

Humber and North Yorkshire ICB Board Assurance Framework

V3.3

November 2022

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>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 Core20PLUS (the most deprived 20% of the national population as identified by the Index of Multiple Deprivation) 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

As part of the annual risk cycle the Board is asked to articulate its risk appetite within each of the seven risk domains, expressed using the following Corporate Governance Institute Framework.

Domains	Strategic Lead	Risk Appetite
1: Clinical Quality & Safety	Executive Director of Nursing & Quality / Executive Director of Clinical & Professional	TBD following completion of Board appetite exercise
2: Patient Experience	Executive Director of Communication, Marketing & PR	
3: Workforce	Executive Director of People	
4: Financial / Value for Money	Executive Director of Finance & Investment	
5: Compliance / Regulatory	Executive Director of Corporate Affairs	
6: Reputation	Executive Director of Communication, Marketing & PR	
7: Transformation Delivery	Chief Operating Officer (Deputy Chief Executive)	
8: Partnership	Executive Director of Corporate Affairs	

Risk Appetite	Description
AVOID	Avoidance of risk and uncertainty is a key organisations objective.
MINIMAL	As Little As Reasonably Possible (ALARP). Preference for ultra-safe delivery options that have a low degree of inherent risk and only offer limited reward potential.
CAUTIOUS	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
OPEN	Willing to consider all potential delivery options and choice while also providing an acceptable level of reward and Value for Money (VfM).
SEEK	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk.
MATURE	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Strategic Objective 1: Realising our vision

REF	Domain	Principle 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 achieve alignment with the wider partnership vision and priorities and delivery of the transformation of services and long term ambitions that will impact on the sustainability of the system and improving outcomes for our population	Chief Operating Officer	Senior Leadership Executive Committee	5	4	20	4	3	12			

Strategic Objective 2: Improving outcomes in population health & healthcare

REF	Domain	Principle 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 may impact on patient safety and the achievement of regulatory requirements and will lead to poorer quality and service outcomes for local people.	Executive Director of Nursing & Quality / Executive Director Clinical & Professional	Quality Committee	5	4	20	5	4	20			
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			

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

REF	Domain	Principle 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.	Chief Operating Officer	Population Health & Prevention Committee	5	4	20	4	3	12			

Summary of Risks

Strategic Objective 4: Supporting broader social and economic development

REF	Domain	Principle 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			

Strategic Objective 5: Delivering our operation plan 2022/23

REF	Domain	Principle 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, leading to the inability for the ICB to provide high quality services.	Executive Director of People	Senior Leadership Executive Committee	5	4	20	4	4	16			
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 ExCo	5	4	20	3	4	12			

Strategic Objective 6: Developing our ICS

REF	Domain	Principle 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			

Ref: 1:1	STRATEGIC OBJECTIVE 1: Realising our Vision				Risk Score: 12		
	PRINCIPAL RISK 1: Failure of the ICB to achieve alignment with the wider partnership vision and priorities and delivery of the transformation of services and long term ambitions that will impact on the sustainability of the system and improving outcomes for our population			Domain: Transformation Delivery			
Executive Risk Owner(s): Chief Operating Officer			Assurance Committee: Senior Leadership Executive Committee			Date Added to BAF: October 2022	
Risk Rating		Impact	Likelihood	Score	Risk Analysis		
Initial (Before Mitigation)		5	4	20	Q1 (2022)	Q2 (2022)	Q3 (2022)
Current (After Mitigation)		4	3	12	-	-	12
Risk Target					-	-	TBD
Positive Assurance and Key Controls in Place				Gaps in Control and/or Assurance			
<ul style="list-style-type: none">ICB Board includes attendees from partner organisations across the ICSICP Board includes attendees from partner organisations across the ICS, contributing to the overall strategyEstablishment of Senior Leadership Executive Committee, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board.Development of the Integrated Care StrategySystem response to recovery planningSystems response to winter planningSenior Leadership Executive Committee providing assurance to the ICB BoardSystem Oversight and Assurance Group providing assurance on system performance and deliveryPlace priorities / strategic intentsCollaborative priorities / strategic intentsTransitional operational agreements with Places/Collaboratives				<ul style="list-style-type: none">Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partnersEmbedded approach to planning and delivering transformation, developments and changeBI, analytics and reportingICB Communications and engagement strategyMaturity of ICB – Internal controls and governance			
Mitigating Actions To Address Gaps					Target Date		Action Lead

