

## BOB ICB BOARD MEETING

<b>Title</b>	Chief Executive and Chief Officers' Report		
<b>Paper Date:</b>	06 May 2025	<b>Meeting Date:</b>	13 May 2025
<b>Purpose:</b>	Information	<b>Agenda Item:</b>	07
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### Executive Summary

This report provides an update for the Board on key topics and items for escalation since the meeting in public on 11 March 2025 that are not covered in other items on the agenda.

The work of the Chief Executive is wide ranging and impacts upon all the ICB and System's objectives:

- *Improving outcomes in population health and health care*
- *Tackling inequalities in outcomes, experience and access*
- *Enhancing productivity and value for money*
- *Helping the NHS to support broader social and economic development*

### Key risks and mitigations

The Board Assurance Framework (BAF) was reviewed with each Chief Officer during March 2025 and will continue to be reviewed once a month as part of a continual assessment. This will ensure that risks =>12-months-old, are assessed and updated monthly.

As part of these discussions, the following BAF risks have been updated as follows:

**BOB0001 Health Inequalities:** Update to maintain good governance around Health Inequalities.

**BOB0003 Resilience:** Updated following Board review and core standards review, a work plan for 2025/26 to be produced.

**BOB0005 Transformation:** Updated to reflect ongoing organisational change.

**BOB0006 Safety, Safeguarding and Quality:** Update to include the ICB quality strategy to be published in 2025/26

**BOB0007 Working in Partnership:** Discussion to take place at EMT to agree which directorate Chief Officer oversees this risk going forward. This risk will remain within Delivery Directorate for the time being and will be strengthened to include Place.

**BOB0008 ICB Workforce:** The Chief People Officer put forward the recommendation that this risk is closed as it has been superseded by BOB0009 (ICS Workforce). Although the ICB workforce is encompassed within the risk, ARC (24 April 2025) requested that the BOB0008 remain on the BAF until after the Board Risk Workshop in June 2025.

To provide further assurance in the mitigation of risk, a new style Board Assurance Framework (BAF) has been introduced (Appendix 1) and includes key risks scoring >15 to the delivery of BOB ICB objectives. The three risks scoring >15 are summarised below:

**BOB0002: Financial Sustainability:** A current score of 20 – Very High (Likelihood: 5-Almost Certain) (Impact: 4-Major). *“There is a risk that BOB Integrated Care System is unable to manage*

*its expenditure within its available resource and that it will not deliver its financial plan and financial targets resulting in loss of reputation and failure to deliver high quality and safe services for patients.”* The risk has been updated to reflect current financial pressures, with the agreement of EMT (April 2025) that the score remains at 20. At year end BOB ICB has met its statutory duties to breakeven and achieved a small surplus of £9k.

**BOB0004: Access to Services:** A current score of 16 – Very High (Likelihood: 4-likely) (Impact: 4-Major). *“The risk of the health and care system being unable to achieve the 2025/26 priorities and operational planning guidance for its population resulting in poorer health outcomes for people across BOB”*. The risk has been updated to reflect BOB ICB’s 2025/26 priorities and remains broad as it covers all areas of care. Controls reviewed in line with agreed review processes providing assurances against each service area. Mitigations in place and performed through period of review.

**BOB0009: ICS Workforce:** A current score of 16 – Very High (Likelihood: 4-likely) (Impact: 4-Major). *“Risk of the ICB not working with system partners to ensure an appropriate and affordable NHS workforce resulting in patients and functions across BOB Integrated Care System not receiving the services that they need”*. The risk has been reworded to reflect overall workforce risk with key actions and workforce plans put in place.

#### Action Required

The Board is asked to note the update provided.

<b>Conflicts of Interest:</b>	Conflict noted: conflicted party can remain and participate in discussion.
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This report contains information relating to organisations that partner members of the Board lead/are employed by. The perspective of these members is an important aspect to enable the Board to focus on where the ICB (Integrated Care Board) and system contribute to improvement.

## Chief Executive and Chief Officers' Report

### Context

1. This report provided an update to the Board regarding key topics of relevance in the Integrated Care System (ICS) and items for escalation.
2. The report shares highlights from the work of the Chief Executive, the Integrated Care Board (ICB) and its partners, together with key issues that are not reported elsewhere on the Board agenda.
3. Today's agenda includes a request to approve the terms of reference for the South East CEOs Joint Committee and its specialised commissioning sub-group. The Audit and Risk Committee has revised its terms of reference and they are presented for endorsement. There are the Month 12 finance report and the Month 10 performance and quality report, and updates on the future of ICBs and neighbourhood health and progress with 2025/26 planning.

