

	FIRC recommendations approved at ICB Board **Complete** Full review of Existing BI Solution contracts to be completed.	
Through the Medical Director establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers. The ICB will use this programme to set objectives consistent with CM joint forward plan and receive assurances on delivery through Strategy & Transformation Committee, Quality and performance Committee and Population Health Board.	ICB Medical Director appointed Senior Academic from University of Liverpool as Associate Director of Research. Programme architecture developing in draft. Approval in August/Sept. ICB Director of Population Health in post mid July 2023 and engaged with governance design work. Shadow Board Data into Action established – meetings on 27/11 and 18/12 resolution to report directly to ICB Board **Complete**	

Gaps in assurance
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Actions planned	Owner	Timescale	Progress Update
ICB Board April 2023 – Board to consider the intelligence into action 'investment case with recommendation from FIRC to approve	Rowan Pritchard-Jones	n/a	Investment case has been approved by FIRC. FIRC recommendations approved by ICB Board in April. **Completed**
Due Diligence and IG compliance work underway alongside procurement process to secure PTL risk stratification capability.	Rowan Pritchard-Jones	n/a	IG model agreed for continuation of PTL work. With system IG leads for consideration and approval at next IG steering Group. **Completed**

Establish a collaborative programme of delivery for 'intelligence into action' that will maximize the use of existing analytic and transformation resource across ICB, Academia and Providers.	Rowan Pritchard Jones	n/a	Draft proposition for discussion at existing 'data into action' meeting on 21 April 2023 Paper to be prepared for Corporate Executives meeting before end of April 2023 Programme to be established during May 2023. Programme Board has been established in and is agreeing the T.O.R. and outline programme of work for 2023/24 and beyond. Arrangements will be ratified Sept 6th and reported through DTCIAG and Strategy & Transformation Committee New Governance established. Initial Board met during October **Completed**
Socialise the governance model and establish pipeline and delivery methodology across wider C&M system	Rowan Pritchard Jones	Dec 2023	Once ratified the Governance, outline programme and pipeline management process will be communicated through the appropriate channels across the ICS JL presenting governance model to CMAST CEOs 3rd November. Shadow Data into Action Board on 18/12 agreed that the programme would report directly into ICB Board with reporting arrangements in place for other governance groups in the ICB governance

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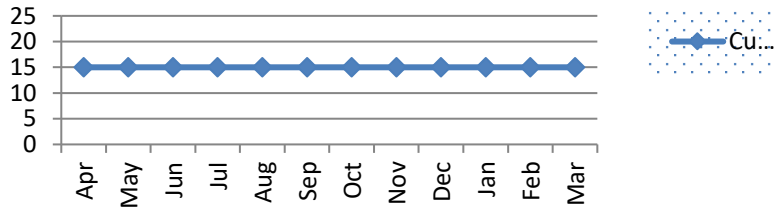
ID No: P3	Acute and specialist providers across C&M may be unable to reduce backlogs for elective and cancer care, due to capacity constraints related to industrial action or other supply side issues or the impact of winter Urgent and Emergency Care pressures. This may result in inability to meet increased demand, increase in backlogs of care, resulting in poor access to services, increased inequity of access, and poor clinical outcomes

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	3	5	**15**	
Target Risk Score	2	5	**10**	

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

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

Date Raised	Last Updated	Next Update Due
13/02/23	16/04/2024	16/05/2024

Risk Description
The COVID 19 pandemic generated significant backlogs due to reduced capacity and people delaying seeking healthcare interventions, exacerbating existing inequalities in access to care and health outcomes. Supply side constraints, including the ongoing impact of industrial action, impact on the available capacity in the system to tackle the longest waits. There is evidence that C&M has been relatively more impacted by industrial action than most other ICBs in terms of the volumes of elective activity that have been cancelled.

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The Cheshire and Merseyside Operational Plan sets out service recovery plans to deliver significantly more elective care and diagnostic activity to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and to improve timely access to primary care.
This risk relates to the potential inability of the ICB in this context to deliver these plans against national targets for recovery of electives, diagnostics and cancer services, which may result in patient harm and increased health inequalities.

Linked Operational Risks	

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

Gaps in control

- Industrial Action: IA to date in 2023/24 has had significant impact, with evidence that C&M has been been relatively more impacted by industrial action than most other ICBs in terms of the volumes of elective activity that have been cancelled, and performance on planned care would have been better if not for this impact.
- The scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts/programmes seek to mitigate impact overall through a range of measures to maintain elective activity levels to the best of their ability.
- Winter Pressures: All Trusts and the wider system have winter plans which seek to mitigate urgent care demand, but depending on the level of urgent care winter pressures, elective care bed capacity is impacted at times in order for Trusts to meet UEC demand.
- On overall elective activity, despite industrial action C&M providers have continued to deliver more activity than in the baseline year 2019/20 (value weighted)

- On elective long waits (65+ weeks) C&M remain ahead of trajectory from April-August 2023, but since September the number of patients waiting over 65 weeks has exceeded trajectory. As at year end there were 2,191 patients waiting over 65 weeks, and 134 patients were waiting over 78 weeks. A revised national ambition has been set to eliminate 65 week waits by the end of September 2024.
- In relation to reducing the cancer backlog, overall C&M remained ahead of trajectory throughout the year and as at 31 March 2024, this stood at 812 compared to a target of 1,095, meaning that the backlog is back to better than pre-COVID levels.
- In relation to improving access to diagnostics, as at latest published Jan 2024 data, 84% of patients waited 6 weeks or less for their diagnostic test, this is the 4th best ICB performance out of 42 nationally.

Actions planned	Owner	Timescale	Progress Update
Elective Recovery Improvement Team	AM	Ongoing	23/24 Plans set out in operational plans, winter plans in development, finalised 31/08/2023
Increasing diagnostics capacity through CDCs and elective capacity through elective hubs	AM	Ongoing	23/24 Plans set out in operational plans, winter plans in development, finalised 31/08/2023
Self assessment against the OP letter (Jim Mackey)	AM	Completed	Self-assessment undertaken by trusts, submitted to region mid-September.

Assurances

Planned	Actual	Rating
Implementation of C&M NOF Framework in 23/24	New 23/24 framework not published or expected imminently. C&M is implementing its approach to the existing NHS Oversight Framework from Q3 23/24	**Reasonable**
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report	
Programme delivery reporting to Strategy & Transformation Committee, ICB Board	Programme reporting in place	

Gaps in assurance

The ICB has reasonable assurance in relation to long waits for elective activity undertaken by C&M providers via the CMAST Elective Recovery Programme, however for patients who are referred to and treated at hospitals outside the ICB area, performance at these trusts is not directly managed by the C&M Elective Recovery Programme and therefore assurance is dependent upon assurance processes within those areas.

