Risk Description	Which ICS strategic goal does this impact?	What is the impact? What is the potential harm or hazard or delay?	Target risk score and date Consequence x likelihood	Current risk score Consequence x likelihood	Initial risk score & Date entered Consequence x likelihood	Risk Movement Risk movement since last update	Movement rationale Why has the risk score increased/ decreased/ not changed?	Controls taken What are we doing about the risk?	Further Controls needed What more do we need to be doing about the risk to mitigate its potential impact?	Assurances & Gaps in Assurance How will we know the mitigations are having an impact and where are we failing to gain that assurance?	Update Date last updated	Risk Owner(s)	Risk ID/Committee/ Ref no. Overseeing Committee	Board H&C/ Partnership	
The work to establish an ICS and ICPs does not sufficiently address the North/ South/Regional balance in terms of equity of access to care and resources.	Address inequality	• Exacerbates existing health inequalities • Affects population health outcomes • Undermines aims of ICS	5 31/03/2022 5 1	15 5 3	20 24/03/2021 5 4	↔	No change to the situation	• Identification of health inequalities as a core strategic aim of the ICS. • Using data to inform decision making • We have established a system-wide Health Inequalities Board, to oversee delivery of our Health Inequalities Strategy.	• System governance in place to support effective decision making at Place level. • Clarity of strategic plan and operational plan to address health inequalities • Strategy details priority action areas that include increasing the use of the Health Inequality Impact Assessment, addressing inequalities in workforce distribution, needs-based commissioning and targeted action on hypertension and diabetes	• Population health outcome data • Patient feedback • We have identified "Early Adopter PCNs" with clinical leaders and introduced Eclipse data to identify the key health care inequalities e.g. reduce the hypertension control inequality gaps by 50% to reduce the number of heart attacks and strokes in deprived areas.	09/01/2021	Louis Kamfer, Chris Gillings, CD & Managing Directors for ICPs	02 System Leaders		P
We do not ensure the patient views are fully considered and engaged in decision-making about system-level changes and service developments.	Give people more control over their health and wellbeing	• Reputation impact • Lack of diversity of views in decision-making • Lack of patient input into services that affect their care, health and wellbeing.	6 31/03/2022 3 2	12 3 4	15 01/04/2021 3 5	↔	No change to the situation	• Positive and proactive engagement to date with patient groups and Healthwatch. • Establishment of Patient Safety Partners in line with NHS England requirments. • Development of Patient Representatives for the System Quality Group •Development of Job Description for Patient Safety Partners •Developing Role and Training for Patient Representative on System Quality Group	• The development of the communications and engagement Strategy is underway, and clear standards for patient engagement throughout any change processes • Invest in Comms & Engagement roles to lead on this work across the system • Invest in training for Patient Safety Partners and Patient representatives on System Quality Good	• Feedback from patient groups and Healthwatch • Services are developed that respond to and anticipate patient need • Develop audit tool for feedback from patient partners	09/06/2021	Laura Halstead, Head of Comms/Carol Anderson, DoN	03 Comms & Engagement Group System Quality Group	H&C	P
Planning and Implementation of Population Health Management is not incorporated at all levels across the system.	Deliver world class services, standards and evidence-based practices	• Restricts pro-active approach to PHM at all levels diluting the ability of the system to target patients directly. • Undermines aims of the ICS. • Affects population health outcomes and does not address health inequalities.	8 01/01/2022 4 2	12 4 3	16 01/04/2021 4 4	↔	No change to the situation	• Analytics Community is in place across STP and meeting regularly prior to the Covid-19 pandemic, with plans to restart meetings in 2021 with ICP representation • PHM Strategy developed prior to pandemic, awaiting final sign-off due to operational pressures. Discussed and shared with ICPs and PCN Clinical Directors. Analytics Community will review. • Eclipse Vista and Eclipse Diabetes modules rolled out across the system. Abilty to identify in real-time where practices need additional support to care for patients • Programmes centred on hard to reach, hard to treat populations, e.g. dedicated SHCAs to perform physical health checks for people with severe mental illness • Integrated Performance Report includes Sentinel Indicators to ensure Health Inequalities	• Need to agree what we can standardise across the system and what is best handled at system, place, and neighborhood. • Review and adopt best practice from other systems. • PHM should be an integral element of the decision making process when commissioning activity is taking place. • When established, the SOAG (System Oversight and Assurance Group) could monitor Planning and implementation of PHM at all levels across the system. • Culturally, the ICS Aims, Vision and Values must generate an environment where PHM become the center of gravity for the system planning and there should be a link to the anticipatory care timetable and agenda.	• Review of commissioning submissions. • SOAG Oversight and monitoring • Significant culture shift regarding PHM data to inform decision-making	08.09.21	Alison Clark DoP/Fiona Head, CD,	04 SOAG		P
