NHS
Cheshire and Merseyside

Meeting of the Board of NHS Cheshire and Merseyside

27 November 2025

Board Assurance Framework Strategic Risks 2025-2028

Agenda Item No: ICB/11/25/18

Responsible Director: Clare Watson
Assistant Chief Executive

Board Assurance Framework
Strategic Risks 2025-2028

1. Purpose of the Report

1.1 The purpose of the report is to present the proposed 2025-28 Board Assurance Framework (BAF) and strategic risks within for Board approval.

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 At the May 2025 Board meeting, it was agreed that the principal risks included in the 2024/25 Board Assurance Framework should be reviewed in light of new strategic challenges and, more specifically against a landscape of considerable change in terms of the future 'model ICB blueprint' and the publication of the government's 'Ten Year Health Plan for England'. Work commenced in July 2025 to re-assess the 2024/25 principal risks against the newly published Ten-Year Health Plan for England, the proposed transition of ICBs to 'strategic commissioners' and the shift from hospital-based care to community and the establishment of a neighborhood health service.

2.2 Following individual review meetings with risk leads / Executive Officers and discussions at Executive Committee meetings, it was agreed that a new set of strategic risks should be drawn up, taking into consideration the revised priorities within the Ten-Year Health Plan for England, the Cheshire and Merseyside Health Care Partnership Plan 'All Together Fairer' and the four core purposes of ICBs. The existing ICB BAF risk would either be encapsulated within the new BAF risks or closed down.

2.3 The proposed strategic risks were submitted to the Board at its September 2025 meeting where approval was sought and received to progress the development of the proposed strategic risks, and for the final drafts to be brought back to its November 2025 meeting for approval.

2.4 Additionally, support was received that the refreshed BAF runs for a three-year period (as opposed to the 12-month time frame usually adopted by NHS organisations). The rationale for this key change is to ensure a degree of consistency and 'future proofing' by aligning principal strategic risks against the four ICB 'core purposes; particularly given the scale of impending NHS reforms and the financial and economic challenges the ICB faces in the short to medium term.

2.5 The BAF in Appendix One therefore reflects these discussions and encompasses 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 proposed 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.

2.6 The BAF risks are also aligned to the proposed Cheshire and Merseyside key strategic themes and goals 2026-2031.

3. Ask of the Board and Recommendations

3.1 **The Board is asked to:**

- **APPROVE** the Board Assurance Framework 2025-2028
- **CONSIDER** whether the ICBs current core appetite statement is still correct and should continue to be adopted or whether it should be reconsidered in light of the current environment the ICB is operating.

4. Reasons for Recommendations

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

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

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[1] 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. 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

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.*

[1] https://www.cheshireandmerseyside.nhs.uk/media/ry3ab3cp/cheshire-and-merseyside-icb-risk-management-strategy-v21.pdf

The ICB has no tolerance for safety risks that could result in avoidable harm to patients.

Our ambitions 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 This ICBs Core appetite statement has not changed since 2023. **The ICB Board is asked to consider whether this core appetite statement is still correct and should continue to be adopted or whether it should be reconsidered in light of the current environment the ICB is operating in**. If the Board considers that it should be revisited then a further risk appetite session will be developed for the Board to consider this further.

6. Board Assurance Framework Risks 2025-2028

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 Since the September 2025 Board meeting the main change to the BAF risks that are being proposed is the combining of two risks around health inequalities and prevention/wider determinants into one risk (P12 and P18 combined). There have also been minor changes to the risk descriptions of each risk, however the risk titles/themes have remained the same.

6.3 Of the eight proposed risks, three are being identified as extreme risks (P4, P13, P14), four are being identified as high risk (P11, P12, P15, P16) and one is being 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, well as benchmarking against similar risks that feature on other ICB and provider BAFs.