Actions planned	Owner	Timescale	Progress Update
Modelling around OP conversion rates, to target high conversion specialties to avoid breaches at end of March.	AM	Ongoing	Trusts to work on progressing new OP during September and October, particularly specialties with high conversion rates.
Development of mutual aid mechanisms for diagnostics to support achievement of faster diagnosis standard (FDS) in cancer and 90% of patients being seen within 6 weeks by March 2024.	Diagnostics Programme	Ongoing	C&M Chief Operating Officers agreed on 1 Dec 2023 to an enhanced system for diagnostics mutual aid targeted at reducing health inequalities and increasing system performance in terms of 6 week waits.
Targeted investments and support to the most challenged trusts to deliver accelerated progress on cancer recovery and operational performance improvement	Cancer Alliance	Ongoing	The cancer alliance has worked to develop the operational performance programme for 24/25 which will guide targeted investment and support to nationally and locally defined priority pathways, working with the regional tiering process and alliance Faster Diagnosis and Early Diagnosis programmes. A CMCA performance forum will help to monitor operational performance directly with providers against the headline cancer standards, tracking tumour-level trajectories

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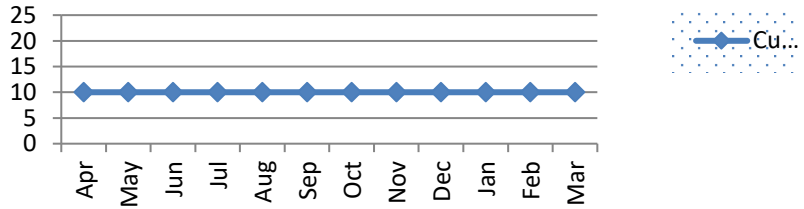
ID No: P4	Risk Title: Major quality failures may occur in commissioned services resulting in inadequate care compromising population safety and experience			
	Likelihood	**Impact**	**Risk Score**	**Trend**
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	3	5	**15**	
Current Risk Score	2	4	**10**	
Target Risk Score	2	3	**5**	

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

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

Date Raised	Last Updated	Next Update Due
13/02/23	18/04/24	18/06/24

Risk Description
The ICB has a statutory responsibility to improve the quality of commissioned services and safeguard the most vulnerable, the quality governance framework that has been established supports early identification and triangulation of risks to quality and safety. This risk pertains to the potential failure of the established framework, with the consequence of a major impact on the safety and experience of services by our population. The current score is reflective of the mitigations in place which support in reducing the likelihood and potential impact of a major quality failure.

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As we enter planning year 24/25 and the increase focus on the resources available and increase our need to increase our productivity in 2024-25 it becomes increasingly important to mitigate any potential impact to the quality and safety to commission services.

Linked Operational Risks	QU08 - Reduced standards of care across all sectors due to insufficient capacity and limited monitoring systems leading to avoidable harm and poor care experience. WSC7 - Patient safety and quality risks cannot be sufficiently mitigated. (dawn) 6PDAF - East Cheshire Trust Summary Hospital Mortality Index (SHMI) is above the expected range which could be an indicator of sub-optimal care of patients resulting in avoidable harm

Current Controls		**Rating**
Policies	National Quality Board guidance on risk management and escalation Safeguarding legislation and policy alignment Patient Safety policy alignment - Patient Safety Incident Response Framework and Serious Incident Framework	**A**
Processes	System Quality Group Place based quality partnership groups Place based serious incident panels (Maternity panel at C&M level) Quality Assurance Visits Rapid Quality Review Desktop reviews Responses to national enquiries and investigations Safeguarding practice reviews and serious adult reviews Multi- agency safeguarding boards/partnerships. Clinical effectiveness group Infection Prevention Control/Anti-Microbial Resistance Board Independent Investigations Emerging Concerns Group Established 09/23 Establishment of System Oversight Group 10/23	**A**
Plans	Development of clinical quality strategy Development of Clinical and Care Professional Leadership Framework & Associated Steering Group	**A**

	Approach to NHS Impact	
Contracts	Place based quality schedule within NHS standard contract Development of standardized C&M quality schedule Service specifications Safeguarding commissioning standards	**A**
Reporting	Quality & Performance Committee System Oversight Board Quality and Performance Dashboard National quality reporting requirements	**G**

Gaps in control

1. *Alignment and maturity of PSIRF development*
2. *Development of ICB governance and interface with place based governance*
3. *Clinical quality strategy not yet in place*
4. *C&M wide quality schedule under development in 23/24, with full implementation planned in 24/25*
5. *Development of data and intelligence platforms to identify and triangulate quality concerns / failures*

Actions planned	Owner	Timescale	Progress Update
Oversight and implementation of PSIRF, with close down of Serious Incident Framework	CD	April 2024	C&M steering group established. Panel process to sign off individual organization priorities pan underway Closing down of legacy serious incidents in progress Dates listed for organizational sign off, first organization goes live in July 2023, assurance given to QPC re organizational readiness. • 4 organisations have now undergone ICB sign off for PSIRF, with others scheduled by end of 11/23 • Delay noted nationally in introduction of Learning from Patient Safety Events (LFPSE) and double running of STEIS system until October 2024 • Thematic Workshop convened to learn from maternity safety events in 08/23 – outputs to QPC in 10/23 • Quarterly update to Quality & performance Committee for assurance on progress

			19th October 2023 • 12 organisations have now undergone ICB sign off for PSIRF implementation, timelines on track for end of November 2023 completion of all large providers. • ICB compliant with national directive to 'double run' STEIS and LFPSE system until October 2023 • Close down of Serious Incident Framework continues to be managed by place based teams, with additional resource provided for administrative support by Midlands and Lancashire Commissioning Support Unit until 03/24 13th December 2023 • All NHS organisations will be signed off by end of December 2023 • Proportionate approach being taken to support independent providers to develop PSIRF response using AHSN inout and support. Ongoing work to close down to Serious Incidents still open across each of th 9 places being undertaken by place based teams. 18th April 2024 • Remain on track to close down Serious Incident Framework by October 2024 • PSIRF continues to be rolled out as per national guidance • Working with the NHS regional team to understand alignment to understand safety incidents in maternity services • Ongoing engagement with Health innovation agency in developing ICB community of practice • Successful recruitment to ICB Patient Safety Specialist
Ongoing and iterative maturity of ICB level and place based roles and responsibilities	CD/RPJ	Completed	Continuous review and evaluation of governance, with place based maturity assessment in development