### Chief Executive update

#### *Planning*

4. On 30 April 2025 the ICB submitted to NHS England the revised system plan for the current financial year. This followed a system plan assurance meeting with the regional team on 11 April 2025. The final plan included greater clarity regarding the system's efficiency schemes reflecting the work that has been ongoing to further develop cost improvement plans within both provider organisations and the ICB. Further detail regarding this will be provided later in the meeting's agenda.

#### *NHS Leadership*

5. On 1 April 2025 the new Chief Executive of NHS England on his first day in post wrote to all NHS Chairs and CEOs outlining how the NHS will lay the foundations for reform during the course of 2025/26. The letter included confirmation that ICBs must reduce their running costs by 50% by the third quarter of the financial year. We have since received confirmation of the expected running cost per head together with the blueprint for the "Model ICB". In response to this a transformation programme has been established, referenced in section 11 of this report, in order to develop a draft plan for the BOB ICB that is affordable. The final version of this will need to be submitted to the South East regional team of NHS England by the end of this month.
6. On 29 April 2025 I attended an NHS Leaders' event in central London. This was the first such face-to-face event since Sir Jim Mackey came into post as the CEO for NHS England. In attendance were ICB and provider CEOs. The agenda included updates from a number of the transition executive team with a focus on the urgent and emergency care pathway, planning for winter, the development of the model ICB and the 10-year Health Plan.

#### *South Central Ambulance Service (SCAS)*

7. SCAS is the NHS Trust responsible for the provision of 999 and 111 services across the geography of BOB and therefore is a key system partner. In order to further develop the relationship between our two organisations members of the executive team met with our SCAS counterparts at their Bicester headquarters on 23 April 2025. The meeting highlighted the importance of close partnership working including in the design of new service models and the

variation in services that currently exists across the catchment area covered by SCAS, which includes both the Frimley and Hampshire and Isle of Wight systems.

### *Partner Engagement*

8. Since the ICB board met in March I have continued to meet with our key system partners including:  
Yuan Yang, MP for Earley & Woodley  
Sean Woodcock, MP for Banbury  
Layla Moran, MP for Oxford West & Abingdon and Chair of the Health & Social Care Select Committee  
Callum Miller, MP for Bicester & Woodstock
9. Recurring themes in these meetings have been concerns regarding primary care estate, particularly in light of new housing developments in constituencies, and access to assessments and treatment for ADHD (attention deficit hyperactivity disorder).

### *Research and Innovation*

10. The importance of research and innovation is likely to be highlighted in the 10-year Health Plan when it is published later this year. The BOB system has considerable research and innovation capacity and capability. As a system it is important that this is aligned to the operational and clinical challenges facing the wider health and social care system. On 1 May 2025 Hannah Iqbal and I presented an overview of the ICB and its priorities at a seminar organised by the Joint Research Office of Oxford University Hospitals and Oxford Health NHS Foundation Trusts. In attendance were colleagues representing many of our key academic partners including the University of Oxford, Oxford Brookes University, Oxford Academic Health Partners and the Oxford and Thames Valley Applied Research Collaboration. The event served to further highlight the potential of the wider system and was a valuable opportunity to strengthen relationships with partner organisations.

## **Integrated Care Board – our people**

### *Transformation Programme*

11. We are developing an ICB Transformation plan to describe: a. how BOB ICB will achieve the £18.76 per head of population running cost requirement, b. how the Model ICB Blueprint will be applied to BOB ICB and c. how we can work most effectively with partner organisations, including Frimley ICB. The governance process will be shared with the Board in Public to provide assurance and the plan itself will be shared with the Board in Private.

## **Chief Officer updates**

### *Chief Delivery Officer*

12. The new patient transport service is now in place and EMED have delivered an increased level of activity to support discharges across the system.
13. BOB hosted the regional Local Improvement Network event on the 2 May which focused on UEC improvement the Ear, Nose and Throat pathway development. We supported the event through running a “marketplace of best practice” involving local Trusts and ICB staff.

14. The directorate are finalising procurement awards for the wheelchair service and the Mental Health Support Team contracts in Berkshire West
15. As part of our ongoing work around Community Services we have been running round table events for both integrated therapies and district nursing as we look to review specifications and work together on service innovation and transformation
16. A BOB wide work programme has been developed to review the challenges around ADHD service capacity looking at several workstreams including patient pathways, access criteria and commissioning frameworks

