

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

<b>Driven By:</b> - Population demand and demographics, workforce shortages and financial challenges	<b>Resulting in:</b> - Patient harm - Morbidity and mortality rates above the national average - National Oversight Framework segmentation of services in Lancashire and South Cumbria rated as 3 or 4. - CQC ratings of "Inadequate" or "Requires Improvement", regulatory actions. - Quality and financial sustainability not maintained. - Reputational damage
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Executive Risk Owner	<b>Sarah O'Brien</b>	Risk Domain:	Risk Score	Current Score:	Target Score:	Movement:	Risk Appetite/Tolerance	Current Risk Status: In or out of Appetite
Assuring Committee	<b>Quality</b>	QUALITY	<b>16</b>	C L CxL	C L CxL	Q1 Q2 Q3 Q4	CAUTIOUS (4-10)	OUT OF APPETITE
Date added/reviewed	<b>20 Nov 24</b>			4 4 16	4 2 8	- - -	IN APPETITE	

Controls	Gaps in controls
<p>Improvement and Assurance Groups (IAGs) in place for all acute providers, with appropriate escalation pathways in place.</p> <p>Quality Committee oversight of statutory functions and providers and All Age Continuing Care (AACC) to ICB, System Quality Group.</p> <p>Ongoing implementation of Patient Safety Incident Response Framework (PSIRF), with ICB oversight. Responsive quality visits/ liaison with Trusts when data or intelligence triggers.</p> <p>Establishment of monthly ICB exceptions reporting against the improvement and sustainability criteria, with defined escalation pathway into ICB IAG and ICB Transformation and Recovery Board.</p> <p>North West Regional Quality Group meets quarterly, opportunity to escalate System Quality issues.</p> <p>Roll out of Quality Impact Assessment (QIA) training, QIA policy and templates and process established to inform commissioning decisions.</p> <p>Quality team have a schedule of regular of visits across all Lancashire and South Cumbria (LSC) Acute Providers and these will continue throughout the year.</p> <p>Urgent and Emergency Care (UEC) Recovery Plans in delivery phase and overseen through UEC Delivery Boards.</p>	<p>Ongoing demand which is creating pressures for Emergency Departments (ED) and patient flow. This has the potential to impact provider ability to embed improvement.</p> <p>Significant increases in referrals for Special Educational Needs and Disabilities (SEND) pathways resulting in long waiting times and risk to patients.</p> <p>Quality data and intelligence triangulation processes still maturing.</p>
Assurances	Gaps in Assurances
<p>Assurance from Mersey Internal Audit Agency (MIAA) audit on ICB's readiness to operate PSIRF with providers,</p> <p>NHS England (NSHE) assurance on ICB quality systems</p> <p>Quality committee reporting</p> <p>IAG monthly meetings</p> <p>ICB Integrated Performance Report (IPR), providing a benchmark position against the National Oversight Framework (NOF) criteria in relation to each provider and the ICB.</p> <p>The IPR is being used to track delivery against the Cost Improvement Programmes (CIPs) required outcomes over time.</p> <p>Committee Escalation and Assurance Report to alert, advise and assure presented to Board.</p>	<p>Multiple Providers not meeting all Care Quality Commission (CQC) Standards and lack of pace with improvements.</p> <p>System financial deficit results in increased risk to sustainable improvement and recovery.</p> <p>Gap in assurance in relation to the financial plan for recovery which has the potential to impact on ICB and other system partners NOF ratings.</p> <p>Lack of clarity regarding regional intent in relation to movement of NOF score positions for the ICB and Providers due to the challenging financial environment.</p> <p>SEND pathways fragmented and long waiting times.</p>

Mitigating Actions	Timescale	Update on Progress	Review Date	Lead
Implement recommendations from Interim SEND business case (waiting list initiatives for Autism Spectrum Disorder (ASD), access to SLT, digital referral platform)	31 Dec 24 Confirm	The request for additional funding to support implementation of recommendations and address waiting times remains under review.	2 Dec 24	Vanessa Wilson
Development of Integrated Performance and Quality Report and Integrated Performance Improvement Framework;	31 Dec 24	Work continues to progress against the development of the ICB's performance framework in collaboration with the Executive Management Team, and members of the Business and Sustainability Group. A task and finish group will be established to gain further understanding of the ICB's performance data requirements to enable wider operational performance to be monitored. New performance indicators will be built into the integrated performance report including Place level data where available. External consultants undertaking review of "in scope" services to bring together current and future operating model for Business Intelligence (BI) and performance framework.	19 Dec 24	Asim Patel/Glenn Mather

Completed Actions	Timescale	Update on Progress	Status	Lead
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Establish schedule of regular quality assurance visits across all LSC Acute Providers	Complete	Quality team visits to trusts have commenced and will continue to be held throughout the year.	Closed	Kathryn Lord
Develop clear system financial accountability framework (short and medium term) and evaluation through IAG meetings	Complete	Financial accountability framework and plans in place and assurance meetings held with all providers.	Closed	Stephen Downes/Andrew Harrison
Embed QIA process in ICB	Complete	QIA are now included in Programme Management Office (PMO) process to facilitate staff to follow the policy.	Closed	Kathryn Lord/Alex Wells

Risk ID: BAF002	SO2: Equalise opportunities and clinical outcomes across the area.			
<b>Risk Title: There is a risk that the ICB does not deliver its statutory duty to reduce health inequalities.</b>				
<b>Driven by: -</b> <ul style="list-style-type: none"> <li>- Demography of population and expected changes in the population demographics with increasingly elderly population and increased numbers of people living with multiple long-term conditions for longer.</li> <li>- National cost of living challenges leading to worsening health in the population</li> <li>- NHS and partner organisation financial challenges</li> <li>- Challenges of re-allocating resource to focus on areas of greatest need in period of constrained resources and significant operational pressures.</li> <li>- Pressures on VCFSE provision due to reduced funding opportunities from NHS and other sources</li> <li>- Workforce challenges in terms of recruitment and retention with particular workforce challenges in geographical areas with the greatest health inequalities</li> </ul>		<b>Resulting in: -</b> <ul style="list-style-type: none"> <li>- Continued unwarranted variation in access, experience and outcomes for our population which means that we have significant variation in life expectancy and healthy life expectancy.</li> <li>- Integrated Care Strategy isn't delivered.</li> <li>- Reduced morale across the NHS system-wide workforce due to relentless demand and inability to impact on the causes of the demand.</li> <li>- Inability to deliver longer term clinical and community transformation strategic ambitions which are vital to make the health system financially sustainable.</li> <li>- Poor patient experience and outcomes and increasing complaints, particularly for those in our population who face the worst health inequalities.</li> <li>- Reputational damage for the ICB amongst partners and with NHSE</li> </ul>		

Executive Owner	<b>David Levy</b>	Risk Domain:	Risk Score	Current Score:				Target Score:				Movement:				Risk Appetite/Tolerance	Current Risk Status: In or out of Appetite
Assuring Committee	<b>Quality</b>	QUALITY	<b>15</b>	C	L	CxL	C	L	CxL	Q1	Q2	Q3	Q4		CAUTIOUS (4-10)	OUT OF APPETITE	
Date added /reviewed	<b>20 Nov 24</b>			3	5	15	2	3	6	-	-	↑			IN APPETITE		

