

Integrated Care Board

Date of meeting	5 July 2023
Title of paper	Board Assurance Framework
Presented by	Kevin Lavery, Chief Executive
Author	Debra Atkinson Company Secretary / Director of Corporate Governance
Agenda item	12
Confidential	No

Executive summary

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

This report provides an overview of progress to the board assurance framework and risk management processes. It includes the annual oversight framework and cycle of risk management for 2023/24, and proposed next steps to further review, develop and refine the ICB's Board Assurance Framework and consideration and agreement of the board's risk appetite statement.

Recommendations

The board is requested to:

- Note the review and progress of the ICB's risk management systems and processes
- Note the annual oversight framework and cycle of risk management for 2023/24
- Note the summary of the Corporate Risk Register
- Review, comment and approve the Board Assurance Framework
- Support a board development session to review the Board Assurance Framework aligned to the ICB and System Strategies and to agree the boards risk appetite statement

Which Strategic Objective/s does the report relate to:

		Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	✓
2	To equalise opportunities and clinical outcomes across the area	✓
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
4	Meet financial targets and deliver improved productivity	✓
5	Meet national and locally determined performance standards and targets	✓
6	To develop and implement ambitious, deliverable strategies	✓

Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	

Financial Implications			✓	
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Executive Management Team	27 June 2023		Agreed submission for Board	
Conflicts of interest associated with this report				
not applicable				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	Sam Proffitt, Chief Finance Officer
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Integrated Care Board – 5 July 2023

Board Assurance Framework

1. Introduction

- 1.1 The Integrated Care Board (ICB), as a publicly accountable organisation, needs to take many informed, transparent, and complex decisions and manage the risks associated with these decisions. The ICB therefore needs to ensure that it has a sound system of internal control working across the organisation.
- 1.2 The ICB recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment, and mitigation of risks.
- 1.3 The ICB's strategic risk management processes are centred on the Board Assurance Framework (BAF), which is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's core aims/objectives. The Assurance Framework provides the Board with confidence that what needs to be happening is happening in practice.
- 1.4 The BAF also plays a key role in informing the production of the Chief Executive's annual Governance Statement (included within the ICB's Annual Report) and is the main tool that the Board should use in discharging its overall responsibility for ensuring that an effective system of internal control is in place.
- 1.5 The purpose of this paper is to present the latest position of the ICB's BAF for review and comment. This builds on the previous update during the ICB's first period of operation in December 2022.
- 1.6 This paper also presents the annual oversight framework and cycle of risk management for 2023/24; a summary of the Corporate Risk Register for information and recommendations for further development and review in 2023/24.

2 Oversight Framework and 2023/24 Annual Cycle of Risk Reporting

- 2.1 Roles and responsibilities of the board, each assuring committee, executives, and senior responsible officers (SROs) are clearly defined and are shown as a high-level summary in the risk management oversight framework.
- 2.2 An annual cycle of risk reporting for 2023/24 is also attached. This aligns to the board and committee meeting dates across 2023/24 to ensure the timely review of all risks held in advance of the BAF being presented to the board and through its committees.
- 2.3 It is proposed that on alternate dates to the scheduled risk updates that a "deep dive" is undertaken to facilitate a more detailed assessment against a specific risk. Deep dive reviews help identify whether more directed support or intervention may be required or if there are concerns about the effectiveness of controls or actions planned. They also support the assessment of suitability for a risk to be escalated or de-escalated prior to a recommendation for closure.

2.4 A monthly exception report will be received by the executive management team, as well as regular dedicated sessions for more detailed reviews.

2.5 Oversight to-date:

- Quality Committee 21 June 2023. Review of 3 BAF risks:

ICB-01 Continuing Healthcare

ICB-019 Organisations at System Oversight Framework (SOF) level 3 or 4 within Lancashire and South Cumbria (LSC)

ICB-020 Worsening economic impact on health inequalities

The Quality Committee also received 12 risks held on the Corporate Risk Register (CRR).

- Finance and Performance Committee 26 June 2023. Review of 4 BAF risks:

ICB-008 System Finance Sustainability

ICB-010 Meet national and locally determined performance targets

ICB-012 Physical and digital infrastructure (cyber security and business continuity)

ICB-013 Delivery of LSC system-wide estates plan and LSC Health Infrastructure Strategy

- Executive Management Team Exception Reporting:

18 April; 16 May; 20 June

2.6 Timely updates and recommendations from these reviews will be provided to the board through the Committee Escalation and Assurance Reports and verbally to the board through executive leads.

2.7 The Oversight Framework and 2023/24 Annual Cycle of Risk Reporting can be found at **Appendix A**.

3 Board Assurance Framework and Corporate Risk Register

3.1 A full review of risks held on the BAF, and Corporate Risk Register (CRR) has been recently undertaken by the Executive Management Team to confirm their continued appropriateness for 2023/24.

3.2 A number of risks have re-aligned to capture risks based on the criteria below rather than escalated and de-escalated based on risk scores as follows:

3.2..1 **Board Assurance Framework** – holds risks that relate to the delivery of the ICB's strategic objectives and have the highest potential for external impact.

3.2..2 **Corporate Risk Register** – captures risks that relate to the ICB's on-going day-to-day business delivery. Whilst these risks may have some external impact, operational risks mostly affect internal functioning and services. Depending on the level of risk involved, operational risks are managed at directorate and committee level.

