

# Humber and North Yorkshire ICB Board Assurance Framework

V3.4

January 2023

**The Board Assurance Framework (BAF) sets out the principal risks to the achievement of the ICB's strategic objectives and is a practical means through which the Board can assesses grip against delivery of these. In so doing, the BAF also a primary source of evidence in describing how the ICB is discharging its responsibility for internal control.**

**The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.**

1	2	3	4	5	6
Realising our vision	Improving outcomes in population health & healthcare	Tackling inequalities in outcomes, experience & access	Supporting broader social and economic development	Delivering our operational plan 2022/23	Developing our ICS
<p><b>Deliver a system strategy setting out our ambitions for 2022-2027 as outlined below :</b></p> <p><b>Starting life well</b></p> <ul style="list-style-type: none"> <li>Improve health outcomes for children (2022/23 goals to be attached)</li> <li>Reduce infant mortality</li> <li>Ensure children are safe from harm</li> <li>Ensure the opportunity to thrive is available to all children - leaving no one behind</li> <li>Ensure strong links and active support in the implementation of the <b>Supporting Families</b> programmes in H&amp;NY</li> </ul> <p><b>Living well</b></p> <ul style="list-style-type: none"> <li>Change the conversation so our people focus on health as an asset rather than ill health as a burden</li> <li>Vigorously promote national/local policies that support everyone's opportunities for a healthy life</li> <li>Take differential action to address variations in people's opportunities for a healthy life</li> <li>Promote strategies that enable digital self-management and personalised care especially for those in our communities with long term conditions</li> <li>Improve uptake in lifestyle services: the Diabetes prevention programme/Low Calorie Diets/Digital weight management programme.</li> </ul> <p><b>Aging Well</b></p> <ul style="list-style-type: none"> <li>Ensure delivery of the NHS aging well programme through the community and care collaborative and place based integrated teams</li> <li>Improve NHS care in care homes</li> <li>Promote and sponsor proactive support to older people living with frailty in the community</li> <li>Ensure consistent implementation of an enhanced rapid community response for older people at times of crisis</li> </ul> <p><b>Ending Life Well</b></p> <ul style="list-style-type: none"> <li>Ensure consistent and comprehensive implementation of the national framework for <b>'Ambitions for Palliative and End of Life Care'</b> 2021-26</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen our engagement and participation so that the voices of people with lived experience influence all our population health strategies and plans</li> <li>Roll out the next phase of ICS population health programme to a minimum of 6 PCNs (one in each place) with a focus on interventions that improve outcomes for those groups most at risk.</li> <li>Put in place the systems, skills and data safeguards to meet the national requirement for the ICS to have the technical capability to deliver population health management from April 2023.</li> <li>Deliver the ICS Tobacco and smoking cessation programme</li> <li>Prioritise and support Drugs and Alcohol and Obesity plans and programmes</li> <li>Deliver progress against the NHS Long Term Plan high impact actions supporting stroke and cardiac care</li> <li>Reduce antibiotic use in primary and secondary care</li> </ul>	<ul style="list-style-type: none"> <li>Develop a strategy 2022-2032 that enables all people in Humber &amp; North Yorkshire to live longer healthier lives</li> <li>Tackle health inequalities in our coastal communities by delivering a robust strategy and plan to improve outcomes in these communities.</li> <li>Address the stark inequalities for children identified in Northern Health Science report <b>'The Child of the North : Building a fairer future after COVID 19'</b></li> <li>Reduce inequalities in access to public health screening and immunisation services</li> <li>Deliver Core20PLUS ( the most deprived 20% of the national population as identified by the Index of Multiple Deprivation) for the Humber and North Yorkshire population.