<b>Controls</b>	<b>Gaps in controls</b>
<p>Robust health inequality and prevention plans spanning all ICB directorates, and incorporated into the ICB Operational plan and Forward Plan</p> <p>Bi-monthly ICB Prevention and Health Inequalities Steering Group (PHISG) chaired by ICB's Medical Director</p> <p>Compliance with national requirements for data submissions on tobacco treatment and alcohol</p> <p>Clear deliverables written into the NHS Oversight and Assessment Framework for ICB and each Trust.</p> <p>Population health teams embedded in place and playing a key role in Place partnerships.</p> <p>ICP Health equity metrics agreed by the Integrated Care Partnership (ICP) Board in Jan 2024 and agreed a 6 monthly update.</p> <p>Joint LSC-wide Public Health Collaborative Plan</p> <p>Joint place-based plans with public health</p> <p>Robust financial planning for ICB Health inequality allocation and Service Development Funding (SDF) prevention funding</p> <p>Screening and Immunisation joint plans with Public Health in place.</p> <p>Screening and Immunisation Oversight Group now established.</p> <p>Robust Tobacco Strategy and implementation plan, including inpatient &amp; smoking in pregnancy</p> <p>UEC Recovery Plans in delivery phase and progress overseen through UEC Delivery Boards</p>	<p>Requirement to deliver Quality Innovation Productivity and Prevention (QIPP) schemes has significantly impacted on inequalities funding available and the delivery against key priority programmes of work.</p> <p>Need to establish a strategic direction for the ICB in relation to health inequalities and prevention in order to ensure this approach is embedded across the ICB.</p> <p>On-going work to ensure that health inequalities and prevention are embedded in the LSC recovery and transformation plans.</p> <p>Insufficient resource to fully implement evidence-based approaches (e.g., enhanced tobacco dependency service is currently only provided in Blackpool)</p> <p>Gaps in workforce for Tobacco services and alcohol care teams because posts are fixed term (because of 12-month national SDF funding) and national SDF funding for alcohol ends December 2024</p> <p>Lack of resource and workforce capacity to improve access, experience and outcomes in areas of greatest inequality, particularly in primary care.</p> <p>Lack of Public Health Intelligence and analytical capacity to support widespread application of Population Health Management approach across workstreams &amp; places.</p>
<b>Assurances</b>	<b>Gaps in Assurances</b>
<p>Oversight of plans, delivery, performance and risks by the ICB Prevention and Health Inequalities Steering Group</p> <p>Quarterly reports collated across ICB functions and reported to PHISG and NHS England</p> <p>Quarterly review of NHS Oversight and Assessment Framework deliverables and feedback to Trusts</p> <p>Robust monitoring of ICB health inequalities funding and improved oversight of the ICB's SDF prevention funding.</p> <p>Inpatient mental health tobacco dependency treatment service mobilised by Lancashire and South Cumbria NHS Foundation Trust</p> <p>Chairing arrangements for the PHISG in place with ICB Medical Director as Chair</p> <p>NHS providers represented on the PHISG.</p> <p>Health inequality metrics incorporated into ICB's routine performance monitoring and be publicly available (in line with the requirements of the Nov 2023 NHSE legal statement)</p> <p>New quarterly report established in relation to ethnicity coding.</p>	<p>Establish clear accountability from the Prevention and Health Inequalities Steering Group to the ICB Executive and Board, via the Quality Committee.</p> <p>Continued work needed to strengthen assurance of Core20plus5 clinical priority areas.</p> <p>Establish a baseline measure for level of investment in prevention (baseline required in order to demonstrate % increase)</p> <p>Improve monitoring of return on investment; improve datasets.</p> <p>6 monthly reporting to ICP against the Health Equity dashboard not yet established.</p>

Overarching aims and objectives to deliver	Timescales	Update on Progress	Review Date	Lead
Review of PHISG governance and reporting arrangements	<b>30 Nov 24</b>	Terms of reference to be agreed by Quality Committee will remain under review in relation to future membership (non-executive director); and reporting arrangements into Quality Committee to be agreed relevant ICB committee.	<b>20 Nov 24</b>	Andrew Bennett/Julia Westaway
Review of UEC slippage funding to support model relating to CYP health	<b>30 Oct 24</b>	Future connections have been made through external consultants clinical lead and opportunities to be built into 3-year finance plans.	<b>30 Nov 24</b>	Andrew Bennett/Vicky Webster

Completed Actions	Timescales	Update on Progress	Status	Lead
Ensure refresh of Joint Forward Plan (JFP) contains additional references to tackling health inequalities.	<b>Completed</b>	Closed; additional content and progress reporting has been included in JFP refresh	<b>Closed</b>	Carl Ashworth/Andrew Bennett
Present proposal for reduction of UEC demand in priority wards	<b>Completed</b>	Check and challenge session held June 2024; further meeting with Chief Finance Officer and Medical Director scheduled for 7 Aug 24.	<b>Closed</b>	Andrew Bennett
Establish PHISG governance and reporting arrangements	<b>Completed</b>	ICB's Medical Director is chairing the meeting and NHS Providers represented on the Group.	<b>Closed</b>	Andrew Bennett
Mobilisation of successful Work Well Bid	<b>Completed</b>	Funding confirmed in May 2024; with service implementation to commence in October. Mobilisation underway	<b>Closed</b>	Andrew Bennett/Julie Westaway
Establishment of Screening and Immunisation Oversight Group	<b>Completed</b>	Terms of Reference have been drafted and first meeting scheduled for 24 September. Close – group established	<b>Closed</b>	Andrew Bennett/Julia Westaway

Risk ID: BAF003	SO3: Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees.
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**Risk Title: There is a risk that the continued challenges to recruit and retain a stable workforce in a number of fragile health services including primary care, hospital-based and Community and intermediate care services which are impacting the system's ability to deliver high quality and timely care to our patients and communities.**

Driven By:  LSC has areas of deprivation resulting in significant challenges to recruit a local and sustainable workforce, which is driving up increased use of agency and locum costs for nursing, medical and AHP workforces.	Resulting in:  Low staff morale Significant use of high-cost locum and agency and further impact on in-year financial pressures impacting the longer-term financial sustainability of the system.
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Executive Owner <b>Debbie Eytayo</b>	Risk Domain: PEOPLE	Risk Score <b>16</b>	Current Score: C: 4, L: 4, CxL: 16	Target Score: C: 4, L: 2, CxL: 8	Movement: Q1: -, Q2: -, Q3: -, Q4: -	Risk Appetite/Tolerance SEEK (15-20) IN APPETITE	Current Risk Status: In or out of Appetite IN APPETITE
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Controls	Gaps in controls
<p>5-year multi-sector workforce strategy and Training and Education Plan covering development of new medical apprenticeship programme to enable our local community into our future workforce. ICB Belonging Plan 2023 – 2028 to create an inclusive culture across LSC. Strategic Training and Education Collaborative (STEC). LSC People Committee reset to lead workforce strategy and NHS Long Term Workforce Plan. Widening participation and apprenticeship strategy ICB IAGs monitoring workforce and bank and agency spend. Transforming Community Care (TCC) Programme Board established to oversee Community Services transformation and will include the development of Integrated Neighbourhood Teams ICB's chief nursing officer continues to raise profile at national and regional levels in relation to Agenda for Change Terms and Conditions not applying to nurses and Allied Health Professionals (AHPs) in non-NHS statutory organisations. Senior Responsible Officer (SRO) for primary care workforce which includes general practice</p>	<p>Limited influence over workforce planning and transformation for non-NHS statutory organisations e.g., Primary Care Transformation plans including GPs, nursing and AHPs working in primary care. Acute and Community Transformation Strategies are still developing. ICB has limited influence in relation to harder to recruit and retain nursing and AHP roles in non-NHS statutory organisations as Agenda for Change terms and conditions do not apply. Integrated Neighbourhood Teams' (IMT) maturity is very variable across LSC and requires ongoing Organisational Development (OD) support to enable new approaches to implement the Fuller Report. Hard to recruit medical posts for fragile services located in areas with high levels of deprivation. High usage of "off-framework payments" in providers.</p>
Assurances	Gaps in Assurances
<p>The People Committee monitors and reviews the following information and data to receive assurance against actions to mitigate risk e.g., Equality in Employment, Workforce and Leadership grading events, Staff Survey Results, Workforce Project Initiation Documents (PIDs), Workforce Priorities Dashboard, Workforce Insights Reports, Workforce Race Equality Standard (WRES) data, Workforce Disability Equality Standard (WDES) data. System Vacancy Control Panel use following mechanisms to receive assurance against controls to mitigate risk through local establishment and vacancy control processes. System vacancy control processes in place New single collaborative bank established. One LSC single platform agreed</p>	<p>Primary Care workforce data for GPs, nursing and AHPs is not linked to Electronic Staff Records (ESR) and can be challenging to obtain a system overview. Primary care workforce data currently not visible within the ICB and needs to be strengthened. Equality Diversity and Inclusion (EDI) GP, nursing and AHPs workforce data is limited for primary care to identify priority improvement areas.</p>