			MIAA audit submitted April 2024 Participation in Grant Thornton VFM Audit completed – findings to 0923 Audit Committee
Development of clinical quality strategy	RPJ	Complete	Initial meeting of senior system clinical leaders (primary care, ICB corporate and CMAST) took place on 17.4.23 with next meeting planned for May 23. A review of Provider Trust clinical strategies is underway to look for themes and to assess alignment between system strategy and provider strategies. A Clinical and Care Constitution has been developed which outlines the principles that will underpin our Clinical Strategy. This document on a page is currently being socialised and refined based on feedback. It will be presented to ICB board in September. Clinical and Care constitution finalised and on agenda for ICB Board in September. Ongoing discussions re development of clinical strategy led by ICB Medical Director. Presentation to and discussion with System MDs and Directors of Strategy in September. Oct 23 update: Clinical and Care Constitution signed off by board in September and a Clinical and Care professional leaders conference is taking place on 1st November 2023 to launch the constitution into wider system. Outputs from the conference will inform next steps in writing clinical strategy.
C&M group established to standardize quality contracting model for NHS Standard Contract for 2024/2025.	CD/KL	Completed	C&M group mapping exercise completed 09/23 Strategic and ops group established and meeting monthly with target date for standardized quality schedule for April 2024 Standardisation reviews completed. Streamlining reporting requirements Provider forum to be established in Quarter 3 23/24

			13th December 2023 • Standardised approach to quality schedule within contract on track to be implemented in 2024/25 • Assurance being delivered to Executive Nurse via Senior Leadership Forum. Engagement with providers underway to agree priority areas.
Ongoing review and alignment of quality reporting requirements	CD/AM	Ongoing	Iterative review of national, regional and local quality reporting requirements National Quality Board updated in July 2023 was considered in annual review of Quality & Performance committee meeting in 08/23 Development of sentinel quality metrics/dashboard for Board and QPC reporting 08/23 – completed and presented to Quality & Performance Committee in 10/23. October 10/23: Standardisation of Place Based Quality Related Governance to align to National Oversight Framework and Proportionate to Risk for Implementation Q1 2024/25 Further refinement of risk management approach – implementation Q1 2023/24 13th October 2023 • Establishment and alignment of quality governance with NOF methodology - Complete • Executive review of approach being undertaken on 14th December 2023 - Complete • Place based quality score card under development – due to be completed end of Q1 2024

Assurances		
Planned	**Actual**	**Rating**
Executive Director of Nursing & Care report to ICB	Executive Director of Nursing & Care report to ICB – Apr to Nov (reasonable)	**Reasonable**

Monthly quality report to Quality & Performance Committee	Monthly quality report to Quality & Performance Committee – Apr to Nov (reasonable)	
Monthly quality and performance dashboard to quality and performance committee	Monthly quality and performance dashboard to quality and performance committee – Apr to Nov (reasonable)	
Regional quality group reporting (quarterly)		
Board Development Sessions	June and September 2023	
Establishment of Emerging Concerns Governance & System Oversight Group	September 2023	
Development of National Oversight Framework Governance (end of Q4 2023/24)	COMPLETE Jan 2024	

Gaps in assurance			
Work to strengthen quality, safety and experience reporting through intelligence led approach			
Actions planned	**Owner**	**Timescale**	**Progress Update**
Development of digital strategy and alignment of place based reporting	CD/RPJ	April 2024	

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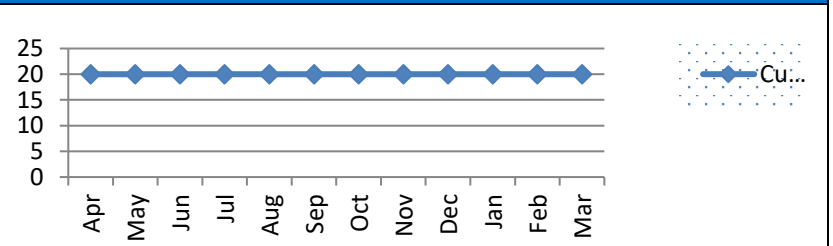
ID No: P5	Risk Title: Lack of Urgent and Emergency Care capacity and restricted flow across all sectors (primary care, community, mental health, acute hospitals and social care) results in patient harm and poor patient experience.			
	Likelihood	Impact	Risk Score	Trend
Inherent Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	5	**25**	
Current Risk Score	4	5	**20**	
Target Risk Score	3	5	**15**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Anthony Middleton	Claire Sanders	Finance	Quality & Performance

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

Date Raised	Last Updated	Next Update Due
13/02/23	17/04/2024	17/06/2023

Risk Description

- The wider urgent and emergency care system, spanning primary care, community and mental health care and social care is under significant pressure with similar demand, capacity and flow challenges impacting on the ability of patients to access the right urgent or emergency care at the right time in the right place.
- Within the acute sector, high bed occupancy, driven by excess bed days due to delayed discharges and increased length of stay compared to pre-COVID is resulting in reduced flow from emergency departments into the acute bed base, and is in turn impacting on waiting times in ED, ambulance handover delays and failure to meet ambulance response time standards.

• Delays in ambulance response times and delays in ED are associated with patient harm and poor patient experience, and increased health inequalities as people living in more deprived areas are more likely to present at E.Ds.

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

Current Controls		**Rating**
Policies	NHS Delivery plan for recovering urgent and emergency care services ("the recovery plan") Jan 2023, UEC Tiering, Winter Planning Guidance (Annex A ten high impact interventions and Annex B System Roles and Responsibilities) (Aug 2023), SCC Review of Standards (Aug 2023), revised OPEL framework (July 2023)	**G**
Processes	System Coordination Centre, ICB level operational plans, provider and Place level plans, performance monitoring, contract management, NHS Oversight Framework, national UEC Tiering and associated support including ECIST, GIRFT, national UEC Universal Improvement Offer, 23/24 Winter Planning process.	**A**
Plans	C&M Operational Plan, Place Delivery Plans – 23/24 operational planning round concluded, and plans signed off 04/05/2023. Overall UEC recovery programme of work is up and running to include the 10 high impact interventions running through provider, place and reports into the new UEC Recovery and Improvement Group. Plans are across 3 workstreams; In hospital Flow, Community Flow and Discharge Final plan submitted to NHSE on 27th September 2023	**A**
Contracts	NHS Standard Contract – contracting round for 23/24 concluded	**G**
Reporting	SCC reporting; Winter Plan reporting; UEC Recovery Programme level reporting via UEC Recovery and improvement Group (sitting under Strategy & Transformation Committee). UEC operational performance reported via Quality & Performance Committee, ICB Board; regular touch points with regional/national NHSE teams regarding Tier 1 actions. Real time reporting in place for all UEC areas on SHREWD resilience platform which now has just under 1000 users	**A**
Gaps in control		
• Industrial Action. IA to date has had significant impact thus far primarily on elective care, as resource has been redirected to support the UEC pathway. The scale and frequency of IA going forward is unknown. We work to mitigate through EPRR processes on days of IA, and Trusts seek to mitigate impact overall		