#### *Chief Medical Officer*

17. In my first two months as the ICB's new Chief Medical Officer, I have held meetings with a wide range of new colleagues in the ICB; to meet them and understand roles and responsibilities, current work priorities and the challenges they face. While these initial meetings have taken place during a particularly intense period of uncertainty for the ICB as an organisation, I have been struck by the commitment, experience and expertise of colleagues and their value-driven approach to improving health and care for patients.
18. Introductory meetings have also been held with local and regional medical and clinical leadership colleagues, providers and academic partners. Meetings with Place partners have also been held as part of my new and developing role as Executive Sponsor for Berkshire West Place; this has included a range of meetings with all three of the Local Authority partners, Directors of Public Health and attendance at local Health & Wellbeing Boards and related workshops and meetings.
19. Following the recent NHSE and ICB running cost reduction announcements, the Medical Directorate's Senior Leadership Team has reviewed and refreshed our priorities for 2025/26, in line with the BOB ICS strategy and our current statutory functions. These priorities will be subject to further change as part of the ICB's transformation programme, but currently include a number of functions to facilitate the 'left shift' of care, support population health approaches, increase the prevention of ill-health, improve health service accessibility, support and enable digitalisation, optimise clinical effectiveness and embed continuous quality improvement in everyday patient care.
20. The ICB has identified two key strategic work priorities for 2025/26; to establish sustainable foundations for Neighbourhood Health and for Effective Clinical Practice. The Medical Directorate's work plan will focus on the following key areas to directly support these aims:
  - The strategic commissioning of effective and sustainable Primary Care in a modern, Neighbourhood Health context (including locally accessible GP, Pharmacy, Optometry and Dentistry services)
  - Developing a more resilient infrastructure plan for sustainable community-based health and care (as a key enabler for 'care closer to home')
  - Optimising the use of medicines and ensuring the cost-effectiveness of prescribed treatments, including high cost drugs and devices
  - Growing and enabling clinical research, innovation and use of digital technology to improve everyday healthcare
  - Targeting health inequalities and reducing unwarranted variations in care
  - Preventing ill health and enabling more people to start, live and age well by co-producing more streamlined, integrated care pathways
  - Keeping our staff well and supporting them through the coming period of change.



21. To streamline everyday working practices, the Medical Directorate is currently reviewing the way we organise our leadership meetings and how we coordinate and manage our programmes of work. A more streamlined and agile approach will enable our teams to better support ongoing operational delivery, financial and quality performance and CIP delivery while simultaneously delivering system change programmes and managing workforce vacancies over the coming months. Further details will be provided in due course.
22. Key areas of system work progressed with partners in March and April 2025 have included the commissioning of additional dental appointments and capacity, progressing proposals with Trusts to improve the cost-effective prescribing of high cost drugs and the launch of the April 2025 Quality Prescribing Scheme for general practice.

### *Chief Nursing Officer*

23. We have seen a strong start to the *Spring COVID 19 vaccination programme* with more than 108,000 people across BOB having now received their Covid-19 vaccination during the first four weeks of the campaign, which launched at the start of April. We are proud to be leading in our percentage uptake across the South East region, and nationally. Those eligible for this year's Spring COVID vaccination include adults aged 75 years and over, residents in care homes for older adults, anyone aged six months and over with a weakened immune system who is at greater risk from severe illness. The Spring campaign runs until 17 June, and we expect to continue to increase vaccination uptake to those eligible in the BOB population, through targeted approaches including communication plan and community engagement/education outreach projects.
24. The UK Health Security Agency (UKHSA) has launched its new campaign focused on antimicrobial resistance (AMR). It aims to re-engage the public with AMR and explain how to use antibiotics responsibly. Antibiotic resistant infections are on the rise, and it is important that the public have the knowledge to help reduce the spread of these infections. To deliver this message UKHSA have created a new mascot, "Andi Biotic", an anthropomorphic life size pill who is on a mission to spread the word about the importance of antibiotics and of using them correctly, so we can keep antibiotics working. UKHSA has created a variety of print and digital assets for all settings, communities and patients that [can be found here](#).
25. May is a special month dedicated to celebrating nurses and midwives for their vital role in healthcare. International Day of the Midwife was observed on 5 May and International Nurses Day follows on 12 May, marking the birthday of Florence Nightingale, the founder of modern nursing. We will be marking these celebrations across our system and taking time to celebrate and honour the dedication, compassion and skill of nurses and midwives who provide essential care, support families and make lasting impact on individuals and communities around the world.
26. There was a joint targeted area inspection (JTAI) of the multi-agency response to children who are victims of domestic abuse in Reading. The inspection took place from 10 to 14 March 2025 and was carried out by Ofsted, the Care Quality Commission, His Majesty's Inspectorate of Constabulary and Fire and Rescue Services and His Majesty's Inspectorate of Probation. A multi-agency improvement plan has been developed in response to each of the concerns raised and will be monitored and tracked through our governance processes.
27. The inspection team identified significant weakness in the multi-agency approach to prevention, help and support for children and families who are victims of domestic abuse in Reading. They also found variability in how effectively practitioners engage with younger children and therefore practitioner understanding of need. There was limited understanding and consideration of many children's ethnicity, cultural and religious needs with limited appreciation of the needs of victims who have additional special educational needs/disabilities. Reference was made to the general

practitioners not consistently being informed of the outcome of child protection conferences and Inspectors found an inconsistent use of a 'Think Family' approach.

