

Humber and North Yorkshire ICB Board Assurance Framework

V4.0

March 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.

A Realising our vision	B Improving outcomes in population health & healthcare	C Tackling inequalities in outcomes, experience & access	D Supporting broader social and economic development	E Delivering our operational plan 2022/23	F Developing our ICS
<p>Deliver a system strategy setting out our ambitions for 2022-2027 as outlined below :</p> <p>Starting life well</p> <ul style="list-style-type: none"> • Improve health outcomes for children (2022/23 goals to be attached) • Reduce infant mortality • Ensure children are safe from harm • Ensure the opportunity to thrive is available to all children - leaving no one behind • Ensure strong links and active support in the implementation of the Supporting Families programmes in H&NY <p>Living well</p> <ul style="list-style-type: none"> • Change the conversation so our people focus on health as an asset rather than ill health as a burden • Vigorously promote national/local policies that support everyone's opportunities for a healthy life • Take differential action to address variations in people's opportunities for a healthy life • Promote strategies that enable digital self-management and personalised care especially for those in our communities with long term conditions • Improve uptake in lifestyle services: the Diabetes prevention programme/Low Calorie Diets/Digital weight management programme. <p>Aging Well</p> <ul style="list-style-type: none"> • Ensure delivery of the NHS aging well programme through the community and care collaborative and place based integrated teams • Improve NHS care in care homes • Promote and sponsor proactive support to older people living with frailty in the community • Ensure consistent implementation of an enhanced rapid community response for older people at times of crisis <p>Ending Life Well</p> <ul style="list-style-type: none"> • Ensure consistent and comprehensive implementation of the national framework for 'Ambitions for Palliative and End of Life Care ' 2021-26 	<ul style="list-style-type: none"> • Strengthen our engagement and participation so that the voices of people with lived experience influence all our population health strategies and plans • 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. • 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. • Deliver the ICS Tobacco and smoking cessation programme • Prioritise and support Drugs and Alcohol and Obesity plans and programmes • Deliver progress against the NHS Long Term Plan high impact actions supporting stroke and cardiac care • Reduce antibiotic use in primary and secondary care 	<ul style="list-style-type: none"> • Develop a strategy 2022-2032 that enables all people in Humber & North Yorkshire to live longer healthier lives • Tackle health inequalities in our coastal communities by delivering a robust strategy and plan to improve outcomes in these communities. • Address the stark inequalities for children identified in Northern Health Science report 'The Child of the North : Building a fairer future after COVID 19' • Reduce inequalities in access to public health screening and immunisation services • Deliver Core20PLUS5 (<i>the most deprived 20% of the national population as identified by the Index of Multiple Deprivation</i>) for the Humber and North Yorkshire population. • Deliver The PLUS 5 clinical 2022/23 programmes : <ul style="list-style-type: none"> • Maternity/Severe Mental Illness/Chronic Respiratory disease/Early cancer diagnosis/Hypertension 	<ul style="list-style-type: none"> • Advocate, campaign and invest in levelling up Humber and North Yorkshire • 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 • Deliver our Anchor network strategy and plan 22/23 • 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 • Deliver climate change and net zero targets 2022/23 • Participate proactively in Opportunity Humber • Oversee the delivery the next phase of the Humber Acute Service review 	<ul style="list-style-type: none"> • Ensure that the quality of services to our patients is paramount in service delivery, planning and system development • Systematically adopt new models of care and new ways of working that enable services to transform • Invest in our workforce and deliver our people plan 2022/23 with a specific focus on creating 'one workforce' • Continue to respond to COVID 19 • Support the Acute collaborative to deliver 2022/23 targets to reduce elective backlog, reduce long waits and improve cancer waiting times • Support the Acute Collaborative to improve the responsiveness of urgent and emergency care services • Support the Community and Care collaborative to transform and build community services capacity to deliver more care at home improve/discharge • Support the primary care collaborative to improve access to primary care - expand capacity and increase appointments • Support the Mental Health and Learning Disability to grow and improve mental health services and services for people with learning disability • Exploit digital technology to transform care for patients and deliver our Digital plan 2022/23 • Deliver financial plan 2022/23 including productivity, efficiency and capital requirements • Deliver a 'leading edge communications and engagement strategy and plan to support the aims and ambitions of the ICS. 	<ul style="list-style-type: none"> • Complete the transition from the existing CCG arrangements to the new ICS by July 22 • Establish the ICB including full membership and governance processes by July 22 • Establish the Integrated Care Partnership core membership by July 22, and governance processes by October 22. • Establish the ICB including full membership and governance processes by July 22 • Establish a wider ICS Assembly by October 22 • Ensure effective operating arrangements are established in our 6 places, 4 provider collaboratives, strategic partnerships from July 22 • Establish the ICS infrastructure including executive teams & support services by August 22 • Design & develop an OD Programme including respectively the ICB, the ICP, the wider assembly and the staff of the ICS by October 22 • Design and develop a talent management framework across all partners, supporting system succession planning, by December 22 • Establish a system-wide recruitment approach, One Workforce, across the ICS by September 22 • Build a strong partnership with the Healthwatch collaborative and using their insight and research in support of the aims of the ICS. • Establish ICS Headquarters by December 22 • Continue to develop our Improvement, Research and Innovation System (IRIS) in partnership with our Universities, Further Education Institutions and wider academic community regionally & nationally. • Ensure that our ambition to be the leading ICS for clinical and professional leadership and development is further strengthened • Implement a revised Primary Care Strategy for 2021/22 focusing on strengthening PCNs, primary care at scale and creating capacity for PCN leadership development • Continue to support the development of the VCSE through implementation of the VCS Strategy 2022/23 and through further investment in the sector. • Participate in the 4into1 Northeast and Yorkshire Regional Development programme • Maintain profile as an influential & mature ICS

