

Meeting of the Board of NHS Cheshire and Merseyside

26 March 2026

Board Assurance Framework Strategic Risks 2025-2028 and High Scoring Corporate Risks

Agenda Item No: ICB/03/26/12

Board Assurance Framework Strategic Risks 2025-2028 and High Scoring Corporate Risks

1. Purpose of the Report

- 1.1 The purpose of the report is to present the current position of the 2025-28 Board Assurance Framework (BAF) and the high scoring (15+) risks to the Board for review.
- 1.2 The BAF provides a structure and process which enables the Board to focus on the key strategic risks which might compromise the achievement of our Strategic Objectives.

2. Executive Summary

- 2.1 A refreshed view of the strategic risks were explored, discussed and agreed by the Board at its November 2025 meeting where approval was received to run for a three-year period (as opposed to the more common 12-month time frame adopted). The rationale for this key change is to achieve a degree of consistency during a transitional period by aligning principal strategic risks against the four ICB 'core' purposes and the planning framework.
- 2.2 The BAF (Appendix One) reflects the strategic priorities contained within Ten Year Health Plan and the Cheshire and Merseyside Health and Care Partnership Plan 'All Together Fairer' whilst maintaining focus on wider NHS reform and the transition of ICBs to 'strategic commissioners' by 2027. The principal risks within the 'new' BAF are aligned against each of the four core purposes of an ICB, specifically:
 - Improve outcomes in population health
 - Tackle health inequalities in outcomes, experiences and access
 - Enhance productivity and value for money
 - Help the NHS support broader social and economic development.
- 2.3 The BAF risks are also aligned to the proposed Cheshire and Merseyside key strategic themes and goals 2026-2031.
- 2.4 All strategic risks have been reviewed by Risk Leads in quarter 4 and there are no proposed changes to risk scores.

3. Ask of the Board and Recommendations

- 3.1 **The Board is asked to:**
 - **Review** the current scores for the Board Assurance Framework 2025-2028 and scores relating to the High Scoring Corporate Risk
 - **Consider** if it feels suitably assured by the Controls and Assurances on each risk detailed in Appendix One.

- **Consider** whether this core appetite statement is still relevant and should continue to be adopted, or whether it should be reconsidered with reference to the current environment the ICB is operating in

4. Reasons for Recommendations

- 4.1 The Board has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Board discharges this duty as follows:
- Identifying risks which may prevent the achievement of its strategic objectives
 - Determining the organisation's level of risk appetite in relation to the strategic objectives
 - Proactive monitoring of identified risks via the BAF and Corporate Risk Register
 - Ensuring that there is a structure in place for the effective management of risk throughout the organisation, and its committees (including through local areas)
 - Receiving regular updates and reports from its committees identifying significant risks, and providing assurance on controls and progress on mitigating actions
 - Demonstrating effective leadership, active involvement and support for risk management.
- 4.2 As a publicly accountable organisation, the ICB is required to evidence that its decision-making structure is aligned with a robust system of internal control and based on principles of good governance. This is underpinned by an effective risk management system which is designed to ensure the proactive identification, assessment and mitigation of risks against the ICB's strategic objectives, priorities and core purposes. This process is central to providing the Board with assurances that all required activities are focussed on the continued delivery of strategies and plans whilst maintaining compliance with legislation and regulatory requirements.
- 4.3 The ICB Risk Management Strategy incorporates the board assurance arrangements and sets out how the effective management of risk will be evidenced and scrutinised to provide assurance to the Board. The BAF is a key component of this strategy. The Board is supported through the work of the ICB Committees in reviewing risks, including these BAF risks, and providing assurance on key controls. The outcome of their review is reported through the reports of the committee chairs and minutes elsewhere on the agenda.
- 4.4 The establishment of effective risk management systems is vital to the successful management of the ICB and local NHS system and is recognised as being fundamental in ensuring good governance. As such, the BAF underpins all themes, but contributes particularly to leadership, good governance, effective management and financial sustainability.

4.5 The Board will be aware that there is more work to do, following this Board meeting, to ensure the actions and controls aligned to strategic objectives are fully captured and aligned with the ICBs 2026/7 plans, commitments and improvement focus over the next year. The executive has also received feedback through the Board’s committees that a review of controls and objectives is completed to ensure that the risk profile of the organisation is fully and accurately captured and that comprehensive mitigation trajectories are fully worked through in particular for any extreme risks scores.

5. Risk appetite

5.1 Risk appetite can be defined as “the amount and type of risk that an organisation is prepared to pursue, retain or take in the pursuit of its strategic objectives”. The ICB has adopted the GGI Risk Appetite matrix which outlines risk appetite levels:

| Risk Appetite Level | | |
|--|---|---|
| 0 – None: avoidance of risk is a key organisational objective | 1 – Minimal: preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential | 2- Cautious: preference for safe delivery options that have a low degree of residual risk and only a limited reward potential |
| 3 – Open: willing to consider all potential delivery options and choose while also providing an acceptable level of reward. | 4 – Seek: eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk) | 5 – Significant: confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust. |

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

*“The ICBs overall risk appetite is **OPEN** – we are willing to consider all delivery options and may accept higher levels of risk to achieve improved outcomes and benefits for patients. The ICB has no tolerance for safety risks that could result in avoidable harm to patients. Our ambition to improve the health and wellbeing of our population and reduce inequalities can only be realised through an enduring collaborative effort cross our system. We will not accept risks that could materially damage trust and relationships with our partners.*

We will pursue innovation to achieve our transformational objectives and are willing to accept higher levels of risk which may lead to significant demonstrable benefits to our patients and stakeholders, while maintaining financial sustainability and efficient use of resources. We will support the local system / providers to take risk in pursuit of these objectives within an appropriate accountability framework.”

5.3 Cheshire & Merseyside ICBs core appetite statement has not changed since 2023. **The C&M ICB Board is asked to consider whether this core appetite statement is still relevant and should continue to be adopted, or whether it should be reconsidered with reference to the current environment the ICB is operating in.** If the Board considers that it should be revisited, then a further opportunity to explore risk appetite will be developed for the Board to consider within the context of the new Operating Model and aim to transition to a 'strategic commissioner' in 2026.

6. Board Assurance Framework Risks 2025-2028 and high scoring (15+) risks

6.1 Table One outlines a summary of the eight proposed BAF risks, a proposed risk appetite against each risk and risk score (current and target). Appendix One provides a Summary Overview table and the greater detail against each BAF risk.