- Demand exceeds planned capacity levels in a range of sectors, and fuller understanding of demand and capacity across all sectors is required
- Variation in processes C&M wide, e.g. application of patient choice, discharge processes
- Revaluation of NEPTS is required as part of procurement process

Actions planned	Owner	Timescale	Progress Update
UEC and wider actions within operational plans, spanning UEC, Virtual Wards, Admissions Avoidance, NCTR, Bed occupancy	Provider, Place and ICB	23/24	Operational plans signed off 04/05/2023, contracting round completed
Further to operational plans, the ICB are moving to UEC recovery programme being delivered form a Place/Catchment perspective with Place Directors holding the accountability for delivery of UEC improvement and recovery. Plans are in development across 5 Place areas in hospital discharge, in hospital process and pre-hospital.	Provider, Place and ICB	Q2 23/24	• C&M UEC Recovery Programme continues with monthly meetings. • ECIST continue their support to LUHFT, Warrington and Countess. • Onsite improvement support for Ambulance handover times currently provided by AQUA as part of UEC recovery plan. • Weekly checkpoints with ECIST to monitor progress. • Fortnightly Tiering meeting in place with NHSE national UEC team, NHSE NW region team and ECIST director • Discharge works stream has developed discharge principles that are currently being tested on Acute sites. • Early conversations taking place with NWAS and NWAS commissioners to design a single point of access (care coordination) on a North West foot print • SCC compliance against the ROS 24/25 • Phase 2 of SHREWD resilience will be complete by 29th April 2024
C&M 23/24 Winter Plan in development – completed	Provider, Place and ICB	Q2 23/24	ICB Winter Planning Group established, working to 11 September initial submission and end of September final submission to NHSE, **now completed**

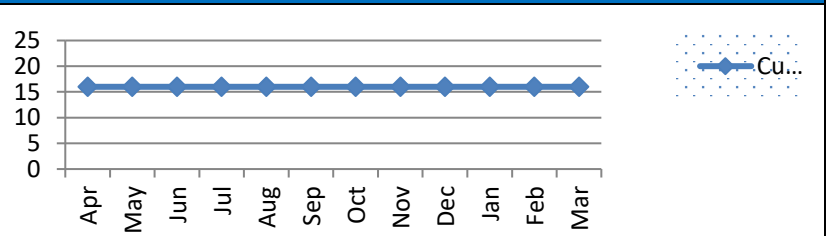
DOS teams (directory of services) migrating over to Central UEC function from Place		May 2024	

Assurances		
Planned	**Actual**	**Rating**
C&M Urgent Care Recovery and Improvement Group is being established from November	Chair and governance agreed Aug 2023, first meeting November 2023. Ongoing meetings	**Reasonable**
Winter Plan in development and to be brought to September Execs and Board	Winter plan went to execs and Board in September, further update to come to Board on 30/11/2023 - **COMPLETE**	
Performance reporting to Quality & Performance Committee, ICB Board (monthly)	Reporting against 23/24 trajectories incorporated into Q&P/Board report	
Gaps in assurance		

Actions planned	**Owner**	**Timescale**	**Progress Update**
New OPEL frameworks announced from national; • Mental health • NHS 111 • Primary Care • Community • Review of Acute OPEL	Claire Sanders	Dec 2024	Awaiting National Forums to be set up. CS has reached out to SME's across Cheshire and Mersey.
Phase 2 of SHREWD implementation	Claire Sanders	May 2024	Phase 2 of rollout includes Mental health providers, Community Providers and Social Care Consolidation of Project meetings into one Steering group involving continuous improvement working with providers to develop a suite of improvement tools
Implementation of Requirement of Standards (RoS) for System Coordination Centre	Claire Sanders	1st February 2025	Awaiting national ROS for 24/25

Procurement and implementation of supplier for real time reporting in line with SCC RoS	Claire Sanders	Complete	SHREWD implementation underway with Phase 1 focus on Acute providers and OPEL parameters. On target to deliver by 13th December 2023. Phase two will then commence with Mental Health Trusts and Community Partners.

NHS
Cheshire and Merseyside

ID No: P6	Risk Title: Demand continues to exceed available capacity in primary care, exacerbating health inequalities and equity of access for our population			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	**20**	
Current Risk Score	4	4	**16**	
Target Risk Score	4	3	**12**	
Risk Appetite	Our longer-term aim is to limit to a moderate level of risk over the life cycle of the access recovery plans			

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

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

Date Raised	Last Updated	Next Update Due
10/05/23	15/04/24	15/06/24

Risk Description
The COVID 19 pandemic generated significant backlogs due to reduced capacity to meet routine healthcare needs and people delaying seeking healthcare interventions. There is evidence that this has exacerbated existing inequalities in access to care and health outcomes. While general practice is delivering more appointments than pre-pandemic, this increase is not keeping pace with demand and there are financial sustainability pressures in general practice in some places. Primary Care dentistry is slowly recovering and patients are presenting in greater need than pre-COVID. Access for new patients seeking an NHS dentist remains an ongoing issue and is a priority for the new 2024/26 dental improvement plan as agreed by the ICB Board on 28th March. The priority in the new plan will be routine access to NHS dental care whilst maintaining existing urgent care provision. Community Pharmacy continues to play a key role in managing patient demand

and creating additional GP capacity but is also under considerable pressure. The national delivery plan for recovering access to primary care is now in year 2 and along with national planning guidance continues to ask ICB's to ensure patients have appropriate and timely access to General Practice. This risk relates to the potential inability of the ICB to ensure that local plans are effective in delivering against national targets for recovery of primary care access, which may result in poorer outcomes and inequity for patients and that practices do not have access to the appropriate support and funding to manage demand. Recognising that majority of Primary Care resources sit in Place the need to understand aggregate Place actions to understand this risk