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Delivery of NHS Operational Plan for 2024/25	31 Mar 25	Individual Trusts are responsible for delivery of workforce plans; the ICB is responsible for monitoring and supporting delivery. Monthly monitoring processes are in place to oversee progress against delivery which will align to weekly Incident Management Team (IMT) reporting cadence.	30 Jan 25	Fiona Ball
Community Services Transformation programme will include a focus on Integrated Neighbourhood Team workforce development.	31 Mar 25	The ICB is leading a programme of work to address workforce challenges with new and innovative approaches to addressing this.	31 Dec 24	Sarah O'Brien
Implementation of values and behaviour framework	30 Apr 25	NEW: We are currently running a series of design workshops to develop the values and behaviour framework and toolkit; a socialisation of the values and behaviours will be undertaken in March/April 2025 this will then lead to the development of the next staff awards and embedding of the behaviour framework in a number of organisational processes and policies	31 Mar 25	Ruth Keeler
Production of NHS Operational Plan for 2025/26	30 Apr 25	NEW: Working closely with system planning group led by Director of Strategic Finance. Workforce assumptions completed, pre-Christmas stocktake underway (deadline 6 Dec for provider submissions); working closely with provider workforce teams and CPOs against internal system deadlines in preparation for national NHSE submission deadlines. This will include general practice.	30 Jan 25	Fiona Ball
Workforce Plan and Priorities for 2025/26	30 Jun 25	NEW: A series of workforce priorities are currently in development to align to NHS 10 Year Plan and the NHS England oversight framework, and this will also address our primary care workforce gaps.	30 Jan 25	Fiona Ball
Introduction of OD oversight group and programme management	31 Dec 25	NEW: Executive and Director oversight group for the implementation of the OD strategy and programme plan which includes the values and behaviours framework, leadership development staff Pulse surveys and wider OD and learning interventions	31 Mar 25	Debbie Eytayo/Ruth Keeler

Completed Actions	Timescales	Update on Progress	Status	Lead
Management of 5-year Workforce Strategy, including 6 key workforce priorities: present People Committee with Year 1 proposed objectives and implementation plan	Complete	Proposal paper to be presented at People Committee on 31 Jul 24. Update: People Committee received the proposal	Closed	Andrea Anderson
Complete LSC System Workforce Plan	Complete	The provider workforce plans have been submitted, awaiting regional and national closedown confirmation. Now working towards building a framework of support for in-year delivery.	Closed	Fiona Ball
Identify and engage OD support with development of an OD strategy	Complete	Currently recruiting Associate Director of OD and Education; interviews being held in July 24, start date TBC. Advertising for team OD practitioner; interviews being held in July, start date TBC. OD consultant to work within system on wider OD and cultural issues. Update: OD consultant in post, OD practitioner starting 8 Oct, AD of OD and education in post	Closed	Andrea Anderson
Priority 1: Develop with partners the definition and offer of the LSC One Workforce Vision ethos and offer; develop monitoring mechanisms for providers against plan	Complete	Currently working with CSU Transformation Unit re proposal One Workforce Vision as part of options appraisal for delivery.  <b>Propose to close this action as the approach will be part of the implementation of the 5 Year Workforce strategy detailed in action 1</b>	Closed	Andrea Anderson
Present system reporting dashboard to People Committee; deep dive on specific areas of concern and develop system wide approach to improvements	Complete	Update will be presented to People Committee in October 2024 and work will continue to identify specific improvement areas for review January 2025.  <b>As above this action will captured as part of the development of baseline system reporting dashboard for 10 People Functions</b>	Closed	Fiona Ball
<del>Implementation of 5 Year Workforce Strategy</del>	Complete	Three sub-groups (OD & Education, Workforce Planning and Transformation, Culture and Inclusion) will be established to support the implementation of the 5 Year Workforce Strategy. A series of workforce priorities are currently in development	Closed	Andrea Anderson
<del>Identify recovery culture priorities and supporting OD approaches; present People Committee with draft proposal for implementation and priorities.</del>	Complete	In process of defining and planning the culture priorities including revision of values/vision and recruiting to key OD posts to support with this work. Culture and Inclusion Steering Group are reviewing internal culture within ICB.  <b>This is a system related OD action which will be addressed through the OD and education sub-group once established.</b>	Closed	Andrea Anderson
<del>Development of baseline system reporting dashboard for 10 People Functions</del>	Complete	Dashboard has been established and will be reported quarterly through the People Committee; will continue to be refined Work is ongoing around the requirements and structure of revised analytics; starting to work on mock-up design of product.	Closed	Fiona Ball
Development of OD strategy (new action)	Complete	Developed OD programme plan, all staff event scheduled 8 <sup>th</sup> Oct to re-set vision and values. OD focus groups in place and new talent and appraisal process established. This will enable the development of OD strategy and OD and training offer for the ICB. The People and culture group and OD change makers group are overseeing this area of work.	Closed	Andrea Anderson

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

Driven By: <ul style="list-style-type: none"> <li>Historical underperformance and backlog of reviews</li> <li>Historical practices in NHS providers and Local Authority partners regarding discharge and packages of care</li> <li>Lack of compliance with System SOP for discharge</li> <li>Additional significant stretch targets added in-year.</li> <li>Data quality issues (Adam system)</li> <li>Provider financial pressures requiring additional financial uplift (7%)</li> <li>Increased demand across AACC</li> <li>Increased costs in packages of care</li> <li>Demography of population and challenges in Care Market locally</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>Financial targets and savings not being met, poor patient experience, delays in care or treatment, inadequate out of hospital care.</li> </ul>
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Executive Owner	<b>Sarah O'Brien</b>	Risk Domain:	Risk Score	Current Score:				Target Score:				Movement:				Risk Appetite/Tolerance	Current Risk Status: In or out of Appetite
Assuring Committee	<b>F&amp;P Committee</b>	FINANCE (with Quality oversight)	<b>16</b>	C	L	CxL	C	L	CxL	Q1	Q2	Q3	Q4	↔	OPEN (8-15)	OUT OF APPETITE	
Date added/reviewed	<b>6 Jan 25</b>			4	4	16	4	3	12	-	-	-			IN APPETITE		

Controls	Gaps in controls
<p>Extensive action plan in place to sustain quality improvement which is driving the financial savings highlighted within the 15 QIPP schemes. This is reported bi-monthly into Quality Committee with a specific emphasis on quality impact.</p> <p>Detailed analysis of QIPP schemes are reported to the Finance and Performance Committee</p> <p>Delivery of QIPP schemes and required financial savings is scrutinised through a dedicated delivery unit and reported weekly into IMT chaired by CEO.</p> <p>Financial recovery plan and close working between financial and AACC ICB teams</p> <p>New service model continues to be embedded.</p> <p>Maintained repository of AACC &amp; Individual Patient Activity (IPA) procedures and protocols to support consistency.</p> <p>Backlog of incomplete referrals confirmed and QIPP plans for 2024-25 worked up and instigated.</p> <p>Proposals for managing market costs completed.</p> <p>Funded Care Operational Group</p> <p>Funded Care Governance Partnership Board</p> <p>Short term enhanced caps strategy</p> <p>Weekly highlight reports into the Incident Management Team to report progress against QIPP plans.</p> <p>Capacity to mobilise QIPP identified and in place.</p> <p>Personal Health Budget (PHB) Policy and Service Level Agreement (SLA) in place to deliver an aligned PHB service for AACC.</p> <p>Choice and Equity Policy ratified by Quality Committee which will support Commissioning Intentions/Strategy</p> <p>Patient Choice Oversight Group established (quarterly)</p>	<p>Demand increasing across AACC,</p> <p>Increase in costs for packages of care.</p> <p>Provider Financial pressures necessitating an uplift above 7%.</p> <p>QIPP schemes have been identified however some of these remain at risk in terms of delivery within this financial year.</p> <p>Deviation from Standard Operating Procedures (SOP) when system under pressure (UEC)</p> <p>Additional capacity to be commissioned to support reviews.</p> <p>Further work required to optimise some of the procedures and protocols currently in place to enable consistency and reduce variation in practice.</p>
Assurance	Gaps in Assurances
<p>Regular assurance meetings with regional NHSE lead</p> <p>Quality Hub established and will oversee an internal audit programme.</p> <p>Internal audit plan presented to Quality Committee in Feb 24 with oversight through Quality Hub noted.</p> <p>Updates to new Recovery Programme Board on QIPP delivery (24-25)</p> <p>Peer review completed; learning will be built into development and delivery of future action plans.</p> <p>External company commissioned to review systems and processes in place for managing CHC assessments and payments.</p> <p>External review findings have been included in overarching action plan</p>	<p>Risk to achieving savings if delays in approval for additional capacity.</p> <p>Limited assurance findings based on internal audit review of Continuing Health Care (CHC) operations.</p> <p>Historical practices and culture within teams is impacting the speed at which financial savings can be made</p>