The ICB Board has agreed its risk appetite within 8 domains

Domains	Strategic Lead	Risk Appetite (defined by the Board December 2022)	Threshold Score
1: Clinical Quality & Safety	Executive Director of Nursing & Quality / Executive Director of Clinical & Professional Services	CAUTIOUS (to be kept under review)	6
2: Patient Experience	Executive Director of Communication, Marketing & PR	BALANCED	8
3: Workforce	Executive Director of People	BALANCED	8
4: Financial / Value for Money	Executive Director of Finance & Investment	BALANCED	8
5: Compliance / Regulatory	Executive Director of Corporate Affairs	BALANCED	8
6: Reputation	Executive Director of Communication, Marketing & Public Relations	BALANCED	8
7: Transformation Delivery	Deputy Chief Executive / Chief Operating Officer	OPEN	12
8: Partnership	Executive Director of Corporate Affairs	OPEN	12

Risk Appetite	Description
MINIMAL	Avoidance of any risk or uncertainty. Every decision will be with the aim of terminating the risk.
CAUTIOUS	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.
BALANCED	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.
OPEN	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.
HUNGRY	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 A: Realising our vision

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
A1	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 & wellbeing of our population & local communities.	Deputy Chief Executive	Executive Committee	5	4	20	4	3	12	12 OPEN	IN	

Strategic Objective B: Improving outcomes in population health & healthcare

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
B1	Clinical & Quality Safety	1: Failure to effectively recognise, monitor and affect fundamental standards of local care will impact on patient safety and positive health outcomes for local people and communities.	ED Nursing & Quality / ED Clinical & Professional Services	Quality Committee	5	4	20	5	4	20	6 CAUTIOUS	OUT	

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
B2	Patient Experience	2: Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.	ED Nursing & Quality / ED Clinical & Professional Services	Quality Committee (TO BE REVIEWED)	4	4	16	4	3	12	8 BALANCED	OUT	



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

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
C1	Transformation Delivery	1: Failure to develop digital maturity will prevent the ICS from delivering against its core purposes.	Deputy Chief Executive / ED Clinical & Professional Services	Population Health & Prevention ExCo / Digital ExCo	5	4	20	4	3	12	12 OPEN	IN	



Strategic Objective D: Supporting broader social and economic development

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
D1	Partnership	1: Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.	ED Corporate Affairs	Executive Committee / Population Health & Prevention Executive Committee	4	4	16	4	3	12	12 OPEN	IN	

Strategic Objective E: Delivering our operational plan

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
E1	Financial / Value for Money	1: Failure to operate within the ICB's available resources in 2022/23 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	ED Finance & Investment	Finance, Performance & Delivery Executive Committee	5	4	20	3	2	6	8 BALANCED	IN	
E2	Financial / Value for Money	2: Failure to operate within the ICB's available resources in 2023/24 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	ED Finance & Investment	Finance, Performance & Delivery Executive Committee	5	4	20	5	3	15	8 BALANCED	OUT	

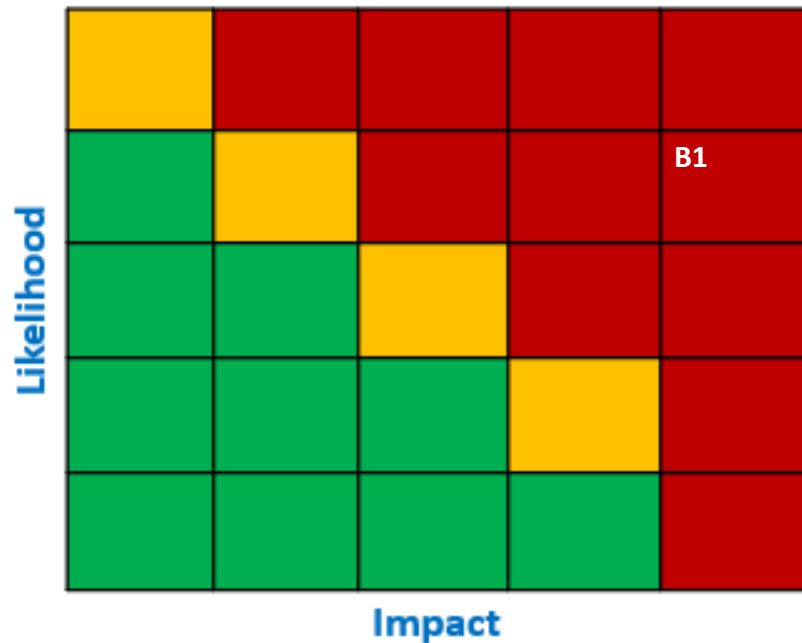
Strategic Objective F: Developing our ICS