Table One:

| BAF ID | Strategic risk title | Proposed risk appetite | Proposed Current score | Proposed Target Score |
|--------|--|------------------------|------------------------|-----------------------|
| P4 | Quality & Safety failures in commissioned services | Minimal | 20 | 10 |
| P11 | Digital and Cyber Resilience Gaps | Open | 16 | 8 |
| P12 | Failure to reduce health inequalities and improve population health | Cautious to open | 15 | 10 |
| P13 | Inability to achieve financial sustainability and productivity | Minimal | 20 | 10 |
| P14 | Failure to Recover Access and Performance Standards | Cautious | 20 | 10 |
| P15 | System Fragmentation and Provider Sustainability | Cautious to open | 12 | 8 |
| P16 | Failure to Deliver the Shift to Neighbourhood and Community-Based Care | Open | 15 | 10 |
| P17 | Workforce Capacity, Capability, and Morale | Open | 16 | 8 |

6.2 Of the eight proposed risks, three are identified as extreme risks (P4, P13, P14), four are identified as high risk (P11, P12, P16, P17) and one is identified as a moderate risk (P15). The proposed risk appetite against each BAF risk has been determined by engagement with Board Members and execs, the outputs of a risk appetite session with available Board members, as well as benchmarking against similar risks that feature on other ICB and provider BAFs.

6.3 In regard to principal risk **P15** (system fragmentation and provider sustainability), it is acknowledged that as one of the more complex strategic risk areas further discussion and iteration will be progressed as the new executive portfolios develop and where potential 'risk sharing arrangements' with strategic partners may be necessary.

6.4 Table Two provides a summary of the high scoring risks which meet the threshold for escalation to the Corporate Risk Register (as at 18 March 2026).

Table Two

| Risk ID | Title | Inherent Risk Score | Current Risk Score |
|---------|--|---------------------|--------------------|
| 14DR | There is a risk of the ICB's critical information systems suffering a failure due to a cyber security attack leading to possible financial / Data loss, disruption to services and patient care and/or damage to the reputation of the organisation | 16 | 16 |
| QU05 | Need for neurodevelopmental (ASD/ADHD) assessments exceeds capacity leading to delays and unmet need resulting in patient harm | 20 | 20 |
| WSC3 | Failure to secure the required capital investment for the transformation of women's hospital services in Liverpool, combined with revenue implications, will negatively impact on the successful delivery of proposals. | 16 | 16 |
| WSC4 | If the programme is unable to deliver an agreed a model of care, women's hospital services in Liverpool may not be able to meet clinical service specifications and could become clinically unsustainable leading to a loss of services; this could lead to further negative impacts on other providers across C&M and the north west region | 15 | 15 |
| WSC6 | If patient safety, quality risks and clinical issues in the current model of care cannot be sufficiently mitigated, avoidable patient harm and poorer patient outcomes are likely | 20 | 20 |
| QU16 | Inequity in availability of designated safeguarding professional capacity and administrative functions within place across Cheshire and Merseyside ICB | 16 | 16 |
| WSC7 | The changes in NHS England and ICB structures in 2025/26 could impact on the ability to deliver the Women's Services Programme. | 16 | 16 |
| QU17 | Widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people SEND. | 12 | 16 |
| QU19 | AACC Team - Workforce and Wellbeing | 16 | 20 |
| QU21 | Risk of harm from delays in assessment and unmet need as a result of inadequate compliance with the CHC National Framework (28 day performance) | 12 | 16 |
| PG7b | ICB financial constraints / pressures may limit funding available to deliver strategic aims for GP primary care impacting on quality and trust and confidence in the ICB | 20 | 16 |

| Risk ID | Title | Inherent Risk Score | Current Risk Score |
|---------|---|---------------------|--------------------|
| PP5b | ICB financial constraints may limit funding available to deliver strategic aims for community pharmacy, impacting on quality and trust and confidence in the ICB | 20 | 16 |
| QU08a | IF NHS Cheshire and Merseyside Integrated Care Board fails to deliver its duty to oversee the quality and safety of care within its commissioned health services, due to a lack of ICB quality staff capacity, THEN there is a risk of decreased oversight and assurance of services, which may result in ICB failing to identify when commissioned services are delivering reduced standards of care, with poor patient experience and avoidable harm. | 15 | 15 |
| QU09 | East Cheshire Trust Summary Hospital Mortality Index (SHMI) is above the expected range which could be an indicator of sub-optimal care of patients resulting in avoidable harm. | 15 | 15 |
| QU10 | Looked After Children (LAC) should receive an Initial Health Assessment (IHA) within statutory timescales. Failure to deliver within those timescales would result in the ICB breaching its statutory duty, with the potential for a negative impact on health support due to delays in identification of need. | 16 | 16 |
| QU18 | AACC budget overspend | 20 | 20 |
| QU20 | Delays in NHS Funded Nursing Care reviews | 16 | 16 |

6.5 During the period December 2025 to February 2026 a ‘forensic review’ of the risk master list has been conducted with the aim of identifying those risks which have remained static for long periods or, in some cases are no longer relevant. Risks identified for closure following this exercise have been assessed against current organisational context and whether they align with the 2025-28 Board Assurance Framework. This work will continue into Q1 of the new financial year.

6.6 A significant proportion of high scoring risks fall within the domain of quality & performance. A review of all quality and performance corporate risks is also currently being undertaken with the aim of aligning with the BAF and related strategies, plans and objectives.

7. Schedule of reporting

7.1 In line with current practice, and as outlined within the ICBs Risk Management Strategy, if the BAF risks are approved by the Board then the following will continue:

- The BAF is updated and reported to Board on a minimum of a quarterly basis.
- Reporting of assigned risks to each appropriate Committee – with risk reports to each Committee meeting maintained as a standing agenda item.
- Scheduled strategic risk ‘deep dives’ factored into each Committees annual Workplan.
- Annual report to the Audit Committee who have oversight of the Risk Management Framework and Strategy.