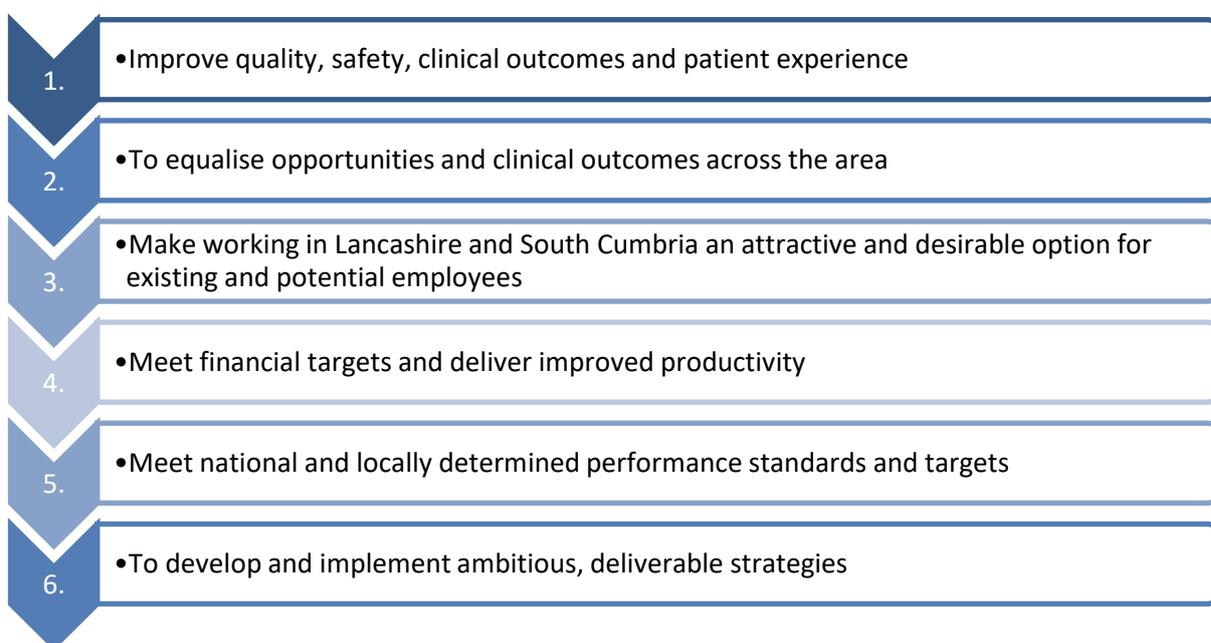
3.3 There are currently 13 risks held on the Corporate Risk Register (CRR). A high-level dashboard of all risks currently held on the CRR is attached for information at **Appendix B**

4 Board Assurance Framework

4.1 The Board Assurance Framework is structured around 11 strategic risks to achieving the ICB's six strategic objectives. The BAF is also structured to include opportunities to achieving the strategic objectives, and this will be an area of focus for the next presentation of the BAF to the board.

4.2 At its meeting on 6 December 2022, the Board approved 6 strategic objectives and 3 levels of responsibility that the board would seek assurance against. Alignment of each of the 11 risks held on the BAF is clearly identified to both areas.

Strategic Objectives:



Three Levels of responsibility:

Level 1 – The responsibility of the ICB as a statutory body

Level 2 – The role of the ICB in NHS System Oversight

Level 3 – The role of the ICB as a system partner to support integration

4.3 A heat map and summary dashboard of risks held on the BAF is provided at **Appendix C**.

4.4 The full BAF is provided at **Appendix D** for review and comment.

5 Next steps

- 5.1 Whilst the ICB agreed its strategic objectives and board assurance framework in December 2022, its first part year was one of transition, and towards the end of the financial year 2022/23 risk management was still to be fully embedded into the organisation and the board has still to agree its risk appetite statement.
- 5.2 The Lancashire and South Cumbria Integrated Care Partnership has since agreed and published its Strategy in April 2023, and the ICB has also agreed its strategic priorities within the mandatory 5 Year Joint Forward Plan (JFP) that the ICB and its partner trusts must produce by 30 June 2023.
- 5.3 It is proposed that the board undertake a review of the current ICB's strategic objectives, strategic priorities within the JFP and Integrate Care Strategy to ensure that the BAF and the JFP are fully aligned and reflect the principal risks to the ICB.
- 5.4 The board also needs to understand its risk appetite and tolerance to categories of risk and agree its risk appetite statement.
- 5.5 A development session will take place later this year to align the BAF to the ICB and System Strategies and to agree the boards risk appetite statement.