The balanced distribution of access to health and care resources across the geographic bounds of Cambridgeshire and Peterborough is artificially restricted due to conflict across financial boundaries, in place infrastructure and alignment of geographical units across the system.	Address inequality	• An inability to understand and deliver a population health reflective care resource and estates infrastructure that is supported by an appropriately skilled workforce at the right capacity will lead to: • Increased patient pathways. • Increased health inequalities. • Increased negative population health outcomes. • Further financial deficit. • Inefficient use of existing resource	10 30/07/2021 5 2	15 5 3	20 01/04/2021 5 4	↔	No change to the situation	• Data informed decision making as a principal foundation for decision making, combined with a revised long term estates strategy and system wide review of infrastructure. • Ongoing work on the PHM strategy, including capability and capacity building • System is standing up SOAG in August to ensure there is a system focus on performance and an equitable approach to delivery • Phase 1 plan for place/locality agreed by SL in July, including focus on high intensity service users • New ICP MDs to commence in July, with plan for ICPs to begin a phased transition of responsibilities from 1 Sept	• Using the LTP requirements as a baseline, there is a further requirement to review the PHM for Cambridgeshire and Peterborough to identify and understand the gap analysis in the provision of care across our geographical boundaries and the current ICS structure for C+P • Assess and build system capability and capacity for making PHM business as usual, including risk strstification and service evaluation • Analysis to determine how best to equitably allocate resources based on population characteristics and outcomes	• Analysis of the data will provide a 'best picture' view and allow subsequent planning and informed decision making on any ICS structural change requirements.	108.09.21	System Leaders, Erin Lilley & Managing Directors for ICPs	06 System Leaders		P
Increased collaboration with District, County and City councils and primary care and acute partners will add a multitude of agenda's, cultures and operating models that have the potential to stymie activity and reduce speed and agility in decision making and budgetary flow.	Create a system of opportunity	Stagnation and lack of agility in decision making.	6	12	12	↔	No change to the situation	• Development of ICS governance principles • Application of national guidance to local governance development • Establishment of a monthly Director of Corp Affairs meeting across the system to share learning and development • Agreeement in principle across all organisations to develop a 'System Day' wef April 2022 to align schedules and process decisions - work continues on this	• Joint development of TOR's (where appropriate) and empowered representation at all levels across the system • Leading by example, developing trust and being clear in our communications across boundaries ensuring mutual investment in decision making will forge trust and understanding across organisations. • Seek to align programmes of work via Anchor Institution framework and system strategy	• Speed of activity and decision making. • Increased collaboration and co-operation across the system. • Improved control of deficit. • Change in leadership at LA	08.09.21	System Leaders	09 System Leaders		P

			01/04/2022				01/04/2021									
			3	2	3	4	3	4								
The stability of the ICS could be compromised due to changes in senior roles and positions e.g. Chair, System Leaders Group key roles in CCG.	Deliver world class services, standards and evidence-based practices	Historical operational and planning processes founded on sound decision making criteria could be rapidly undermined, compromising functions and outputs of the ICS.	6		12		12		↔	No change to the situation	• Development Plan sets out the revised timescales for leadership appointments • National guidance is near finalisation for Chair/AO appointments • Assurance and clarity given to CCG staff regarding changes and employment security • Leadership timescales and process for Chair/AO set by national process and guidance • Use of system HRD (commenced 8.9.21) to support and guide the process for C&P, linking with national and regional teams	• Set out clear timescales and process or Chair/AO and other ICS roles - communication on this expected late July	• System appointments made • Staff morale/feedback	08.09.21	Interim ICS HRD	11 System Leaders & Partnership Board		P