</li> <li>Deliver The PLUS 5 clinical 2022/23 programmes : <ul style="list-style-type: none"> <li><b>Maternity/Severe Mental Illness/Chronic Respiratory disease/Early cancer diagnosis/Hypertension</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Advocate, campaign and invest in levelling up Humber and North Yorkshire</li> <li>Use the national strategy/purpose coalition levelling up goals and support, to produce a levelling up strategy for Humber and North Yorkshire Health and Care Partnership</li> <li>Deliver our Anchor network strategy and plan 22/23</li> <li>Align ICS development and associated operating models with local Government devolution in North Yorkshire and York and prepare to align with the Hull and East Riding devolution as it develops</li> <li>Deliver climate change and net zero targets 2022/23</li> <li>Participate proactively in Opportunity Humber</li> <li>Oversee the delivery the next phase of the Humber Acute Service review</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that the quality of services to our patients is paramount in service delivery, planning and system development</li> <li>Systematically adopt new models of care and new ways of working that enable services to transform</li> <li>Invest in our workforce and deliver our people plan 2022/23 with a specific focus on creating <b>'one workforce'</b></li> <li>Continue to respond to COVID 19</li> <li>Support the Acute collaborative to deliver 2022/23 targets to reduce elective backlog, reduce long waits and improve cancer waiting times</li> <li>Support the Acute Collaborative to improve the responsiveness of urgent and emergency care services</li> <li>Support the Community and Care collaborative to transform and build community services capacity to deliver more care at home improve/discharge</li> <li>Support the primary care collaborative to improve access to primary care - expand capacity and increase appointments</li> <li>Support the Mental Health and Learning Disability to grow and improve mental health services and services for people with learning disability</li> <li>Exploit digital technology to transform care for patients and deliver our Digital plan 2022/23</li> <li>Deliver financial plan 2022/23 including productivity, efficiency and capital requirements</li> <li>Deliver a 'leading edge' communications and engagement strategy and plan to support the aims and ambitions of the ICS.</li> </ul>	<ul style="list-style-type: none"> <li>Complete the transition from the existing CCG arrangements to the new ICS by <b>July 22</b></li> <li>Establish the ICB including full membership and governance processes by <b>July 22</b></li> <li>Establish the Integrated Care Partnership core membership by <b>July 22</b>, and governance processes by <b>October 22</b>.</li> <li>Establish the ICB including full membership and governance processes by <b>July 22</b></li> <li>Establish a wider ICS Assembly by <b>October 22</b></li> <li>Ensure effective operating arrangements are established in our 6 places, 4 provider collaboratives, strategic partnerships from <b>July 22</b></li> <li>Establish the ICS infrastructure including executive teams &amp; support services by <b>August 22</b></li> <li>Design &amp; develop an OD Programme including respectively the ICB, the ICP, the wider assembly and the staff of the ICS by <b>October 22</b></li> <li>Design and develop a talent management framework across all partners, supporting system succession planning, by <b>December 22</b></li> <li>Establish a system-wide recruitment approach, One Workforce, across the ICS by <b>September 22</b></li> <li>Build a strong partnership with the Healthwatch collaborative and using their insight and research in support of the aims of the ICS.</li> <li>Establish ICS Headquarters by <b>December 22</b></li> <li>Continue to develop our Improvement, Research and Innovation System (IRIS) in partnership with our Universities, Further Education Institutions and wider academic community regionally &amp; nationally.</li> <li>Ensure that our ambition to be the leading ICS for clinical and professional leadership and development is further strengthened</li> <li>Implement a revised Primary Care Strategy for 2021/22 focusing on strengthening PCNs, primary care at scale and creating capacity for PCN leadership development</li> <li>Continue to support the development of the VCSE through implementation of the VCS Strategy 2022/23 and through further investment in the sector.</li> <li>Participate in the 4into1 Northeast and Yorkshire Regional Development programme</li> <li>Maintain profile as an influential &amp; mature ICS</li> </ul>