6 Recommendations

- 6.1 The board is requested to:
 - Note the review and progress of the ICB's risk management systems and processes
 - Note the annual oversight framework and cycle of risk management for 2023/24
 - Note the summary of the Corporate Risk Register
 - Review, comment and approve the Board Assurance Framework
 - Support a board development session to review the Board Assurance Framework aligned to the ICB and System Strategies and to agree the boards risk appetite statement

Debra Atkinson

19 June 2023

Appendix A

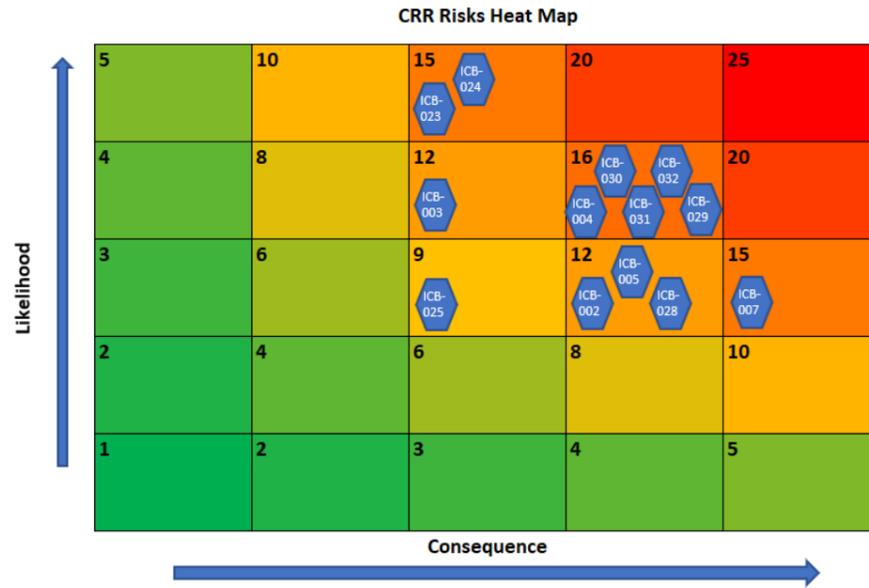
Risk Management Oversight Framework



Board Assurance Framework Full Business Cycle 2023/24

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Board: BAF reviews				✓				✓				✓
Audit Committee: Assurance reports						✓				✓		✓
Board Committees: Review and receipt of assurances			F&PC QC	PB PCC		F&PC QC PCC		PB PCC		F&PC QC		PB PCC
Executive Management Team: Monthly exception reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Executive Management Team: BAF review prior to Board			✓				✓					
BAF Quarterly reviews: 1:1 reviews with relevant executives and corporate office		-			✓					✓		

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



Summary of CRR (Click here for full CRR)

Risk ID	Risk Title (no more than 20 words)	Type of Risk	Strategic Objective at Risk	Exec Lead	Directorate/ Functional Area	Assuring Committee	Initial Treated Risk Score	Current Risk Score	Target Risk Score	Target Date for Reducing/ Closing the Risk	Risk Progress
ICB-002	Failure to deliver statutory safeguarding duties	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Safeguarding	Quality Committee	12	12	8	29/03/24	→
ICB-003	SEND (LeDeR)	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Nursing - general	Quality Committee	15	12	6	31/03/24	→
ICB-004	Learning Disability and Autism - inpatient services	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	20	16	12	31/05/24	↑
ICB-007	Quality of Maternity and Neonatal Care	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	CYP and Maternity	Quality Committee	15	15			→
ICB-023	CYP Autism Assessment	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	CYP and Maternity	Quality Committee	15	15	12	24/11/23	→
ICB-024	Adult Autism Assessments	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	15	15	12	28/03/24	→
ICB-028	The fragility of the care sector impacting on quality and wider system resilience.	Level 3 - ICB - (System Partners Supporting Integration)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	12	12	9	01/04/24	→
ICB-030	Waiting times for CYP ADHD	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy	Mental Health	Quality Committee	16	16	12	31/12/23	→
ICB-031	Waiting times for Adult ADHD	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy	Mental Health	Quality Committee	16	16	12	31/12/23	→
ICB-032	Reduction of Psychiatric Intensive Care Capacity (PICU)	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy	Mental Health	Quality Committee	16	16	4	30/06/23	→
ICB-005	Cancer Performance (backlog reduction)	Level 2 - ICB (NHS System Oversight)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Cancer Alliance	Quality Committee	12	12	4	30/06/23	↑
ICB-025	Complexity in development of the South Cumbria place	Level 2 - ICB (NHS System Oversight)	6. To develop and implement ambitious, deliverable strategies	Craig Harris	Health and Care Integration	ICB Execs	9	9	3	30/09/23	→

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

BAF Risks Heat Map



Summary of BAF Risks (Click here for full BAF)