BAF REF	Domain	Principle Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
F1	Compliance / Regulatory	1: Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership	ED Corporate Affairs	Executive Committee	5	4	20	4	3	12	8 BALANCED	OUT	
F2	Workforce	2: Failure to recruit and retain staff of the right calibre will prevent the ICS from delivering against its core purposes and to promote and support a value-based culture, development opportunities. Lack of effective succession planning will prevent the sustainable future of the ICS. Finite local workforce available from which to draw from for multiple, and often competing, demands.	ED People	Workforce Executive Committee (Workforce Board)	5	4	20	5	3	15	8 BALANCED	OUT	

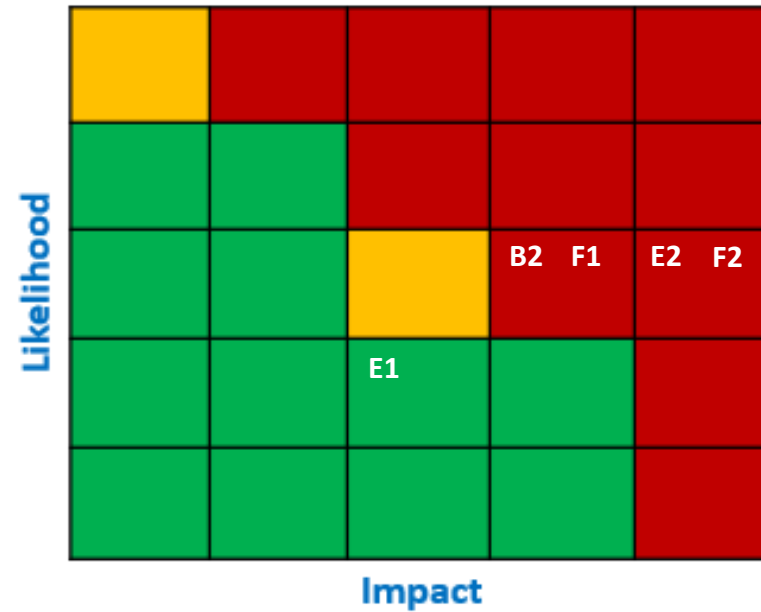
Heat Map

Domains	Risk Appetite	BAF Risks
1: Clinical Quality & Safety	CAUTIOUS (6)	B1
2: Patient Experience	BALANCED (8)	B2
3: Workforce	BALANCED (8)	F2
4: Financial / Value for Money	BALANCED (8)	E1 E2
5: Compliance / Regulatory	BALANCED (8)	F1
6: Reputation	BALANCED (8)	-
7: Transformation Delivery	OPEN (12)	A1 C1
8: Partnership	OPEN (12)	D1

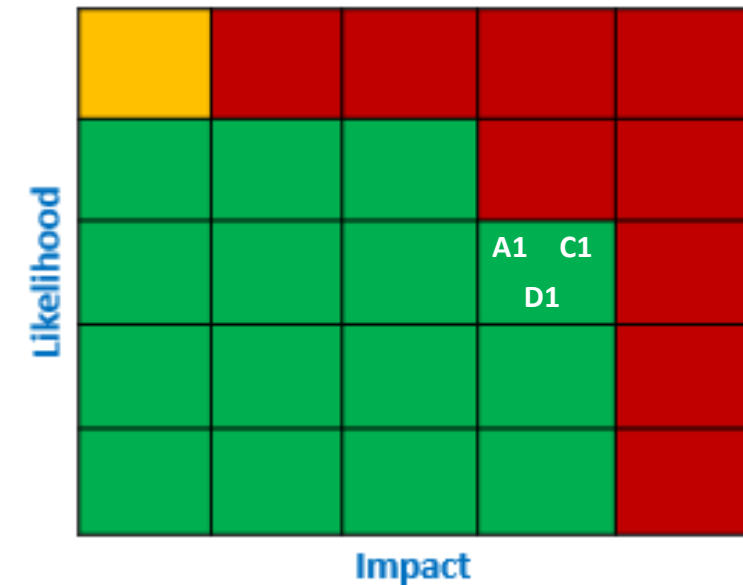
Cautious



Balanced



Open



Ref: A1	SO A: Realising our vision	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 & wellbeing of our population & local communities.	Risk Domain: Transformation Delivery	Risk Score: 12
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Executive Risk Owner(s): Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Executive Committee	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
4	4	16	4	3	12	12 (OPEN)	IN APPETITE