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

- 1. Tackling Health Inequalities in access, outcomes and experience**
- 2. Improving Population Health and Healthcare**
- 3. Enhancing Productivity and Value for Money**
- 4. Help the NHS support broader social and economic development**

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

9. **Link to achieving the objectives of the Annual Delivery Plan**

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

10. **Link to meeting CQC ICS Themes and Quality Statements**

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

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

11. **Finance**

- 11.1 There are no financial implications arising directly from the recommendations of the report. However, the proposed BAF does cover a number of financial risks as detailed in Appendix One.

12. Communication and Engagement

11.1 No patient and public engagement has been undertaken.

13. Equality, Diversity and Inclusion

13.1 Principal risks which have the potential to adversely impact on equality, diversity and inclusion in service delivery, outcomes or employment are detailed in Appendix One

14. Climate Change / Sustainability

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

15. Officer contact details for more information

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NHS Cheshire and Merseyside ICB

Appendix One - Cheshire and Merseyside Integrated Care Board - Board Assurance Framework 2025-2028– Summary (v1.4 March 2026)

| ICB Core Purpose | BAF ID | Strategic Risk | Risk Appetite (Draft) | Current Score | Target Score | Lead director(s) / board lead | Lead committee / board |
|--|--------|--|-----------------------|---------------|--------------|--|---|
| Improve outcomes in population health | P4 | Quality & Safety failures in commissioned services: There is a risk that commissioned services will not consistently deliver high-quality, safe, and equitable care, undermining our statutory duty to improve population health and reduce inequalities. This risk is heightened as we shift resources from hospital to community and redesign care pathways to deliver the 10-Year Plan's ambitions for neighbourhood health, digital enablement, and prevention. | Minimal | 20 | 10 | Executive Clinical Director | Quality & Performance Committee |
| | P11 | Digital and Cyber Resilience Gaps: Failure to ensure robust digital infrastructure, data sharing, and cyber security across the system could disrupt care, undermine public trust, and impede delivery of the "analogue to digital" shift. This would threaten our ability to deliver on the 10-Year Plan's requirements for a digitally enabled, data-driven, and patient empowered NHS | Open | 16 | 8 | Executive Clinical Director | Executive Committee |
| Tackle inequalities in outcomes, experience and access | P12 | Failure to reduce health inequalities and improve population health: Risk that the ICB will not deliver measurable reductions in health inequalities or improvements in population health outcomes, particularly for the most deprived and vulnerable groups, if resources, commissioning, and partnership actions are not sufficiently targeted and aligned with All Together Fairer, Core20PLUS5, and the prevention and equity ambitions of the 10-Year Plan | Cautious to open | 15 | 10 | Executive Director of Health and Integrated Care Commissioning | Executive Committee |
| Enhance productivity and value for money | P13 | Inability to achieve financial sustainability and productivity: risk that the ICB and system partners will not achieve required financial savings, productivity gains, and operational cost reductions, as mandated by the Model ICB Blueprint and the 10-Year Plan. This could limit our ability to invest in prevention, neighbourhood health, and digital transformation, and may result in failure to meet statutory financial duties | Minimal | 20 | 10 | Executive Director of Finance & Contracting | Finance, Investment and Contracts Committee |
| | P14 | Failure to Recover Access and Performance Standards: There is a risk we will not deliver national standards for access and performance as set out in 2025/26 operational plans. This would undermine public confidence, exacerbate inequalities, and undermine delivery of the 10-Year Plan's commitment to timely, accessible care closer to home | Cautious | 20 | 10 | Executive Director of Strategy and Transformation | Quality & Performance Committee |
| | P15 | System Fragmentation and Provider Sustainability: If we do not proactively shape and support a sustainable provider landscape, especially as we commission at-scale, integrated neighbourhood and digital-first services there is a risk of service loss, fragmentation, or failure. This would compromise our ability to deliver the Model ICB Blueprint's vision for joined-up, efficient, and resilient care | Cautious to open | 12 | 8 | Medical Director | Executive Committee |
| Help the NHS support broader social and economic development | P16 | Failure to Deliver the Shift to Neighbourhood and Community-Based Care: There is a risk that the ICB will not achieve the required shift from hospital-centric to neighbourhood and community-based models of care, as set out in the 10-Year Plan and Model ICB Blueprint, due to insufficient investment, workforce capability, or provider collaboration. This would undermine prevention, integration, and local access ambitions | Open | 15 | 10 | Executive Clinical Director | Executive Committee |
| | P17 | Workforce Capacity, Capability, and Morale: The scale and pace of organisational redesign, including significant headcount reductions and new ways of working, may disrupt strategic commissioning functions, destabilise workforce morale, and impede delivery of transformation priorities. This threatens our ability to build the skills and capabilities needed for the Model ICB and to deliver the 10-Year Plan's workforce and leadership ambitions | Open | 16 | 8 | Chief People Officer | Executive Committee |