Risk ID	Risk Title (no more than 20 words)	Type of Risk	Strategic Objective at Risk	Exec Lead	Directorate/ Functional Area	Assuring Committee	Initial Treated Risk Score	Current Risk Score	Target Risk Score	Target Date for Reducing/ Closing the Risk	Risk Progress
ICB-001	Continuing Healthcare	Level 1 - ICB (Our Statutory Responsibility)	1. Improve quality, including safety, clinical outcomes and patient experience	Sarah O'Brien	Adult Health and Care	Quality Committee	20	16	12	31/12/23	→
ICB-019	Number of organisations scored at SOF level 3 or 4 within LSC.	Level 2 - ICB (NHS System Oversight)	1. Improve quality, including safety, clinical outcomes and patient experience	David Levy, Sarah O'Brien	Quality Assurance and Safety	Quality Committee	12	12	8	29/03/24	→
ICB-006	Implementation of Fuller Report recommendations	Level 2 - ICB (NHS System Oversight)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Primary Care	Primary Care Commissioning Committee	16	12	8	30/09/25	→
ICB-020	Worsening economic impact on health inequalities	Level 1 - ICB (Our Statutory Responsibility)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Population Health	Quality Committee	16	16	12	01/04/24	→
ICB-026	Primary care dental services are taking longer to recover from COVID which means patients are finding it difficult to access routine dental care.	Level 1 - ICB (Our Statutory Responsibility)	2. To equalise opportunities and clinical outcomes across the area	David Levy	Primary Care	Primary Care Commissioning Committee	12	8	4	31/03/26	↑
ICB-009	Workforce Transformation	Level 1 - ICB (Our Statutory Responsibility)	3. Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	James Fleet	People - Transformation	People Board	12	12	6	31/03/26	→
ICB-008	System Financial Sustainability	Level 3 - ICB - (System Partners Supporting Integration)	4. Meet financial targets and deliver improved productivity	Sam Proffitt	Strategic Finance	Finance and Performance Committee	20	20	15	31/03/24	→
ICB-012	Physical and digital infrastructure (cyber security and business continuity)	Level 1 - ICB (Our Statutory Responsibility)	4. Meet financial targets and deliver improved productivity	Asim Patel	Digital	Finance and Performance Committee	15	15	10		→
ICB-013	Delivery of Lancashire and South Cumbria system-wide estates plan and LSC Health Infrastructure Strategy.	Level 1 - ICB (Our Statutory Responsibility)	4. Meet financial targets and deliver improved productivity	Sam Proffitt	Strategic Estates, Infrastructure and Sustainability	Finance and Performance Committee	15	15	10		→
ICB-010	Meet national and locally determined performance targets	Level 2 - ICB (NHS System Oversight)	5. Meet national and locally determined performance standards and targets	Maggie Oldham	Planning, Performance and Strategy - General	Finance and Performance Committee	20	20	16	29/09/23	→
ICB-016	Contribution of the ICB to the development of places in LSC.	Level 2 - ICB (NHS System Oversight)	6. To develop and implement ambitious, deliverable strategies	Craig Harris	Health and Care Integration	ICB Execs	12	12	4	01/09/23	→

Lancashire and South Cumbria Integrated Care Board

Board Assurance Framework July 2023

Risk Description: Continuing Healthcare: quality, financial and reputational risks due to unmet need for NHS CHC statutory responsibilities								
Risk ID: ICB-001		Strategic Objective: SO1		Level 1-3: 1	Risk Analysis Q1: 		Current Risk Score: 16	
Executive Lead: Sarah O'Brien		Assuring Committee: Quality Committee		Date added to BAF: 19 April 2023	April	May	June	July
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:		
C	L	C x L	C	L	C x L	16	16	16
4	5	20	4	3	12	31/12/2023		

Controls:	Gaps in controls
<p>Quality Committee minutes and ICB Delivery Board oversight Dedicated senior leadership roles for CHC appointed to in Chief Nurses portfolio</p> <p>Weekly operational and oversight meetings between ICB and CSU with agreed improvement plan Fortnightly assurance meetings with regional NHSE lead and agreed recovery trajectory</p> <p>Weekly transition planning meetings between CSU and ICB (including HR reps).</p>	<p>Non-recurrent funding to address gaps has not delivered improvement required</p> <p>There continues to be a significant backlog of cases requiring assessment ICB are not achieving 28-day target for assessment using the Decision Support Tool Workforce capacity and recruitment and retention of skills needed</p>
Assurances:	Gaps in assurances:
<p>Feedback to Quality Committee every two months from weekly operational and oversight meetings; KPIs/ BI analysis</p> <p>Review of variation across LSC complete and recommendations made for new service model based on demand and benchmarked to areas of good practice</p> <p>Finance have approved the AACC Service Model (24th March 23) and approval Sarah O'Brien and Jane Brennan 27th March 2023.</p> <p>Now in recruiting and transitional planning phase for the delivery of the new service model. PHB service is varied across LSC and a workshop was carried out on the 27th March 2023 to look at future models.</p>	<p>None currently identified</p>

Opportunities: To be identified			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Case for change: Continuing Healthcare/Individual Patient Activity recommendations for remodelling the service	Case for change signed off at Finance and Performance Committee with additional investment of £4.2m available from Q1 23/24 to support new services model	Complete	n/a
Transition plan and implementation of new service model	Workshops held in February and March 2023 with output reviewed. Transition planning for implementation and final implementation of new model in progress.	31.7.23	R Jethwa
MIAA Solutions commissioned to support reviews for Fast Tracks and CHC packages of care.	MIAA work underway	31.8.23	R Jethwa
In-housing of CHC services from MLCSU	Service model signed off; awaiting confirmation re TUPE arrangements from NHS England	1.10.23	R Jethwa
Undertake review of current LA/ICB agreements for CHC and complex care within each LA in ICB	Not started	31.12.23	R Jethwa

Risk Description: There is a risk that the ICB will fail to deliver support to the organisations to improve high quality operational delivery of services by achieving at least SOF 2 segmentation rating.														
Risk ID: ICB-019		Strategic Objective: SO1			Level 1-3: 2		Risk Analysis Q1: ↔			Current Risk Score: 12				
Executive Lead: Sarah O'Brien David Levy		Assuring Committee: Quality Committee			Date added to BAF: 19 April 2023		April		May		June		July	
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:								
C	L	C x L	C	L	C x L				12		12		12	
4	3	12	4	2	8	29/03/2024								

