



Report to:	Humber & North Yorkshire Integrated Care Board			
Date of Meeting:	8 March 2023			
Subject:	HNY ICB Corporate Risk Register Summary Report February 2023			
Director Sponsor:	Karina Ellis, Executive Director of Corporate Affairs			
Author:	Mike Napier / Gary Johnson, Corporate Affairs Team			
STATUS OF THE REPORT: (Please click on the appropriate box)				

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Approve Discuss X	Assurance Information A Regulatory Requirement			

#### SUMMARY OF REPORT:

This report presents a summary analysis of the latest Corporate Risk Register (CRR) for assurance purposes. Responsibility for the management and mitigation of ICB risks continue to be held by the relevant senior officers or managers within the ICB.

The CRR currently contains 89 risks and a copy of the full CRR is appended to the report at Appendix 3 for information. Since the previous updates to the ICB Board, the CRR has been reframed to report against the "out of appetite" risks in accordance with the previously agreed risk appetite thresholds as set by the ICB Board.

The core design principles for the ICB risk management approach are referenced for information. Further NHS England risk management guidance / advice is expected in the next six to eight weeks and the ICB Risk Management Strategy will be finalised once this received and reviewed.

The CRR will continue to develop further in both scope and content to accommodate the role of ICB committees and other integral parts of the ICB in managing and reviewing risk. The latest high-level diagrammatic plan to the phased approach to the ICB risk management framework is included for information in Appendix 2.

The implementation of this significant programme of work is helped by the successful completion of the current ICB management of change programme as this enables the capacity at Place and corporately to support the next steps of the plan.

#### RECOMMENDATIONS:

Members are asked to:

- i) Review and comment, as appropriate, on the Corporate Risk Register Summary Report
- ii) Note the appended full Corporate Risk Register
- iii) Note the progress and next steps in the continued phased refinement of the ICB Corporate Risk Register





ICB STRATEGIC OBJECTIVE	
Realising our vision	$\boxtimes$
Improving outcomes in population health and healthcare	$\boxtimes$
Supporting broader social and economic development	$\boxtimes$
Tackling inequalities in outcomes experience and access	$\boxtimes$
Delivering our operational plan 2022/23	$\boxtimes$
Developing our ICS	$\boxtimes$

IMPLICATIONS	
Finance	Financial implications would be evaluated on a risk-by-risk-basis; however, further consideration will need to be given in due course as to the potential resource required to support the adoption of a single software risk management solution across the ICB.
Quality	Quality implications would be evaluated on a risk-by-risk basis and, in particular, by the ICB Quality Committee.
HR	HR implications would be evaluated on a risk-by-risk basis and, in particular, by the Workforce Board
Legal / Regulatory	The maintenance of a comprehensive CRR provides an important means through which the compliance / regulatory risks to the ICB are mitigated for.
Data Protection / IG	There are no direct data protection / IG implications relating to this paper, however data protection/IG controls and mitigations will be considered, as relevant, for all risks.
Health inequality / equality	Such implications would be evaluated on a risk-by-risk basis and, in particular, by the Population Health & Inequalities Committee
Conflict of Interest	No conflicts of interest are identified in relation to the Place based CRR, however it is noted that Cols will continue to be monitored on a case-by-case basis given the professional / organisational diversity of the Board membership
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

#### **ASSESSED RISK:**

The ICB has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk. The Corporate Risk Register is an essential part of a robust and comprehensive internal control framework for the ICB.





#### **MONITORING AND ASSURANCE:**

The Executive Team will oversee the development of the wider risk management strategy and framework of which the Corporate Risk Register will be an important element. The Place Health and Care Committees of the ICB will have oversight of the shared risks within the Place Based Corporate Risk Registers and ICB Committees will also receive the Corporate Risk Register.