28. Positives were identified within the health system including:

- Multi-agency pre-birth panel
- Health professionals have good access to support from the specialist domestic abuse nurse
- Input of partner agencies supports holistic evaluation of needs and building of effective plans
- The majority of health practitioners recognise the impact of domestic abuse and the importance of identifying and supporting children. They show some professional curiosity
- Positive reflection with case study which included health visitor

*Chief Strategy, Digital and Transformation Officer update*

29. **Pathway to Sustainable Health Care Project** - The Pathway to Sustainable Healthcare project has now concluded and is summarised in the Planning Board paper today and March 2025 paper. The project produced a robust analytical foundation to support future strategic commissioning and the local delivery of the national 10-Year Health Plan. It identified a focused set of high-impact opportunities for change, underpinned by data and insight. These include:

- Slowing the progression of ill health;
- Transforming care models to reduce unwarranted variation; and
- Improving the efficiency and configuration of care delivery.

30. These priorities are aligned with those identified by both NHS and local authority partners. As referenced in the March 2025 Board paper, this work is informing the development of system-wide transformation programmes. These have been reflected at a high level within the 2025/26 planning submissions.

31. **Model ICB** – Hannah Iqbal joined a national working group chaired by NHS England Chair, Penny Dash, to develop the Model ICB Blueprint, which, as reference above, was shared by NHS England on 2 May 2025. It sets out the future role and functions of ICBs within the context of the 10 Year Health Plan and will be the basis for ICB redesign across the country. The paper is included as part of our agenda today.

32. **Recognition and Awards in Digital, Data and Technology** - Members of the Strategy, Digital and Transformation Directorate have recently received regional and national recognition:

- James Fitzpatrick, Cyber Security Lead, won the Collaborative Working Award at the NHS Cyber Associates Network Awards. He was recognised for his leadership in driving collaborative cyber security improvements across the Integrated Care System over the past year, leading to measurable enhancements in digital resilience.
- Marta Fischer, Digital Inclusion Lead, was shortlisted for the HSJ Digital Award in the category of Digital Equality, Diversity and Inclusion. Her nomination recognises the innovative Digital Café model, which has supported inclusive access to digital health tools for underserved communities.

*Chief Finance Officer update*

33. At M12, being the close of the 2024/25 financial year, the BOB Integrated Care System reported a £15.6m full year deficit, after accounting for receipt of £60m system Deficit Support Funding.

34. Berkshire Healthcare NHS FT (£3.0m), Buckinghamshire Healthcare Trust (£2.6m), Oxford Health NHS FT (£2.3m), and the ICB (£0.5m) were favourable to plan due to income above plan and other non-recurrent mitigations.

35. Oxford University Hospitals NHS FT was £6.5m adverse to plan due largely to pay and non-pay variances which were not fully offset by income above plan.

36. Royal Berkshire NHS FT was £17.5m adverse to plan due to less ICB contract income than planned and non-pay variances which were not fully offset by other income above plan.
37. All organisations have closed the financial year with positive cash balances as of 31 March 2025, but the three acute provider organisations are anticipating the need to more actively manage a challenging cash forecast position during 2025/26.