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	12	12
Risk Appetite	-	-	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> ICB Board includes representation from partners across the health and care spectrum and voluntary, community and social enterprise sectors within Humber and North Yorkshire Integrated Care Partnership (ICP) is well established and draws its membership from partner organisations across the ICS. Integrated Care Strategy supported by ICP at its meeting in December 2022 System response to recovery planning and winter planning Senior Leadership Executive Committee (ICB) providing assurance to the ICB Board System Oversight and Assurance Group providing assurance on system performance and delivery Six Places' priorities / strategic intents developed with associated Place Risk Registers Five Sector Collaboratives' priorities / strategic intents Transitional operational agreements with Places/Collaboratives ICB Communications and engagement strategy Integrated Care Strategy now approved by ICP and approved by constituent partners across Humber and North Yorkshire 	<ul style="list-style-type: none"> Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners Embedded approach to planning and delivering transformation, developments and change BI, analytics and reporting Maturity of ICB – Internal controls and governance

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Operational Plan	End March 2023	ED of Finance & Investment / Deputy Chief Executive	NHSE submission end March 2023 – Item 8 of Part 2
5 year Forward Plan to be finalised	June 2023	ED of Finance & Investment / Deputy Chief Executive	Not due
BI, analytics and reporting wrt populational health to be developed through population health management programme / development of decision intelligence model	March 2024	ED of Corporate Affairs	Not due

Ref: B1	SO B: Improving outcomes in population health & healthcare	PRINCIPAL RISK 1: Failure to effectively recognise, monitor and affect fundamental standards of local care will impact on patient safety and positive health outcomes for local people and communities.	Risk Domain: Clinical Quality & Safety	Risk Score: 20
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Executive Risk Owner: ED Nursing & Quality / ED Clinical & Professional Services	Assurance Committee: Quality Committee	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	4	20	5	4	20	6 (CAUTIOUS)	Out of Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	20	20
Risk Appetite	-	-	6 (CAUTIOUS)	6 (CAUTIOUS)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Committee established: Quality Committee which includes key VSM members across the system and providing assurance to the Board. Places are establishing Quality Place Groups, providing assurance to the Quality Committee Quality and equality impact assessments Getting It Right First Time (GIRFT) programme supporting improvements in medical care within the NHS by reducing unwarranted variations Quality dashboards and data assurance Internal audits on quality related issues The new Patient Safety Incident Response Framework (PSIRF) will come on line for all providers, including acute, ambulance, mental health, and community healthcare providers from Autumn with shift to system-based methodology. 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance arrangements Maturity of ICB – Building effective relationships, positive behaviours and trust with key stakeholder organisations

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Review of ICB formal governance framework and arrangements	Quarter 1 2023/24	ED of Corporate Affairs	Not due
Wider stakeholder collaboration , including jointly scoping with providers the potential development of a clinical risk framework	May 2023	ED of Clinical & Professional Services / ED of Nursing and Quality	Not due

Ref: B2	SO B: Improving outcomes in population health & healthcare	PRINCIPAL RISK 2: Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.	Risk Domain: Patient Experience	Risk Score: 12
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Executive Risk Owner: ED Communications, Marketing & PR	Assurance Committee: Quality Committee (TBD / Reviewed for 2023/24)	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
4	4	16	4	3	12	8 (BALANCED)	Out of Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	12	12
Risk Appetite	-	-	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Working with Working with People and Communities: Engagement Strategy approved by the ICB Board and submitted to NHS England Executive Director of Communications, Marketing and PR in place working at a strategic level with Executive Directors and Place Directors Any key service changes does include a good level of engagement There is a high level of skilled individuals across the team and whilst the “ask” of ICBs is not the same as previous commissioning organisations it does help protect the new organisation. The team has no gaps and therefore once the consultation is concluded the team is in a strong position to deliver and address all mitigating actions identified. 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance Impending consultation impacting of workforce demands Action plan from people engagement strategy to be monitored Team structure to be developed to ensure a sustainable approach to deliver the strategy Wrapping governance around legal obligations / statutory responsibilities around engagement at ICB / Committee level and additionally through the workforce as key enablers ICB Communications, Marketing and Engagement Strategy and action plans Data and business intelligence / digital solutions to help understand our population/demographics better and triangulate this with quality intelligence to better inform transformational change.

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Review of ICB formal governance framework and arrangements	Quarter 1	ED of Corporate Affairs	Not due
Staff consultation concluded and implementation plan developed	April 2023	ED of People	Not due
Working with Working with People and Communities: Engagement Strategy to be reviewed annually	June 2023	ED Comms, Marketing & PR	Not due
Development of a Communications, Marketing and Engagement Strategy	Quarter 1	ED Comms, Marketing & PR	Not due
High level discussions with other Executive Directors on portfolio areas to triangulate quality intelligence to inform better outcomes ICB wide and to understand how the existing operating model / governance structure can support the mitigation of this key risk	Quarter 1	ED Comms, Marketing & PR (with all Executive Directors)	Not due

Ref: C1	SO C: Tackling inequalities in outcomes, experience and access and delivering our operational plan	PRINCIPAL RISK 1: Failure to develop digital maturity will prevent the ICS from delivering against its core purposes.	Risk Domain: Transformation Delivery	Risk Score: 12
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Executive Risk Owner: ED of Clinical and Professional Services / Deputy Chief Executive	Assurance Committee: Digital Executive Committee / Population Health Prevention ExCo	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	4	20	4	3	12	12 (OPEN)	In Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	12	12
Risk Appetite	-	-	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Establishment of Population Health Prevention ExCo and Digital ExCo, including VSM Members from key stakeholder organisations, and providing assurance to the Board Priorities relating to Population Health identified and resources allocated Strategic plans at Place reflect Joint Strategic Needs Assessment (JSNA) and local health needs with a clear focus on reducing health inequalities Development of the Integrated Care Strategy working with Places Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners Approved Digital Strategy National digital maturity assessment framework 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance Evidence of sustained improvement in trends to reduce health inequalities Align digital priorities with the ICP strategy and develop an action plan to deliver Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and more simplified reporting.