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Evaluation of delivery of new service model	<b>30 Nov 24</b>	Evaluation mapping underway with some elements already commenced. Evaluation continues and will be reported to Executive Management Team by end of November; timescale for delivery extended due to a focus on IMT response and another member of staff outside of AACC completing the report and this revised date reflects those timescales. The report has been completed within the extended timescale and is scheduled to be presented to the EMT on 3 December.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan

Alignment of University Hospitals Morecambe Bay Hospital Trust's discharge processes as per rest of ICB	<b>31 Dec 24</b>	Optimised discharge processes in place with UHMBT discharge team. These will be aligned further following mobilisation of Park View for P2 discharges and then Westmorland and Furness aligning D2A practice as per rest of ICB. Timescale for delivery against this action has been deferred to end of December to enable further discussion with relevant Local Authority.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Medium to long term Commissioning Strategy(development)	<b>31 Dec 24</b>	Medium to Long Term Commissioning Strategy to be developed further and final sign off expected by Dec 24; additional resource has been requested to support this. On track and weekly meetings with commissioning intentions specification development group to support the financial modelling work.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Funded Nursing Care (FNC) in principle review	<b>31 Dec 24</b>	Paper being drafted to review FNC in principle including financial information being submitted to Commissioning Resource Group (CRG) on 11 Dec 24.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Mobilisation of joint Lancashire County Council (LCC) and ICB Joint Packages of Care (JPOC) (phase 1) 1000 cases from Learning Disability & Autism (LD&A) pool	<del>30 Nov 24</del> <b>31 Jan 25</b>	New project lead from LCC has been identified; there have been challenges regarding the scope of work, processes and funding for this work which has resulted in delays in mobilisation. On track Data Privacy Impact Assessment (DPIA) and Data Sharing Agreement (DSA) signed by ICB Senior Information Risk Owner (SIRO); awaiting LCC sign off to support mobilisation. Contract remains unsigned and weekly meetings held to move the action forward. Delays to commence programme due to agreement of funding principles; this delay is escalated weekly within AACC IMT report.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
MIAA Cohort 4 fast track reviews	<b>28 Feb 25</b>	MIAA to undertake an additional 150 fast track reviews to support with reduction of backlog.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Liaison review of CHC overdue reviews	<b>28 Feb 25</b>	Additional 150 CHC overdue to reviews have commenced and reporting weekly via AACC IMT report.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
MIAA Review of IPA (fully funded) cases	<b>31 Mar 25</b>	MIAA review of IPA cases (cohort 2) - caseloads provided, work commenced. Work is in progress and weekly reporting into IMT from 9 Dec onwards.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Develop internal controls within AACC and IPA to ensure accurate and robust financial reporting	<b>31 Mar 25</b>	Process charts under development for inputting onto Content Management System (CMS) in a consistent manner; training packs will be developed, and training implemented for all operational and admin staff who use the system; audit will be carried out in internal process. Reporting being reviewed alongside finance team support; an update will be presented to F&P Committee risk report in January 2025. Training packs have been developed and training rolled out across the team; data cleansing exercise underway to ensure finance coding is accurately recorded within CMS to assist with finance forecasting.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan
Mobilisation of Medium-Longer Term Strategy	<b>30 Jun 25</b>	Subject to additional resources and timely procurement support in order to mobilise as per timeframes.	<b>6 Jan 25</b>	Rakhee Jethwa/Jane Brennan

<b>Completed Actions</b>	<b>Timescales</b>	<b>Update on Progress</b>	<b>Closed</b>	<b>Lead</b>
Improve existing triage processes within AACC Discharge to Assess (DTA) across ICB to ensure appropriate alignment of patients to Fast Track and DTA pathways. Particular focus is UHMBT due to variation in practice.	<b>Completed</b>	Refined triage processes in place with discharge teams, district nurses and operational AACC staff for fast track and DTA referrals to ensure adherence to NHSE guidance and NHSE framework for CHC. Numerous meetings have taken place with UHMBT discharge staff, Westmorland and Furness Local Authority (LA), Director of Adult Health and Care, and Director of Health and Care Integration for South Cumbria Place and respective finance leads in ICB and LA around process and payments.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Complete external reviews and peer reviews to identify learning and implement findings/develop action plan	<b>Completed</b>	Peer review action plan completed and will evolve; external review findings will be reported in middle July; further actions will be developed and implemented.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Complete finance modelling of options to support medium to long term commissioning strategy	<b>Completed</b>	Finance modelling completed. See action plan (short term enhanced caps commissioning strategy actions and medium to long term commissioning strategy).	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Short Term Enhanced Caps Commissioning Strategy	<b>Completed</b>	Short term enhanced caps commissioning strategy to be implemented from 1 September (see additional actions relating to medium-longer term strategy and evaluation process).	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Ratify Personal Health Budget Policy	<b>Completed</b>	Policy has been reviewed by the ICB's legal advisors; feedback will be incorporated and a supporting paper is due to be presented to the Quality Committee on 18 Sept 24.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Ratify Choice and Equity Policy	<b>Completed</b>	Choice and Equity Policy is scheduled for review through the Executive Management Team for delegated authority to endorse prior to ratification through the ICB's Quality Committee in September. This policy will support adherence to short term enhanced caps commissioning strategy (due to mobilise from 1 September) and will support delivery of QIPP schemes.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Commission Liaison Care to complete a cohort of work around high cost packages of care	<b>Completed</b>	Contract with Liaison Care signed w/c 12 Aug for 1-2-1 reviews and Covid cases. Mobilisation expected early September.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Work up scope with LCC and LDA re transforming care joint packages of care reviews and LDA pooled budget reviews	<b>Completed</b>	Meeting held with LCC LDA to work up the scope; agreed processes to be developed by ICB and LA to support this project. Further meeting scheduled to determine agreed processes and funding principles during August prior to mobilisation by end of September. First phase agreed (Transforming Care and LDA Pool). Mobilisation plans scoped. New project lead from LCC has been identified; there have been challenges regarding scope of work, processes and funding for this work which has resulted in delays	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
Commission MIAA to complete a cohort of fast-track reviews across AACC and fully funded IPA cases	<b>Completed</b>	Early stages of developing process and agreeing timelines. Work has commenced for 150 fast track cases; this work will be extended to add in fully funded IPA cases (143) IPA review work Terms of Reference approved by EMT in process of confirming case load and establishing operational and oversight weekly meetings.  Action completed – MIAA review commissioned/closed.	<b>Closed</b>	Rakhee Jethwa/Jane Brennan
MIAA Review of fast-track cases	<b>Completed</b>	MIAA review of Fast track (cohort 1) work on track to be completed by mid-November Completed	<b>Closed</b>	Rakhee Jethwa/Jane Brennan

Risk ID: <b>BAF005</b>	<b>SO4: Meet financial targets and deliver improved productivity.</b>
<b>Risk title: There is a risk that the ICB fails to deliver against its financial plan and the system financial plan to ensure recurrent financial balance over a three-year period.</b>	
Driven By: <ul style="list-style-type: none"> <li>Poor delivery plans, mitigations, execution and lack of holding to account.</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li><b>Depletion of cash and inability to pay liabilities.</b></li> <li><b>Prevention on progressing transformation and delivery of the outcomes for our population</b></li> <li><b>Poor morale due to short term draconian spending controls and budget cuts</b></li> </ul>

Executive Owner	<b>Sam Proffitt</b>	Risk Domain:	Risk Score	Current Score:		Target Score:		Movement:				Risk Appetite/Tolerance	Current Risk tatus: In or out of Appetite			
Assuring Committee	<b>F&amp;P Committee</b>	FINANCE	<b>20</b>	C	L	CxL	C	L	CxL	Q1	Q2	Q3	Q4	↔	OPEN (8-15)	<b>OUT OF APPETITE</b>
Date added/reviewed	<b>6 Jan 25</b>			5	4	<b>20</b>	5	3	<b>15</b>	-	-	-			<b>IN APPETITE</b>	