			01/04/2022				01/04/2021									
			3	2	3	4	3	4								
Without a detailed workforce analysis across the entire system, there is the potential that workforce plans will not meet the ambition or address the needs of the system.	Create a system of opportunity	• Compromised ability to deliver LTP and meet the population health needs of the system. • Access to health care compromised. • Morale of current workforce could reduce. • Increasing requirement to 'load' in place workforce. • Workforce well being reduced. • Investment in workforce and people development reduced. • Negative impact on ICS culture.	8		16		20		↔	No change to the situation	• Gap analysis of workforce personnel and workforce skill set underway. Results will further inform a comprehensive people strategy that will support our health and care workforce at all stages from pre-recruitment to full time employment will be implemented. • System-wide People Plan in place focuses on four areas that will help to create a well-trained, healthy and effective workforce. • Proactive commitment and support from across the system to identify and address gaps. • Discussion at Regional level with all systems workforce leads about securing a robust model for future' integrated workforce planning' - this is in development and will need to span stakeholders working in collaboration ie Operational leads, Finance leads and workforce leads. • Strategic Primary Care Group discussing pressures and solutions.	• A single system-wide workforce vision that has been communicated and secures engagement with commitment to review and re-shape as the system matures • Establishment of cross-sector working for individuals and teams • Access to system leadership development and training for system leades and wider leadership team. • Active recruitment, underpinned by a sytem Talent Strategy • Strategic planning to reflect LTP requirments. • Proactive approach to developing the ICS as a great place to work underpinned by a multi faceted two way communications plan. Develop a robust clinical workforce strategy that sets out medium and long terms clinical skill requirerment and pipeline plans for staffing to resource .	• Decrease in workforce gaps • Staff feedback • Systemwide training and development budget • Survey results. • Uptake in the use of support resources * increase in retention rates at a system not just organisaitonal level. Development of associates / assistant roles which support workforce pipeline	31/08/21	Louise Mitchell, Workforce Lead	12 People Board		P
			01/04/2022				01/04/2021									
			4	2	4	4	4	5								
Failure to deliver the LTP financial trajectory signed off by System Leaders in Jan '20 due to: - non delivery of the financial savings through transformation - a worsening financial underlying position the incidence of covid - a lack of pace to implement the transformation schemes in 21/22, and - a latent demand and significant waiting lists impact on budgets.	Address inequality	• Significant adverse impact on projected underlying system financial position. • Credibility of system - reputational risk. • Deterioration in relationship with Regulatorns. • Possibility of increased NHSE ovesight, introduction of special measures and a loss of control over the system delivery.	9		16		16		↔	No change to the situation	• FPPG-led review of underlying system financial position (May 21) and changes linked to covid pandemic. • Delivery of H1 financial plan and development of H2 plan and longer-term financial plan. • Refresh of transformation priorities and development of operational delivery plan. • Follow up meetings with Julian Kelly in October & December.	• Development of strategic refresh of system transformation priorities and mapping of delivery timeframe with full operational implementation plan (co-designed with Operational and Clinical Leadership). • Understanding of the financial funding framework for H2 21/22 and beyond and the potential impact on current system financial projections. • Seek clarity on covid funding/D2A funding and any potential longer-term investment	• FPPG will continue to monitor system financial performance through to System Leaders. • System Delivery Group will oversee delivery of transformation.	10.08.21	Louis Kamfer, DoF	18 FPPG		P
			31/03/2022				07/05/2021									
			3	3	4	4	4	4								