Board Assurance Framework (BAF) 2025 to 2026		01/04/2025 last updated by Director of Governance and Chief Officers											
ICB Objectives / NHSE 4 goals		Board Assurance Framework Risk Ref	Principle Risks <i>There is a risk that.....</i>	Delivery Date	Corporate Risk Register mapping	Initial Risk Score	Updated score at last review	Risk Movement (Trend)	Risk Appetite /Target Score	Assurance Score	Lead Director	Date BAF Risk Reviewed	Comments
A	Preventing ill health and reducing inequalities												
BAF001	We will ensure that the ICB is able to integrate and lead effectively with its system partners improvements in health outcomes and reduction in health inequalities	BAF 0001	the ICB does not work with system partners to ensure an appropriate and affordable NHS workforce, there is the risk of: we will not be sufficiently resourced to deliver safe and effective services due to: a) Financial constraints - leading to a reduction in workforce across the system (all partners)2. The lack of transformative thinking in training and development to ensure a workforce fit for the future3. The lack of capital to invest in the digital improvements to workforce operations4. A reduction in numbers of young people/pipeline attracted to social care and health professions5. Cost of living pressures - impacting turnover6. Lack of resource and a clear plan to support the strategic left shift into the community, resulting in patients and functions across BOB Integrated Care System not receiving the services that they need.	Mar-26	As detailed in BAF	9	9	↔	6	0.5 (Adequate)	Ben Riley, Chief Medical Officer	01/04/2025	Consideration that the risk score should be increased
B	Financial sustainability												
BAF0002	We will ensure that the integrated care system is able to manage its expenditure within its available resource, to enable it to deliver its financial plan and financial targets, resulting in improved reputation and delivery of high quality and safe services for patients	BAF 0002	BOB Integrated care system is unable to manage its expenditure within its available resource then it will not deliver its financial plan and/or financial targets, resulting in loss of reputation and failure to deliver high quality and safe services for patients	Mar-26	As detailed in BAF	20	20	↔	12	0.5 (Adequate)	Alastair Groom, Chief Finance Officer	01/04/2025	Reduction in risk score to be approved by SLT and Audit and Risk Committee prior to presentation to the Board in May 2025. ARC requested that the score remain at 20 until after discussions at the Board Workshop in June 2025.
C	Resilience												
BAF0003	We will ensure that the BOB health and care system is resilient to respond to significant incidents, events and emergencies	BAF 0003	the BOB health and care system lacks resilience to respond to significant incidents, events and emergencies, there is the risk of services to the population of BOB will be affected, resulting in poorer health outcomes for people across BOB	Mar-26	As detailed in BAF	12	8	↓	4	0.63 (Adequate)	Matthew Tait, Chief Delivery Officer	27/03/2025	N/A
D	Access and outcomes												
BAF 0004	We will achieve the 2025/26 national planning priorities and key operational performance targets for BOB ICB population	BAF 0004	the BOB health and care system does not meet its targets then there is the risk that BOB health and care system will be unable to achieve the 2025/26 priorities and operational planning guidance for its population, resulting in poorer health outcomes for people across BOB	Mar-26	As detailed in BAF	16	16	↔	12	0.92 (Substantial)	Matthew Tait, Chief Delivery Officer	27/03/2025	N/A
BAF 0005	The ICB will be able to establish and lead a strong strategic commissioning capability through organisational change and delivery	BAF 0005	the ICB is unable to develop a strong strategic commissioning capacity due to ongoing organisational changes and gaps in delivery, there is the risk it will fail to achieve the four core purposes set out by NHS England and align with the NHS Oversight Framework Themes, resulting in non-compliance of statutory requirements and ensuring compliance with the new operating model	Mar-26	As detailed in BAF	16	9	↓	6	0.45 (Adequate)	Hannah Iqbal, Chief Strategy, Digital and Transformation Officer	01/04/2025	Updated narrative
E	People and leadership capability												
BAF 0006	The ICB will have the correct safeguarding and quality assurance mechanisms in place	BAF 0006	the ICB does not have the correct safeguarding and quality assurance mechanisms in place, there is the risk it may fail to identify safeguarding risk and maintain or improve the quality and safety of patient services, resulting in poor patient care and experience and potential harm and non compliance of statutory duty of the ICB	01-Mar-26	As detailed in BAF	12	12	↔	8	0.51 (Adequate)	Rachael Corser, Chief Nursing Officer	31/03/2025	Updated narrative
BAF 0007	The ICB has effectively developed partnerships across place, system and beyond	BAF 0007	BOB does not develop effective partnerships across place, system and beyond, there is the risk it will be unable to respond to the needs of patients and public across BOB, resulting in lost opportunities to deliver the right care at the right place and at the right time to address the full range of people's needs	01-Mar-26	As detailed in BAF	12	12	↔	8	0.76 (Substantial)	Matthew Tait, Chief Delivery Officer	27/02/2025	SLT to agree which chief officer holds this risk or if it requires re-writing or separating partnerships from place
BAF 0008	The care system within the BOB geography attracts and retains suitably qualified workforce	BAF 0008	the care system within the BOB geography is unable to attract and retain a suitably qualified workforce, there is the risk there is a possibility that there will be an inability to deliver key ICB business objectives due to: a) The embedding of the new structure taking longer than required- people in new roles lacking the necessary system and line management expertise to ensure operational excellence in a highly challenged financial environment) The number of vacancies - current gaps in teams leading to capacity issues, financial constraints driving a freeze on recruitment and slowing down full operational capacity) Line management inexperience - working in a complex system d) The lack of protected time and resource for adequate training, resulting in an impact on staff resilience, wellbeing and key deliverables of the Long Term Plan and business continuity.	17-Nov-22	Request to remove by CPO 27/03/25 to remain in place until after review at Board Risk Workshop - June 2025	9	9	↔	6	0.5 (Adequate)	Sandra Grant, Chief People Officer	27/03/2025	SLT request to remove this principal risk as is superseded by BAF0009. Agreed 7 April 2025. ARC requested that the Risk remains on the BAF with further discussion to take place at the Board Workshop in June 2025.
BAF 0009	NHS BOB ICB works efficiently and effectively with system partners to ensure an appropriate and affordable NHS workforce	BAF 0009	NHS BOB ICB does not work with system partners to ensure an appropriate and affordable NHS workforce, there is the risk that we will not be sufficiently resourced to deliver safe and effective services due to: a) Financial constraints - leading to a reduction in workforce across the system (all partners)2. The lack of transformative thinking in training and development to ensure a workforce fit for the future3. The lack of capital to invest in the digital improvements to workforce operations4. A reduction in numbers of young people/pipeline attracted to social care and health professions5. Cost of living pressures - impacting turnover6. Lack of resource and a clear plan to support the strategic left shift into the community Resulting in patients and functions across BOB Integrated Care System not receiving the services that they need.	01-Mar-26	As detailed in BAF	16	16	↔	12	0.67 (Adequate)	Sandra Grant, Chief People Officer	27/03/2025	Updated narrative and actions