**As part of the annual risk cycle the Board is asked to articulate its risk appetite within each of the seven risk domains  
(as per the Corporate Governance Institute Framework)**

Domains	Strategic Lead	Risk Appetite (As defined by the Board Dec '22)
<b>1: Clinical Quality &amp; Safety</b>	Executive Director of Nursing & Quality / Executive Director of Clinical & Professional	CAUTIOUS
<b>2: Patient Experience</b>	Executive Director of Communication, Marketing & PR	BALANCED
<b>3: Workforce</b>	Executive Director of People	OPEN
<b>4: Financial / Value for Money</b>	Executive Director of Finance & Investment	BALANCED
<b>5: Compliance / Regulatory</b>	Executive Director of Corporate Affairs	CAUTIOUS
<b>6: Reputation</b>	Executive Director of Communication, Marketing & PR	BALANCED
<b>7: Transformation Delivery</b>	Deputy Chief Executive	OPEN
<b>8: Partnership</b>	Executive Director of Corporate Affairs	OPEN

Risk Appetite	Description
<b>MINIMAL</b>	Avoidance of any risk or uncertainty. Every decision will be with the aim of terminating the risk.
<b>CAUTIOUS</b>	Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk..
<b>BALANCED</b>	Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.
<b>OPEN</b>	Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to chose an option that had a greater reward and accepts some loss.
<b>HUNGRY</b>	Eager to be innovative and take on risk to achieve strategic objectives. Will chose the option with greater reward and will accept any loss as the price for the reward.

# Summary of Risks

## Strategic Objective 1: Realising our vision

REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 1-1	Transformation Delivery	1: Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health and wellbeing of our population and local communities.	Deputy Chief Executive	Senior Leadership Executive Committee	5	4	20	4	3	12			TBD Q4 22/23

## Strategic Objective 2: Improving outcomes in population health & healthcare

REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 2-1	Clinical Quality & Safety	1: Failure to effectively recognise, monitor and affect fundamental standards of local care impacts on patient safety and the achievement of regulatory requirements, leading to poorer quality and service outcomes for local people and communities.	Executive Director of Nursing & Quality / Executive Director Clinical & Professional	Quality Committee	5	4	20	5	4	20			TBD Q4 22/23
BAF 2-2	Patient Experience	2: Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development may lead to the inability of the ICB to provide integrated, coordinated and quality care that meets the needs of our communities and service users.	Executive Director Communications, Marketing & PR	Senior Leadership Executive Committee	4	4	16	3	3	9			TBD Q4 22/23

## Strategic Objective 3: Tackling inequalities in outcomes, experience and access and delivering our operational plan

REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 3-1	Transformation Delivery	1: Immature partnerships, lack of good performance data and a poor evidence base may impair the ICB's ability to reduce health inequalities in outcomes across the five domains leading to poorer outcomes within our communities.	Deputy Chief Executive	Population Health & Prevention Committee	5	4	20	4	3	12			TBD Q4 22/23

# Summary of Risks

## Strategic Objective 4: Supporting broader social and economic development

REF	Domain	Principal Risk	Risk Owner(s)	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 4-1	Partnership	1: Lack of engagement and alignment with other community services who equally impact on the lives of the local populations; such as NHS providers, local government, education sector, fire and police services and the VCSE sector will exacerbate any fragmentation of services and inhibit the synergies of system working and their positive impact on the wider determinants of health.	Executive Director Corporate Affairs	Senior Leadership Executive Committee	4	4	16	4	3	12			TBD Q4 22/23

## Strategic Objective 5: Delivering our operation plan 2022/23

REF	Domain	Principal Risk	Risk Owner(s)	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 5-1	Workforce	1: Failure to promote and support a value-based culture, development opportunities and effective succession planning may impact on the retention, cohesion and sustainability of our workforce. Finite local workforce available from which to draw from for multiple, and often competing, demands.	Executive Director of People	Senior Leadership Executive Committee	5	4	20	4	4	16			TBD Q4 22/23
BAF 5-2	Financial / Value for Money	2: Failure to operate within the ICB's available resources will lead to significant financial instability and a threat to its long term sustainability of the ICB and its ability to operate, leading to poorer outcomes for the population.	Executive Director of Finance & Investment	Finance, Performance & Delivery Executive Committee	5	4	20	3	4	12			TBD Q4 22/23

## Strategic Objective 6: Developing our ICS

REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
					I	L	Rating I x L	I	L	Rating I x L	I	L	Rating I x L
BAF 6-1	Compliance / Regulatory	1: Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will impact on the ICB meeting regulatory and compliance standards leading to the ICB being ineffective, inefficient and compromising the ability to gain a well-led status of the organisation. This in turn diverts capacity and resource away from developing the ICS as a whole.	Executive Director of Corporate Affairs	Senior Leadership Executive Committee	4	4	16	4	3	12			TBD Q4 22/23