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Operational Plan	End March 2023	ED of Finance & Investment / Deputy Chief Executive	NHSE submission end March 2023 – Item 8 of Part 2
5 year Forward Plan to be finalised	June 2023	ED of Finance & Investment / Deputy Chief Executive	Not due
BI, analytics and reporting wrt populational health to be developed through population health management programme / development of decision intelligence model	March 2024	ED of Corporate Affairs	Not due
Align digital priorities with the ICP strategy and develop an action plan to deliver	Quarter 1	ED Clinical & Professional Services	Not due
Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and more simplified reporting	Quarter 2 – Initial part (part of 4 year plan)	ED Clinical & Professional Services	Not due

Ref: D1	SO D: Supporting broader social and economic development	PRINCIPAL RISK 1: Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.	Risk Domain: Partnership	Risk Score: 12
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Executive Risk Owner: Executive Director of Corporate Affairs	Assurance Committee: Executive Committee / Population Health & Prevention Executive Committee	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
4	4	16	4	3	12	12 (OPEN)	In Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	12	12
Risk Appetite	-	-	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Establishment of the Integrated Care Partnership with local government Establishment of the Population Health and Prevention Executive Committee Integrated Care Strategy supported by ICP at its meeting in December 2022 Establishment of Senior Leadership Executive Committee, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board. Establishment of Collaboratives who are working closely with the ICB and Places to delivery complex challenges across the system. Closer working with public health in each of the LAs Relationships building with police and crime commissioners across ICS 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance Clarifying the ICBs role in supporting wider determinants Building an understanding of what we are already doing and what we are doing well to support change and integration Identifying resource to deliver this key strategic objective

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Establishment of a futures group and support mechanism to develop plans for wider determinants of health	Quarter 1	ED of Corporate Affairs	Not due
Agreeing key areas for action drawn down from the ICP Strategy with partners to collectively work on	June 2023	ED of Corporate Affairs	Not due
Integration needs assessment (lens on coastal): Development and recommendations	Quarter 2	ED of Corporate Affairs	Not due
Re-establishing our approach as an ICB and wider health and care partners and their contributions to the wider determinants (anchor)	Quarter 1	ED of Corporate Affairs	Not due
Updated Corporate Affairs Structure to include Deputy Director of Portfolio and Partnerships	Quarter 1	ED of Corporate Affairs	Not due

Ref: E1	SO E: Delivering our operational plan	PRINCIPAL RISK 1: Failure to operate within the ICB's available resources in 2022/23 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	Risk Domain: Financial / Value for Money	Risk Score: 6
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Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis					
I	L	Rating I x L	I	L	Rating I x L			Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)		
5	4	20	3	2	6	8 (BALANCED)	In Appetite	-	-	12	6	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Establishment of Finance, Performance and Delivery Executive Committee and Audit Committee, including VSM Members with appropriate accountability providing assurance to the Board Approved Scheme of Reservation and Delegation and Operational Scheme of Delegation Approved financial plan. Internal audit and external audit reviews on financial systems, budgetary control and financial management, and also contract management and procurement Professional standards Regulatory frameworks Regular meetings with senior finance director leads across the ICB/ICS 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 23/24 and 24/ 25 Operational Planning Guidance issued. Weekly HNY ICB senior finance meeting to discuss live issues, ways of working (operating model) any potential risks emerging across the ICB/S that needs responding to. Monthly Finance Contracting and Procurement meeting with the entire team - agenda items have already included a session on governance and a request for the team to be the eyes and ears on this agenda. There is widespread finance contracting and procurement team representation throughout the ICB's operations to ensure any financial/procurement risk or governance concerns are picked up and mitigating action taken ASAP. There is a high level of continuity within the team and whilst the "ask" of ICBs is not the same as previous commissioning organisations it does help protect the new organisation to some extent (there is also a good spread of qualified staff in the team as well as a professional commitment to CPD for all disciplines). 	<ul style="list-style-type: none"> Ongoing increase in maturity of ICB; Internal controls and financial governance / effective contract and transaction management arrangements (to be further actioned for 2023/34 – See Risk Ref E3) Year End Accounts to NHS England

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Year End Accounts to NHS England	June 2023	ED of Finance & Investment	Not due

Ref: E2	SO E: Delivering our operational plan	PRINCIPAL RISK 2: Failure to operate within the ICB's available resources for 2023/24 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	Risk Domain: Financial / Value for Money	Risk Score: 15
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Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: March 2023
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	4	20	5	3	15	8 (BALANCED)	Out of Appetite