Linked Operational Risks	PC1, PC6, PC7

Current Controls		**Rating**
Policies	NHS Long Term Plan, NHS Operational Planning Guidance, National Stocktakes and Guidance in relation to Primary Care, Primary Care Access Recovery Plan, Core 20 plus 5.	**G**
Processes	System and place level operational planning, performance monitoring, contract management, system oversight framework, place maturity / assurance framework, dental reporting mid year/end year performance	**A**
Plans	Primary Care Strategic Framework version 1, Developing Primary Care Access Recovery Plan , System Development Funding Plan, Dental Improvement Plan, ICS Operational Plan, Place Level Access Improvement Plans x 9. New National Dental recovery plan for 2024	**A**
Contracts	GMS PMS APMS Contracts (note no specific ask in terms of number of appointments), Local Enhanced/Quality Contracts (poss stretch asks within), Directed Enhanced Services – Primary Care Networks – Enhanced Access, GDS PDS Contracts nationally determined	**G**
Reporting	System Primary Care Committee, NW Regional Transformation Board, Quality & Performance Committee, ICB Board, HCP Board. Place Primary Care forums. Local Dental improvement plan delivery board	**G**

Gaps in control

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Primary Care Strategic Framework version 2 to be completed & formally signed off

Ongoing successful delivery of the access recovery / improvement plans required over a 2-3 year period to close gap, specifically Dental Workforce and funding for Primary medical baselines as reported by contractors

Actions planned	Owner	Timescale	Progress Update
Secure approval to Primary Care Strategic Framework – Stage One.	Jonathan Griffiths	Complete	General Practice & Community Pharmacy are part of Stage One Approved.
Secure approval to Primary Care Strategic Framework – Stage Two	Jonathan Griffiths	TBC	
Complete & secure approval to Primary Care Access Recovery Plan Y1	Chris Leese	COMPLETED	
Complete & secure approval to Primary Care Access Recovery Plan Y2	Chris Leese	Oct/Nov 2024	Awaiting guidance from NHS England on expected plan content
Delivery of Access Recovery and Improvement Plans	Corporate & Place Primary Care Leads	Ongoing to 2025	
Dental Improvement in place agreed and progressing	Tom Knight	Complete	Implementation slowed down due to financial impact. Dental ringfence removed nationally which has resulted in the implementation aspirations
Dental Improvement plan 24/26	Tom Knight	As going	Programme board in place. Working to understand and implements requirements for National Plan v local plan

Assurances		
Planned	**Actual**	**Rating**
Sign off plans by ICB Board	System Primary Care Committee & ICB Board approval to Primary Care Strategic Framework & Dental Improvement Plan (June) (reasonable)	**Reasonable**
Reporting on delivery to System Primary Care Committee & ICB Board	System Primary Care Committee & ICB Board reports, Dental Improvement Plan Update – Oct 2023 (reasonable) New update due in February 2024.	
Performance Reporting to ICB Board (monthly)	Performance reporting	

	Q&P reporting showing progress on delivery of on target of UDA	
Monthly access improvement and related transformation actions reporting template in place reporting monthly till end of March	In place first report due end of December.	
Implementation of Pharmacy First Contracept Service and Hypertension	Pharmacy First to be launched January 31st 2024 Contracept Service and Hypertension already commenced	

Gaps in assurance

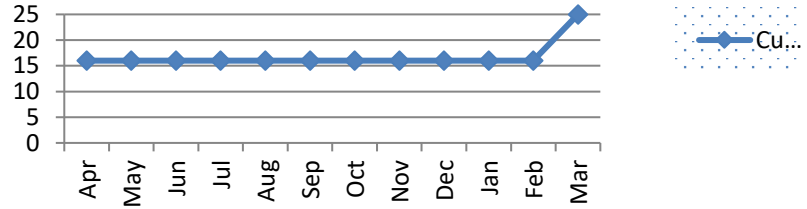
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

No Phase 2 of strategic framework

Overall capacity

Actions planned	Owner	Timescale	Progress Update
Dental Improvement plan reporting to System Primary Care committee	Tom Knight	Quarterly	Interim update submitted to SPCC on 18th April 24
Access improvement plan Y2	Chris Leese	Annually	To board by Oct/Nov 24

NHS
Cheshire and Merseyside

ID No: P7	Risk Title: The Integrated Care Board is unable to achieve its statutory financial duties			
	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	5	4	20	
Current Risk Score	5	5	25	
Target Risk Score	3	4	12	
Risk Appetite				

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

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

Date Raised	Last Updated	Next Update Due
13/02/23	03/05/24	14/06/24

Risk Description
There is a substantial underlying financial gap across the Cheshire and Merseyside healthcare system between current spending levels and the national formula-based allocation. If the ICB is unable to secure agreement to and deliver a long-term financial strategy which eliminates this gap whilst also enabling delivery of statutory requirements and strategic objectives, then it will fail to meet its statutory financial duties. This is further exacerbated by the relative' distance from target' and convergence adjustments for both core ICB allocations and future specialised services and inflationary pressures anticipated in the short -medium term compared to funding settlements.

Linked Operational Risks	

Current Controls		Rating
Policies	Standing Financial Instructions, Scheme of Reservation & Delegation, Delegation Agreements (ICB / Place), Financial Policies	G
Processes	Financial planning	G
Plans	23-24 System Financial Plan, 23-24 Cost Improvement Plans	G
Contracts	NHSE/I Funding allocations (Revenue & Capital), NHS Standard Contracts	A
Reporting	ICB Executive Team, Finance Investment and Resources Committee, ICB Board, NHSE/I	G

Gaps in control

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Some 23-24 Contracts are yet to be signed

ICB / ICS Long Term Financial Strategy

Financial Recovery Plan to be agreed.

Actions planned	Owner	Timescale	Progress Update
Conclude 23-24 contracts	Claire Wilson	May 24	.Still ongoing, target date deferred from Nov 23 to Mar 24. Financial values have been agreed so for purposes of this risk, substantially complete.
Finalise cost improvement plans	Place Directors	Complete	Cost improvement plans at place have fully deliverd the target for 2023/24. Cost improvement plans for 2024/25 have been developed with plans to deliver recurrently in full.
Develop long term financial strategy	Claire Wilson	Mar 24	Work completed to understand underlying financial position. Financial recovery plan will determine transformation workstreams to be translated into the long term financial strategy.

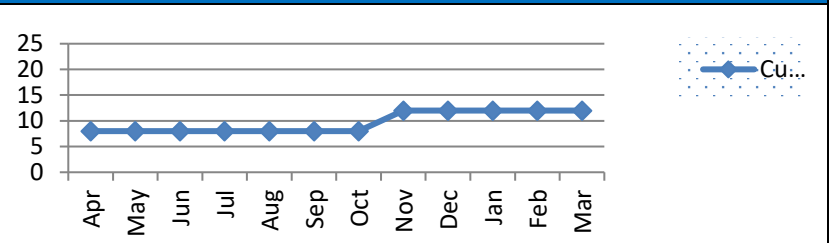
Agree Financial Recovery Plan	Claire Wilson	June 24	Financial recovery plan to be agreed to support delivery of the financial plan for 24-25 and address the underlying financial gap for 25/26.