Controls	Gaps in controls
<p>A system financial plan for 2024/25 has been submitted which shows a breakeven position with £175m deficit support funding. The ICB plan was for breakeven after £87.5m of the deficit funding.</p> <p>Integrated Assurance Groups are established to oversee the delivery of the system plan across the providers and both ICB and System financial position is monitored at <b>ICB Finance and Performance Committee</b> and the ICB Board.</p> <p>ICB Standing Financial Instructions/ Scheme of Reservation and Delegation updated at regular intervals (last update in November 24) and in place.</p> <p>Controls around vacancies and non-pay expenditure have been in place all year in the ICB – System vacancy panel was in place until each Organisation ensured CEO sign off as part of the Investigation and Intervention (I&amp;I) Process for exception due to firebreaks being put in place.</p> <p>QIPP schemes have been identified for the ICB and CIP Schemes are developed across all Trusts with regular risk assessment against these reported to the ICB Finance and Performance Committee and ICB Board.</p> <p>Lancashire and South Cumbria ICS was placed in the national “Investigation and Intervention” (I&amp;I) process by NHS England. This has led to significant enhancement of ICB controls, building on the existing controls covering non-pay and vacancy control. Since the middle of September 2024, these enhanced controls are:</p> <ol style="list-style-type: none"> <li>Weekly Incident Management Team (IMT) meetings, Chaired by the ICB CEO. This tracks QIPP delivery by the six Delivery Units that have been established (see 2)</li> <li>Establishment of six Delivery Units that cover the areas of QIPP delivery, each having an ICB Executive Director as the SRO</li> <li>The creation of a Resource Management Group (RMG) to oversee the redeployment of staff and any exceptional requirement to recruit.</li> <li>The re-focus of the previous Recovery and Transformation Board to the Recovery and Supplier Oversight Board, which oversees the in-year recovery and holds the suppliers to account.</li> </ol> <p>Recovery and Oversight Board meets every two weeks to oversee the work of the external suppliers supporting the intervention work. This holds suppliers to account and unblocks issues providing assurance to the Finance and Performance Committee.</p> <p>Board level review of the ICB financial plans was untaken in May and June 2024, and in the year the Board has met to agree decisions to reduce cost further through a number of actions. The initial plan was debated at Board and a number of decisions were taken to hold investment and stop plans around areas such as prescribing new drugs etc. Further actions have been taken to address the financial high risk with a number of further decisions agreed. Board continues to discuss, challenge an agree decisions to support the financial plan delivery for the ICB.</p> <p>Commissioning intentions (CIs) have been issued to providers and a review of Block Contracts to impact from 2025/26.</p> <p>2025/2026 commissioning intentions are due to be presented to the board for approval in March 2025/26.</p>	<p>Many Provider CIP schemes are still not fully developed with a high risk in delivery in the final quarter of 2024/25.</p> <p><b>Contracting</b></p> <p>Capacity to ensure robust contract management including performance of activity and mitigations.</p> <p>2024/25 block contract review requires firm quantification.</p> <p><b>Commissioning</b></p> <p>Commissioning intentions still need to be fully quantified and developed into robust plans with clear timelines to impact the financial recovery plan.</p> <p>Commissioning function not able to support commissioning decisions and operating model needed to support the reduction of contracts through decommissioning and recommissioning. This needs to include Place operating model, Effective use of BI, Clinical leadership and support for Commissioning decisions – Requested support as part of intervention to move to clear operating model and structures fit for purposes.</p> <p><b>Recovery</b></p> <p>Recovery and transformation approach is disjointed across the system and requires a system approach to include Provider collaborative ensuring a clear roadmap for delivery is in place supported by the right governance and resources.</p> <p>Recovery team needs to be fully embedded with roles clearly communicated across the system.</p>

Assurances	Gaps in Assurances
<p>Board engagement in the QIPP plan development and ongoing sight and review of risk Papers to Finance and Performance Committee</p> <p>Integrated Assurance meetings with reporting to Quality and Finance &amp; Performance Committees</p> <p>Recovery and Supplier Overnight Board</p> <p>Controls around expenditure in place</p> <p>PMO approach to QIPP</p> <p>I&amp;I Process for all organisations</p> <p>IMT weekly meeting in ICB and delivery units</p>	<p>Strategic Commissioning function not in place.</p> <p>Capacity for Contracting not enabling pace.</p> <p>Robust operating model and ICB structures not for purpose.</p> <p>CIPs not robust across providers and back ended</p> <p>Expenditure controls not impacting bottom line</p>

HFMA checklist to audit committee I&I Learning self-assessment External review of Commissioning operating model Early work on 3-year Transformation Roadmap Turnaround Director and senior finance role now in CHC Delivery Unit	
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Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Delivery plan with milestones and trajectories needs to be finalised and delivered through the rest of the year	<b>31 Mar 25</b>	Allocation and Service lines report finalised and feeding plans. Blackpool Teaching Hospitals Trust (BTH) and East Lancashire Hospitals Trust (ELHT) have engaged external consultant to provide additional delivery support. Lancashire Teaching Hospitals Trust (LTH) is in the process of commissioning external support. UHMB has brought in CIP delivery resources.	Jan 25	Stephen Downes to provide update (delivery by Trust CEOs).
Development of system wide strategic commissioning intentions and delivery plan showing expected benefits, timescales, accountability for delivery and interdependencies.	<b>January-March 2025</b>	Block contract review underway. Primary Care Vision being presented to the Board seminar in February 2024. Commissioning Operating model reviewed. UEC capacity investment funding for 2025/26 aligned to CIs.	March 2025	Craig Harris/Jane Cass

Closed Actions 2024/25	Timescales	Update on Progress	Status	Lead
Undertake baseline metrics for programmes incl. UEC and quantify deliverables in 2024/25.	<b>Complete</b>	Completed and just finalising the alignment of the costs	Closed	Stephen Downes/Terry Whalley
Develop 3-year financial plan – assess baseline position to ensure clear understanding of drivers of deficit	<b>Complete</b>	Completed	Closed	Stephen Downes
Establish transformation and recovery programme governance; agree approach with partners	<b>Complete</b>	Completed	Closed	Stephen Downes/Terry Whalley
Board approval of commissioning intentions across system, sector and Place	<b>Complete</b>	Complete. Board approved ICB commissioning intentions at their April meeting and shared with providers	Closed	Craig Harris/Carl Ashworth/all commissioning directors
Prioritisation of commissioning intentions to highlight early action areas of highest benefit and easiest implementation.	<b>Complete</b>	Complete. The initial prioritisation plan was presented to May meeting (Part 2) to inform the CI delivery plan (see below)	Closed	Carl Ashworth
Board approval of commissioning intentions delivery plan	<b>Complete</b>	The board approved the ICB's Commissioning Intentions in April; the CI delivery plan will be overseen through the Executive Management Team and Finance and Performance Committee.	Closed	Carl Ashworth
Finalise Procurement Strategy to support delivery of Commissioning Intentions	<b>Complete</b>	F&P committee have endorsed the Strategy, and it is now going to Board.	Closed	Katherine Disley

Risk ID: BAF006	SO4: Meet financial targets and deliver improved productivity.
<b>Risk title: There is a risk that the ambition for infrastructure transformation as set out in the Lancashire and South Cumbria system-wide estates plan and LSC infrastructure strategy, will not be delivered</b>	
Driven by: <ul style="list-style-type: none"> <li>The current suitability of our built and digital infrastructure.</li> <li>Affordability and lack of availability of required capital investments</li> <li>Historic under investment in primary care estates</li> <li>Alignment of emerging site development strategies with future investment requirements to meet longer term strategic infrastructure strategy.</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>Poor space and capacity utilisation of existing available estate impacting on current service re-design and delivery plans.</li> <li>Inability to deliver longer term clinical and community transformation strategic ambitions.</li> <li>Poor patient experience and outcomes and increasing complaints.</li> </ul>