Risk Analysis	Q1 (23/24)	Q2 (23/24)	Q3 (23/24)	Q4 (23/24)
Current Risk Rating	15	TBD	TBC	TBD
Risk Appetite	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Oversight from Finance, Performance and Delivery Executive Committee and Audit Committee, which includes VSM Members with appropriate accountability providing assurance to the Board Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation for 2023/24 Internal audit and external audit reviews on financial systems, budgetary control and financial management, and also contract management and procurement Professional standards Regulatory frameworks Regular meetings with senior finance director leads across the ICB/ICS 23/24 and 24/ 25 Operational Planning Guidance issued. Weekly HNY ICB senior finance meeting to discuss live issues, ways of working (operating model) any potential risks emerging across the ICB/S that needs responding to. Monthly Finance Contracting and Procurement meeting with the entire team . There is widespread finance contracting and procurement team representation throughout the ICB's operations to ensure any financial/procurement risk or governance concerns are picked up and mitigating action taken ASAP. There is a high level of continuity within the team and whilst the "ask" of ICBs is not the same as previous commissioning organisations it does help protect the new organisation to some extent (there is also a good spread of qualified staff in the team as well as a professional commitment to CPD for all disciplines). 	<ul style="list-style-type: none"> Elements of planning guidance still outstanding from NHSE Significant Deficit forecast at draft planning stage Plans are still in draft form and have not been signed off by Provider boards , place committees or the ICB board

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Development and implementation of ICB Financial Strategy.	August 2023	ED of Finance & Investment	Not due
Development of a system-wide efficiency and productivity plan	Quarter 1	ED of Finance & Investment	Not due
Moving to a purchase order system through oracle which will assist from a governance oversight perspective.	2023/24	ED of Finance & Investment	Not due

Ref: F1	SO F: Developing our ICS	PRINCIPAL RISK 1: Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership	Risk Domain: Compliance / Regulatory	Risk Score: 12
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Executive Risk Owner: Executive Director of Corporate Affairs	Assurance Committee: Executive Committee	Date Added to BAF: October 2022
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Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	4	20	4	3	12	8 (BALANCED)	Out of Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	12	12
Risk Appetite	-	-	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Establishment of Audit Committee and the Senior Leadership Executive Committee, with appropriate accountability and providing assurance to the Board. Approved ICB Constitution and Governance Handbook, including SoRD and OSD EPRR and On-Call controls established as a Cat 1 organisation. Approved Board Assurance Framework Statutory and mandatory training compliance Internal and external audits Statutory policies in place, including COI and Code of Conduct Specialist training completed for SIRO, Caldicott Guardian, Safeguarding roles Development of a Corporate Risk Register Development of an in-house Legal and Regulatory Team Integrated Care Strategy now approved by ICP and to be approved by constituent partners across Humber and North Yorkshire 	<ul style="list-style-type: none"> Ongoing maturity of ICB – Internal controls and governance arrangements ICB Business Continuity Plans IG framework and toolkit submission for 2022/23 Completion of staff consultation on updated ICB operating arrangements Development and implementation of a Risk management strategy Embedding and familiarisation of standard operating procedures across all functions for consistency and efficiencies

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Completion of the Q4 Governance Review	Quarter 1	ED of Corporate Affairs	Not due
Completion and submission of NHSE returns in relation to Year End Reporting, ie Annual Report, Accounts, DPST etc.	Quarter 1	ED of Corporate Affairs	Not due
Development and implementation of Risk Management Strategy	Quarter 1	ED of Corporate Affairs	Not due