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:

- BAF is updated and reported to Board on a quarterly basis
- reporting of assigned risks to each appropriate Committee – with reports to each Committee meeting as a standing 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 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

13.1 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

Stephen Hendry
Head of Business Support
NHS Cheshire and Merseyside ICB

16. Appendices

Appendix One: Board Assurance Framework Risks 2025-2028

Draft Cheshire and Merseyside Integrated Care Board - Board Assurance Framework 2025-2028– Summary (v1.4 Nov 2025)

ICB Core Purpose	BAF ID	Strategic risk	Risk Appetite (draft)	Current score	*(proposed)* 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	Exec Director of Nursing / Medical 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	Medical 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	Assistant Chief Executive	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 & Contracts	Finance, Investment and Resources 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	Director of Performance & Planning	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	Assistant Chief Executive	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
	P18	**Failure to Embed Prevention and Address Wider Determinants:** There is a risk that the ICB will not embed prevention and action on wider determinants (housing, employment, environment) into commissioning and system leadership, limiting our impact on long-term health outcomes and economic prosperity. **Decision made to combine with P12 (same risk)**					

NHS Cheshire and Merseyside

Risk Title	**Quality and safety failures in commissioned services**
Strategic Risk Ref	**P4**
Risk Description	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.
ICB Core Purpose	Improve population health outcomes
ICB Strategic Goal	Reduce health inequalities
Directorate	Quality & Performance
Lead Director	Executive Director of Nursing / Medical Director
Lead Committee	Quality & Performance Committee
Risk Appetite	Minimal

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	5	4	4			4	2	March 2028
Impact	5	5	5			5	5	
Risk Level	25	20	20			20	10	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | **Mod (6 – 12)** | **High (15 – 25)**

Lines of Defence	Sources of Assurance	Assurance Level
1st 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
2nd Line	Quality & Performance Committee - reporting to ICB Board; Regional Quality Group reporting.	Acceptable
3rd 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

1. Well established provider oversight processes / Quality Performance Dashboard
2. Quality Assurance Framework established and aligned with National Quality Board Standards
3. Quality Impact Assessment process established and embedded in ICB decision-making processes
4. Place-based Quality Schedules within NHS Contract / standardised C&M Quality Schedule
5. Place-based quality reporting
6. 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 structure redesign aligns with statutory requirements and supports delivery	Mar 26		On track
5.				

Date of update: November 20205

Date next update due: January 2026

NHS Cheshire and Merseyside

Risk Title	**Digital & Cyber Resilience Gaps**
Strategic Risk Ref	**P11**
Risk Description	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.
ICB Core Purpose	Improve population health outcomes
ICB Strategic Goal	Accellerate to digital innovation
Directorate	Transformation
Lead Director	Medical Director
Lead Committee	Audit Committee
Risk Appetite	Open

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	5	4	4			4	2	March 2028
Impact	4	4	4			4	4	
Risk Level	20	16	16			16	8	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Cyber security updates provided to ICB Audit Committee (quarterly)	Acceptable
2nd Line	Formal cyber risk reporting to ICB Board	Partial
3rd 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

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.

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

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

Action

No	Action Required	Due Date	Update on Actions	BRAG RATING
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.				

Date of update: Nov 2025

Date next update due: Jan 2026

NHS Cheshire and Merseyside

Risk Title	**Failure to reduce health inequalities and improve population health**
Strategic Risk Ref	**P12**
ICB Core Purpose	Tackle health inequalities
ICB Strategic Goal	Reduce health inequalities
Directorate	Assistant Chief Executive
Lead Director	Assistant Chief Executive
Lead Committee	ICB Executive Committee
Risk Appetite	Cautious-open

Risk Description

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.

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	4	3				3	2	March 2028
Impact	5	5				5	5	
Risk Level	20	15	15			15	10	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Progress reports to C&M HCP Board on delivery & implementation of programmes and projects; Alignment with new ICB governance review will be required in response to NHS 10 Year Plan and future of ICPs.	Acceptable
2nd Line	Population Health Partnership reporting to the C&M ICB Executive Committee. Core20+5 Health Inequalities 'Stock Take' for NHSE reported to Population Health Partnership Group & C&M HCP Board; Reporting to ICB Board will continue throughout the financial year 2025/26.	Acceptable
3rd Line	Core20+5 Health Inequalities Stock take for NHSE reported to Population Health Partnership Group, C&M HCP Board and NW NHSE Director of Public Health.	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. he 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