Executive Owner	<b>David Levy</b>	Risk Domain:	Risk Score	Current Score:	Target Score:	Movement:	Risk Appetite/Tolerance	Current Status:
Assuring Committee	<b>F&amp;P Committee</b>	FINANCE/ BUSINESS	<b>15</b>	C L CxL	C L CxL	Q1 Q2 Q3 Q4	OPEN (8-15)	In or out of Appetite
Date added/reviewed	<b>6 Jan 25</b>			5 3 15	5 2 10	- - -	IN APPETITE	<b>IN APPETITE</b>

<b>Controls</b>	<b>Gaps in controls</b>
5 Year Joint Forward Plan Integrate Care System (ICS) Infrastructure Strategy 2024-2040 LSC ICB Green Plan 2022 – 2025 ICB Data and Digital Strategy Net Zero Carbon Strategy ICB Green Plan 2024/25 approved by the Board Sustainability Impact Assessments are now required for all procurements over £30k across the system Strategic Infrastructure Groups established on a Place+ footprint and are meeting bi-monthly.	Workforce fragility Lack of system visibility across all health-built infrastructure. Inconsistent access to data and information with no live central dataset. Financial delivery plans required and associated capital resources. Historic under-investment in primary care estate development. Overarching clinical strategy (including Acute and Community Services Strategy) will need to develop at pace to drive the Infrastructure Strategy and will require sufficient input from an Infrastructure perspective and associated fixed points / costs. Currently a lack of sufficient resources for the infrastructure identified in the strategy and to deliver the requirements of the Clinical Strategy. A robust process to prioritise the investment requirements and an agreed approach to attracting new investment is required. Climate Change Adaptation Plan
<b>Assurances</b>	<b>Gaps in Assurances</b>
Limited assurance through Strategic Infrastructure reporting through System Transformation and Recovery Board.	Forums for strategic infrastructure discussions need alignment to new landscape and governance structures. Systems still to be established with building owners and other stakeholder including local authorities who own/manage surrounding infrastructure to enable assurance for

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Clinical Services Reconfiguration/Blueprint for Acute Services/New Hospitals Infrastructure Strategy	<b>31 Mar 25</b>	A final workshop planned for 9 <sup>th</sup> September with strategic service planners. The ICB's Strategic Director for Estates has met with strategic service planners in July and further meetings will be held in September to ensure that strategic infrastructure intentions align with clinical services reconfiguration Meetings with strategic service planners have been held to support development of blueprint for acute services and new hospitals infrastructure strategy.		David Levy/Andrew Bennett/Alistair Rose
Development of updated Green Plan by end of 2024/25	<b>31 Mar 25</b> <b>31 Aug 25</b>	All ICB's are required to review and refresh their Green Plans; the ICB will undertake a review of the current plan and incorporate the requirement for a Climate Change Adaptation Plan for board approval by the end of 24/25.	<b>31 Mar 25</b>	Alistair Rose

		On track for delivery by due date progress is being made against development of refreshed plan. National timescale for delivery has been extended to summer 2025		
System Workforce Planning	<b>31 Mar 25</b>	System workforce planning workshop scheduled for end of November to consider Estates and facilities workforce including skill mix of staff to deliver safe and effective estates and facilities service across Lancashire and South Cumbria.	<b>15 Dec 24</b>	Alistair Rose
NEW - Infrastructure planning (10 Year) – needs to progress at system wide basis with oversight and assurance against progression	31 Mar 25	Seek agreement for infrastructure programme and governance structure (SIG)	31 Mar 25	Alistair Rose
Strategic Infrastructure Board to be established	31 Mar 25	Key senior strategic planners at system wide – including digital agenda (technology and equipment)	31 Mar 25	Alistair Rose

<b>Closed Actions</b>	<b>Timescales</b>	<b>Update on Progress</b>	<b>Status</b>	<b>Lead</b>
Establish strategic infrastructure groups on a Place+ footprint	<b>Completed</b>	Strategic Infrastructure Group Draft Terms of Reference developed. Director of Strategic Estates is working with Place leads to establish on a “Place+” basis. Dates for the first meetings will be set by end of September and first meetings held during Q2/Q3. The groups have been established and are meeting on a bi-monthly basis.	<b>Closed</b>	Alistair Rose
Develop 3-year capital plan as part of financial plan. Ensure plan is agreed across all partners and through Health and Wellbeing Boards (HWB).	<b>Completed</b>	NHSE capital planning template in process of being completed. Capital planning workshop held on 27 <sup>th</sup> September; NHSE capital template now being completed.  Completed; submitted to NHSE as required – the plan was discussed and distributed through System Finance Group to partner organisations.	<b>Closed</b>	Stephen Downs/Alistair Rose
Align Digital and Data Strategy to transformation and recovery (acute clinical and non-clinical configuration, recovery and transformation, community transformation diagnostics)	<b>Completed</b>	Planning underway for updated Infrastructure and digital strategy and associated investments/disinvestments. Digital and infrastructure strategies will need to align with and support community services transformation programmes.  Work to support the capital planning workshop will influence next steps based on outputs from clinical blueprint planning work.	<b>Closed</b>	Alistair Rose/Asim Patel

Risk ID: BAF007	SO5: Meet national and locally determined performance standards and targets
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**Risk Title: There is a risk that: critical information systems suffer some sort of failure due to a cyber-attack leading to possible financial loss, disruption to services and patient care and/or damage to the reputation of the ICB.**

Driven By: <ul style="list-style-type: none"> <li>Inadequate replacement or maintenance planning</li> <li>Inadequate contract management</li> <li>Failure in skills or capacity of staff or service providers</li> <li>Inadequate investment in digital systems, digital infrastructure and</li> <li>the design and ongoing development of systems and infrastructure</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>Reduced quality or safety of services, financial penalties, reduced patient experience, failure to meet KPIs and loss of reputation.</li> </ul>
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Executive Owner	<b>Asim Patel</b>	Risk Domain:	Risk Score	Current Score:				Target Score:				Movement:				Risk Appetite/Tolerance	Current Risk Status: In or out of Appetite
Assuring Committee	<b>F&amp;P Committee</b>	FINANCE/ BUSINESS OBJ.	<b>12</b>	C	L	CxL	C	L	CxL	Q1	Q2	Q3	Q4	←→	OPEN (8-15)	IN APPETITE	
Date added/reviewed	<b>6 Jan 25</b>			4	3	12	4	2	8	-	-	-			IN APPETITE		

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

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Carry out regular exercises including senior and front-line staff to ensure awareness and understanding of loss of digital technologies.	<b>31-Jan-25</b>  <b>Propose to extend 6 months</b>	MIAA are being commissioned to review all L&SC Provider organisation Cyber tooling to inform a gap analysis before a converged approach to cyber assurance can be achieved. As part of this work MIAA will deliver an awareness raising session for the Board setting out the cyber landscape, cyber-attack methods, the legal and regulatory responsibilities, and accountabilities of the ICB in the context of being an organisation in its own right, as a provider of essential services and in the context of leading an ICS. More detailed breakdown of this work will be provided in future updates.  Meetings have now been held between the ICB Chief Digital Information Officer (CDIO), Chief Technical Officer (CTO) and MIAA. MIAA have now proposed an agenda for an executive security and cyber session with the ICB Board.	<b>15 Jan 25</b>	<b>Andrew Thompson</b>
Undertake departmental Business Impact Analysis assessments to inform development of Business Continuity Plan	<b>31-Dec-24</b>  <b>Propose to extend to end of FY 24/25</b>	Each ICB corporate function that relies on a digital solution is required to have a business continuity plan in place in the event of a cyber-attack or loss of service. The ICB EPRR team have contacted all ICB directorates to understand the position in relation to their business continuity plans. This will inform a report on any business continuity gaps by directorate. BTH IT are working with IT digital colleagues to agree standard template for business continuity that can be adopted and tailored by each ICB corporate function. The ICB EPRR team have written out to each ICB directorate to understand the position if its respective Business impact analyst to then support any requirements for developing business continuity plans (BCPs). This will inform a	<b>15 Jan 25</b>	<b>Alison Whitehead/Directorate Leads</b>

