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 draft Operating Plan and Development Plan will not be delivered on time and subsequent system planning and programmes of work will be affected.		• Non compliance will result in reputation impact for the ICS • Inability to effectively plan for system delivery, therefore goals will not be met.	8 30/06/2021 4 2	12 4 3	16 24/03/2021 4 4	↔	New risk	• First draft of Devel Plan submitted to SL and region for comment - second iteration due to be submitted by 1 June. Final draft by 30 June. • Work has been undertaken throughout April on the Op Plan. First draft to submitted 6 May. Final draft due 1 June.	• Engagement events with system colleagues to ensure there is buy-in. • Gather feedback on current versions of plans, continue to refine and develop to ensure they meet the need of the system.	• Delivery of robust plans that set out the system plans objectives are delivered on time. • Plans are ratified by system partners, approved by region and support the operational running for 2021/22 and ICS	01.05.21	Louis Kamfer, DoF, Kit Connick, DoS&P	01 FPPG System Leaders		P
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.		• 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	↔	New risk	• 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.	01.05.21	System Leaders & 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.		• 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	↔	New risk	• Positive and proactive engagement to date with patient groups and Healthwatch.	• Engagement Strategy to be developed, and clear standards for patient engagement throughout any change processes • Invest in Comms & Engagement roles to lead on this work across the system	• Feedback from patient groups and Healthwatch • Services are developed that respond to and anticipate patient need	01.05.21	Laura Halstead, Head of Comms/Carol Anderson, DoN	03 Comms & Engagement Group		P
Planning and Implementation of Population Health Management is not incorporated at all levels across the system.		• 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	↔	New risk	• 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	• 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.	• Review of commissioning submissions. • SOAG Oversight and monitoring • Significant culture shift regarding PHM data to inform decision-making	01.05.21	Sue Graham, DoP/Fiona Head, CD,	04 SOAG		P
Change in Governance models and the introduction of new leadership across the system will create a period of reduced knowledge and understanding.		Operating without due diligence. Operating outside the constitutional and statutory requirements of the law Reputational Risk Negative impact on Patient Safety Negative impact on Quality of Care	6 03/09/2021 3 2	12 4 3	16 01/04/2021 4 4	↔	New risk	• Mapping current Governance Structure and information flows. Understanding and planning for shadow period of new Governance structure prior to full implementation. • Comprehensive WIP and read in for new leadership to be delivered.	• Engagement and a system wide approach to the mapping of current governance structures and the development of new structures will increase system wide knowledge and understanding, suitability and 'buy in' and encourage review of effectiveness and suitability	• Feedback from groups across the system, and the monitoring of any new governance structure for a shadow period will allow the system to 'test and adjust' to the new structure whilst oversight is maintained	01.05.21	System Leaders	05 System Leaders		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.		• 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	↔	New risk	• 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.	• 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	• Analysis of the data will provide a 'best picture' view and allow subsequent planning and informed decision making on any ICS structural change requirements.	01.05.21	System Leaders & Managing Directors for ICPs	06 System Leaders		P
Increasing change and uncertainty as the ICS continues to develop and operate whilst adjusting to it's new structure will add challenges for new and developing relationships across the system and will test established and well understood historic ones.		• Loss of system understanding and working practices. • Lack of trust and a diminishing of relationships. • Friction in working practices and a reluctance to collaborate.	6 01/04/2022 3 2	12 3 4	15 01/04/2021 3 5	↔	New risk	• Delivery of the Communications and Stakeholder engagement plan • ICS Newsletter and website	• Establishment of feedback loops (including survey) and forums to check understanding and a lead by example culture of respectful challenge to be implemented throughout. • The delivery of the leadership development programme. • Team building activities. • Ongoing OD support for development of system leadership behaviours	• Feedback from forums • Anecdotal evidence and survey results.	01.05.21	Laura Halstead, Head of Comms	07 Comms & Engagement Group System		P