Assurances		
Planned	**Actual**	**Rating**
ICB Board approval of 23-24 Financial Plan (annual)	ICB Board approved 23-24 Financial Plan – 25/5/23 (Reasonable)	**Reasonable**
System Finance Reports to ICB Board (monthly)	System Financial Report to ICB Board – 29/6/23, 27/7/23, 28/9/23, 30/11/23, 25/1/24, 28/3/24 (Reasonable)	
NHSE/I ICB Assessment (annual)		

Gaps in assurance
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

Actions planned	**Owner**	**Timescale**	**Progress Update**
ICB Board & system partners sign off to 23-24 System Financial Plan	Claire Wilson	Complete	The system financial plan is now finalised and agreed

NHS
Cheshire and Merseyside

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

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Rowan Pritchard Jones	Fiona Lemmens	Medical	Transformation

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

Date Raised	Last Updated	Next Update Due
13/02/23	22/04/24	22/06/24

Risk Description

There are significant service sustainability challenges across the Cheshire and Merseyside system.

- The Liverpool Clinical Services Review (LCSR) identified significant clinical risks for Women's, Maternity and Neonatal Services both locally in secondary care services provided to the population of Liverpool and North Mersey, and for specialist tertiary services provided to the whole C&M population, due to the configuration of hospital services in Liverpool.

- The LCSR also identified challenges with both timely access and poor outcomes in the urgent and emergency care pathways particularly in acute cardiology which affects the entire C&M population.
- Liverpool University Hospital Foundation Trust (LUHFT) is at SOF4 indicating critical quality and / or finance issues
- 4 other trusts in C&M are at SOF3 indicating significant support needs.
- Southport and Ormskirk Hospital (S&O) Trust has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications
- East Cheshire Trust (ECT) has several services classed as fragile due to workforce issues and service configurations that do not meet national specifications.
- There are a number of services identified as fragile due to national workforce shortages and require providers to work collaboratively to identify mitigations.

This risk concerns the potential inability to maintain services in their current configuration and inability to deliver the necessary transformational business cases in relation to our most challenged services.

Linked Operational Risks	

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

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

The C&M ICB Clinical Improvement Hub (C&M IMPACT) is still under development and the Medical Directorate currently does not have capacity to progress this at the speed it would like.

NHSE regional team re-organisation means there is uncertainty over the transfer of NHSE regional improvement team staff into the ICB to support Improvement Hub. December update: NHSE regional team have still not released final Improvement team structures although key posts have apparently been appointed to.

Revised governance proposals for Women's Services Committee and Women's Services Programme are in process of development and approval

Actions planned	Owner	Timescale	Progress Update
Clinical Improvement Hub (C&M IMPACT) Development	RPJ	January 2024	C&M IMPACT is developing in line with National IMPACT guidance. Regular communications established with NHSE Improvement Team, clinical network colleagues and local provider improvement leads. Baseline assessments have been completed for all C&M providers in line with national guidance and the ICB IMPACT team will be reviewing these throughout October. Next step is completion of NHS IMPACT self- assessments which we expect will be sent out from national team during October. An update is scheduled for Executive Team and Board ICB in January. Resource within the medical directorate is constrained further due to sickness in the senior team until the end of November. December update: The national requirement for all providers to complete a self assessment has been removed and made optional. The Medical directorate and people directorate have met with AQUA to scope out a piece of work to assess system readiness , reviewing all of the baseline assessments. This mitigates the risk of constraints within medical directorate team. The ICB board discussed the IMPACT principles on 30/11/23 and have asked for an update to March Board.

			A paper was presented at ICB public board meeting on 28th March 24. The board endorsed the proposed approach to continuous improvement across C&M. The board agreed that an investment into a programme of work could be considered as part of the overall financial planning for 24/25. A whole system Leading for Improvement conference is planned for 30th April There will be a board development session and Senior Leadership forum to undertake the NHS IMPACT self-assessment tool.
AMD for Transformation and East Cheshire Place team to support the ECT programme	Fiona Lemmens (FL) Mark Wilkinson (MW)	Complete	ECT/SFT Programme Board established and meeting bimonthly, attended by ICB representatives. The SHS Board has agreed a revised scope for the programme. The Pre Consultation Business Case (PCBC) will include General surgery, T&O, Emergency Department, Imaging, and critical care services, with an estimated timeline for completion of PCBC by June 2024. ICB Director of Finance and CEO meeting with GM ICS to discuss financial implications of proposed service moves which will cross ICS boundaries.
AMD for Transformation and Sefton Place team to work with provider to re-launch the SCT programme	Deb Butcher Fiona Lemmens	Complete	StHK and S&O transaction complete and new Mersey and West Lancs Hospital Trust established. SCT Programme Board in place and meeting regularly, with ICB representatives in attendance. Revised scope of programme agreed and will focus on urgent and emergency care. An internal system stakeholder workshop is planned for 20th October to update leads in the three organisations. A paper for ICB boards in C&M and LSC that explains the scope and programme plan, is expected over the next 2-3 months.

Establish Women's Services Committee	Chris Douglas/ Fiona Lemmens	Complete	Committee now established, chaired by Raj Jain. Programme working groups have been established, as subgroups of the Committee, and have now all met and discussed their TOR and workplans.
Revise governance arrangement for Women's Services Programme	Chris Douglas/ Fiona Lemmens	November 2023 Complete	A Programme Director and an independent Clinical SRO are now in post. James Sumner was appointed as interim CEO of LWH and will commence on 1/12/23. Liverpool Place has identified some admin support for the programme. Programme planning now progressing with executive teams at both LWH and LUHFT. The WSC was cancelled on 26/9/23 in order to allow a review of current governance arrangements. A proposal to establish a Programme Board separate to the Womens services committee is being developed and will be presented to ICB Board meeting on 30.11.23 for approval. In the meantime subgroups are continuing with tasks to progress the work of the programme. December update: Revised governance approved by ICB board on 30/11/23. Meeting of the revised WSC is on 17th January 24. Womens services programme board now established and chaired by LUHFT/LWH CEO.
Liverpool Place Team to support the development of the programmes of work and governance arrangements to progress the urgent care pathway improvements	Mark Bakewell Fiona Lemmens	April 2024	A single integrated UEC plan for Liverpool developed with oversight from a Liverpool Urgent Care Executive Group, which is established and meets monthly. Cardiology Partnership Board meets bimonthly chaired by Fiona Lemmens to consider 4 workstreams 3 of which related strongly to Urgent care pathways. 3 pilots currently live. Liverpool Trusts Joint committee established and 3 site based sub committees set up, responsible for implementing the urgent care pathway improvements recommended in the Liverpool Clinical Services Review.