Controls:						Gaps in controls					
<p>Documentation and data analysis on quality. Exec to Execs conversations and regular Board to Board meetings. Regular on-site visits. NW Regional Quality Group meets quarterly, opportunity to escalate System Quality issues. ICB representation at internal Provider assurance forums. Joint working with NHSE/I, ongoing system support, oversight via National Recovery Support Programme, and Maternity Service Support Programme. System Improvement Boards in place with transitional arrangements to ICB lead assurance and improvement groups for Q2 2023/24. Established ICB Quality Committee which has delegated responsibility and accountability to ICB Board. Ongoing implementation of PSIRF, with ICB oversight. Responsive quality visits/ liaison with Trusts when data or intelligence triggers.</p>						<p>Embedded standardised and consistent ICB internal approach to governance with Providers. Schedule of regular of visits across all LSC acute providers. Although ICB signalled requirement, full audit of quality governance arrangements not yet concluded. Escalation in summer demand which is creating additional pressures for ED and patient flow, as tracked through 'Gold Calls'. This has the potential to impact provider ability to embed improvement.</p>					
Assurances:						Gaps in assurances:					
<p>NICHE overview of ICB processes for the delivery of assurance for pathway specific investigations. • Existing internal ICB data quality monitoring processes in place (contract data, quality visit outputs and trust committee papers) to allow for identification of emerging quality themes and trends. • Existing ICB staff aligned to Patient Safety Specialist roles and continued system-wide support in relation to the implementation of PSIRF and sharing learning both at place and system wide. • Established escalation routes both internally, with providers for concerns. MIAA audit regarding governance process - ongoing MIAA quality oversight for SOF level organisations</p>						<p>Multiple providers not meeting all CQC Standards and lack of pace with improvements. System challenges continue in relation to patient flow which is impacting on capacity within providers and hampering ability to provide assurance of sustained quality improvements in some areas. System financial deficit results in increased risk to sustainable improvement and recovery. ICB inter-function relationships are maturing in order that the ICB quickly reviews its support offer in relation to demand pressures within providers and across the system.</p>					

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

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

Risk Description: That primary care development based on the recommendations in the national Fuller report are not achieved														
Risk ID: ICB-006		Strategic Objective: SO2		Level 1-3: 2		Risk Analysis Q1: ↔		Current Risk Score: 12						
Executive Lead: Sarah O'Brien David Levy		Assuring Committee: Quality Committee		Date added to BAF: 13 June 2023		April		May		June		July		
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:			12		12		12	
C	L	C x L	C	L	C x L	30/9/2025			12		12		12	
4	4	16	4	2	8									

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

Opportunities: To be identified					
Mitigating actions		Update on progress/mitigation actions due this month		Target Date	Lead
Development of Fuller delivery framework and associated self-assessment and planning processes		Delivery framework has been produced and signed off by ICB execs 14.02.23. Self-assessment and annual planning tools has been developed and process established. This is now underway led by Places. Timeline for completion has been extended to 28.07.23 following feedback from PCNs.		28.7.23	D Haworth
Development of an outcome's framework		This work is in the scoping phase with timeline and milestone to be developed		TBC	P Tinson
Establishment of an Oversight Group		Integrated neighbourhood teams board TOR developed; initial meeting scheduled		21.6.23	P Tinson, D Haworth
Development of a system delivery plan for Fuller		Initial plan developed, work commencing with work stream leads to populate		30.6.23	D Haworth
Funding proposals paper to support INT development		Paper developed setting out proposals for use of primary care SDF funding to support INT development. Paper supported by PCN development group 27.04.23 and Primary and Integrated Neighbourhood Care Transformation Programme Group (PINC TPG) 25.04.23. Paper presented to CRG 25.05.23, CRG requested further discussion prior to agreement. INT development may be delayed if there is a delay in releasing resources to support PCNs and neighbourhood partners with this work.		31.5.23	D Haworth P Tinson

Risk Description: The health and wellbeing of the population is diminished because of the cost-of-living crisis leading to a widening of health inequalities. The risk is that the positive impact of Population Health Programme will be reduced.

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

Controls:	Gaps in controls
<p>Quarterly meetings are being arranged with DsPH. Associate Medical Director has bi-monthly meetings with Director of Population Health and DoPH and Associate Medical Director meets monthly with Place Directors.</p> <p>Regular discussions through meetings, emails and telephone calls with finance team.</p> <p>Place based Population Health leads have worked with BI team to identify wards with biggest need. Work is now underway with community service providers.</p> <p>Monthly best practice sessions are organised to communicate, discuss, and share best practice.</p> <p>Resource deployment papers are regularly discussed with the Population Health senior team and included within the action logs.</p> <p>Financial plans for 23/24 completed.</p>	Agreed system wide health inequalities dashboard.
Assurances:	Gaps in assurances:
<p>ICB Prevention and Health Inequalities Steering Group has been established to provide oversight of plans and risks (1st mtg 15th June 2023).</p> <p>Health Inequalities quarterly reporting to NHSE and oversight meetings.</p> <p>Population Health Team is continuing priority ward work within our programme.</p>	Lack of metrics to measure impact of health inequalities.