Ref: F2	SO E: Developing our ICS	PRINCIPAL RISK 2: Failure to recruit and retain staff of the right calibre will prevent the ICS from delivering against its core purposes and to promote and support a value-based culture, development opportunities. Lack of effective succession planning will prevent the sustainable future of the ICS. Finite local workforce available from which to draw from for multiple, and often competing, demands.	Risk Domain: Workforce	Risk Score: 15
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Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Executive Committee (Workforce Board)	Date Added to BAF: October 2022
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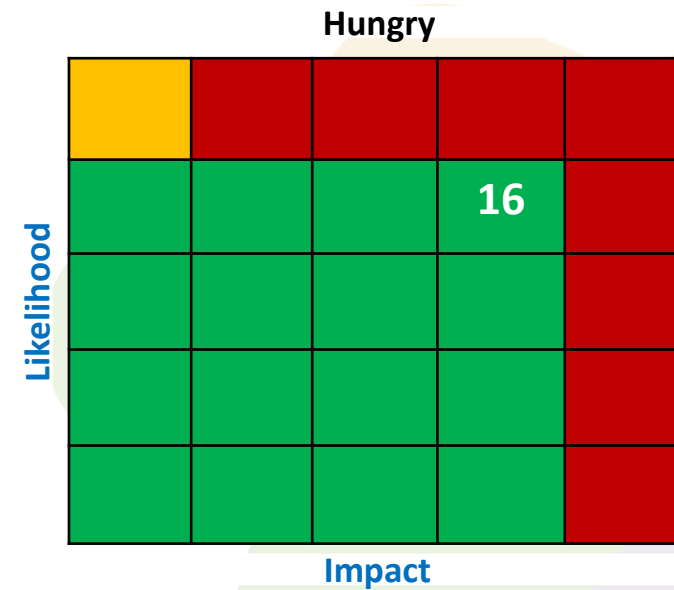
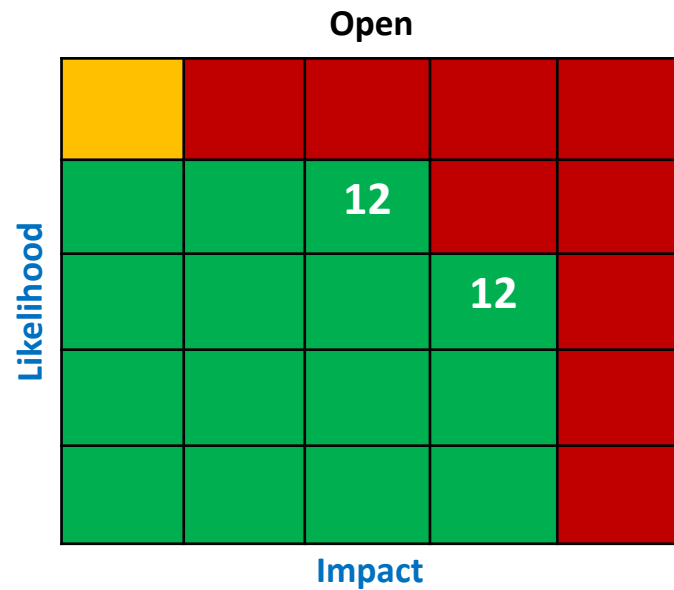
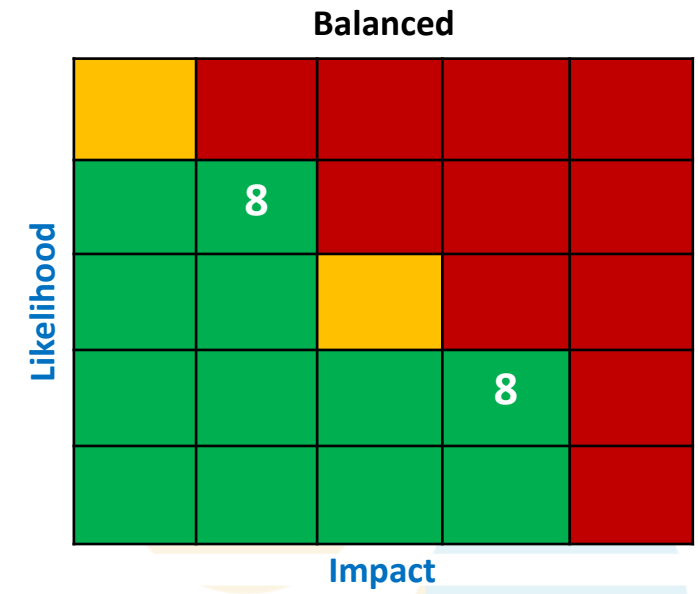
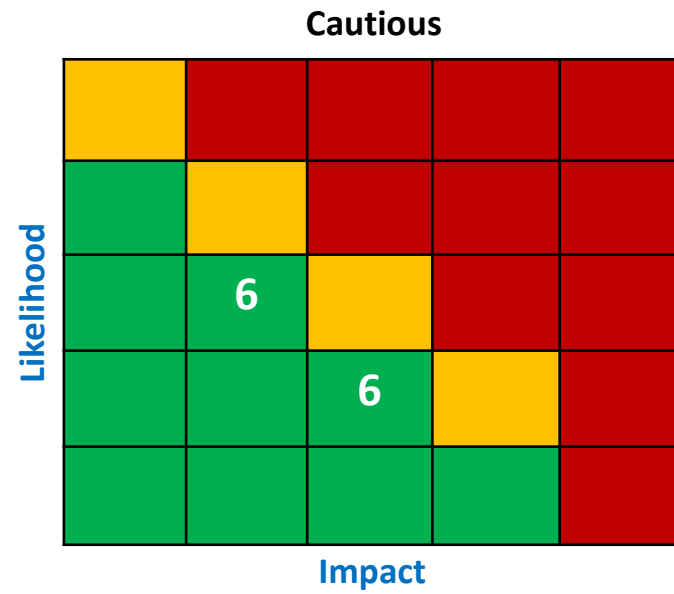
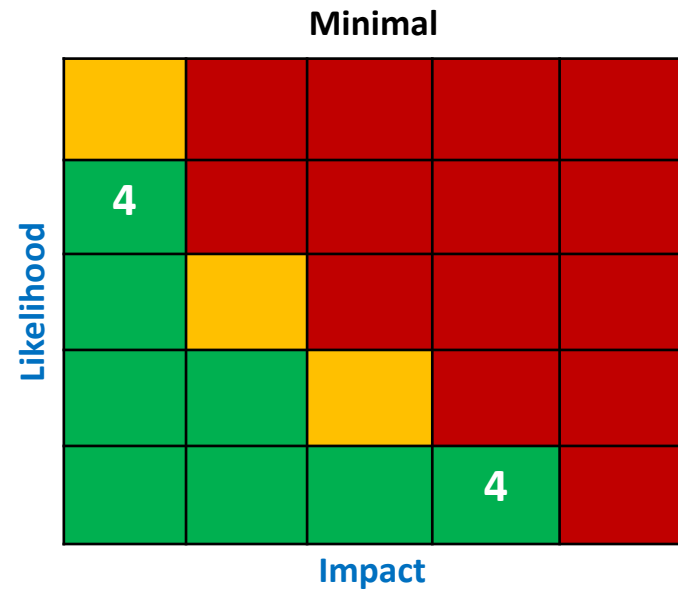
Initial Risk Rating (Before Mitigation)			Current Risk Rating (After Mitigation)			Risk Appetite	Status: In or Out of Appetite
I	L	Rating I x L	I	L	Rating I x L		
5	4	20	5	3	15	8 (BALANCED)	Out of Appetite