Corporate Risk Registers and ICB Committees will also receive	e the Corporate Risk Register.
ENGAGEMENT:  Place Directors and risk leads have been engaged in the deve executive time and their offices.	lopment of the CRR as have the
REPORT EXEMPT FROM PUBLIC DISCLOSURE  If yes, please detail the specific grounds for exemption	No 🛛 Yes 🗌





# ICB Corporate Risk Register March 2023

### 1.0 Introduction and Background

- 1.1 The Corporate Risk Register (CRR) is an important means through which key threats to the Integrated Care Board's (ICB) achievement of its objectives and those it shares with its Integrated Care System (ICS) partners are consistently identified, quantified, mitigated, or eliminated.
- 1.2 Since its establishment, the initial focus of the ICB's risk management work has been to monitor and maintain the myriad of active risks it inherited from the six predecessor CCGs. In practice this has required ongoing support to several hundred risks across the six Places, each of whom has operated to different risk management arrangements.
- 1.3 At the same time, effort has also been made to design and support a phased transition to a new single and consistent ICB-wide risk management approach. Key facets of which include:
  - i. To maintain a bottom-up approach to risk, with the primary building block for the ICB risk management process being the six Places of the ICB together with further contributions from the directorates, collaboratives, committees, and all other aspects of the ICB.
  - ii. The designing of the ICB risk management framework around the principle of variable risk appetite, which balances the ICB's tolerance to risk against the delivery of its vision and ambitions.
  - iii. The management and oversight of risks should be carried out as close to the source of the risk as possible, with onward reporting and assurance being undertaken in accordance with the Board defined out of appetite risk thresholds.
  - iv. The adoption of a single ICB methodology to enable the consistent recording and appraisal of risk, irrespective of its source.
  - v. The ability to recognise the continued move to a shared responsibility model within the ICS and therefore distinguish in future between those risks that are directly within the control of the ICB and those that are shared and therefore to be managed between system partners.
  - vi. Development of ICB risk management software that enables real-time addition and analysis of risk across the ICB at the level of granularity required including Place, committee and collaborative level.
- 1.4 NHS England (NHSE) recognises that a new approach is required for a fully embedded ICB-specific risk management framework and the ICB is part of a specialist group working with NHSE to develop national advice for this purpose.





#### 2.0 Analysis

2.1 The current CRR comprises the Place-derived "out of appetite" risks, as determined by the Board agreed appetites. Table 1 and Table 2 below profile the out of appetite risks by Domain and ICB Strategic Objective.

Table 1

Domains	Risk Appetite (threshold score in brackets)	No of risks mapped against ICB Domains *
1: Clinical Quality & Safety	CAUTIOUS (6) (to be kept under review)	37
2: Patient Experience	BALANCED (8)	11
3: Workforce	OPEN (12)	13
4: Financial / Value for Money	BALANCED (8)	12
5: Compliance / Regulatory	BALANCED (8)	21
6: Reputation	BALANCED (8)	06
7: Transformation Delivery	OPEN (12)	03
8: Partnership	OPEN (12)	0

<sup>\*</sup> Please note, some risks map to more than one Domain.

Table 2

ICB Objectives	No of risks mapped against ICB Objectives*
A: Realising our Vision	07
B: Improving outcomes in population Health and Healthcare	29
C: Tackling inequalities in outcomes, experience and access	20
D: Supporting broader social and economic development	02
E: Developing our operational plan 2022/23	31
F: Developing our ICS	06

<sup>\*</sup> Please note, some risks map to more than one Objective.



2.2 Table 3 below further sets out the current risks within the CRR by Domain and Place:

Table 3

Place	ERY	Hull	N E Lincs	N Lincs	N York	York
1.Clinical Quality	14	3	5	7	5	3
& Safety						
2.Patient	1	2	1	6	1	0
Experience						
3.Workforce	2	5	0	4	3	0
4.Finance VFM	2	1	4	2	3	0
5.Compliance	3	5	4	9	0	0
Regulatory						
6.Reputation	1	1	0	4	0	0
7.Transformation	0	2	0	0	0	0
Delivery						
8.Partnership	0	0	0	0	0	0

#### 2.3 ICB / Place (Direct) or system risks

The Place generated initial assessment of where ongoing responsibility for management of individual risks is summarised in Table 4 below:

Table 4

Oversight level	Number
ICB level	25 (28%)
Place level	22 (25%)
Shared between partners at Place level	39 (44%)
Risks still to be assessed	3 (3%)
Total	89

2.4 Heat Maps provide a simple visual presentation of the spread of the current ICB out of appetite risks against the appetite profile agreed for each ICB Domain. The current heat maps can be found at Appendix 2:

#### 2.5 Thematic analysis of CRR risks

A consequence of adopting a bottom up (Place based) approach to risk in the ICB is the likelihood that risks of a similar nature may be identified multiple times from multiple sources. The precise risk, and therefore its mitigations, may be specific to the original source however there equally will inevitably be other risks where it makes sense to combine multiple risks of a similar nature into a single, new consolidated risk which would be managed once at the most appropriate level within the ICB. Work is underway to develop the most effective means through which such risks are reviewed and monitored. In the meantime, Table 5 below provides a thematic analysis of the current CRR risks that originate from multiple sources.





Table 5 - Thematic Analysis of Place Generated CRR Risks

General Risk Theme	Specific Theme	Relating to	Controls	Gaps	Latest update
Workforce	ICB Workforce Capacity (X6 risks reported from place.)	ICB & PLACE	Extending current fixed term contracts, Business case requests/ ICB Recruitment process	Current staff covering some elements of roles.	Formal consultation phase on staff consultation has concluded, staff recruitment is remaining on course, risks being managed in relation to core function areas.
	Wider System Capacity  (X7 risks reported from Place)	Provider services	Establishment of Workforce Board, including VSM Members with accountability spanning system wide priorities and providing assurance to the ICB Board and partners.  Vacancy Panels	Challenges in recruitment and further work required to ensure correct contracting and financial payment mechanisms reflect new ways of working.	Work around the specialist areas have been identified as vulnerable have been included within an interim clinical plan. Work is underway to appoint clinical/medical nursing and operational leads for specialist areas identified.



General Risk Theme	Specific Theme	Relating to	Controls	Gaps	Latest update
	Primary Care PCN Capacity  (x5 reported from Place)	Primary Care	PCN ARRS ICB Workforce strategy Primary Care Collaborative priority	Need to obtain funding to source estates to house the new members of staff.	Practices continue to try and recruit sufficiently skilled staff to work in Primary Care however this remains a challenge. There is going to be an ARRS workshop for PCNs funded by place to support the recruitment and retention of ARRS staff.



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General	Specific	Relating to	Controls	Gaps	Latest update
Risk	Theme				
Quality	Adverse impact on quality / patient outcomes and threats to safe operating environment (x4 reported from Place)	Ambulance Services (East Midlands and Yorkshire Ambulance Services)	Local improvement plans established at North Yorkshire & York, Hull & East Riding and North & North East Lincolnshire level.	Full impact assessment and mitigating actions put in place in the light of threatened industrial action from a number of professions / services during winter — including nursing and ambulance professions.	Development of ICB-led local winter plans and response to NHS England's winter actions letter.  24 hr System Control Centre arrangements established to co-ordinate / assure collective mitigating actions throughout winter period.
	Adverse impact on quality / clinical outcomes resulting from delayed access to services.  (x4 reported from Place)	Access to clinical assessment and treatment— (RTT)	System-wide improvement plans developed monitor RTT via Quality assurance meetings.	The increase in demand and acuity of patients presenting all areas across the NHS continues to impact on the ability of the Trusts to manage their recovery programme. Provider services ability to meet key performance measures.	Monitoring outcomes and risks via the relevant quality meetings and also via other groups. System response to key risks is being coordinated and managed across the ICB as well as within provider organisations. Review and assurances of risk stratification and clinical harm reviews by providers is reported into the relevant quality meetings.