			LUHFT SOF4 rating enabled national support from ECIST, GIRFT and Newton Europe, all of which are in progress.

Assurances		
Planned	**Actual**	**Rating**
ICB Womens Services Committee	Report of the Chair of the Women's Services Committee to the ICB Board – 28/9/23 (reasonable) Revised governance arrangements are now in place. The WS committee met on 17th January 24 and approved the TOR The committee is due to meet again in July The Programme board is meeting regularly and developing the refreshed case for change A clinical engagement workshop on the case for change is planned for 3rd May 24 Dates are planned for the case for change to be taken to each of the 4 provider trust boards and the ICB board	**Reasonable**
ICB Exec (FL) and Place Director (DB) attendance at SCT Programme Board ICB Exec (FL) and Place Director (MW) attendance at ECT/SFT Programme Board		
Programme plans approval – Strategy & Transformation Committee		
Programme Delivery reporting – Programme Boards for S&O, ECT and Clinical Pathways to report to the ICB - Strategy & Transformation	Programme board continues to meet regularly. Regular dialogue taking place between C&M and GM ICBs regarding financial and service implications of the programme. C&M ICB exec and ECT exec are holding a board to board meeting over next 2 months	

Shaping Care together	There is a stage 1 NHSE assurance meeting on 30/4/24 The case for change will be presented to the ICB Board in private on 30th May 24	
NHSE Major Service Change Process is being followed in all these programmes which includes compliance with gateway reviews.	Secretary of State approval to transactions to create Mersey and West Lancashire Hospital (WMLH)	

Gaps in assurance

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]

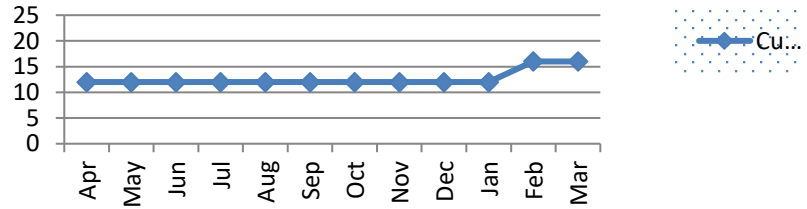
Issues in relation to affordability and timescales will need to be addressed in pre consultation business cases for key programmes

The impact of the current ICB financial situation and associated planning processes on the various transformation processes remains uncertain

Actions planned	Owner	Timescale	Progress Update
Discussion at ICB Execs re LCSR SRO Role	FL C.Watson	Complete	
SCT Programme Board to confirm programme scope and delivery plans	FL & DB	Complete	
ECT Programme Board to confirm programme scope and delivery plans	FL & MW	Complete	
Oversight and assurance of pre consultation business cases	FL, DB, MW & MB	TBC	ICB represented on relevant programme boards and work on PCBCs is progressing

NHS
Cheshire and Merseyside

ID No: P9	Risk Title: Unable to retain, develop and recruit staff to the ICS workforce reflective of our population and with the skills and experience required to deliver the strategic objectives

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	4	4	**16**	
Target Risk Score	2	3	**6**	
Risk Appetite				

Senior Responsible Lead	Operational Lead	Directorate	Responsible Committee
Chris Samosa	Vicki Wilson	Nursing & Care	Finance, Investment & Our Resources

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

Date Raised	Last Updated	Next Update Due
13/02/23	01/05/24	01/08/24

Risk Description
Ensuring that we have a workforce with the necessary skills and experience, and that is reflective of our local population, is essential to the delivery of our strategic objectives. The C&M system has significant workforce challenges including recruitment, retention and sickness absence.

Linked Operational Risks	

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

Gaps in control

While manual System Workforce has been developed, need still exists for broader automated options.

Maturity of collaborative working at system level

Inconsistent workforce planning process/methodology across the system

Links to educational institutions and local authorities

Technology and inconsistent use of workforce systems across the region (ESR, ERoster, TRAC, NHS jobs, OH system)

Due to the withdrawal of workforce development monies and the system financial pressures there will be an impact on recruitment of staff and significantly impact our ability to deliver programs of work which support the aims of recruiting, developing and retaining people that is reflective of our local population. Risk upgraded as a consequence.

Actions planned	Owner	Timescale	Progress Update
Develop and enhance workforce planning capabilities across the system	Emma Hood	September 2024	Following the decision of the Director of Finance to take workforce development funding to support the overall financial position it is not possible to establish the workforce planning team. Realignment of

			existing people team resources will take place to enable a limited amount of capacity to support workforce planning development in place of introducing this team.
Delivery of the C&M retention plan	Paul Martin	Complete (Ongoing)	Good progress continues to be made in line with retention plan. Retention strategy developed, shared and agreed with Trusts. Regular meetings with Trusts and quarterly Retention Forums held for collaboration, sharing best practices, highlighting data trends and updates from across the system and NHSE and regular e-newsletter produced. Subgroups for Legacy Mentors and People Promise Exemplar leads are well established. Priorities remain to work together on a collective menopause offer for all staff and development of flexible working. Turnover of staff continues to steadily decrease across C&M.

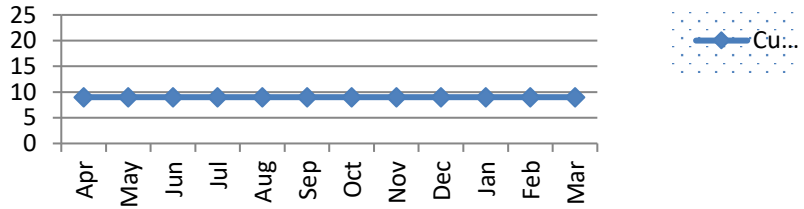
Assurances		
Planned	**Actual**	**Rating**
CQC Well Led review (annual)	People Board	**Reasonable**
	ICB Integrated Performance Report	
	WRES & WDES reporting (annual)	
	NHS Equality Diversity and inclusion improvement plan	

Gaps in assurance

Actions planned	**Owner**	**Timescale**	**Progress Update**

NHS
Cheshire and Merseyside

ID No: P10	Risk Title: ICS focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of our population

	Likelihood	Impact	Risk Score	Trend
Initial Risk Score *[assess on 5x5 scale, this is the score before any controls are applied]*	4	4	**16**	
Current Risk Score	3	3	**9**	
Target Risk Score	3	3	**9**	
Risk Appetite	Our longer term aim is to limit to a moderate level of risk, but this is unlikely before 2025/26			

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

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

Date Raised	Last Updated	Next Update Due
13/02/23	17/05/24	14/06/24

NHS
Cheshire and Merseyside

Risk Description
Delivery of our shared aims, strategy and 5-year plan is dependent on collective ownership and collaborative effort by communities and organisations across Cheshire & Merseyside. The ICB has a key role in system leadership and promoting greater collaboration across the NHS and with local partners. This risk relates to the potential that focus on responding to current service priorities and demands diverts resource and attention from delivery of longer-term initiatives in the HCP Strategy and ICB 5-year strategy on behalf of the population. This is in the context of the changing operating model of NHSE and the ICB, and current national and local quality, safety, performance and financial pressures during the post COVID recovery period and the impact this is having on patients.