Whilst conducting change management and moving towards a new planning and operational delivery model, it is possible that the ability and capacity to maintain a learning and adaptive culture will significantly reduce.		• The ability to seize opportunity, understand potential efficiencies and collaborative opportunities could be missed. • If we lose sight of the opportunity to create a culture based on trust,	4 01/06/2022	12	16 01/04/2021		New risk	• Development of ICS Values and vision • Development of ICS principles and ways of working • Investment in OD for Senior Leaders and Clincal Leadership	• To mainain focus and invetsment in system leadership beheaviours and values • To develop a transformation and commissioning strategy that is aligned to our strategic aims • Development of a system-wide culture and	• Feedback from forums • Anecdotal evidence and survey results • System delivery results and outputs • Staff retention and recruitment data			08		

		respect and support for each other and the system we will significantly impact our ability to optimise working practices, relationships, efficiencies, and a baseline from which it is safe to respectfully challenge our operating model for the benefit of the population for which we have responsibility.	4 1 4 3 4 4	↔			talent strategy		01.05.21	System Leaders	08 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.		Stagnation and lack of agility in decision making.	6 / 12 / 12 01/04/2022 / 01/04/2021 3 2 3 4 3 4	↔	New risk	• 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	• 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.	• Speed of activity and decision making. • Increased collaboration and co-operation across the system. • Improved control of deficit.	01.05.21	System Leaders	09 System Leaders		P
Maintenance of clinically led and informed decision making will be lost if they are not at the core of system decision making.		• Undermines aims of the ICS. Prioritisation of patient care will be lost. • Population Health Management will not be achieved. • Reduced understanding of clinical need across the system could adversely effect the deficit. • Proactive identification of clinical requirements and the ability to plan and support with appropriate resources will be undermined.	5 / 15 / 20 01/04/2022 / 01/04/2021 5 1 5 3 5 4	↔	New risk	• Agreement in the ICS documentation, process and governance that clinical leadership needs to be at the heart of the ICS • Development of ICS Clnical Strategy and Clinical & Professional Group • OD programme in development for Clinical Leadership • Commitment that all our ICS priorities, workstreams and enabling functions will have a Clinical Lead,	• Update the clinical strategy • Relaunch the Clinical & Professional Leadership Group .	• Leadership model in place. • Clinical Representation across the system appropriate and informed at all levels. • System Leaders review clinical representation. • Improved decision making, with patient care at the heart of all decisions	01.05.21	Fiona Head, CD	10 Clinical & Professional Forum		P
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.		Historical operational and planning processes founded on sound decision making criteria could be rapidly undermined, compromising functions and outputs of the ICS.	6 / 9 / 12 01/04/2022 / 01/04/2021 3 2 3 3 3 4	↔	New risk	• Development Plan sets out the timescales for leadership appointments • National guidance is in development for Chair/AO appointments • Assurance and clarity given to CCG staff regarding changes and employment security	• Set out clear timescales and process or Chair/AO and other ICS roles	• System appointments made • Staff morale/feedback	01.05.21	Chair/AO	11 System Leaders & Partnership Board		P
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.		• 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.	8 / 16 / 20 01/04/2022 / 01/04/2021 4 2 4 4 4 5	↔	New risk	• 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.	• 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.	• Decrease in workforce gaps • Staff feedback • Systemwide training and development budget • Survey results. • Uptake in the use of support resources	01.05.21	Stephen Legood, Workforce Lead	12 People Board		P
The inability of the system to capture and capitalise on the lessons learnt during the COVID 19 Pandemic could slow the transformation agenda and impact the ICS's ability to harness the opportunities and dispel the threats that have been brought about under the new ways of working.		• Undermines aims of the ICS. • Stifles transformation agenda and impacts ability to deliver ICS within national timescales. • Increased uncertainty of job security and role. • Opportunities to address the deficit may be lost • Opportunities to establish streamlined activity and a reduction of duplication could be lost. • Has a negative effect on our aspiration to adopt a learning organisational culture.	8 / 12 / 16 30/12/2021 / 01/04/2021 4 2 4 3 4 4	↔	New risk	• Director of System Delivery appointed on interim basis to co-ordinate work • Clincal and operational groups will maintain focus on Covid learning • Identifying key groups to take responsibility for and implement the 21/22 operating plan ensuring enough capacity is retained to deliver the recovery plan.	• Development of Operational Plan that will build on Covid learning and recovery	• Impact on patient care • Reduction in health inequalities	01.05.21	Graham Wilde, DoSD	13 SD&T Group		P