Constitution, membership & role of HCP Partnership Board, 'All Together Fairer;(Marmot Review)' Core 20+5 Stocktake, Prioritisation Framework, Public Engagement / Empowerment Framework
Strategic planning, consultation & engagement, financial planning, Population Health Partnership group support, advice, and scrutiny of the Population Health Programme.
All Together Fairer: Our Health and Care Partnership Plan, 5 Year Joint Forward Plan, Health Inequalities Funding (including SDF now in baseline) secure for 25-26 programme, Joint Health, and Wellbeing Strategy achieved. NHS Trust contracts (including contract schedule to support reducing health inequalities). C&M HCP Partnership Board, Population Health Partnership Group. ICB Board reporting will continue throughout the financial year 2025/26

Gaps in Control or Assurance

A 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 programme will need to assess the impact of the NHSE changes and the implications for the Population Health Programme plan. This impact would likely be better known by the QT2 reporting period.

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		On track
4.	Manage the transfer of Section 7a roles and responsibilities from NHSE to the ICB	May 26		On track
5.				

Date of update: Nov 2025

Date next update due: Jan 2026

NHS Cheshire and Merseyside

Risk Title	**Inability to achieve financial sustainability and productivity**
Strategic Risk Ref	**P13**
Risk Description	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.
ICB Core Purpose	Enhance productivity and value for money
ICB Strategic Goal	Deliver financial stability
Directorate	Finance
Lead Director	Executive Director of Finance
Lead Committee	Finance, Investment and Resources Committee
Risk Appetite	Minimal

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	5	4	4					March 2028
Impact	5	5	5					
Risk Level	25	20	20			15	10	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Regular financial performance reports provided to Finance, Investment & Resources Committee (FIRC) reflecting ICB and ICS (system) financial performance (monthly)	Acceptable
2nd Line	Formal update on ICB/ICS financial performance presented to ICB Board as standing agenda item (presented by Executive Director of Finance)	Acceptable
3rd Line	Review of provider cash position & BPPC performance by National Team	Acceptable

Rationale for Risk Score and Progress made in the quarter

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. It is anticipated that will reduce the likelihood to possible (3) achieving the target risk score of 15 by year end. The longer-term aim is to reduce to a moderate level over the lifetime of the medium-term financial strategy.

Key Controls

1. Revised SORD and OSORD to ensure grip on authorised sign-off of expenditure
2. Revised ICB Committee structure to prioritise financial recovery and strategic focus on financial risk
3. Financial Control & Oversight Group (FCOG) responsible for oversight / assurance of ICB and provider efficiency programmes (grip and control meetings)
4. Purchase Orders being reviewed

Gaps in Control or Assurance

1. Financial Performance Assurance Framework
2. Delivery of CRES plans
3. Provider CIP plans/System stretch

Action

No	Action Required	Due Date	Update on Actions	BRAG RATING
1.	Place Governance interim arrangements being developed.	Nov 25		On track
2.	Formal review of Financial governance including performance management arrangements.	Dec 25		On track
3.	Continued meetings with PWC to provide assurance on remedial actions to address the financial gap (ICB and providers)	Jan 26		On track
4.	Balance sheet reviews	Dec 25		On track
5.				

Date of update: November 2025

Date next update due: Jan 2026

NHS Cheshire and Merseyside

Risk Title	**Failure to recover access and performance standards**
Strategic Risk Ref	**P14**
Risk Description	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.
ICB Core Purpose	Enhance productivity and value for money
ICB Strategic Goal	Improve planned and elective care
Directorate	Performance & Planning
Lead Director	Director of Performance & Planning
Lead Committee	Quality & Performance Committee
Risk Appetite	Cautious

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	5	4	4			4	2	March 2028
Impact	5	5	5			5	5	
Risk Level	25	20	20			20	10	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Weekly/monthly performance touch points via programme governance, e.g. provider collaborative on elective, diagnostics, Locality SROs for UEC, CMCA for cancer	Partial
2nd 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
3rd 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.