		report on any BCP gaps, by directorate. A spreadsheet is now available from the EPRR team which details the gaps in BIA's and BCP by ICB directorate. EPRR are working on completion of this work by 31 <sup>st</sup> March 25.		
Coordination of completed Business continuity plans for specific areas (Finance, HR)	<b>Confirm timescales</b>	Further corporate functions' IT systems will be scheduled for review once agreed. The proposed review of the ICB's finance system business continuity plans will be conducted once the NHS Shared Business Services (SBS) system has been migrated – work is due to take place over the next 6 months. The action in relation to CHC is closed (see table below)	<b>15 Jan 25</b>	<b>Andrew Thompson</b>
IT Asset Register to be populated for ICB	<b><del>31 Dec 24</del> Propose to extend to end of FY 24/25</b>	Following the Data Security and Protection Toolkit (DSPT) review a series of actions will be implemented including the identification of a complete IT asset register of critical systems and Information Asset Owners to support the ICB's business continuity arrangements. On track for delivery by action due date.	<b>15 Jan 25</b>	<b>Joe McGuigan</b>
Undertake digital resilience exercise supported by NHS England	<b>31 Mar 25</b>	The ICB is mandated to carry out a cyber resilience exercise during the 2024/25 financial year. Alison Whitehead and Andrew Thompson are working with NHSE colleagues to plan this exercise for later in the year.  Multiple meeting have been held between ICB EPRR, Digital and NHSE Regional cyber teams. NHSE cyber regional lead has agreed to facilitate and run the event. The date of the event is being scheduled and attendees are being agreed.  This exercise is now scheduled for the 24 <sup>th</sup> of January 25. NHSE regional cyber lead is facilitating and the agendas and invites have been circulated.	<b>15 Jan 25</b>	<b>Alison Whitehead/Andrew Thompson</b>

Completed Actions	Timescales	Update on Progress	Status	Lead
Coordination of completed Business continuity plans for specific areas (CHC)	<b>Completed</b>	The ICB commissioned MIAA to undertake a focused review of the ICB's CHC system as priority area for review. The findings were presented to the ICB's Audit Committee in July and mitigating actions have been enacted.  The Business Impact Assessment has been developed and completed for the CHC system as a priority; a server user management guide has been developed and will audited quarterly from end of September;  Multi-Factor Authentication has been established and will be implemented early September.  The ICB's Data Quality Policy is being adhered to, with supporting guidance on information management and record management is being overseen through a Task and Finish Group (commencing mid-September for 3 months) to develop data quality guidelines.  As the ADAM (CMS) system is cloud-based, mitigation for inability to access patient records if server access was compromised, is in place with active patient data files accessible from the monthly download process.	<b>Closed</b>	Rakhee Jethwa

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

Driven By: <ul style="list-style-type: none"> <li>System financial pressures leading to increased risks to sustainable improvement in performance standards.</li> <li>Increased demand and ongoing pressures in Urgent and Emergency Care Services across all trusts across Lancashire and South Cumbria</li> <li>Gaps in surgical capacity within the system is impacting on waiting times in key areas, with 2 out of 3 of the core cancer treatment standards not being met across all providers.</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>Emerging harm and risks to patient safety as a result of long waits in A&amp;E departments which is further impacted by delays in ambulance handovers.</li> <li>Recovery and operational performance targets for cancer treatment not being achieved.</li> <li>Provision of a sub-optimal service leading to poor patient experience or outcomes.</li> <li>Reputational damage if LSC is categorised as requiring higher levels of intervention from NHS England (Universal Support Tier 3).</li> </ul>
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Executive Owner	<b>Craig Harris/David Levy</b>	Risk Domain:	Risk Score	Current Score:	Target Score:	Movement:	Risk Appetite/Tolerance	Current Risk Status: In or out of Appetite					
Assuring Committee	<b>F&amp;P Committee</b>	PERFORMANCE	<b>16</b>	C	L	CxL	Q1	Q2	Q3	Q4	↔	OPEN (8-15)	OUT OF APPETITE
Date added/reviewed	<b>6 Jan 25</b>			4	4	16	-	-	-			IN APPETITE	APPETITE

Controls	Gaps in control
<p>UEC Strategy approved by the board and 1-year UEC improvement and de-escalation plans in delivery. Cancer improvement plan</p> <p>A re-set of recovery programmes has been undertaken to ensure delivery of the ICB's financial plan with a focus on immediate high-cost pressures including UEC pathway.</p> <p>ICB's Finance and Performance Committee oversight</p> <p>Monthly UEC Collaborative Improvement Board meetings; governance arrangements reviewed and now chaired by ICB Chief Operating Officer</p> <p>Local UEC Delivery Boards meet regularly with a focus on delivery of local UEC improvement plans.</p> <p>Monthly Planned Care Strategic Oversight Group (PCSOG) meetings</p> <p>Place recovery and transformation plans.</p> <p>Elective Recovery Programme Board (monthly)</p> <p>Patient Choice Oversight Group established (quarterly)</p> <p>Integrated Commissioning and Contract Meetings established and meet quarterly; performance is covered in this forum alongside IAG's (Integrated Assurance Groups.)</p>	<p>Acute and Community Transformation Strategies are still developing.</p> <p>Resources required to deliver the transformation and delivery programmes.</p> <p>Ongoing demand which is creating pressures for ED and patient flow. This has the potential to impact Provider ability to embed improvement and de-escalation plans.</p> <p>No internal audit data</p>
Assurances	Gaps in Assurances
<p>ICB Integrated Performance Report to the board.</p> <p>Benchmarking data against ICB's performance against Outcomes Framework measures</p> <p>IAG oversight of key metrics for provider organisations</p> <p>Progress against NOF segmentation criteria in relation to each provider and the ICB.</p> <p>Committee Escalation and Assurance Report to alert, advise and assure presented to Board.</p> <p>ICB position against National Benchmarking – ICB in upper quartile nationally</p> <p>Elective Recovery Programme Board minutes to Patient Choice Oversight Group</p> <p>Integrated Commissioning and Contract Meeting minutes to Patient Choice Oversight Group and CRG highlighting key risks.</p> <p>Regular contract meetings are in place with each of the independent sector providers, standardised activity and finance data now in place to inform these meetings.</p>	<p>Limited health inequalities metrics</p> <p>Escalation processes need to be developed further to ensure rapid action is taken.</p> <p>Coding and counting reconciliation and validations – battle rhythm needs to be established with appropriate BI, analytics and contract management.</p>

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Reduce all long waiting patients >65 weeks (Sep 24) with reduction of >52-week breaches by March 2025	<b>31 Dec 24</b>	All LSC NHS Providers have detailed plans to deliver the waiting time target initially by September 2024 and this is a standing item on the monthly Assurance Meetings. NHSE have subsequently extended the deadline to December 2024. Progress against a trajectory is monitored and the system has an established mutual aid process to support fragile services that present the greatest risk.	31 Dec 24	Jayne Mellor

Continued monitoring of provider performance across LSC (NHS and Independent Sector)	<b>Ongoing</b>	<p>This is done via regular Integrated Commissioning and Contract meetings which are now established and meet quarterly and consider finance, quality and performance. Issues can be escalated to the monthly Improvement and Assurance Group if necessary.</p> <p>New internal Multi-Disciplinary Team (MDT) meeting established but requires refining to provide assurance in relation to independent sector contracts.</p>	Monthly	Jayne Mellor
Ensure patient choice guidance is implemented to improve utilisation of all available capacity, including independent sector providers and furthermore ensure patients are fully informed of their right to choose under the NHS Constitution	<b>Ongoing</b>	<p>Patient Choice Oversight Group established (quarterly), this will monitor the actions we have submitted to NHS England in terms of providing assurance on patient choice.</p> <p>Our Referral Management Services (RMS) are under review, one function of an Referral Management Centre (RMC) is to support delivery of the choice agenda. A recommendation will be made to CRG in January/February.</p>	31 Dec 24	Jayne Mellor/Beth Goodman
Stocktake on progress 10 UEC high impact interventions (HII) to support delivery of 4-hour A&E performance and Category 2 ambulance response times and key actions set out in the 2024/25 priorities and operational planning guidance.	<b>Ongoing</b>	<p>Progress against the 10 High Impact Interventions is reported to Finance &amp; Performance Committee (F&amp;P) and ICB Board. Key to the delivery of the 10 HII is the implementation of the 5 Year UEC strategy and the associated Place Based UEC improvement plans that are now in delivery through the UEC delivery boards. Colleagues within the UEC portfolio and transforming community care portfolio are working jointly to align workstreams and priorities.</p> <p>Updated position re-submitted to NHSE on 16 September. A further report on HII to F&amp;P Committee on 28 October and a further report to board on 13 November (UEC/Winter Planning report)</p> <p>Significant oversight and scrutiny of the delivery and impact of the UEC improvement plans, of which the 10 HII are a part where appropriate i.e. according to local needs and prioritisation, is occurring through the local UEC Delivery Boards and the LSC UEC Collaborative Improvement Board.</p>	31 Dec 24	Jayne Mellor/Craig Frost