Opportunities: To be identified					
Mitigating actions	Update on progress/mitigation actions due this month			Target Date	Lead
Working jointly with Directors of Public Health and Place Directors to align priorities and programme objectives	The place integration model for population health has been developed and proposed including next steps regarding joint work with public health.			31/07/2023	Andrew Bennett
The ongoing work led by Health Inequalities Clinical Leads in each neighbourhood	Following completion of the academy program Health Inequalities leads are now proceeding with their projects and leading on health inequalities in each PCN.			Ongoing	Andrew Bennett Julia Westway Health Inequality Leads
Investment in the community to address poverty and cost of living	Discussion with DHCI's underway regarding the allocation of population health investment funds equitably across LSCFT.			31/07/23	Andrew Bennett
Realistic benefits monitoring	Performance framework and return of investment approach being developed			Ongoing	Gary O'Neil Paul Hegarty
Establish a set of metrics with Public Health for the ICS	Work underway as part of the ICP strategic plan. Update requested from the integrated care strategy working stream.			Ongoing	Andrew Bennett

Risk Description: Primary Care Dental services taking longer to recover from COVID which means patients are finding it difficult to access routine dental care and additional pressure is being applied to other dental services including secondary care. This is a multi-faceted risk with potential significant implications for patients receiving a quality service, sustainability of the dental practices across the system and reputational damage for the ICB.

Risk ID: ICB-026	Strategic Objective: SO2	Level 1-3: 1	Risk Analysis Q1: ↑			Current Risk Score: 8
Executive Lead: David Levy	Assuring Committee: Quality Committee	Date added to BAF: 13 June 2023	April	May	June	July
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:			
C	L	C x L	C	L	C x L	
3	4	12	2	2	4	31/03/2026

Controls:	Gaps in controls
<p>1. There are commissioned pathways ('1,2,3') to support patients who require:</p> <ul style="list-style-type: none"> a) Urgent Care b) Follow up treatment to finalise an urgent intervention c) Comprehensive care for patients where their oral health impacts of wider health or where there is a significant risk of oral health deterioration (priority groups) <p>2. Working with the Local Dental Committee and the Local Dental Network is developing initiatives to support the recruitment and retention of clinical teams including supported recruitment for overseas dentists.</p> <p>3. ICS wide dental access workshop held in May, to support and integrated approach to next steps dental access investments and pathway development.</p> <p>4. Dental 'dashboard' is under development to share access metrics across the ICB.</p>	Information is at system level and there is no dedicated BI resource to presently support more detailed analysis.
Assurances:	Gaps in assurances:
<p>1. Dental Access and contract performance is routinely reviewed by dental contract manager and reported to the Dental Contracting subgroup</p> <p>2. Local Dental Network has a system wide overview of service delivery and access</p> <p>3. Performance Indicators. NHS Planning Objectives 2023/24 – Primary Care</p> <p>4. Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels.</p>	Coverage of Pathway 1,2,3 is voluntary and there are some geographies where patients may have to travel further than others to access provision.

Opportunities: To be identified.			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Establishing a dental access and oral health programme implementation group to develop a dental access plan	Currently identifying leads for the key themes that came out of the workshop: Investment Framework, Pathways, Communication, Contracting, Workforce, Outcome Measures	01/07/23	Leanne Fawcett
Development of a dental dashboard	The Dental Delivery and Assurance Team are working with the CSU to develop a dental dashboard. It has been agreed that the initial focus will be patient access figures and UDA delivery trajectories.	01/09/23	Leanne Fawcett

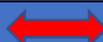
Risk Description: That the workforce transformation programme does not: address the significant use of high-cost locum and agency; mitigate the in-year financial pressures or support the longer-term system financial sustainability of the system.

Risk ID: ICB-009	Strategic Objective: SO3	Level 1-3: 2	Risk Analysis Q1: ← →				Current Risk Score: 12
Executive Lead: James Fleet	Assuring Committee: People Board	Date added to BAF: 13 June 2023	April	May	June	July	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
3	4	12	3	2	6	31/03/2026	
			12	12	12		

Controls:	Gaps in controls
The ICB has worked with all system partners to agree 5 system-wide workforce priority programmes of work for 2023/24 which address the ICB's strategic workforce priorities, as set out in the NHS People Plan. These priority programme areas were presented to and approved by the ICB People Board at its meeting in March 2023. System workforce leaders (NHS providers & LA) have been appointed as Senior Responsible Officers to lead each of these work programmes. People Board updates on all programmes to each meeting; deep-dives into one of the 5 programmes to each meeting of the People Board. Project initiation documents were approved by People Board in May for each priority.	None currently
Assurances:	Gaps in assurances:
Governance will be through the ICB Executive, Recovery & Transformation Board and the ICB People Board, with updates on all programmes to each meeting of the People Board and a deep dive into one of the 5 programmes to each meeting of the People Board.	None currently

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

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

Risk Description: The ICB fails to meet its statutory financial duties and therefore fails to engineer a financially sustainable health and social care economy											
Risk ID: ICB-008			Strategic Objective: SO4			Level 1-3: 3		Risk Analysis Q1: 		Current Risk Score: 20	
Executive Lead: Sam Proffitt			Assuring Committee: Finance and Performance Committee			Date added to BAF: 19 April 2023		April	May	June	July
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:		20	20	20	
C	L	C x L	C	L	C x L	31/03/2024					
5	4	20	5	3	15						