### Risk Assessment Scoring Guidelines

**Risk Assessment Scoring Guidelines - Using the management response guidance at the bottom of this page:**

- If a risk falls into one of the boxes numbered **15-25** immediate action is required, so far as is reasonably practicable. (Risk score of 25 can only be approved by the Accountable Officer)
- If a risk falls into one of the boxes numbered **8-12** prompt action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **4-6**, risk reduction is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **1-3** further risk reduction may not be feasible or cost effective.

**Assessing the likelihood/probability of risk**

Score	Description	Definition
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the CCG or within the NHS.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the CCG or within the NHS.
3	Possible	The event may occur at some time as there is a history of ad-hoc occurrence at the CCG or within the NHS
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

**Risk scoring matrix (5x5 scores for impact & likelihood/probability)**

		Likelihood/probability of Risk Occurring				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact	1 low	1	2	3	4	5
	2 Minimal	2	4	6	8	10
	3 Moderate /Medium	3	6	9	12	15
	4 High	4	8	12	16	20
	5 Significant	5	10	15	20	25

Risk scoring categorisation	
1-3	Low risk
4-6	Medium/moderate risk
8-12	High risk
15-25	Significant risk

**Overarching Risk Score and Management Response**

Risk Ranking	Low 1-3	Medium/moderate 4-6	High 8-12	Significant 15-25
<b>Rectifying Action</b>	Business as usual. Acceptable but continue to monitor.	Management responsibility must be specified and actions set out over time	Senior Management attention needed. Actions set out within defined timescale to address control weaknesses	Immediate action required to mitigate the risk and address in control or arrange continuation
<b>Monitor</b>	At operational / departmental level	At operational / departmental level	Senior management	Executive level
<b>Escalation</b>	Risk Register	Risk Register	Risk Register	Governing Body Risk Assessment Framework
<b>Acceptable Risk Score for Appetite</b>	5	8	12	15

[illegible]

Corporate Objective: Finance and use of resources				Director Lead: Alastair Groom, Chief Finance Officer
Risk: BAF 0002 - BOB Integrated care system is unable to manage its expenditure within its available resource then it will not deliver its financial plan and/or financial targets				Reviewer(s) Alastair Groom; Dilani Russell, Kate Holmes; Noreen Kangarara
Corporate risks				Date Last Reviewed:
Risk Scores				01/04/2025
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	4	16	We have a balanced plan with substantially challenging gaps
Risk score at last review	4	5	20	
Appetite:	4	3	12	Rationale for risk appetite:
				To maintain a balanced plan
Delivery Date	Mar-26			Assurances:
Controls: (What are we currently doing about this?) 1473: NHSE financial controls implemented across all organisations within the system. All new expenditure by ICB approved by Executive Team, establishment of recovery plan, monitoring of actions by Productivity Committee. 2147: SRTB established and leading on system recovery 4152: SRTB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures				Exec oversight of spending through Expenditure Review Group  Assurance meetings with NHSE Reporting to SRTB
Control Gaps This will include the in year payments from the treasury to cover the rise in employers' NI contributions				Assurance Score: 0.5 Adequate
Mitigating Actions: (What should we do?) SRTB Oversight				Gaps in Assurance: (What additional assurances should we seek?) ICB finance resource gaps Uncertainty of oversight arrangements (as at 1 April 2025)
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
05/04/2024	1474: In year financial recovery plans being developed for discussion with NHSE	Complete		
30/08/2024	2149: STRB leading on system recovery. Applying additional focus to short term delivery in light of current financial pressures	Complete		
16/08/2024	3730: Financial recovery board established and financial improvement / turnaround director in post	complete		
17/01/2025	4170: £60m to be distributed across ICS partnrs with effect from Sept 2024 and cash paid pro rata on 15 October 2024	complete		
08/04/2025	2411: Submission of revised plan to NHSE in June 2024 - final plan deficit £60m system deficit. ICB deficit £13.73m	In Progress	Jun-25	