Ref: 1:1	STRATEGIC OBJECTIVE 1: Realising our Vision				Risk Score: 12
	PRINCIPAL RISK 1: Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health and wellbeing of our population and local communities.			Domain: Transformation Delivery	
Executive Risk Owner(s): Deputy Chief Executive		Assurance Committee: Senior Leadership Executive Committee			Date Added to BAF: October 2022
Risk Rating	Impact	Likelihood	Score		
Initial (Before Mitigation)	5	4	20		
Current (After Mitigation)	4	3	12		
Risk Target			TBD Q4 22/23		

Ref: 2:1	STRATEGIC OBJECTIVE 2: Improving outcomes in population health & healthcare					Risk Score: 20		
	PRINCIPAL RISK 1: Failure to effectively recognise, monitor and affect fundamental standards of local care impacts on patient safety and the achievement of regulatory requirements, leading to poorer quality and service outcomes for local people and communities.				Domain: Clinical Quality & Safety			
Executive Risk Owner: ED Nursing & Quality / ED Clinical & Professional			Assurance Committee: Quality Committee			Date Added to BAF: October 2022		
Risk Rating		Impact	Likelihood	Score				
Initial (Before Mitigation)		5	4	20				
Current (After Mitigation)		5	4	20				
Risk Target								

Ref: 2:2	STRATEGIC OBJECTIVE 2: Improving outcomes in population health & healthcare		Risk Score: 9
	PRINCIPAL RISK 2: Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development may lead to the inability of the ICB to provide integrated, coordinated and quality care that meets the needs of our communities and service users.	Domain: Patient Experience	

Executive Risk Owner: ED Communications, Marketing & PR	Assurance Committee: Quality Committee	Date Added to BAF: October 2022
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Risk Rating	Impact	Likelihood	Score					
Initial (Before Mitigation)	4	4	16	Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)
Current (After Mitigation)	3	3	9	Current Risk Rating	-	-	9	TBD
Risk Target				Target Risk Rating	-	-	TBD	TBD

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"><li>• Patient and Public Involvement Strategy Approved</li><li>• Establishment of Quality Committee and Workforce Board, including VSM Members with appropriate accountability and providing assurance to the Board.</li><li>• Feedback from stakeholder surveys</li><li>• ICB Communications and Engagement Plan, including internal and external communications</li></ul>	<ul style="list-style-type: none"><li>• Maturity of ICB – Internal controls and governance</li><li>• Impending consultation impacting of workforce demands</li></ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead
Review of ICB formal governance framework and arrangements	April '23	Executive Director of Corporate Affairs
Staff consultation concluded and implementation plan developed	April'23	Executive Director of People



Ref: 3:1	STRATEGIC OBJECTIVE 3: Tackling inequalities in outcomes, experience and access and delivering our operational plan							Risk Score: 12	
	PRINCIPAL RISK 1: Immature partnerships, lack of good performance data and a poor evidence base, may impair the ICB’s ability to reduce health inequalities in outcomes across the five domains leading to poorer outcomes within our communities.					Domain: Transformation Delivery			
Executive Risk Owner: Deputy Chief Executive			Assurance Committee: Population Health Prevention Committee				Date Added to BAF: October 2022		
RISK Rating	Impact	Likelihood	Score		Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)
Initial (Before Mitigation)	5	4	20		Current Risk Rating	-	-	12	TBD
Current (After Mitigation)	4	3	12		Target Risk Rating	-	-	TBD	TBD
Risk Target									
Positive Assurance and Key Controls in Place					Gaps in Control and/or Assurance				
<ul style="list-style-type: none"><li>Establishment of Population Health Prevention Committee, including VSM Members from key stakeholder organisations, and providing assurance to the Board</li><li>Priorities relating to Population Health identified and resources allocated</li><li>Development of Performance Reporting</li><li>Establishment of System Oversight and Assurance Group, providing assurance to Finance, Performance and Delivery Executive Committee</li><li>Transitional operational agreements with Places and Collaboratives</li><li>Strategic plans at Place reflect Joint Strategic Needs Assessment (JSNA) and local health needs with a clear focus on reducing health inequalities</li><li>Places connected to Health and Wellbeing Boards</li><li>ICB representation at Health and Wellbeing Boards</li><li>Development of the Integrated Care Strategy working with Places</li><li>Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners</li></ul>					<ul style="list-style-type: none"><li>Maturity of ICB – Internal controls and governance</li><li>Evidence of sustained improvement in trends to reduce health inequalities</li></ul>				
Mitigating Actions To Address Gaps						Target Date		Action Lead	
Integrated Care Strategy now approved by ICP and to be approved by constituent partners across Humber and North Yorkshire						March '23		Executive Director of Corporate Affairs	
2 year Operational Plan and 5 year forward plans to be finalised						2 Year Operational Plan March '23 / 5 Year Forward Plan June '23		Dir of Finance & Investment / Deputy Chief Executive	
BI, analytics and reporting wrt populational health to be developed through population health management programme / development of decision intelligence model						March '24		Executive Director of Corporate Affairs	