The closedown of the CGG and transition of its functions to the ICS could lead to the potential risk of destabilising and loss of key members of its leadership team. In turn this could result in a loss of focus on business as usual and the safe delivery of the CCG's statutory functions	Deliver world class services, standards and evidence-based practices	• Potential to develop local solutions which will not align to national guidance. • Lack of clarity of decision-making. Potential breach of Standing Orders and Standing Instructions • Loss of delivery and accountability at an Executive Level • Loss of subject matter experts • Loss of organisational memory. • Inabilty to discharge its duties effectively	6		12		20			Decreasing	• The CCG's Transition Board is now established and meeting monthly. Task and Finish Groups have been established. A Due diligence group of all Task and Finish Group Chairshas been established to ensure oversight, problem solve and ensure consistency. Group also overseas development of checks for Readiness to Operate statement. • A Governance Transition Plan in place by the Governance Task and Finish Group. This will also ensure maintenance of strong governance and decision-making throughout the transition. • Guidance. • ICS Development Plan to oversee activity • Regular staff briefings and a range of support mechanisms are in place to support people through the transition	• Transition Plan in place. • Task and finish groups in place. • Terms of Reference prepared, first meetings have taken place. • Monthly reports to and oversight from the Transition Board. • Support from regional colleagues in place • To understand the highest areas of risk to delivery of the CCG if key roles are vacated and cannot be replaced • To develop an interim plan to manage these gaps for the duration of the CCG's life	• Inability to fully control or mitigate the risk due to the national drivers for this work. • Interpretation of national guidance. • Failure to meet the Due Diligence Checklist and Readiness to Operate Checklist.	07/09/2021	Sharon Fox, DoG	19 CCG CAF	H&C	
			31/03/2022				07/05/2021									
			3	2	4	3	4	5								
The impact of Key Leadership changes across all contributory elements of the ICS and wider system e.g. ICS chair / ICS AO / CEO of Councils etc have the potential to destabilise relationships across all levels of the system and could adversely affect the historic understanding, and ways of working.	Deliver world class services, standards	• De-stabilisation of an adolecsent system • Delay in progression and potential impact on budget • Historical operational and planning processes founded on sound decision making criteria could be rapidly undermined, compromising	9		12		16			No change to	• MOU Development - including all parties in the development to 'build in' understanding and mutual investment in the system design. • System Level agreement on Vision Aims and Values of the ICS • Development Plan sets out timescales for VSM appointments Appointment to key roles and stabilsation of	• Identifying opportunities for further relationship building activity with the system partners. • Maintaining a strong identity as the Cambridgeshire and Peterborough ICS, living by our objectives Aims and Vision. • Appointment to key system roles at the earliest opportunity	• Clarity around system leadership • Ongoing delivery of objectives and performance • Staff and regional feedback	08.09.21	Chair/AO	20 System Leaders	H&C	P

	and evidence-based practices	functions and outputs of the ICS • Potential to undermine the agreed direction of travel and agreed ICS Aims and vision. • Impact on staff morale - potential for further change.	31/10/2021 3 3		14/06/2021 3 4	4 4	↔	the situation	system leadership • Ongoing investment in OD work for senior leaders • Chair and CEO recruirment process underway • Interim HRD in post wef 08.09.21			08.09.21	Chair/AO	System Leaders & Partnership Board	H&C	P
The totality of work output requirements across ICS transition, Reset and Restoration and the Mass Vaccs Programme place significant workload on the system. Output requirements are greater than current workforce capacity.	Deliver world class services, standards and evidence-based practices	• Failure to meet outputs and delivery particularly on operating plan and development plan • Potential impact on Patient Safety • Impact on staff well being and health • Impact on system capacity and ability to flex	9 31/03/2022 3 3	16	20 14/06/2021 4 4	4 5	↔	No change to the situation	• Clarity of focus and action in order to get system performance back on track • Development Plan in place to ensure focus on areas for delivery • Stand up system groups to support delivery • Clear leadership, controls and accountability in place • Additonal resource sought in key areas - HRD and governance.	• Appointment to system leadership roles • Stand up SOAG for perf and oversight • Hold to account for delivery and performance • Continnue to focus on must do's and areas that will support system delivery against Ops and Development plan	• System performance targets indicate delivery is on track • Staff feedback and morale • Progress against the Ops and Development Plan	20.08.21	AO	21 System Leaders & Partnership Board	H&C	P