[illegible]

Corporate Objective: Access and outcomes				Director Lead: Matthew Tait, Chief Delivery Officer
Risk: BAF 0004 – the BOB health and care system does not meet its targets it will be unable to achieve the 2025/26 priorities and operational planning guidance for its population				Reviewers Matthew Tait/ Ben Gatlin
Corporate risks				Date Last Reviewed:
Risk Scores				27/03/2025
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	4	16	
Risk score at last review	4	4	16	
Appetite:			12	Rationale for risk appetite:
Delivery Date	Mar-26			
Controls: (What are we currently doing about this?)				Assurances:
1481: NHSE assurance and oversight processes 1482: Review at PHPE Committee 1483: System wide Boards 1484: processes with Trusts 1485: Board Performance Reports 3982: System Oversight Meeting 4435: Actions assigned and carried out as part of the monthly meeting review process				Monthly Board report and series of deep dives through relevant sub-committees Quarterly assurance meetings with NHSE (National Oversight Framework)
Control Gaps				Assurance Score:
Trusts are not delivering to plan for all metrics				0.92 Substantial
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Process of meetings in place as described in controls				We do not always get revised recovery plans with clear trajectories, this is being reviewed through the tiering and bilateral meetings
Narrative of anticipated timeline				Narrative update
Update on actions taken				
Date	Action	Action Status	planned completion date	Narrative update
Apr-24	2034: Additional UEC recovery plans requested for BHFT & OUH	complete		
Apr-24	2035: Revised trajectories for waiting lists requested from all 3 trusts			
Feb-25	4180: Actions assigned and carried out as part of the monthly meeting review process			



Corporate Objective: Access and outcomes (transformation)				Director Lead: Hannah Iqbal, Chief Strategy, Digital and Transformation Officer
Risk: BAF 0005 - the ICB is unable to develop a strong strategic commissioning capability due to ongoing organisational change and gaps in delivery				Reviewer Hannah Iqbal, Hannah Mills, Darcy Carter
Corporate risks				Date Last Reviewed:
Risk Scores				27/03/2025
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	4	16	
Risk score at last review	3	3	9	
Appetite:			6	Rationale for risk appetite:
Delivery Date	Mar-26			
Controls: (What are we currently doing about this?)				Assurances:
Developing new resource in strategic commissioning Carnell farrar data 4070: Work being undertaken under risk STR0008 in relation to provider collaboratives. ICB forward vision is currently 4071: SRTB in place				4313: Monthly update presented to board 4314: Processes managed as part of system priority workstreams
Control Gaps				Assurance Score:
Managing the contract with the CSU 1491: Developing suite of BOB ICB system strategies				0.45 Adequate
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Place partnerships in development in all three areas and meeting regularly. Plans for addressing health inequalities with				
Narrative of anticipated timeline				Narrative update
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update
02/08/2023	1460: Development of Place moving to agreed level of delegated resources with LA partner e.g., Health Inequalities	Complete		
Sep-24	1461: Developing system Q1 approach. Whole system education event in June	Complete		
Sep-24	1459: Further development of provider collaboratives and delegation of some agreed functions	Complete		
Dec-24	4073: Monthly update to be presented to Board	Complete		

Corporate Objective: People and leadership capability (safety, safeguarding and quality)				Director Lead:
Risk: BAF 0006 - the ICB does not have the correct safeguarding and quality assurance mechanisms in place to meet our statutory duties				Reviewer Rachael Corser, Heidi Beddall, Vanessa Lodge
Corporate risks				Date Last Reviewed:
Risk Scores				31/03/2025
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	3	12	
Risk score at last review	4	3	12	
Appetite:	4	2	8	
				Rationale for risk appetite:
Delivery Date				Mar-26
Controls: (What are we currently doing about this?)				Assurances:
4273: Agreed quality assurance framework has been implemented. This aligns with safeguarding contractual schedule 3678: Contract review meetings to be established oversight of patient safety plans for each provider 3734: Evolving quality assurance framework dashboard 3675: Mature System Quality Group that meets bi-monthly 4429: PSIRF oversight model in place 3676: ICB internal equality and quality impact assessment panel established				Quality assurance visits (variable) CQC and other regulatory oversight
Control Gaps				Assurance Score:
Variation in data collection methodologies across providers Capacity in workforce Inability to predict demand due to other competing pressures (operational pressures steering away from quality)				0.51 Adequate
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Continue to develop capacity and strengthen quality assurance oversight				Capacity of regulatory assurance meetings to undertake routine and regular quality inspections across our BOB geography  Lack of assurance, awaiting publication of national quality strategy, ICB is unsighted on safeguarding practice in the health system with regard to statutory duties. Unable to advise, support and facilitate appropriate action to address deficit. Workforce: Not enough capacity and mechanisms within BOB to provide consistent approach in obtaining and reviewing assurance. Providers are not consistently completing the assurance framework.
Narrative of anticipated timeline				
Update on actions taken				
Date	Action	Action Status	planned completion date	Narrative update
02/08/2023	4431: Redesign of monthly quality dashboard	Ongoing		
25/02/2025	3823: Quality strategy - awaiting national quality strategy publication prior to drafting ICB quality strategy	Ongoing	Jun-25	
25/02/2025	3824: Established contract review meetings	Ongoing / BAU	Ongoing	
26/11/2024	4275: Consulting with provider safeguarding leads monthly	Ongoing/BAU	Ongoing	
19/02/2025	4430: Prepare for delegation POD and specialised commissioning quality oversight	Ongoing	31-Mar-26	
19/02/2025	4432: Revise internal quality governance reporting	Ongoing	01/04/2025	