Controls:						Gaps in controls					
<p>A financial plan for 2023/24 has been approved which delivers a £500k surplus position for the ICB for the period (1 April 2023 – 31 March 2024), therefore planning to deliver statutory financial duties.</p> <p>ICB Standing Financial Instructions/ Scheme of Reservation and Delegation</p> <p>Senior leadership team roles in finance portfolio working collectively to deliver QIPP and mitigation schemes.</p> <p>Single LSC system plan submitted to NHS E detailing all commissioning and provider plans agreed by individual organisations within the system.</p> <p>Additional financial controls have been implemented across the system (with peer review in place). - Delegation to place partnerships delayed whilst financial stability is achieved and system wide vacancy control panel.</p>						<p>Significant underlying deficit with Covid funding levels to taper over 3 years. High level of QIPP and risk to be mitigated in order to deliver ICB and system plan. Finance pressures in all Trusts within the ICS System, need to be able to make collective decisions about a significant number of efficiency opportunities and deliver consistently. Operational pressures in urgent and emergency care. Ambulance performance well below target. Trajectories for delivery programmes still to be defined.</p>					
Assurances:						Gaps in assurances:					
<p>Finance and Performance Committee established Monthly CFO finance report to the board on progress against plans and key risks. 2 weekly Sustainability meeting established to ensure schemes are on track for delivery and provide a vehicle for escalation if not. Report to board on Transformation and Delivery Schemes. Balanced scorecard metrics "Recover financial position" Audit Committee reports. 5 priority delivery programmes agreed (P1- P5) to help mitigate the risks to in-year financial performance. MIAA Review of Financial Performance - "Improving Financial Sustainability: are you getting the basics right" exercise - on track for demonstrating improvement. MIAA Review of core financial controls resulted in substantial assurance.</p>						<p>ICB Integrated Performance Report is still being developed. Limited internal audit and external VFM audit assurance due to ICB only being established in July 2022. Full plans are required in respect of QIPP and risk mitigations, supported by robust QIA/EIA's.</p>					

Opportunities: To be identified			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Implementation of a robust 'Non-Core Funding Policy' to ensure appropriate oversight over commitments against additional funding received by the ICB.	Draft policy in place - to be consulted with wider programme management representatives during June 2023.	30.6.23	K Hollis
Implementation of a robust process for ensuring deliverability of QIPP and mitigation plans, overseen by the 'Sustainability Group'.	Sustainability Group established 10 May 2023 with clear expectations and reporting timeframes for each workstream.	31.7.23	A Harrison
Full review of the 'Scheme of Delegation' to ensure appropriate assignment of authorisation thresholds following implementation of new ICB functional structures and full budget holder delegation.	Draft SoD update to be reviewed by Exec Group on 13 June 2023 and submitted to Audit Committee and ICB Board for approval.	30.6.23	K Disley
Implementation of strict non pay expenditure controls to support the centralisation of non-pay budgets and requests requiring Chief Executive Officer and Chief Finance Officer approval.	Non pay controls process currently being drafted for review.	30.6.23	E Collier
Maintaining strict pay controls via the ICB Establishment Group. Revised Assignment Change Form to be implemented with oversight of all employee changes via Establishment Group. Formal approval of all changes required by Chief Executive Officer and Chief Finance Officer.	Revised Assignment Change form now in place. Process for approval by Chief Executive Officer and Chief Finance Officer currently being finalised.	30.6.23	K Disley
Implementation of the 'Recovery and Transformation Plan' which will enable the ICB to perform the oversight and assurance role delegated from NHSE regional team starting from Q2, with Providers to be held to account for financial delivery through Improvement and Assurance Groups.	Recovery and Transformation Plan in development in partnership with PSC. Draft Plan in discussion with provider Chief Execs.	1.7.23	S Downs

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

Risk ID: ICB-012	Strategic Objective: SO4	Level 1-3: 1	Risk Analysis Q1:				Current Risk Score: 15
Executive Lead: Asim Patel	Assuring Committee: Finance and Performance Committee	Date added to BAF: 16 May 2023	April	May	June	July	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
5	3	15	5	2	10	31/03/2024	
			N/A	15	15		

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

Opportunities: To be identified			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Digital Project ID 308 – Cyclic Refresh - Agreement of a cyclic technology refresh plan ensuring we have technologies in place to handle the needs of our front-line staff whilst balancing the benefits and risk of spend.	In progress	TBC	Pete Kelly Andrew Thompson
Ensure collation and understanding of all current contracts, expiry dates and impact on services. Ensure all contract management goes through a central procurement/ contracting function to facilitate common process and risk reduction.	In progress	TBC	Joe McGuigan
Ensure mandatory training and awareness monitoring for all staff and specific training for appropriate individuals in line with national requirements, with review of incident RCAs to see if training needs are appropriate – IG requirements	In progress	TBC	Joe McGuigan
Preparation for major incident e.g., power outage or cyber-attack. Carry out regular exercises including senior and front-line staff to ensure awareness and understanding of loss of digital technologies.	In progress	TBC	Alison Whitehead

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

Risk ID: ICB-013	Strategic Objective: SO4	Level 1-3: 1	Risk Analysis Q1:			Current Risk Score: 15
Executive Lead: Sam Proffitt	Assuring Committee: Finance and Performance Committee	Date added to BAF: 19 April 2023	April	May	June	July
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:			
C	L	C x L	C	L	C x L	
5	3	15	5	2	10	TBC