Lack of a system-wide Estates Strategy that truly reflects the needs of the ICS, informed by a clear health and care strategy based on population needs to enable care to be delivered in the right place. To be programmed within 6 months of Clinical strategy being signed off.	Create a system of opportunity	• Insufficient estate to support development of Place based care and continuation of care delivered from acute settings when not essential. • Unclear governance route for major infrastructure business cases • Lack of full systemwide engagement in cases.	6 15/12/2021 3 2	12	12 15/06/2021 3 4	3 4	↔	No change to the situation	• Seeking presence at ICP/Place for System Estates representatives • Extend engagement in developments with estate impact. • Inputting into future governance arrangements to support robust decision-making	• Ensure that estate is seen as a key enabler to service change at the outset • Ensure a System Estates representative is involved to support the system meetings. • Monthly estate update to System leaders shared with ICPs.	• There is an Estate Strategy for the System that reflects the Health and Care Strategy agreed by all partners with clear priorites. • Developments that come forward can be cross referenced back to this Strategy. • Unclear of extent of system engagement in new Hospital proposals. • Need to acknowledge wider involvement in System Green Plan required, eg workforce, procurement, staff travel.	24/08/21	Alison Manton	22 System Estates Group	H&C	
Risk to patient and staff safety at Hinchingbrooke Hospital due to old and non-compliant building	Risks escalated from organisation-specific BAFs	• Closure of main hospital building, in whole or part • Loss of life due to being struck by falling concrete or reduced capacity to deliver services • Major physical injury affecting staff, patients, visitors and contractors. • Cancelled procedures • Reduced income • Prosecution • Litigation costs • Issue of notices by the HSE • Regulator input • Adverse publicity • Loss of confidence that the Trust can provide a safe environment for the delivery of care	10 31/03/2021 5 2	20	20 13/10/2020 5 4	5 4	↔	Update from strategic risk, incorporating the RAAC element and also the HH Development which the system has been supporting the trust on	• Estates Strategy addendum approved by Trust Board • 6 Facet Survey - Completed • Infrastructure deep dive commissioned in support of the 6 facet survey • 2021/22 year funded backlog maintenance plan - funded • Whole hospital replacement plans submitted to NHSI/E • P22 partner and other framework contractors in place to project manage both backlog and C.I.R projects • Site evacuation plans and BCPs refreshed and tested • Year 1 WSP survey of RAAC planks completed and report issued to the Trust Board. Year 2 surveys commenced • Development control plans approved by Trust Board • Medical gases resilience works to start before July 2021 • Water filters on all water outlets in HH site to make safe. 3 phase plan started with phase 1 completed. • Detailed ventilation surveys and risk assessment completed with action plans to resolve these issues. • External company brought in to manage backlog maintenance programme		• Trust Board Review RAAC Panel on monthly basis • Facilities Assurance Committee on Monthly basis • Health and Safety and escalation via H&S Committee • Capital Programme - Investment Committee • Governance via operational board sub committees - Performance and estates Committee • Non-Excutive involvement in redevelopment project board • Water AE review and overseeing work programme • ERIC return and PAM submitted to NHSE/I • New AE's appointed to fill gaps identified in the PAM report • Risk register and BAF reviewed by Performance and Estates Committee on a monthly basis • HH Development monitored via strategy and transformation Committee every other month	20/08/21	Caroline Walker, CEO, NWAngliaFT	23 System Leaders & NWAngliaFT		P
The system T4 General Adolescent unit Mental health unit (GAU) at CPFT has closed temporarily pending significant repair. This removes 12 regional GAU beds in addition to wider regional beds being closed to admissions due to CQC restrictions. There is a risk of the number of vulnerable young people with mental health problems will not be able access appropriate inpatient services	Risks escalated from organisation-specific BAFs	• There is a significant risk of an increased number of adolescents being detained to Acute Paediatrics for longer periods of time or adolescents not requiring detaining remain in community with increased packages of care. This could have significant impact on the young person's treatment and recovery due to not being treated in an appropriate environment. • Additionally there is increased risk to Paediatric wards as numbers of young people with mental health problems increase.	