Corporate Objective: People and leadership capability (working in partnership)				Director Lead: Matthew Tait, Chief Delivery Officer (holding currently)
Risk: BAF0007 - BOB ICB does not develop effective partnerships across place, system and beyond				Reviewer Matthew Tait; Dawn Riddell
Corporate risks				Date Last Reviewed:
Risk Scores				27/03/2025
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:	4	3	12	
Risk score at last review	4	3	12	
Appetite:	4	2	8	Rationale for risk appetite:
Delivery Date				
Controls: (What are we currently doing about this?)				
add in items on pdf.once SLT agree where this resides 1492: NHSE assurance and oversight 3571: Implementation of new operating model				Assurances: 1493: Review at PSD Committee 3975: Single place update at each Board meeting in public
Control Gaps				Assurance Score:
				0.76 Substantial
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Narrative of anticipated timeline				Narrative update
Update on actions taken				
Date	Action	Action Status	planned completion date	Narrative update
Mar-24	3629: Specific agenda item on quarterly NHSE review meetings to look at partnership development	Complete		
Jul-24	3630: Update at PSD committee meetings on partnership working / accute provider collaborative and mental health collaborative	Complete		
Dec-24	3631: Tripartite agenda prompt to be added to discuss partnership working at meetings	Complete		
Mar-24	3633: Board development sessions to be held on APC and MHPC	Complete		
Feb-24	3634: Produce structures to support the new operating model and agree with partners	Complete		
Feb-24	3637: Development of a new assurance & oversight framework	In Progress		

<b>Corporate Objective:</b> People and leadership capability				<b>Director Lead:</b> Sandra Grant, Chief People Officer
<b>Risk:</b> BAF 0008 - the care system within the BOB geography is unable to attract and retain a suitably qualified workforce				<b>Reviewer</b> Sandra Grant, Dailshad Cunnan
<b>Corporate risks</b>				<b>Date Last Reviewed:</b>
<b>Risk Scores</b>				27/03/2025
	<b>Likelihood</b>	<b>Impact</b>	<b>Risk Score</b>	<b>Reason for current score:</b>
Initial Risk Score:	3	3	9	
Risk score at last review	3	3	9	
Appetite:	3	2	6	
				<b>Rationale for risk appetite:</b>
Delivery Date				
<b>Controls: (What are we currently doing about this?)</b>				<b>Assurances:</b>
1496: Build targeted recruitment strategies that align workforce planning with long-term business strategies				BOB ICS Chief People Officers and Workforce meetings established System People Programme Board Established System Recovery and Turnaround Board established to ensure ICS assurance recovery plans Appropriate governance processes are in place and are being worked to
<b>Control Gaps</b>				<b>Assurance Score:</b>
The ICB needs to review phasing of recruitment to vacant roles, taking into account operating framework requirements (e.g. reduction in corporate service targets) and potential changes relating to operating model of NHSE				0.5  Adequate
<b>Mitigating Actions: (What should we do?)</b>				<b>Gaps in Assurance: (What additional assurances should we seek?)</b>
<b>Narrative of anticipated timeline</b>				Narrative update
<b>Update on actions taken</b>				
<b>Date</b>	<b>Action</b>	<b>Action Status</b>	<b>planned completion date</b>	<b>Narrative update</b>
30/09/2024	4145: System projects in place to manage mental health patients in a non mental health setting to ensure we optimise our mental health workforce.	In progress		
30/09/2024	4146: Aligning our bank payment levels so that we ensure that staff are treated fairly and that retention is consistent across organisations.	In progress		
30/09/2024	4147: Reviewing skills shortages and taking a system wide approach to increasing supply.	In progress		
12/02/2025	4419: All Controls and actions are reviewed as part of the monthly review process	In progress		

[illegible]