General Risk Theme	Specific Theme	Relating to	Controls	Gaps	Latest update
		Access to cancer pathway	Local improvement plans established at North Yorkshire & York, Hull & East Riding and North & Northeast Lincolnshire level.	Providers further exploration of internal mitigations and external mutual support opportunities	Some limited mutual aid in short term. Recruitment plans in place but significant recruitment challenges nationally

General Risk Theme	Specific Theme	Relating to	Controls	Gaps	Latest update
Regulatory	CQC Notices / Reviews (x3 reported from Place)	TEWV FT  York and Scarborough  HUTH	Quality Board Process in place, overseen by NHSE and attendance by Chief Nurse, regular updates to CQC improvement action plan.	None identified	System-wide improvement plans developed via Humber & North Yorkshire Urgent and Emergency Care Network Board





General Risk Theme	Specific Theme	Relating to	Controls	Gaps	Latest update
Digital / IG Controls	Cyber-attack risks (x4 reported from Place)	ICB	Regular Cyber security alerts shared and actioned via the Digital Team	ICB is subject to constant Cyber-attacks whilst all are currently managed it is difficult to fully assure ourselves as the threats are constantly evolving.	Regular Cyber Security updates identify how potential attacks have been thwarted and shared with appropriate colleagues. Phishing campaign run recently across Humber wide staff.
	Sharepoint (x4 reported across Place)	ICB	Information Governance risks due to inadequate sharing of information within Share point, potential for information breaches.	IG team are aware of issues, DPIA still unsigned	A meeting is due to take place on 28 February 2023 with IT providers and the ICB IG specialist to discuss/review the IG issues.

#### 3.0 Next Steps

3.1 There remains a number of immediate priorities to progress further the CRR. The table below sets out a simple high-level summary actions and timescales:

Action	Lead	Date for Completion
Alignment of Place risk registers to new Objectives, Domains and Risk appetite Scores	ICB Risk Lead / Heads of Service	March '23
Production of next updated CRR across patch to compliment the BAF and ICB Committees of out of appetite risks.	ICB Risk Lead / Heads of Service	March '23
Develop and Approve Risk Management Strategy	Associate Director of Corporate Affairs (interim title)	May '23
Embed Risk Management Strategy	Associate Director of Corporate Affairs	April - September '23





	(interim title)/ ICB Risk Lead	
Procure or develop a single ICB Risk Management system	Associate Director of Corporate Affairs (interim title)/ ICB Risk Lead	March '24 (or sooner if possible)

#### 4.0 Recommendations

#### 4.1 Members are asked to:

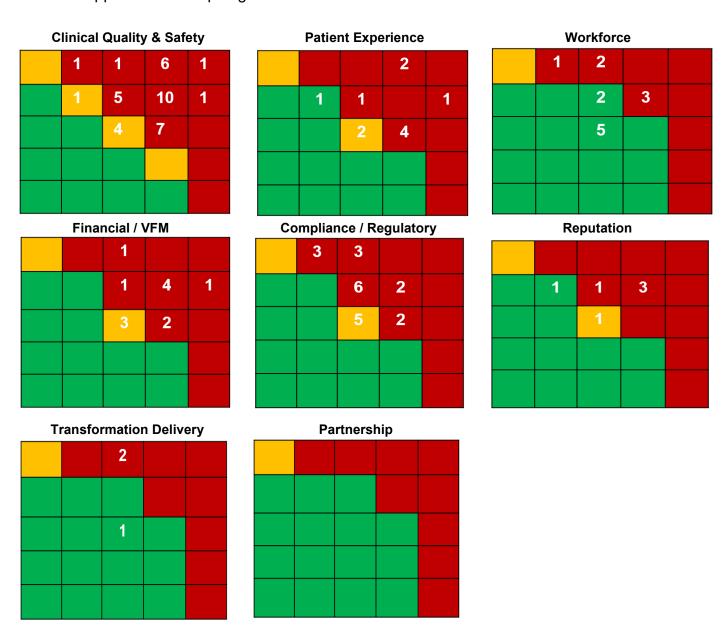
- i) Review and comment, as appropriate, on the Corporate Risk Register Summary Report
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# Appendix 1

Out of Appetite Heat Maps against Domain







## **APPENDIX 2**

The *ICB CRR Framework Wireframe* below sets out for comment a simplified analysis of the key next phases of the development of the ICB CRR Reporting Cycle.