Without a regional way of working that is flexible and takes account of our local issues, the ability to influence change for the population of Cambridgeshire and Peterborough will be limited.		• Inability to adapt guidance and approach to ways that beenfiot C&P population and strategic aims of our ICS	4 / 6 / 8 30/03/2022 / 01/04/2021 2 2 2 3 2 4	↔	New risk	• Development Plan sets out the approach and timelines for C&P ICS • Regular and open dialogue with regional colleagues • Adaptation fo national and regional guidance to system needs	• Clarity on regional/national expectations re guidance and processes • Ongoing pursuit of place-based development based on patient need, using data to drive changes	• Impact on patient care • Reduction in health inequalities • Ongoing development and maturity of C&P ICS	01.05.21	System Leaders	14 System Leaders		P
The ability to deliver strategic commissioning (and delegated commissioning) at a system level and to hold contracting arrangements at Place will be limited by the workforce skill set and capacity available.		• Undermines the aims and objectives of the ICS. • Induces conflict over ensuring best use of financial resources. • Overburdens the workforce • Has the potential to negatively impact workforce well being. • Could impact volume, quality and provision of care. • Responsibility but no additional resource or 'lever' to implement appropriate data informed commissioning of these services. • There is a finite number of specialists in these areas, access may be limited.	8 / 12 / 16 01/04/2022 / 01/04/2021 4 2 4 3 4 4	↔	New risk	• Lead Director identified for this workstream • Engagement with NHSE/I has commenced • Risks identified and escalated	• Lack of clarity from NHSE • There is potential for a shadow year (22/23) to support transition • A decision on implementation is expected in June 21.	• Impact on commisisoning and health inequalities • Ongoing development and maturity of C&P ICS • Ability to set out a strategy for commissioning in C&P system	01.05.21	Jane Webster, DoC	15		P

If we are unable to secure additional engagement resources within the desired timeframe, the ability to draw the wider ICS system together, deliver a cohesive and well communicated and understood plan will be directly affected.		• Delay in the delivery of the enagement programme. • Negative inpact on the ability of the system to deliver change management and support it's people • Could impact on staff morale and wellbeing • Additional 'ask' of already stretched workforce	4 01/04/2022 4 | 1	12 4 | 3	16 01/04/2021 4 | 4	↔	New risk	• Utilising CCG Comms and Engagement resource plus support from the wider comms cell. • Recruitment of additional Comms and engagement workforce.	• Commence recruitment process for roles • Maintain ICS communications and engagement via existing resourced • Commence work on Engagement Strategy, working with system partners	• Agreement to recruit received.	06.05.21	Laura Halstead, Head of Comms	16 Comms & Engagment Group		P
The alignment of emerging national guidance direction with the local narrative could affect current direction of travel and impact timelines.		• Delays associated with a required change to 'in place' plans	6 01/04/2022 3 | 2	9 3 | 3	12 01/04/2021 3 | 4	↔	New risk	• In our Development Plan narrative we are clear that there is guidance and information coming from NHSE/I that we will need to adapt to our ICS programme of work • Engaging in all national and regional development programmes e.g. Test Site, Governance & Policy workstream	• Guidance is reviewed regularly for potential impacts. • Iteration of the Development Plan and activity to reflect the guidance and how it impacts on C&P ICS	• Unable to predict timing of guidance, so having to adapt as needed and be flexible	06.05.21	Laura Halstead, Head of Comms	17 Comms & Engagment Group		P
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, and a lack of pace to implement the transformation schemes in 21/22.		• 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 31/03/2022 3 | 3	16 4 | 4	16 07/05/2021 4 | 4	↔	New risk	• FPPG-led review of underlying system financial position (May 21) and changes linked to covid pandemic. • Delivery of H1 financial plan and development of a 12-month and longer-term financial projection. • Refresh of transformation priorities and development of operational delivery plan. • Continued focus on engagement with Regulators and other key stakeholders, including NHSE attendance at FPPG.	• 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.	• FPPG will continue to monitor system financial performance through to System Leaders. • System Delivery Group will oversee delivery of transformation.	07.05.21	Louis Kamfer, DoF	18 FPPG		P