Appendix Two: Board Assurance Framework Risks 2025-2028

NHS Cheshire & Merseyside ICB Board Assurance Framework 2025-2028

| Risk Title | Quality and safety failures in commissioned services | | | | | | | | | | |
|---|---|----------------------------|--|----------|-------------------|----------------|----------------------|------------------------|-----------------------|-----------------|--|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | | |
| P4 | There is a risk that commissioned services will not consistently deliver high-quality, safe, and equitable care, undermining our statutory duty to improve population health and reduce inequalities. This risk is heightened as we shift resources from hospital to community and redesign care pathways to deliver the 10-Year Plan's ambitions for neighbourhood health, digital enablement, and prevention. | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | Long Term Target Date | | |
| | | Likelihood | 5 | 4 | 4 | 4 | 4 | 4 | 2 | March 2028 | |
| | | Impact | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | |
| | | Risk Level | 25 | 20 | 20 | 20 | 20 | 20 | 10 | | |
| Number of Linked Risks on Corporate Risk Register | | | | | | | | | | | |
| Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | | |
| ICB Core Purpose | Improve population health outcomes | Lines of Defence | Sources of Assurance | | | | | | | Assurance Level | |
| ICB Strategic Goal | Reduce health inequalities | 1 st Line | Reporting from Place ADQs; Quality Impact Assessment assurance reporting to Quality & Performance Committee; Nursing & Care Safeguarding Oversight Group reporting to Quality & Performance Committee; | | | | | | | Acceptable | |
| Directorate | Quality & Performance | 2 nd Line | Quality & Performance Committee - reporting to ICB Board; Regional Quality Group reporting. | | | | | | | Acceptable | |
| Lead Director | Executive Clinical Director | | | | | | | | | Acceptable | |
| Lead Committee | Quality & Performance Committee | | | | | | | | | Acceptable | |
| Risk Appetite | Minimal | 3 rd Line | Quality & Performance Committee - reporting to ICB Board; Regional Quality Group reporting. Assurance meetings with NHSE; Internal Audit reports / recommendations Regional SQG | | | | | | | Acceptable | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | |
| The increased focus on the challenging system financial position, availability of resources and our need to increase productivity in 2025-26 makes it imperative to mitigate any potential impact to the quality and safety of commissioned services. It is therefore anticipated that progress in further reducing this risk will be limited during the current financial year. There remains the potential for multiple deaths, permanent injuries or irreversible health effects, or harm to more than 50 people, totally unacceptable quality of clinical care, and gross failure to meet national standards. Good progress has been made in establishing the quality oversight framework providing a firm foundation for identifying emerging concerns and appropriate intervention. | | | | | | | | | | | |
| Key Controls | | | | | | | | | | | |
| <ol style="list-style-type: none"> Well established provider oversight processes / Quality Performance Dashboard Quality Assurance Framework established and aligned with National Quality Board Standards Quality Impact Assessment process established and embedded in ICB decision-making processes Place-based Quality Schedules within NHS Contract / standardised C&M Quality Schedule Place-based quality reporting Rapid Quality Reviews, Independent Investigations & other reviews and responses to national enquiries and investigations | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | |
| Reduction in workforce capability and capacity due to organisational changes and organisational vacancies increases risk of gaps across central and place functions - gaps in assurance could increase whilst organisational structures are in transition (potential disruption to maintaining compliance of QA processes relating to safeguarding, AACHC and SEND) | | | | | | | | | | | |
| Action | | No | Action Required | Due Date | Update on Actions | | | BRAG RATING | | | |
| | | 1. | Development of Quality Statements to support 2025/26 Commissioning Intentions. | Mar 26 | | | | On track | | | |
| | | 2. | Develop BI capability to support intelligence led approach - Development of data and intelligence platforms to identify and triangulation | Mar 26 | | | | On track | | | |
| | | 3. | Strengthen use of patient experience, insight and feedback to ensure the early identification of negative impact on patient experience | Mar 26 | | | | On track | | | |
| | | 4. | Ensure ICB governance and staffing structure redesign aligns with statutory requirements and supports delivery | Mar 26 | | | | On track | | | |
| | | 5. | Reviewing and strengthen EQIA process since receipt of undertakings from NHSE | Mar 26 | | | | On track | | | |

Date of update: March 2025

Date next update due: June 2026

| Risk Title | Digital & Cyber Resilience Gaps | | | | | | | | | |
|---|--|----------------------------|---|----------|-------------------|--------------|----------------------|------------------------|-----------------------|---|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | Long Term Target Date | |
| P11 | Failure to ensure robust digital infrastructure, data sharing, and cyber security across the system could disrupt care, undermine public trust, and impede delivery of the "analogue to digital" shift. This would threaten our ability to deliver on the 10-Year Plan's requirements for a digitally enabled, data-driven, and patient-empowered NHS. | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | March 2028 | |
| | | Likelihood | 5 | 4 | 4 | 4 | 4 | 4 | | 2 |
| | | Impact | 4 | 4 | 4 | 4 | 4 | 4 | | 4 |
| | | Risk Level | 20 | 16 | 16 | 16 | 16 | 16 | | 8 |
| Number of Linked Risks on Corporate Risk Register | | | | | | | | | | |
| | | | Low (1 - 4) | | | Mod (6 - 12) | | High (15 - 25) | | |
| ICB Core Purpose | Improve population health outcomes | Lines of Defence | Sources of Assurance | | | | | Assurance Level | | |
| ICB Strategic Goal | Accelerate to digital innovation | 1 st Line | Cyber security updates provided to ICB Audit Committee (quarterly) | | | | | Acceptable | | |
| Directorate | Transformation | | | | | | | | | |
| Lead Director | Medical Director | 2 nd Line | Formal cyber risk reporting to ICB Board | | | | | Partial | | |
| Lead Committee | Audit Committee | | | | | | | | | |
| Risk Appetite | Open | 3 rd Line | 1. Regular Regional and National communication with NHSE and other NHS organisations. 2. Annual Data Security Protection Toolkit (DSPT) submission (reviewed by NHSE) | | | | | Acceptable | | |
| Rationale for Risk Score and Progress made in the quarter | | Action | | | | | | | | |
| The possibility of a cyber-attack cannot be completely removed, and a residual risk will remain, but the implementation of the 5-Year Cheshire and Merseyside Cyber Security Strategy aims to mitigate the level of risk that the ICB is exposed to over the lifetime of the strategy. Potential for patient harm, major effect on quality of clinical care, significant financial loss, significant loss of trust and confidence of stakeholders and adverse national media. Limited investments expected in 2025-26 will maintain the risk at the current level. In-year funding (secured through National Cyber Resilience Fund) will fund the delivery of priorities in the programme. A further round of funding is expected in 2026/27 with this year's programme aiming to build the business case to secure further funding. Issues in relation to cyber security manager vacancy mitigated via our IT providers. | | No | Action Required | Due Date | Update on Actions | | BRAG RATING | | | |
| Key Controls 1. C&M ICB Cyber Security Strategy 2. Cyber incident / Business Continuity Plan 3. ICB monitoring of system-wide cyber security standards 4. Digital Services Delivery Board (ICB infrastructure only) 5. Digital and Data Strategy Management group (system wide overview) – Cyber Management group reporting into this 6. Incident management and support in major incidents formally agreed with ICB providers 7. IT provider contracts and formal data sharing agreements | | 1. | Explore opportunity to standardize cyber tooling across C&M and procure at scale | Mar 26 | | | On track | | | |
| | | 2. | Analyse / map critical service/supply chain security assurances and gaps across C&M organisations. Identify significant exposure points and develop reporting | Mar 26 | | | On track | | | |
| | | 3. | Create standard security and assurance procurement & contracts requirements to be shared across all organisations across ICS | Mar 26 | | | On track | | | |
| | | 4. | Undertake a skills survey across Digital teams within the ICS, analysing data to identify gaps in organisations and across the footprint and build out a training needs assessment based upon the outcomes. | Mar 26 | | | On track | | | |
| | | 5. | | | | | | | | |
| Gaps in Control or Assurance ICS / ICB Capacity and investment to respond to continuously evolving threat – funding streams delayed by a year with consequent impact on control action timescales Gaps in ICB cyber leadership (Head of Cyber Security) and out of hours response capacity. Lack of organisational & system level monitoring and reporting of standards, compliance & risks. Further work required to raise awareness and understanding of cyber security at Board level & for all staff | | | | | | | | | | |