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

Executive Owner	Sarah O'Brien/David Levy
Assuring Committee	F&P Committee
Date added/reviewed	6 Jan 25

Risk Domain:	Risk Score
FINANCE/BUSINESS OBJECTIVES	16

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

<b>Controls</b>	<b>Gaps in controls</b>
<p>Transforming Community Care (TCC) programme Board established to oversee Community Service transformation.</p> <p>Clinical Programme Board (CPB) established as part of the Provider Collaborative to oversee acute clinical transformation.</p> <p>New Hospital Programme Board (NHPB) established which connects to TCC and CPB</p> <p>Establishment of Recovery and Transformation Programme board chaired by ICB CFO meets twice monthly to oversee delivery of strategic priorities including TCC and CPB.</p> <p>Clear strategies are in place and will be used to inform delivery plans (5-year Joint Forward Plan, Integrated Care Strategy, ICB Health System Infrastructure Strategy, Primary Care Procurement Evaluation Strategy, ICB Digital and Data Strategy, UEC Strategy)</p>	<p>Underdeveloped Acute and Out of Hospital transformation programme</p> <p>Overarching clinical strategy (including Acute and Community Services Strategy)</p> <p>Place-based improvement plans in development.</p> <p>Provider landscape and barriers arising from current delivery model.</p> <p>Inconsistent care processes</p> <p>Workforce availability and gaps in primary and community care workforce and lack of clear workforce strategy (aligns to BAF 003)</p> <p>Difficulty in recruiting and retaining staff resulting in increased spending on agency staff (aligns to BAF 003/Workforce)</p> <p>Resources required to deliver the transformation and delivery programmes.</p> <p>Variation, demand and capacity of INT services, specifically workforce and funding challenges</p>
<b>Assurances</b>	<b>Gaps in Assurances</b>
<p>Programme delivery reporting to System Recovery and Transformation Programme Board / Business and sustainability / Provider Collaborative Board</p> <p>System Recovery and Transformation Programme Board providing assurance to Finance &amp; Performance Committee and to Quality Committee</p> <p>INT Board reporting as part of wider ICB transformation programme and associated PMO</p>	<p>Detailed trajectories for delivery plans and associated formal reporting on delivery against recovery and transformation programmes.</p>

Mitigating Actions	Timescales	Update on Progress	Review Date	Lead
Define Acute Clinical Service Blueprint and Delivery Roadmap	30 Sep 24	<p>Acute Clinical Service Group meeting twice weekly, 3.5 billion data items analysed to understand patient needs and inform options, clinically led working group established with workshops planned.</p> <p>Board seminar held to receive strategic service planning report. A further report will be provided in November (closed session).</p>	11 Dec 24 (board seminar)	David Levy/Terry Whalley
Develop overarching clinical strategy/blueprint for the ICB that brings together Acute and Community elements together with strategy for UEC and Planned Care	31 Mar 25	ICB clinical directorates have agreed scope of this work and are meeting with support from the Innovation North West Coast on 20 <sup>th</sup> August to progress this work.	11 Dec 24 (board seminar)	Sarah O'Brien / David Levy

		Ongoing – further sessions have been held with innovation NW coast and further sessions scheduled in New Year  Clinical strategy/blueprint presented to board seminar in December; external consultants supporting with development of 3-year plan which will be presented to the board in March 2025		
A refresh of the INT plans will be overseen by TCC	<b>31 Mar 25</b>	Primary and Community Care Commissioners working closely on this agenda with TCC programme.	<b>TBC</b>	<b>Sarah O'Brien/Peter Tinson</b>

<b>Completed Actions</b>	<b>Timescales</b>	<b>Update on Progress</b>	<b>Status</b>	<b>Lead</b>
Establish TCC programme board to report into system recovery and transformation programme board.	<b>Completed</b>	TCC Programme Board established, and first meeting held 1 July 24.	<b>Closed</b>	<b>Sarah O'Brien</b>
Establish TCC programme support and identify metrics and ROI.	<b>Completed</b>	The programme is mobilised and has a one-year plan in place which is linked to the UEC de-escalation Place plans and will support delivery at Place through system level action and targeted support at Place.	<b>Closed</b>	<b>Sarah O'Brien/Tony McDonald</b>
Identify additional resource to support Acute and Out of Hospital programmes	<b>Completed</b>	Dedicated transformation and recovery programme resource in place and directly aligned to key transformational priorities across Clinical Services (in hospital) and Transforming Community Care (out of hospital) for future years	<b>Closed</b>	<b>Sam Proffitt/Alex Wells</b>
Define scope of Transforming Community Care 24/25 Programme	<b>Completed</b>	Plan on a Page for 24/25 under review by TCC Programme Board. Exec discussion 10 <sup>th</sup> September. Exec discussion held. TCC board meets and is overseeing delivery of agreed scope of TCC programme.	Closed	Sarah O'Brien
UEC Strategy to be signed off	<b>Completed</b>	Strategy drafted, using detailed diagnostic and fact base to inform year 1 recovery plans at Place aimed at de-escalating UEC Pressures. To be approved by the ICB Board in September Close – UEC strategy approved by the board.	<b>Closed</b>	<b>Craig Harris/Jayne Mellor</b>
Delivery plans for Place.	<b>Closed as an action under BAF 010</b>	Each Place has developed a set of UEC recovery plans with the ultimate aim of eliminating corridor care which will mitigate the risk to quality within ED Close – it was agreed that oversight of UEC delivery will move to UEC board and Place teams	<b>Closed at the request of Sarah O'Brien as an action under BAF 010</b>	Craig Harris/Place Directors

Risk ID: BAF010	SO6: Develop and implement ambitious and deliverable strategies – meeting scheduled with Craig Harris for review
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**Risk Title: EMT endorsed request to close: There is a risk that places will not be able to deliver both the place integration deal and the place recovery and transformation plans.**

Driven By: <ul style="list-style-type: none"> <li>Realignment of Place teams and priorities to deliver key areas of recovery and the transformation community care programme.</li> </ul>	Resulting in: <ul style="list-style-type: none"> <li>Delayed implementation of the Place Integration Deal and reduced impact of delivering improved health outcomes for residents</li> <li>Delay of an agreed operating model for the ICB and its places with Place-based Partnership, the ICP and the PCB</li> </ul>
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Executive Owner	<b>Craig Harris</b>
Assuring Committee	<b>Exec Mgmt. Team</b>
Date added/reviewed	<b>26 Nov 24</b>

Risk Domain:	Risk Score
FINANCE/BUSINESS OBJECTIVES	<b>12</b>

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

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

Mitigating Actions	Timescale	Review Date	Date review	Lead
Development of Integrated Performance and Quality Report and Integrated Performance Improvement Framework;	31 Dec 24	The Integrated Performance Report is maturing with each version produced and further development will be incorporated following F&P committee feedback. Work continues to progress against the performance framework and understand the ICB's reporting requirements (metrics/cascade and escalation routes).	13 Nov 24	<b>Asim Patel/Glenn Mather</b>
Transforming Care in the Community Place Delivery Plans to be developed	<b>30 Apr 25</b>	Each Place has developed a set of UEC recovery plans with the ultimate aim of eliminating corridor care which will mitigate the risk to quality within ED	12 Nov 24	Craig Harris/Place Directors

Closed Actions	Timescale	Review Date	Date closed	Lead
Board approval of commissioning intentions across system, sector and Place	<b>Complete</b>	Complete. Board approved ICB commissioning intentions at their April meeting and shared with providers	<b>Closed</b>	<b>Craig Harris/Carl Ashworth/all commissioning directors</b>