Key Controls

1. System Elective Recovery Dashboard / tracking of all performance, activity and operational planning objectives and/constitutional standards. Mutual aid in place for elective, cancer and diagnostic care.
2. Daily monitoring of A&E activity (including breaches)
3. C&M ICB System Coordination Centre (SCC) oversees system operational activities, pressures and escalation.
4. C&M Provider Collaborative Elective Reform & Transformation Plan - delivery via C&M Provider Collaborative
5. All providers have submitted RTT Delivery Plans aligned to the 'high impact' areas; 65wk Performance and Delivery Group in place to oversee 65wk recovery plan.
6. NHSE Regional 'Tiering' arrangements for under-performing C&M Providers
7. Performance & Delivery Meetings with individual providers (formally PTL's) focused on the 2025/26 metrics

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
NHSE oversight via NHS Oversight Framework
Providers access to various external support offers e.g. GIRFT
3rd Line

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	Problematic
2.	Elective: Focus on elimination of 65 week waits by December 2025	Dec 25	All Trusts have committed to delivery	On track
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 26/26	Mar 26	Focus on increasing activity for routine access and urgent care	On track
5.				

Date of update: Nov 2025

Date next update due: Jan 2026

NHS Cheshire and Merseyside

Risk Title	System fragmentation and Provider Sustainability
Strategic Risk Ref: P15	**Risk Description:** 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.
ICB Core Purpose	Enhance productivity and value for money
ICB Strategic Goal	Deliver financial stability
Directorate	Medical
Lead Director	Medical Director
Lead Committee	Finance, Investment and Resources Committee
Risk Appetite	Cautious-open

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	4	3	3			3	2	March 2028
Impact	4	4	4			4	4	
Risk Level	16	12	12			12	8	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4)	Mod (6 – 12)	High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Provider Boards' internal governance arrangements; Programme Boards, Liverpool Provider Joint Committees, ICB Women's Services Committee; Reporting of patient safety and NHS Constitution performance to Quality & Performance Committee. Q&P Committee also maintains oversight of Maternity LMNS Assurance Report	Acceptable
2nd Line	ICB Board oversight of Clinical Improvement Programme delivery and milestones	Acceptable
3rd 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

1. C&M Clinical Improvement Programmes include Liverpool Clinical Services Review; Sefton 'Shaping Care Together'; East Cheshire Trust /Stockport Foundation Trust
2. C&M Provider Collaborative alignment of in-hospital and out-of-hospital services supporting 'left shift' to neighbourhood and community healthcare
3. Liverpool Women's Services Programme (development of clinically sustainable model for hospital-based maternity and gynaecology services)
4. C&M Neighbourhood Framework / Neighbourhood Health Leadership
5. Establishment of Liverpool Hospital Group model supports internal work on short-term patient safety improvement plans
6. Mutual Aid arrangements in place across C&M

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.	Women's services in Liverpool programme - conclude public engagement, analyse feedback and commence options appraisal process	Dec 25		On track
2.	All other programmes – continued oversight and assurance of milestone progress	Mar 26		On track
3.	C&M LMNS undertaking a rapid review of obstetric and neonatal services at Ormskirk site (at the request of MWL Trust)	Mar 26		On track
4.				
5.				

Date of update: Nov 2025

Date next update due: Jan 2026

NHS Cheshire and Merseyside

Risk Title	**Failure to Deliver the Shift to Neighbourhood and Community-Based Care**
Strategic Risk Ref	**P16**
Risk Description	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
ICB Core Purpose	Support broader social and economic development within the local area
ICB Strategic Goal	Implement integrated neighbourhood teams
Directorate	Assistant Chief Executive
Lead Director	Director of Public Health
Lead Committee	ICB Executive Committee
Risk Appetite	Open

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	4	3	3			3	2	March 2028
Impact	5	5	5			5	5	
Risk Level	20	15	15			15	10	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Progress reporting to C&M HCP Board on delivery & implementation of programmed and projects. Alignment with new ICB governance review will be required in response to NHS 10 Year Plan and future of Integrated Care Partnerships (ICPs)	Acceptable
2nd Line	Reporting to ICB Board	Acceptable
3rd Line	Core20+5 Health Inequalities Stock take for NHSE reported to Population Health Partnership Group & C&M HCP Board, and NW NHSE Director of Public Health	Acceptable

Rationale for Risk Score and Progress made in the quarter

There is a significant risk that the ICB will fail to deliver a range of strategic priorities such as the C&M Joint Forward Plan – NHS Delivery 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

Strategic planning, consultation & engagement, financial planning, Population Health Partnership group support, advice, and scrutiny of the Population Health Programme; All Together Fairer: Our Health and Care Partnership Plan, 5 Year Joint Forward Plan, Health Inequalities Funding (including SDF now in baseline) secure for 25-26 programme, Joint Health, and Wellbeing Strategy achieved; NHS Trust contracts (including contract schedule to support reducing health inequalities; C&M HCP Partnership Board, Population Health Partnership Group, Place-Based Partnership Boards all established for 2024-25. The Strategy & Transformation Committee ceased December 2024, the ICB governance review will determine the new reporting structure for Population Health Partnership.