4 30/07/2021 4 1	16	20 24/06/2021 4 5	4 5	↔	No change as building works and recovery actions continue	• Risk matrix across T4 GAU and Eating Disorder units, to enable the most at risk across both units remain in an inpatient bed, and the remaining on leave with daily input, day patients or discharged to local community services. The ED unit now has a mixed ward. • MH staff redeployed to Paediatric wards to support MH patients where possible • Increased staff to community services to support admission avoidance • A risk register of all high risk of admission children reviewed daily and escalated to partners when appropriate • Weekly system meetings with NHSE&I • Bed-finding processes in place. • 2nd Phase of Building work and staffing recovery plan in development. Phased re-opening wef 4/10/21	• Working with NCM collaborative and region to raise concerns and look for alternative solutions • Review through weekly region CAMHS sit rep group	• Number of MH CYP in Acute Paediatrics • Managed CYP on Home treatment pathway • There is potentially a wider risk regarding the acuity and number of children requiring help, which will be monitored and reflected in the BAF as needed	06/09/2021	Tracy Dowling, CEO, CPFT	24 System Leaders & CPFT		P

Failure to deliver the planned H1 position and anticipated H2 plan will put at risk the system underlying financial position.	Address inequality	• Increased scrutiny of the underlying position by NHSE National Team will distract from delivery • Inability to deliver the LTP financial improvement and sustianed underlying financial position	4 30/07/2021 4 1	8 4 2	8 08/05/2021 4 2	↔	No change to the situation	• C&P underlying financial position review undertaken in partnership with NHSE Regional Team Jul 20 • FPPG review of monthly financial position and forecast revenue and capital profiles - monthly finance rport to FPPG & SL. • NHSE Run-rate exercise Aug 20 • C&P review of covid exenditure Jul 20 • H2 planning timeline for development Aug 20	•FPPG review of H2 planned efficiencies - value and confidence levels Aug 20 •FPPG review of H1 forecast and H2 anticipated position - Aug 20	• H1 remains on track • H2 run-rate is within available ICS H2 funding • The forecast at Month 4 is that the ICS H1 financial plan can be delivered, however there remain a number of risks in relation to delivery of H1 and preparation for H2 and beyond as set out below: -The target for Q2 ERF has been increased from 85% to 95% although NHSE projection for H1 ERF is £24m, £4m higher than plan. - Delivery of efficiencies within the H1 plan will be key to supporting delivery of the increased ask for H2; planning assumption is 3.5% subject to national guidance.	06.08.21	Louis Kamfer	25 Financial Framework		
Clinical workload issues across all sectors, primary, community and secondary care, are at historically high levels and seriously risk inhibiting proposed transformational change within the ICS.	Deliver world class services, standards and evidence-based practices	• Clinical workload across the system is exceptionally high and may impact COVID recovery plans as well as clinician's availability to drive necessary transformation within the shadow ICS • Increase in NEL workload in key Health sectors (Primary and Secondary Care) • Increasing MH workload and presentations • Workforce fatigue	4 2 2	20 5 4	20 01/08/2021 5 4	↔	No change to the situation	• Regular Health Gold meetings and escalation plans. • Priority issue for Clinical community being addressed at clinical assembly meeting. • Pathway re-design. • Clinical Advice Cell stood up to provide system-wide clinical advice on interventions. • Active discussions with EEAST about their risk.	• Implement recomemndations for clinical community as agreed at assembly meeting • escalate as needed to SL	• Ongoing clinical feedback from primary community MH and secondary care through regular system meetings. • Activity data collection and KPIs.	18/08/21	Alexander Gimson	26 System Delivery		
Lack of system partner capacity to provide the required resource and subject matter expertise to deliver the ShCR due to competing operational priorities.	Deliver world class services, standards and evidence-based practices	• The implementation of the Shared Care Record solution could be delayed with the Go-Live date being impacted. • Not meeting the National requirements of the MVS 1.0. • Other partners may be impacted due to interdependencies on being switched on for data sharing. • Delay in improving the efficiency and accuracy of the health and care provided for our patients/citizens in C&P.	12 30/09/2021 4 3	16 4 4	16 12/09/2021 4 4	↔	No change to the situation	• Transparency of partner priorities and timescales required. A system wide overview of all partners programme portfolios. • Partners to notify via DEG/relevant sub-group of new planned procurements as they arise. • Development and revisions to the Digital Strategy.	• Further resourcing discussions to be had with partners and identification of roles/individuals who will attend and form the workstreams that will support the delivery of the ShCR. • Obtain completed funding proposal forms (estimates only based on knowledge/experience) from all partners. • ShCR contract not yet signed. Endorsement for sign off from partners underway. Endorsement from all partners required ahead of CPFT signing on behalf of the System as host organisation.	• Contract sign off achieved allowing completion of Pre-Engagement, initiation and movement into the Planning and Design stage with ShCR supplier. • Creation of a detailed implementation plan (output from the Planning and Design stage). • All roles for ShCR delivery identified within each partner organisation. • Planned workshops with ShCR supplier will have taken place to further ratify the needs from partners and subsequently informing the detailed implementation plan and readiness of partners.	02/09/2021	Stephen Posey/Andy Raynes	27 Digital Workstream		