Ref: 4:1	STRATEGIC OBJECTIVE 4: Supporting broader social and economic development		Risk Score: 12
	PRINCIPAL RISK 1: Lack of engagement with wider community services who play a crucial role in the lives of the local populations, such as local government, education sector, fire and police services, and the VCSE sector, may have an impact the ICB’s ability to respond to from a system wide perspective leading fragmentation causing a detrimental impact on the wider determinants of health.	Domain: Partnership	

Executive Risk Owner: ED Corporate Affairs	Assurance Committee: Senior Leadership Executive Committee	Date Added to BAF: October 2022
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Risk Rating	Impact	Likelihood	Score					
Initial (Before Mitigation)	4	4	16	Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)
Current (After Mitigation)	4	3	12	Current Risk Rating	-	-	12	TBD
Risk Target				Target Risk Rating	-	-	TBD	TBD

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"><li>Establishment of the Integrated Care Partnership with local government</li><li>Integrated Care Strategy supported by ICP at its meeting in December ‘22</li><li>Establishment of Senior Leadership Executive Committee, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board.</li><li>Establishment of Collaboratives who are working closely with the ICB and Places to delivery complex challenges across the system</li></ul>	<ul style="list-style-type: none"><li>Maturity of ICB – Internal controls and governance</li></ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead
Establishment of a Marmot ICS taskforce to develop plans to address wider determinants of health and wellbeing across the ICS	March ‘23	Executive Director of Corporate Affairs

Ref: 5:1	STRATEGIC OBJECTIVE 5: Delivering our operation plan 2022/23			Risk Score: 16
	PRINCIPAL RISK 1: Failure to promote and support a value-based culture, development opportunities and effective succession planning may impact on the retention, cohesion and sustainability of our workforce. Finite local workforce available from which to draw from for multiple, and often competing, demands.		Domain: Workforce	
Executive Risk Owner: Executive Director of People		Assurance Committee: Senior Leadership Executive Committee		Date Added to BAF: October 2022

Risk Rating	Impact	Likelihood	Score					
Initial (Before Mitigation)	5	4	20	Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)
Current (After Mitigation)	4	4	16	Current Risk Rating	-	-	16	TBD
Risk Target				Target Risk Rating	-	-	TBD	TBD

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"><li>Establishment of Workforce Board, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board</li><li>ICB People Strategy which incorporates the requirements of the NHS People Plan and People Promise</li><li>ICB vision and values approved by the ICB Board</li><li>Staff side engagement</li><li>Executive Director of People in post</li><li>Monthly staff briefings</li><li>Staff surveys</li><li>Statutory and mandatory training in place</li><li>Workstreams in place to support a system wide approach to people function</li></ul>	<ul style="list-style-type: none"><li>Continued embedding of ICB workforce strategy across entire workforce, given short time of existence of ICB, to support themes such as culture, values, development opportunities and succession planning,</li><li>Staff consultation on ICB structure to be undertaken.</li></ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead
Delivery of the 180 day workforce plan	March '23	Executive Director of People
Staff consultation concluded and implementation plan developed	April'23	Executive Director of People