Date of update: **March 2026**

Date next update due: **June 2026**

Updates to actions

1. The ICB is now in receipt of Cyber revenue funding from NHS England. Work is underway to develop a full programme to implement the Cheshire and Merseyside cyber strategy including these actions.
2. The CIO Group and CMPC leadership group have agreed the creation of a single shared Cyber Team (centre of Excellence) Specification and Business case is in development.

| Risk Title | Failure to reduce health inequalities and improve population health | | | | | | | | | | | |
|---|--|---|--|----------|-------------------|---------------|----|----------------|----|-----------------|------------|--|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | | | |
| P12 | There is a risk that C&M ICB will fail to deliver measurable reductions in health inequalities or improvements in population health outcomes, particularly for the most deprived and vulnerable groups, if resources, commissioning, and partnership actions are not sufficiently targeted and aligned with All Together Fairer, Core20PLUS5, and the prevention and equity ambitions of the 10-Year Plan. If the ICB does not embed prevention and fails to address the wider determinants (eg, housing, employment, environment) through commissioning and system leadership, it will limit our impact on long-term health outcomes and economic prosperity. | Likelihood | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | March 2028 | |
| | | Impact | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | |
| | | Risk Level | 20 | 15 | 15 | 15 | 15 | 15 | 15 | 10 | | |
| | | Number of Linked Risks on Corporate Risk Register | | | | | | | | | | |
| | | Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | |
| ICB Core Purpose | Tackle health inequalities | Lines of Defence | Sources of Assurance | | | | | | | Assurance Level | | |
| ICB Strategic Goal | Reduce health inequalities | 1 st Line | Delivery of the Population Health Programme reporting into the Population Health Partnership. | | | | | | | Acceptable | | |
| Directorate | Assistant Chief Executive | | | | | | | | | | | |
| Lead Director | Executive Director of Health and Integrated Care Commissioning | 2 nd Line | Population Health Partnership reporting to the C&M ICB Executive Committee and reporting to the ICB Board. | | | | | | | Acceptable | | |
| Lead Committee | Executive Committee | | | | | | | | | | | |
| Risk Appetite | Cautious-open | 3 rd Line | The ICB Core20+5 Health Inequalities Stocktake reported to the NHSE Population Health Directorate on a quarterly basis. | | | | | | | Acceptable | | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | | |
| There is a significant risk the ICB will fail to deliver a range of strategic priorities such as the C&M Joint Forward Plan and the All Together Fairer: Our Health and Care Partnership Plan. The failure to deliver these strategic priorities will cause major reductions in health outcomes and life expectancy, alongside a widening of the health inequality gap for people living in deprived areas or who are socially excluded (Impact score: 5). While current controls are effective in reducing the likelihood of this risk materialising, it remains a possibility (Likelihood score: 3). | | | | | | | | | | | | |
| Key Controls | | | | | | | | | | | | |
| <ol style="list-style-type: none"> Clear governance for ICB Population Health programme delivery reporting into the Population Health Partnership and ICB Exec Committee Collaborative working with the combined authorities to transition the governance for the delivery of the HCP plan All Together Fairer to the Combined Authorities The Strategic Commissioning Framework leading to the completion of an Integrated Needs Assessment to inform the priorities of the ICB Population Health Strategy with a particular focus on health inequalities | | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | | |
| <ol style="list-style-type: none"> The reduced investment in Health Inequalities funding in-year (2025/26) from the ICB has led to a delay in some programme commencement dates until April 2026. The lack of funding to invest in prevention and health inequalities The UK announcement of the intention to abolish the requirement for integrated care partnership risks a lack of focus and accountability for reducing health inequalities across the health and social care system NHSE changes and the implications for the future Population Health Programme | | | | | | | | | | | | |
| Action | | No | Action Required | Due Date | Update on Actions | BRAG RATING | | | | | | |
| | | 1. | Continue to take a Population Health approach to targeted action on the three leading causes of the gap in Healthy Life Expectancy (CVD, Respiratory and Cancer) | Mar 26 | | On track | | | | | | |
| | | 2. | Integration of Population Health Management within Integrated Neighbourhood Teams | Apr 26 | | On track | | | | | | |
| | | 3. | Population Health Partnership reporting lines to be confirmed (linked to approval of revised ICB governance arrangements / HCP) | Dec 25 | | Completed/BAL | | | | | | |
| | | 4. | Work with NHSE NW and neighbouring ICBs in development of Office for Pan ICB Commissioning (OPIC) ahead of transfer of commissioning | April 27 | | On track | | | | | | |
| | | 5. | | | | | | | | | | |