Risk Analysis	Q1 (22/23)	Q2 (22/23)	Q3 (22/23)	Q4 (22/23)
Current Risk Rating	-	-	16	15
Risk Appetite	-	-	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> ICB Board awareness of People agenda and key risks including as they relate to the ICB's own recruitment; opportunities taken for lobbying and engagement at national level Establishment of Workforce Board, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board People Strategy with broad System ownership which includes actions that will mitigate ICB specific attraction and retention challenges Effective collaboratively-led change programme demonstrating momentum and impact Effective staff side engagement Executive Director of People and People team roles directly supporting ICB organisational needs in post Deputy in post helping to support strategic delivery Monthly staff briefings; staff roadshows focused on communicating ICB purpose scheduled Staff surveys Statutory and mandatory training in place 	<ul style="list-style-type: none"> ICB organisation values – linking with values of whole system ICB organisation focused talent and succession strategy ICB organisation staff networks to support inclusion agenda ICB organisation flexible working and wider benefits offer ICB values to be developed and embedded in workforce culture Workforce risks have been considered by the Workforce Board but this need to be considered as part of the wider ICB risks and ensures that processes align with the ICB risk management strategy

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Delivery of the 180 day workforce plan	End March 2023	ED of People	Item 14 on ICB Board Agenda
Development of ICB specific staff retention initiatives including focused talent and succession plan, staff networks, flexible working and wider benefits	May 2023	ED of People	Not due
Coproduction of ICB organisation values linked to values of whole System	July 2023	ED of People	Not due
Risks to be mapped to processes detailed within the risk management strategy, linking in with the Corporate Affairs Team	Q1	ED of People / ED Corporate Affairs	Not due

ICB Risk Maps (Based on Risk Appetite)



Likelihood Score		(L)			
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it/ might 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 persistent issue	Will undoubtedly happen/ recur, possibly frequently
Probability Will it happen or not? % chance of not meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

	Consequence score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/ audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint /inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Formal complaint / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Formal complaint/ Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ Organisational development/ staffing/ competence	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training 	<ul style="list-style-type: none"> Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Significant numbers of staff not attending mandatory / key training 	<ul style="list-style-type: none"> Non-delivery of key objective /service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training key training on an ongoing basis
Statutory duty/ inspections	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/ statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action in statutory duty Improvement notices Low performance rating Critical reports 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical reports

Adverse publicity / reputation	<p>Rumors</p> <p>Potential for public concern / media interest</p> <p>Damage to an individual's reputation.</p>	<ul style="list-style-type: none"> Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation 	<ul style="list-style-type: none"> Local media coverage – long-term reduction in public confidence Damage to a services reputation 	<ul style="list-style-type: none"> National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation 	<ul style="list-style-type: none"> National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives/ projects	<p>Insignificant cost increase/ schedule slippage</p>	<ul style="list-style-type: none"> <5 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> 5–10 per cent over project budget Schedule slippage 	<ul style="list-style-type: none"> Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met 	<ul style="list-style-type: none"> Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	<p>Small loss</p> <p>Risk of claim remote</p>	<ul style="list-style-type: none"> Loss of 0.1–0.25 per cent of budget Claim less than £10,000 	<ul style="list-style-type: none"> Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 	<ul style="list-style-type: none"> Uncertain delivery of key objective/ Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time 	<ul style="list-style-type: none"> Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification / slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	<p>Loss/interruption of >1 hour</p> <p>Minimal or no impact on the environment</p>	<ul style="list-style-type: none"> Loss/ interruption of >8 hours Minor impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 day Moderate impact on environment 	<ul style="list-style-type: none"> Loss/interruption of >1 week Major impact on environment 	<ul style="list-style-type: none"> Permanent loss of service or facility Catastrophic impact on environment
Data Loss / Breach of Confidentiality	<p>Potentially serious breach. Less than 5 people affected or risk assessed as low eg files were encrypted</p>	<ul style="list-style-type: none"> Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected 	<ul style="list-style-type: none"> Serious breach of confidentiality eg up to 100 people affected 	<ul style="list-style-type: none"> Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected 	<ul style="list-style-type: none"> Serious breach with potential for ID theft or over 1000 people affected

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