Ref: 5:2	STRATEGIC OBJECTIVE 5: Delivering our operation plan 2022/23		Risk Score:  12
	PRINCIPAL RISK 2: Failure to operate within the ICB’s available resources this will lead to financial instability which will impact on long term sustainability of the ICB and its ability to deliver services leading to poorer outcomes for the population.	Domain: Financial / Value for Money	

Executive Risk Owner: ED Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: October 2022
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Risk Rating	Impact	Likelihood	Score					
Initial (Before Mitigation)	5	4	20	Risk Trend Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)
Current (After Mitigation)	3	4	12	Current Risk Rating	-	12	TBD	TBD
Risk Target				Target Risk Rating	-		TBD	TBD

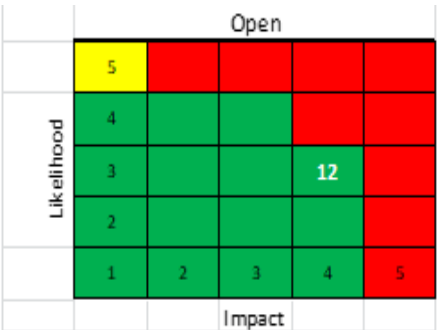
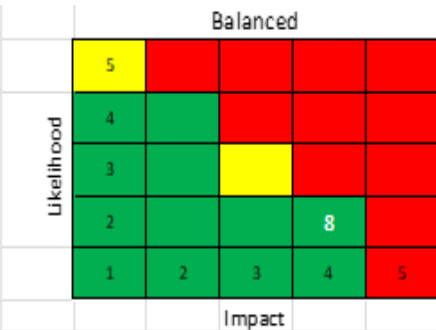
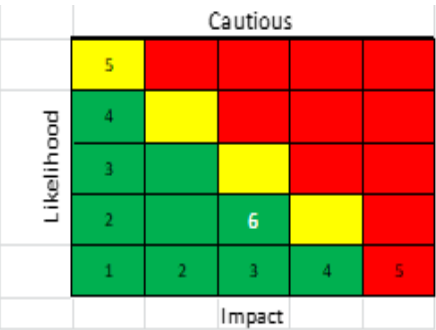
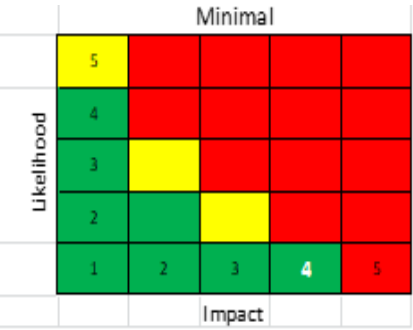
Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"><li>Establishment of Finance, Performance and Delivery Committee, including VSM Members with appropriate accountability and providing assurance to the Board</li><li>Audit Committee, providing assurance to the Board</li><li>Approved Scheme of Reservation and Delegation and Operational Scheme of Delegation</li><li>Approved financial plan.</li><li>Internal audit and external audit reviews on financial systems, budgetary control and financial management</li><li>Submissions to NHS England</li><li>Annual Report and Accounts to NHS England (including Month 9 Governance Statement)</li><li>Professional standards</li><li>Regulatory frameworks</li><li>Regular meetings with senior finance director leads across the ICB/ICS</li><li>Month 6 deep dive by each place and organisation of the financial forecast for 2022/23 which is still to deliver the plan with 2 outstanding risks of pay award and ERF</li><li>23/24 and 24/ 25 Operational Planning Guidance issued</li></ul>	<ul style="list-style-type: none"><li>Ongoing increase in maturity of ICB; Internal controls and financial governance / effective contract and transaction management arrangements</li></ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead
Development of ICB Financial Strategy	TBC	Executive Director of Finance & Investment