Date of update: Jan 2026

Date next update due: June 2026

| Risk Title | Inability to achieve financial sustainability and productivity | | | | | | | | | |
|---|--|----------------------------|--|----|----|----------------|----------------------|------------------------|-----------------------|----|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | Long Term Target Date | |
| P13 | Risk that the ICB and system partners will not achieve required financial savings, productivity gains, and operational cost reductions, as mandated by the Model ICB Blueprint and the 10-Year Plan. This could limit our ability to invest in prevention, neighbourhood health, and digital transformation, and may result in failure to meet statutory financial duties. | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | March 2028 | |
| | | Likelihood | 5 | 4 | 4 | 4 | 4 | 3 | | 2 |
| | | Impact | 5 | 5 | 5 | 5 | 5 | 5 | | 5 |
| | | Risk Level | 25 | 20 | 20 | 20 | 20 | 15 | | 10 |
| Number of Linked Risks on Corporate Risk Register | | | | | | | | | | |
| Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | |
| ICB Core Purpose | Enhance productivity and value for money | Lines of Defence | Sources of Assurance | | | | | | Assurance Level | |
| ICB Strategic Goal | Deliver financial stability | 1 st Line | Regular financial performance reports provided to Finance, Investment & Contracting Committee (FICC) | | | | | | Acceptable | |
| Directorate | Finance | 2 nd Line | Formal update on ICB/ICS financial performance presented to ICB Board as standing agenda item (presented by Executive Director of Finance) | | | | | | Acceptable | |
| Lead Director | Executive Director of Finance & Contracting | | | | | | | | | |
| Lead Committee | Finance, Investment and Contracts Committee | | | | | | | | | |
| Risk Appetite | Minimal | 3 rd Line | Finance and Performance review meetings with ICB and high and medium risk providers, led by NHSE/PWC | | | | | | Acceptable | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | |
| <p>There is potential for a major financial loss, special measures and significant impact on trust and confidence of stakeholders (impact 5). The scale of the financial gap means that the likelihood is currently likely (4). Planned actions to secure ICS wide agreement and NHSE approval to a Medium-Term Financial Strategy are in progress. The ICB has agreed a forecast outturn for 2025/26 with NSHE regional team of break-even. A formal request for a change in the control team has been submitted to the national NHSE team. A medium term plan has been submitted which sets out a forecast break-even position for the ICB over the next 3 years. Contracts negotiations are underway with NHS providers which are due to conclude by the end of March. There is currently a gap between offers and providers of circa£50m. The system is currently unable to achieve the control total for 26/27.</p> | | | | | | | | | | |
| Key Controls | | | | | | | | | | |
| <ol style="list-style-type: none"> Revised SORD and OSORD and review of Finance Gov to ensure grip on authorised sign-off of expenditure Revised ICB Committee structure to prioritise financial recovery and strategic focus on financial risk Financial Control & Oversight Group (FCOG) responsible for oversight / assurance of ICB and provider efficiency programmes (grip and control meetings) has been reconfigured to improve oversight and delivery of efficient scheme and now called Programme delivery group. FICC TOR revised and approved by Board Purchase Orders being reviewed PWC rapid reviews and support to the ICB PMO and key CRES work streams (AACC and S117) Finance and Performance review meetings with ICB and high and medium risk providers, led by NHSE/PWC Planning timetable in place for Financial Plans and contracts for 2026 to 2028 Balance sheet reviews conducted (PWC finalising reviews by end of Mar 2026). Report anticipated end of March | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | |
| <ol style="list-style-type: none"> Conclude Financial Governance review Development of CRES plans 26/27 Gap between 26/27 control total and provider plans. Differences between ICB and provider income and expenditure in 26/27 plan | | | | | | | | | | |
| Action | | | | | | | | | | |
| No | Action Required | Due Date | Update on Actions | | | | BRAG RATING | | | |
| 1. | Formalise contract offers and develop a balance plan with clear CRES delivery schemes for 26/27 (New Action) | Mar 26 | | | | | | | | |
| 2. | Formal review of Financial governance including performance management arrangements. | July 26 | Presented 3/3/26 to Audit Committee | | | | On track | | | |
| 3. | Continued meetings with PWC to provide assurance on remedial actions to address the financial gap (ICB and providers) | July 26 | FPRM's commissioned to the end of the financial year 25/26 | | | | On track | | | |
| 4. | Support PMO and AACC/S117 CRES work streams commissioned to commence in Jan 2028 | Mar 26 | | | | | On track | | | |
| 5. | | | | | | | On track | | | |

Date of update: **March 2026**

Date next update due: **June 2026**

| Risk Title | Failure to recover access and performance standards | | | | | | | | | | |
|--|--|---|---|----|--------------|----|-------------|----------------|----|-----------------|--|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | | |
| P14 | There is a risk we will not deliver national standards for access and performance as set out in 2025/26 operational plans. This would undermine public confidence, exacerbate inequalities, and undermine delivery of the 10-Year Plan's commitment to timely, accessible care closer to home. | Likelihood | 5 | 4 | 4 | 4 | 4 | 4 | 2 | March 2028 | |
| | | Impact | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | |
| | | Risk Level | 25 | 20 | 20 | 20 | 20 | 20 | 10 | | |
| | | Number of Linked Risks on Corporate Risk Register | | | | | | | | | |
| | | Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | |
| ICB Core Purpose | Enhance productivity and value for money | Lines of Defence | Sources of Assurance | | | | | | | Assurance Level | |
| ICB Strategic Goal | Improve planned and elective care | 1 st Line | Weekly/monthly performance touch points via programme governance, e.g. provider collaborative on elective, diagnostics, Locality SROs for UEC, CMCA for cancer | | | | | | | Partial | |
| Directorate | Performance & Planning | | | | | | | | | | |
| Lead Director | Executive Director of Strategy and Transformation | 2 nd Line | Contract management processes, e.g. CQPM meetings Integrated Performance Report and scrutiny via Q&P Committee and Board Oversight via NHS Oversight Framework - identification of emerging concerns | | | | | | | Partial | |
| Lead Committee | Quality & Performance Committee | | | | | | | | | | |
| Risk Appetite | Cautious | 3 rd Line | NHSE Programme Boards and groups e.g. for UEC, Elective, MH, Primary Care NHSE Tiering regime for UEC, Cancer, Elective & Diagnostics NHSE oversight via NHS Oversight Framework Providers access to various external support offers e.g. GIRFT | | | | | | | Acceptable | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | |
| National standards cover a wide range of areas across acute hospitals, mental health and community settings and primary care. The likelihood of one or more not being achieved is high. Potential impact is inherently high, particularly for access to urgent and emergency care and cancer services. In terms of progress this quarter, performance against access standards for cancer and diagnostics remains strong, whilst the most significant challenges remain in UEC and elective as per the IPR. | | | | | | | | | | | |
| Action | | | | | | | | | | | |
| No | Action Required | Due Date | Update on Actions | | | | BRAG RATING | | | | |
| 1. | UEC: Implementation of UEC Improvement Plan and NHSE Winter Assurance Framework | Mar 26 | Focus on 4hr/12hr in A&E Focus on bed occupancy | | | | On track | | | | |
| 2. | Elective: 65 week waits significantly reduced by original deadline of end December 2025. All Trusts required by NHSE to implement plans to reduce to Zero by Jan 26. | Jan 26 | All Trusts have committed to delivery | | | | Delayed | | | | |
| 3. | Cancer: Focus on improving faster diagnosis standard | Mar 26 | CMCA anticipate delivery of this standard by year end | | | | On track | | | | |
| 4. | Dental Access: Local Dental Improvement Plan 26/28 | Mar 26 | Focus on increasing activity for routine access and urgent care | | | | On track | | | | |
| 5. | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | |
| NHSE Programme Boards and groups e.g. for UEC, Elective, MH, Primary Care NHSE Tiering regime for UEC, Cancer, Elective & Diagnostics Providers access to various external support offers e.g. GIRFT Potential impact of Industrial Action; Delays to transformation bid funding/approval and limited opportunity for additional investment to mitigate winter risk/demand or to fund additional elective activity; Inconsistent demand management in primary care for access to UEC and elective care. | | | | | | | | | | | |