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

Opportunities: To be identified.			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Job descriptions for vacant posts to be developed	Job descriptions still under development - completion date 30.06.23 - more robust action plan will be developed when vacant posts recruited to.	30/06/2023	Alistair Rose

Risk Description: That national and locally determined performance targets are not achieved and constitutional targets not delivered.												
Risk ID: ICB-010			Strategic Objective: SO5			Level 1-3: 2		Risk Analysis Q1: 			Current Risk Score: 20	
Executive Lead: Maggie Oldham			Assuring Committee: Finance and Performance Committee			Date added to BAF: 19 April 2023		April		May	June	July
Initial Treated Risk Score			Target Risk Score			Target Risk Score Date:						
C	L	C x L	C	L	C x L			20	20	20		
4	5	20	4	4	16	29/09/2023						

Controls:						Gaps in controls					
Quality Committee oversight A&E Delivery Board oversight Urgent and Emergency Care Network Urgent and Emergency Care Business Assurance Framework Extended leadership team roles in nursing portfolio have been appointed to National cancer and elective Tiering meetings (Weekly for tier 1) Plans for additional assurance meetings to support providers improving their SOF ratings from 3 to 2.						Impact of industrial action on capacity for planned care financial constraints of the system Variable trust (5 NHS Trusts and independent provider in one locality) performance against national oversight framework. Varied existing models Impact of winter pressures on system recovery Ambulance performance significantly below target Overcrowded A&Es resulting in delays, leading to longer hospital stays Too many low priority cases and mental health cases presenting at A&E Variable take up of Virtual Wards Cancer performance below target and issues in particular are specialties across system Workforce constraints Primary care workforce and capacity					
Assurances:						Gaps in assurances:					
LSC ICB Resilience and Surge Planning Urgent and Emergency Care (including UEC action plan) report to board (Dec 22) ICB Performance Report F&P committee Quality Committee reports						System is working through major backlog and looking to deliver no >65 ww by March 2024 Rates of DTOC are variable (ranging from 5% in Pennine Lancashire to 22% in Morecambe Bay) LSC system is rated overall as SOF3					

Opportunities: To be identified				
Mitigating actions		Update on progress/ mitigation actions due this month	Target Date	Lead
LSC ICB in discussion with UHMB to agree support and accountability package to progress to SOF status 2 within 18-24 months.		In progress	TBC	Roger Parr
Sustain elective recovery - reduce waiting list to maximum 78 weeks by end of March 2023		In progress	TBC	Roger Parr
Reduce Delayed Transfers of Care - Review variation in discharge teams, intermediate bed capacity, community services and capacity in domiciliary care		In progress	TBC	Roger Parr
Improve Urgent and Emergency Care - Improve take up of virtual ward - Reduce long waits - Minimise ambulance handover delays		In progress	TBC	Roger Parr

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

Risk ID: ICB-016	Strategic Objective: SO6	Level 1-3: 2	Risk Analysis Q1: ↔				Current Risk Score: 12
Executive Lead: Kevin Lavery/ Craig Harris	Assuring Committee: ICB Executive	Date added to BAF: 13 June 2023	April	May	June	July	
Initial Treated Risk Score		Target Risk Score	Target Risk Score Date:				
C	L	C x L	C	L	C x L		
3	4	12	2	2	4	01/09/2023	
			20	20	20		

Controls:	Gaps in controls
Place development workshops held in December 2022. Significant feedback on ICB consultation relating to resource allocation to places. Models for place resourcing now defined post-consultation. 'Place Integration Deal' is in development - scheduled for discussion at ICB Board in July 2023 Engagement plan for 'Place Integration Deal' sets out how to include perspectives from range of partners. Work underway with ICB population health directorate, work underway with the ICB Primary and Integrated Neighbourhood Care directorate to translate integration deal into practical ways of working. Place Away Days scheduled each month to focus on place development and the place integration deal.	Conversations not always held in meetings that are formally minuted.
Assurances:	Gaps in assurances:
Strategic narrative for places agreed. Outputs from place development workshops held in December 2022, including recommendations. Discussions via ICB Executives meetings, Provider Collaborative and in places. Progress reporting to the ICB Board.	None currently identified

Opportunities: To be identified			
Mitigating actions	Update on progress/mitigation actions due this month	Target Date	Lead
Place Integration Deal' in development	To be agreed by the ICB Board. There have been discussions in each of the four places with the provider collaborative and local authority chief executives.	05/07/2023	Claire Richardson
A Common Place development programme to support the implementation of the devolution 'Place Integration Deal' is in progress	Content agreed to support the 'Place Integration Deal' and will be refined as the deal is further developed and agreed.	31/03/2024	Victoria Ellarby
Alignment of resources to Places as ICB consultation outcome is implemented	Named links for places being collated. Phased approach to transitioning to place-based ways of working aligned to priorities across all places and within each place. Recruitment for Place Clinical Care and Professional Leads underway - recruitment due to be completed by 23.06.23	31/03/2024	Andrea Anderson
Application of the place integration deal to the ICB population health directorate	Completed	08/06/2023	Victoria Ellarby
Application of the place integration deal to the ICB primary and integrated neighbourhood care directorate	Workshop scheduled 14.07.23 with senior leadership team	31/08/2023	Victoria Ellarby