Ref: 6:1	STRATEGIC OBJECTIVE 6: Developing our ICS				Domain: Compliance / Regulatory		Risk Score: 12	
	PRINCIPAL RISK 1: Failure to ensure the ICB has robust governance processes and effective control mechanisms in place may impact on the ICB meeting regulatory and compliance standards leading to the ICB being ineffective, inefficient and compromising the ability to gain a well-led status of the organisation.							
Executive Risk Owner: ED Corporate Affairs			Assurance Committee: Senior Leadership Executive Committee			Date Added to BAF: October 2022		
Risk Rating		Impact	Likelihood	Score				
Initial (Before Mitigation)		5	4	20				
Current (After Mitigation)		4	3	12				
Risk Target								
Positive Assurance and Key Controls in Place					Gaps in Control and/or Assurance			
<ul style="list-style-type: none"><li>Establishment of Audit Committee and the Senior Leadership Executive Committee, with appropriate accountability and providing assurance to the Board.</li><li>Approved ICB Constitution and Governance Handbook, including SoRD and OSD</li><li>EPRR and On-Call controls established as a Cat 1 organisation.</li><li>Approved Board Assurance Framework</li><li>Statutory and mandatory training compliance</li><li>Internal and external audits</li><li>Statutory policies in place, including COI and Code of Conduct</li><li>Specialist training completed for SIRO, Caldicott Guardian, Safeguarding roles</li><li>Development of a Corporate Risk Register</li><li>Development of an in-house Legal and Regulatory Team</li></ul>					<ul style="list-style-type: none"><li>Ongoing maturity of ICB – Internal controls and governance arrangements</li><li>ICB Business Continuity Plans</li><li>IG framework and toolkit submission for 2022/23</li><li>Completion of staff consultation on updated ICB operating arrangements</li><li>Risk management strategy</li><li>Embedding and familiarisation of standard operating procedures across all functions for consistency and efficiencies</li></ul>			
Mitigating Actions To Address Gaps					Target Date		Action Lead	
Review of ICB formal governance framework and arrangements					April '23		Executive Director of Corporate Affairs	

# Heat Map of Risks

Strategic Objective	Risk Ref	
1: Realising our vision	1-1	
2: Improving outcomes in population health & healthcare	2-1	2-2
3: Tackling inequalities in outcomes, experience and access and delivering our operational plan	3-1	
4: Supporting broader social and economic development	4-1	
5: Delivering our operation plan 2022/23	5-1	5-2
6: Developing our ICS	6-1	





# SIMPLE NHS RISK MATRIX

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5

## LIKELIHOOD FACTORS

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
<b>Frequency</b> How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
<b>Frequency</b> Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
<b>Frequency</b> Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

## SEVERITY OR IMPACT FACTORS

Severity (Impact) Score	1	2	3	4	5
Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical / psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Adverse publicity/ reputation</b>	Rumours  Potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)  Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	Non-compliance with national 10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
<b>Personal Identifiable Data (SI)**</b>	Damage to an individual's reputation. Possible media interest e.g. celebrity involved  Potentially serious breach. Less than 5 people affected or risk assessed as low e.g. files were encrypted	Damage to a team's reputation. Some local media interest that may not go public  Serious potential breach & risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected	Damage to a service reputation. Low key local media coverage  Serious breach of confidentiality e.g. up to 100 people affected	Damage to an organisations reputation. Local media coverage  Serious breach with either particular sensitivity e.g. sexual health details or up to 1000 people affected	Damage to NHS reputation. National media coverage  Serious breach with potential for ID theft or over 1000 people affected

BAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXX
		Assurance To: XXXXXXXXXXXX
Principal Risk:		
Reason for Closure:		
Closure Recommended by: [INSERT COMMITTEE]		
Date Approved for Closure by ICB Board:		

BAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXX
		Assurance To: XXXXXXXXXXXX
Principal Risk:		
Reason for Closure:		
Closure Recommended by: [INSERT COMMITTEE]		
Date Approved for Closure by ICB Board:		

BAF Ref: X-X	STRATEGIC OBJECTIVE X: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Executive Risk Owner: XXXXXXXXXXXX
		Assurance To: XXXXXXXXXXXX
Principle Risk:		
Reason for Closure:		
Closure Recommended by: [INSERT COMMITTEE]		
Date Approved for Closure by ICB Board:		