Gaps in Control or Assurance

1. Population Health Partnership reporting lines to be confirmed.
2. A 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 programme will need to assess the impact of the NHSE changes and the implications for the Population Health Programme plan.

Action

No	Action Required	Due Date	Update on Actions	BRAG RATING
1.	Continued implementation of the ICB Population health programme within available resources	Mar 26		On track
2.	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
3.	Manage the transfer of Section 7a roles and responsibilities from NHSE to the ICB	Apr 26		On track
4.	Integration of Population Health Management within Integrated Neighbourhood Teams	Apr 26		On track
5.				

Date of update: November 2026

Date next update due: January 2026

NHS Cheshire and Merseyside

Risk Title	**Workforce Capacity, Capability, and Morale**
Strategic Risk Ref	**P17**
Risk Description	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.
ICB Core Purpose	Enhance productivity and value for money
ICB Strategic Goal	Support workforce resilience
Directorate	Nursing & Care
Lead Director	Chief People Officer
Lead Committee	Finance, Investment & Resources Committee
Risk Appetite	Open

Risk Scoring and Tolerance

	Inherent risk score	Q1	Q2	Q3	Q4	In-year Target Score	Long Term Target Score	Long Term Target Date
Likelihood	4	4	4			4	2	March 2028
Impact	4	4	4			4	4	
Risk Level	16	16	16			16	8	

Number of Linked Risks on Corporate Risk Register

Low (1 - 4) | Mod (6 – 12) | High (15 – 25)

Lines of Defence	Sources of Assurance	Assurance Level
1st Line	Reporting of System Workforce Dashboard to ICB People Board. Reporting to Finance, Investment & Resources Committee (FIRC)	Acceptable
2nd Line	Reporting to ICB Board from FIRC/People's Board	Acceptable
3rd Line	Internal Audit Plans; NHSE Assurance Mechanisms	Acceptable

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. C&M ICB has a number of challenges relating to ongoing workforce gaps (much of which the ICB is unable to influence due to financial position and decreasing workforce due to leavers / long term sickness challenges in key functions), reduced staff wellbeing, lower morale and inequality of opportunity, which is likely to further impact on delivery of priorities and leadership capacity to manage change.

Key Controls

1. Management of Organisational Change Policy; Grievance & Disputes Policy; Pay Protection Policy
2. People's Operation Group (staff engagement forum); staff engagement forums at 'Place' level
3. Health & Wellbeing support available to all staff
4. System Workforce Dashboard
5. Series of workshops arranged for staff to increase resilience and support wellbeing (mindfulness, self care, CV writing and reflective practice)
6. All staff briefings (We Are One) conducted on fortnightly basis or where key updates require communication.
7. Equality Impact Assessments form integral part of ICB's decision-making processes.
8. Redirection of staff capacity/resources to priority recovery areas

Gaps in Control or Assurance

Majority of factors influencing this risk are outside of C&M ICB's controls (e.g. HR team capacity to deliver change programme, uncertainty of national timelines and of funding for compulsory/voluntary redundancy schemes).

Action

No	Action Required	Due Date	Update on Actions	BRAG RATING
1.	Continued, proactive engagement with staff groups to resolve current and emerging workforce concerns	Jan 26		On track
2.	Development of a transitional plan for the organisation between now and April 2026.	Nov 25		On track
3.	Mobilisation and engagement plan	Apr 26		On track
4.	Develop a robust organisational change plan that will be delivered in phases starting with the senior leadership team restructure.	Nov 25		On track
5.	Organisational development plan/process for the 6 identified 'do once services'	Apr 27		On track

Date of update: November 2025

Date next update due: January 2026