Date of update: **March 2026**

Date next update due: **June 2026**

| System fragmentation and Provider Sustainability | | | | | | | | | | | |
|---|--|---|---|----------|--|----------------|----------------------|------------------------|-----------------------|------------|--|
| Risk Title | System fragmentation and Provider Sustainability | | | | | | | | | | |
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | | |
| P15 | If we do not proactively shape and support a sustainable provider landscape, especially as we commission at-scale, integrated neighbourhood and digital-first services there is a risk of service loss, fragmentation, or failure. This would compromise our ability to deliver the Model ICB Blueprint's vision for joined-up, efficient, and resilient care. | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | Long Term Target Date | | |
| | | Likelihood | 4 | 3 | 3 | 3 | 3 | 3 | 2 | March 2028 | |
| | | Impact | 4 | 4 | 4 | 4 | 4 | 4 | 4 | | |
| | | Risk Level | 16 | 12 | 12 | 12 | 12 | 12 | 8 | | |
| | | Number of Linked Risks on Corporate Risk Register | | | | | | | | | |
| Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | | |
| ICB Core Purpose | Enhance productivity and value for money | Lines of Defence | Sources of Assurance | | | | | | Assurance Level | | |
| ICB Strategic Goal | Deliver financial stability | 1 st Line | Provider Boards' internal governance arrangements; Programme Boards, Liverpool Provider Joint Committees, ICB Women's committee subsumed into Exec committee 2026; Reporting of patient safety and NHS Constitution performance to Quality & Performance Committee. Q&P Committee also maintains oversight of Maternity LMNS Assurance Report | | | | | | Acceptable | | |
| Directorate | Medical | 2 nd Line | ICB Board oversight of Clinical Improvement Programmes via the digital transformation and establishment of the C&M Strategic commissioning programme/portfolio board | | | | | | Acceptable | | |
| Lead Director | Medical Director | | | | | | | | | | |
| Lead Committee | Executive Committee | | | | | | | | | | |
| Risk Appetite | Cautious-open | 3 rd Line | NHS C&M is part of regional and national NHSE oversight / assurance of delivery of Clinical Improvement Programmes | | | | | | Acceptable | | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | |
| There is potential for major effect on quality of clinical care and non-compliance with national standards posing significant risk to patients, and significant impact on trust and confidence of stakeholders (impact 4). Current controls are maintaining the likelihood at possible (3). Strategic transformation programmes have been established to address service sustainability issues and work will continue to develop case for change and consultation proposals during 2025-26 but are not expected to be complete or impact on the risk level until 2026-27 and beyond. Progress has been made on key programs over the last quarter. | | | | | | | | | | | |
| Key Controls | | | | | | | | | | | |
| <ol style="list-style-type: none"> C&M Clinical Improvement Programmes include Womens Services In Liverpool Programme, Setton 'Shaping Care Together', East Cheshire Trust /Stockport Foundation Trust C&M Provider Collaborative alignment of in-hospital and out-of-hospital services supporting 'left shift' to neighbourhood and community healthcare C&M Neighbourhood Framework / Neighbourhood Health Leadership Establishment of Liverpool Hospital Group model supports internal work on short-term patient safety improvement plans at Liverpool Womens Hospital site Mutual Aid arrangements in place across C&M Cheshire and Merseyside Provider Collaborative Blueprint approved with delivery group established to oversee delivery | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | |
| Issues in relation to affordability and timescales will need to be addressed in pre consultation business cases for key programmes. The impact of the current ICB financial situation and associated planning processes on the various transformation processes remains uncertain. Progression through programme plans includes (where appropriate) business case development, consultation and approval of key strategic transformation programmes are all required to improve controls/grip and reduce the risk. | | | | | | | | | | | |
| Action | | No | Action Required | Due Date | Update on Actions | | | BRAG RATING | | | |
| | | 1. | Review of Cheshire and Merseyside Maternity Services now incorporating outcome of Women's services in Liverpool Programme | May 26 | Public engagement July '26. TOR for C&M review of maternity services under development | | | On track | | | |
| | | 2. | Service chain model opportunities for CYP hospital services being developed by Alder Hey Foundation Trust | Mar 26 | Provider presentation to board in January 26 . Regular updates to board | | | On track | | | |
| | | 3. | Oversight and support of the CMPC blueprint on future hospital and community delivery models | Mar ;26 | ICB executive clinical director a member of Blueprint delivery group. Regular updates to board | | | On track | | | |
| | | 4. | ICB providing clinical leadership to support the CMPC review of fragile services | June 26 | Regular meetings of CMPC taking place and reporting to CEO group | | | On track | | | |
| | | 5. | Collaboration between Merseycare and CWP on future delivery of mental health services | Mar 26 | providers presenting to ICB board March 26 on track | | | On track | | | |