The Mental Health and Learning Disabilities Collaborative needs to establish governance and delivery structures to ensure due diligence, operational planning and delivery mechanisms and matrix working with the CYP collaborative and ICPs so that the risks of meeting the needs of the population regarding mental health and LD and Autism can be met within available resources	Deliver world class services, standards and evidence-based practices	• Patient / service user needs not met resulting in patient harm • Service quality compromised • LTP and national standards for MH and LD&A are not met • Health inequalities increase for these vulnerable people • Financial control totals are not achieved	5 31/03/2022 3 2	16 4 4	16 08/04/2021 4 4	↔	No change to the situation	• Establishing governance structure for MHLDC • Proposing a non executive Chair • Proposing 'most capable provider' lead for budget delegation • Developing formal partnership agreements across ICS with partners; ICPs and CYP collaborative • Developing a resource proposal to udnertake due diligence and lead MHLDC development • Build on exisiting resources within CCG MH team and CPFT contracting team and prioritise/streamline current approaches to develop joint approach to planning and delivery. • Ensure strong voice for service users, families and careres and third sector organisations	• Ensure MHIS continues to be met as a minimum • Develop clarity on outcomes and performance standards for MH LD&A • Ensure full due diligence prior to budget delegation • Develop straightforward approach to joint commissioning where across health and care • Invest in transformation resource and skills to optimise effectiveness and efficiency across pathways of care • Invest in treatment and recovery focussed programmes of care to reduce demand • Take a data and evidence informed approach to population health management of MH and LDA • Involve service users and third sector partners in service planning • Develop assurance mechanisms to understand health impact of expenditure and therefore value	• Through clear outcomes reports • Through feedback from service users, families and carers • Through performance versus LTP requirements • Through IPS achievement and other recovery focussed metrics • Through quality assurance and reviews	08/02/2021	Tracy Dowling	28 Mental Health & Learning Disabilities		
The capacity to assimilate national guidance into locally adapted governance to support the ICS delivery is not deliverable within the required timescales	Deliver world class services, standards and evidence-based practices	• The ICS will not be able to function properly • The ICB will not meet its Readiness to Operate Statement (ROS) • Reputation risk	5 31/03/2022	12	16 20/08/2021	↔	New risk	• Establishing governance structure and undertaking governance diagnostic • Recruited interim governance support • Working with system groups to develop guidance in collaboration • Established a governance T&F group • Working closely with regional team • Applying national guidance and templates	• Ensure we meet national timescales • Continue to engage with system • Learn from national and regioanl peers	• Signficiant volumes of national guidance to read, distil and apply • Limited capacity and expertise to undertake the work	24/08/21	Kit Connick Director of Strategy & Planning	30 System Governance Group		

			3	2	4	3	4	4										
EAHSN/ARC/AHSC are not aligned on research and application of research for rapid improvement in population health at scale	Deliver world class services, standards and evidence-based practices	• Missed opportunity to optimise improvement in population health, address inequality and maximise the impact of discovery, development and application of research into leading edge practice on the local population	4 31/3/22 2	2	**12**	3	12 09/06/2021 3	4	New risk	New risk	• Ensure cross representation on Boards of ARC/EAHSN and AHSC • Extend invitation to work of health inequalities board • Develop an aligned work programme to seek to optimise opportunities to bring benefit to the local population from the work of each of the organisations	• Need to review exixting work programme of EAHSN/AHSC and ARC to see where opportunities to achieve greater or faster gain for the ICS sit and agree how to maximise this potential	• We will be able to clearly see and understand how the work of the EAHSN/ARC and AHSC supports the objectives of the ICS	09/06/2021	Cambridge Biomedical Campus	31 Roland Sinker/Tracey Dowling & Stephen Posey		P