Linked Operational Risks	

Current Controls		Rating
Policies	Constitution & membership of ICB Board & HCP, Public Engagement / Empowerment Framework, Prioritisation Framework	**G**
Processes	Strategic planning, consultation & engagement, public / stakeholder / local media communications & campaigns, programme & project management, culture & organisational development, Provider Collaboratives, CQC well led review, attendance at C&M wide and/or sub regional leadership / partnership forums & networks	**G**
Plans	C&M HCP Interim Strategy, Joint 5-year Forward Plan, Joint Health & Wellbeing Strategies x 9 places, Operational Plan, Communications & Engagement Plan, Provider Collaborative business plans, allocation of resources for health inequalities & transformation programmes, , Dental Improvement Plan	**A**
Contracts	MOU with NHSE for system oversight	**A**
Reporting	C&M HCP Partnership Board, Place-based partnership boards & H&WB Boards, ICB Board	**G**
Gaps in control		
[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]		

The HCP Strategy will be approved in June 2024 to replace the interim strategy in place since January 2024.MOUs with place-based partnerships / ICB operating model to be agreed in relationship to delivery at place

Joint committee with Cheshire and Merseyside local authorities to be formally established in 2023

Actions planned	Owner	Timescale	Progress Update
Planning for next iterations of HCP Strategy & ICB Joint Forward Plan & Health Inequalities investment proposals	Neil Evans & Ian Ashworth	Complete	Board Development session & ICB Executives presentation. Report approved by ICB Board in November.
Refocus HCP Strategy 2024-2029 aligned to 'All Together Fairer'	Neil Evans & Ian Ashworth	June 2024	The Strategy will be considered for approval at the June 2024 HCP.
Complete JFP 2024-29	Neil Evans	June 2024	The national timescale to publish an updated JFP is June 2024. The C&M JFP will include an NHS Delivery Plan and summary of Place Partnership Plans (May ICB Board Meeting), a HCP Delivery Plan (June HCP Meeting)
Continue to evolve HCP governance in conjunction with partners	Matthew Cunningham	Complete	HCP TOR approved by all 10 founding partner members of the HCP in November 2023. Joint Committee is formally established between all 10 partners and feature within each partners governance (Constitutions etc)
Conclude Primary Care Access Recovery Plan	Clare Watson	Complete	Approved by Board on 30/11/23. Progress reported in March.
Agree MOUs with place-based partnerships / proposed ICB operating model	Clare Watson	31/01/24	Executive Team workshop mid-November Thursday on ICB operating model. Communications and engagement plan on proposed model with staff, partners and wider stakeholder over next 2 months. Following this engagement it is planned to bring the operating model to the ICB Board in January.
Identify ICB health inequalities funding that could be overseen by the HCP Committee to support delivery of Marmott	Clare Watson	25/6/24	Engagement on the implementation of the health inequalities funding has been conducted during Q1 23/24 with Place Directors, Local Government and Health and Care Partnership

the C&M All Together Fairer strategy and ambitions			representatives on the principles and approaches for investment of the health inequalities fund. An overview of the proposed approach will be shared with ICB in May 2024 with a detailed proposal of investment and oversight of the Programme to be agreed by the HCP at its next meeting on 25TH June 2024

Assurances		
Planned	**Actual**	**Rating**
C&M ICB Quality & Performance Report to ICB Board (bi-monthly)	C&M ICB Quality & Performance Report - 27/4/23, 25/5/23, 29/6/23, 27/7/23, 28/9/23, 30/11/23, 25/1/24, 28/3/24, 30/05/24 (reasonable)	**Reasonable**
Joint Overview & Scrutiny (as required)	Progress on development and implementation of the Interim HCP strategy, development of HCP and Joint Forward Plan has been presented to the Cheshire and Merseyside Joint Scrutiny Committee on the following dates: 22.09.22, 11.11.22, 10.03.23, 14.07.23, 08.12.23, 09.03.24	
Approval and review of joint strategy & plans (annual)	C&M HCP Interim Draft Strategy – 26/1/23, Joint Forward Plan – 29/6/23, Cheshire and Merseyside Joint Forward Plan 2023-28 and Delivery Plan 2023-24 – 29/6/23 (reasonable), Joint Forward Plan/NHS Delivery Plan development and Reporting for 2024/2025 – May Board and HCP Strategy and Delivery Plan – HCP in June 2024.	
NHSE Systems Oversight Framework (annual in June)		
CQC ICB review (annual TBC 24/25)		
Gaps in assurance		

[areas where controls are not in place or are not effective, or where we cannot be assured of their effectiveness]
Work is still underway to finalise HCP strategy & plan
CQC approach to assessing integrated care systems is still evolving

Actions planned	Owner	Timescale	Progress Update
Planning for next iterations of HCP Strategy & ICB Joint Forward Plan & Health Inequalities investment proposals	Neil Evans & Ian Ashworth	Complete	Report approved by ICB Board in November.
Respond to CQC framework as it evolves & build evidence base as required	Clare Watson	Ongoing	Not be participating in pilots of CQC assessment in Q3. A number of other assessments underway – working with regional and national teams on segment 2 to 3 assessment & ICB partnership governance self-assessment. Plans developing for CQC review in 24/25.
Further dental improvement plan being presented to SPCC in February – focus on improved access, prevention and inequalities.	Clare Watson	Feb 2024	Will be targeted at areas of greatest need and most vulnerable population
Start planning to invest ICB ring-fenced Health Inequalities budget in 24/25 and beyond – using inequalities formula. Focus on Marmott and wider determinant priorities, at scale and within Places, including worklessness,	Clare Watson	End 2024	Proposed investment outline to be taken to HCP in June 2024 that will include the delivery of prioritised population health at scale programmes and localised place investment in tackling inequalities and alignment with the All Together Fairer HCP Strategy.

health and housing, smoke free C&M and obesity/active and healthy eating.			