Date of update: Mar 2026

Date next update due: June 2026

| Risk Title | Failure to Deliver the Shift to Neighbourhood and Community-Based Care | | | | | | | | | | | |
|--|---|----------------------------|---|--|--|----------------|----------------------|------------------------|-----------------------|-----------------|------------|------------|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | | | |
| P16 | There is a risk that the ICB will not achieve the required shift from hospital-centric to neighbourhood and community-based models of care, as set out in the 10-Year Plan and Model ICB Blueprint, due to insufficient investment, workforce capability, or provider collaboration. This would undermine prevention, integration, and local access ambitions | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | Long Term Target Date | | | |
| | | Likelihood | 4 | 3 | 3 | 3 | 3 | 3 | 2 | March 2028 | | |
| | | Impact | 5 | 5 | 5 | 5 | 5 | 5 | 5 | | | |
| | | Risk Level | 20 | 15 | 15 | 15 | 15 | 15 | 10 | | | |
| Number of Linked Risks on Corporate Risk Register | | | | | | | | | | | | |
| Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | | | |
| ICB Core Purpose | Support broader social and economic development within the local area | Lines of Defence | Sources of Assurance | | | | | | | Assurance Level | | |
| ICB Strategic Goal | Implement integrated neighbourhood teams | 1 st Line | Neighbourhood health being identified as a key delivery priority within the Population Health Strategy and Implementation Plan. | | | | | | | Acceptable | | |
| Directorate | Assistant Chief Executive | | 2 nd Line | Neighbourhood Health Programme Board' established and governance structure established include reporting into the ICB Exeo committee and ICB Board | | | | | | | Acceptable | |
| Lead Director | Executive Clinical Director | | | 3 rd Line | Core component leads at ICB and Place level agreed | | | | | | | Acceptable |
| Lead Committee | Executive Committee | | | | | | | | | | Acceptable | |
| Risk Appetite | Open | | | | | | | | | | Acceptable | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | | |
| There is a significant risk that the ICB will fail to deliver the strategic priority of neighbourhood health across all nine places in Cheshire and Merseyside in a way that ensures a reduction in demand on secondary care services and ensures most health needs are met by the delivery of services within the community instead of hospitals. | | | | | | | | | | | | |
| Action | | | | | | | | | | | | |
| No | Action Required | Due Date | Update on Actions | | | | BRAG RATING | | | | | |
| 1. | Establishment of a Neighbourhood Health Programme Board | Nov 25 | | | | | Completed/BAU | | | | | |
| 2. | Establishment of Place based Neighbourhood Health Programme groups to oversee the establishment of Neighbourhood health at a Local Authority level | Mar 26 | | | | | On track | | | | | |
| 3. | Integration of Population Health Management within Integrated Neighbourhood Teams | Apr 27 | | | | | On track | | | | | |
| 4. | Individual Place assurance meetings between SROs to review Key Areas of discussion | Mar 26 | | | | | On track | | | | | |
| 5. | New Programme Management support to document Neighbourhood Health Programme Plan | Mar 26 | | | | | On track | | | | | |
| Key Controls | | | | | | | | | | | | |
| <ol style="list-style-type: none"> Securing pioneer status for Sefton and St Helen's Establishing a clear governance process for the delivery of neighbourhood health across C&M Establishing a profile of each neighbourhood to ensure the needs of each community are fully understood | | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | | |
| <ol style="list-style-type: none"> The current governance of the ICB is under review The changes to the ICB operating model Lack of additional funding to implement neighbourhood health | | | | | | | | | | | | |

Date of update: [March 2026](#)

Date next update due: [June 2026](#)

| Risk Title | Workforce Capacity, Capability, and Morale | | | | | | | | | | |
|--|---|---|--|----|----|----------------|----------------------|------------------------|-----------------|-----------------------|---|
| Strategic Risk Ref | Risk Description | Risk Scoring and Tolerance | | | | | | | | Long Term Target Date | |
| P17 | The scale and pace of organisational redesign, including significant headcount reductions and new ways of working, may disrupt strategic commissioning functions, destabilise workforce morale, and impede delivery of transformation priorities. This threatens our ability to address the enforcement undertakings at pace, implement the Model ICB and to deliver the 10-Year Plan's workforce and leadership ambitions. There is also an increased risk in staff stress and burnout which could result in staff absence | Inherent risk score | Q1 | Q2 | Q3 | Q4 | In-year Target Score | Long Term Target Score | March 2028 | | |
| | | Likelihood | 4 | 4 | 4 | 4 | 4 | 4 | | | 2 |
| | | Impact | 4 | 4 | 4 | 4 | 4 | 4 | | | 4 |
| | | Risk Level | 16 | 16 | 16 | 16 | 16 | 16 | 8 | | |
| | | Number of Linked Risks on Corporate Risk Register | | | | | | | | | |
| Low (1 - 4) | | | Mod (6 - 12) | | | High (15 - 25) | | | | | |
| ICB Core Purpose | Enhance productivity & value for money | Lines of Defence | Sources of Assurance | | | | | | Assurance Level | | |
| Directorate | Nursing & Care | 1 st Line | Organisation redesign process underway and inline with other north west ICB's. This includes co-design with NSHE NW | | | | | | Partial | | |
| Lead Director | Chief People Officer | 2 nd Line | Head count reduction (through VR) underway with panels due to conclude end of Jan 26 an including three internal gateways and NSHE NW final sign off | | | | | | Partial | | |
| Lead Committee | Executive Committee | | | | | | | | Partial | | |
| Risk Appetite | | 3 rd Line | Internal Audit Plans; NHSE Assurance Mechanisms | | | | | | Partial | | |
| Rationale for Risk Score and Progress made in the quarter | | | | | | | | | | | |
| The current risk score reflects both existing and emerging factors relating to NHS Reform / Model ICB Blueprint and continued uncertainty of future workforce needs. In addition, responding to the enforcement undertakings has to be a priority. The challenges include: skill gaps, recruitment freeze and the impact of uncertainty on staff morale. The redesign of the new organisation (with its related head count reduction) is an extremely complex organisational change process. | | | | | | | | | | | |
| Key Controls | | | | | | | | | | | |
| 1. Management of Organisational Change Policy | | 1 | Undertake VR programme to the value of £14.9m. | | | Mar 26 | | | On Track | | |
| 2. People's Operation Group (staff engagement forum) | | 2 | Complete the process establishing senior team of 5 Exec directors | | | Jan 26 | | | Completed | | |
| 3. Continued proactive engagement with staff and staff groups to address current and emerging workforce concerns, recruitment challenges and resilience. | | 3 | Complete the redesign process for other senior posts through to mid range posts | | | Mar 26 | | | On Track | | |
| 4. Regular Trade Union engagement and the appointment of a permanent Trade Union representative for Cheshire and Merseyside ICB. | | 4 | Complete whole organsastion redesign | | | July 26 | | | On Track | | |
| 5. The implementation of the All Change Policy starting with the very senior managers and moving through to senior staff groups as soon as possible. | | | | | | | | | | | |
| Gaps in Control or Assurance | | | | | | | | | | | |
| Although the first round of VR is funded the process for additional head count reduction requires development There are a number of services that are unclear as to their destination and/or timescale Key elements of redesign are interdependent with legislative changes that are hard to be specific about | | | | | | | | | | | |

Next Update Due: June 2026