Ref: 2:1	STRATEGIC OBJECTIVE 2: Improving outcomes in population health & healthcare				Risk Score: 20																
	PRINCIPAL RISK 1: Failure to effectively monitor, recognise and deliver fundamental standards of care, may impact on patient safety and meeting regulatory requirements leading to poorer outcomes for the population.			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	<table><tr><td>Risk Analysis</td><td>Q1 (2022)</td><td>Q2 (2022)</td><td>Q3 (2022)</td><td>Q4 (2023)</td></tr><tr><td>Current Risk Rating</td><td>-</td><td>-</td><td>20</td><td>TBD</td></tr><tr><td>Target Risk Rating</td><td>-</td><td>-</td><td>TBD</td><td>TBD</td></tr></table>			Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)	Current Risk Rating	-	-	20	TBD	Target Risk Rating	-	-	TBD	TBD
Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)																	
Current Risk Rating	-	-	20	TBD																	
Target Risk Rating	-	-	TBD	TBD																	
Initial (Before Mitigation)	5	4	20																		
Current (After Mitigation)	5	4	20																		
Risk Target																					
Positive Assurance and Key Controls in Place				Gaps in Control and/or Assurance																	
<ul style="list-style-type: none">Statutory 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 CommitteeQuality and equality impact assessmentsProvider contract management boards monitor quality standardsQuality dashboards and data assuranceInternal audits on quality related issues				<ul style="list-style-type: none">Maturity of ICB – Internal controls and governance arrangementsMaturity of ICB – Effective monitoring arrangements with key stakeholder organisations																	
Mitigating Actions To Address Gaps				Target Date		Action Lead															

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
---	--	---------------------------------

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">• Patient and Public Involvement Strategy Approved• Establishment of Quality Committee and Workforce Board, including VSM Members with appropriate accountability and providing assurance to the Board.• Feedback from stakeholder surveys	<ul style="list-style-type: none">• ICB Communications and Engagement Plan, including internal and external communications• Effective communication of all strategies produced by the ICB• Maturity of ICB – Internal controls and governance• Impending consultation impacting of workforce demands

Mitigating Actions To Address Gaps	Target Date	Action Lead

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: Chief Operating Officer		Assurance Committee: Population Health Prevention Committee			Date Added to BAF: October 2022	
Risk Rating		Impact	Likelihood	Score	Risk Analysis	
Initial (Before Mitigation)		5	4	20	Q1 (2022)	Q2 (2022)
Current (After Mitigation)		4	3	12	Q3 (2022)	Q4 (2023)
Risk Target					Current Risk Rating	Target Risk Rating
Positive Assurance and Key Controls in Place				Gaps in Control and/or Assurance		
<ul style="list-style-type: none">Establishment of Population Health Prevention Committee, including VSM Members from key stakeholder organisations, and providing assurance to the BoardPriorities relating to Population Health identified and resources allocatedDevelopment of Performance ReportingEstablishment of System Oversight and Assurance Group, providing assurance to Finance, Performance and Delivery Executive CommitteeTransitional operational agreements with Places and CollaborativesStrategic plans at Place reflect Joint Strategic Needs Assessment (JSNA) and local health needs with a clear focus on reducing health inequalitiesPlaces connected to Health and Wellbeing BoardsICB representation at Health and Wellbeing BoardsDevelopment of the Integrated Care Strategy working with Places				<ul style="list-style-type: none">Maturity of ICB – Internal controls and governanceEvidence of sustained improvement in trends to reduce health inequalitiesFinalised and approved Integrated Care Strategy, allowing for focused delivery across system partners		
Mitigating Actions To Address Gaps					Target Date	Action Lead

Ref: 4:1	STRATEGIC OBJECTIVE 4: Supporting broader social and economic development				Domain: Partnership		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.								
Executive Risk Owner: ED Corporate Affairs			Assurance Committee: Senior Leadership Executive Committee			Date Added to BAF: October 2022			
Risk Rating		Impact	Likelihood	Score	Risk Analysis				
Initial (Before Mitigation)		4	4	16	Q1 (2022)		Q2 (2022)	Q3 (2022)	Q4 (2023)
Current (After Mitigation)		4	3	12	-		-	12	TBD
Risk Target					-		-	TBD	TBD
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 governmentDevelopment of the Integrated Care StrategyEstablishment 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					<ul style="list-style-type: none">Maturity of ICB – Internal controls and governanceMaturity of ICB – Effective arrangements with key stakeholders				
Mitigating Actions To Address Gaps					Target Date		Action Lead		

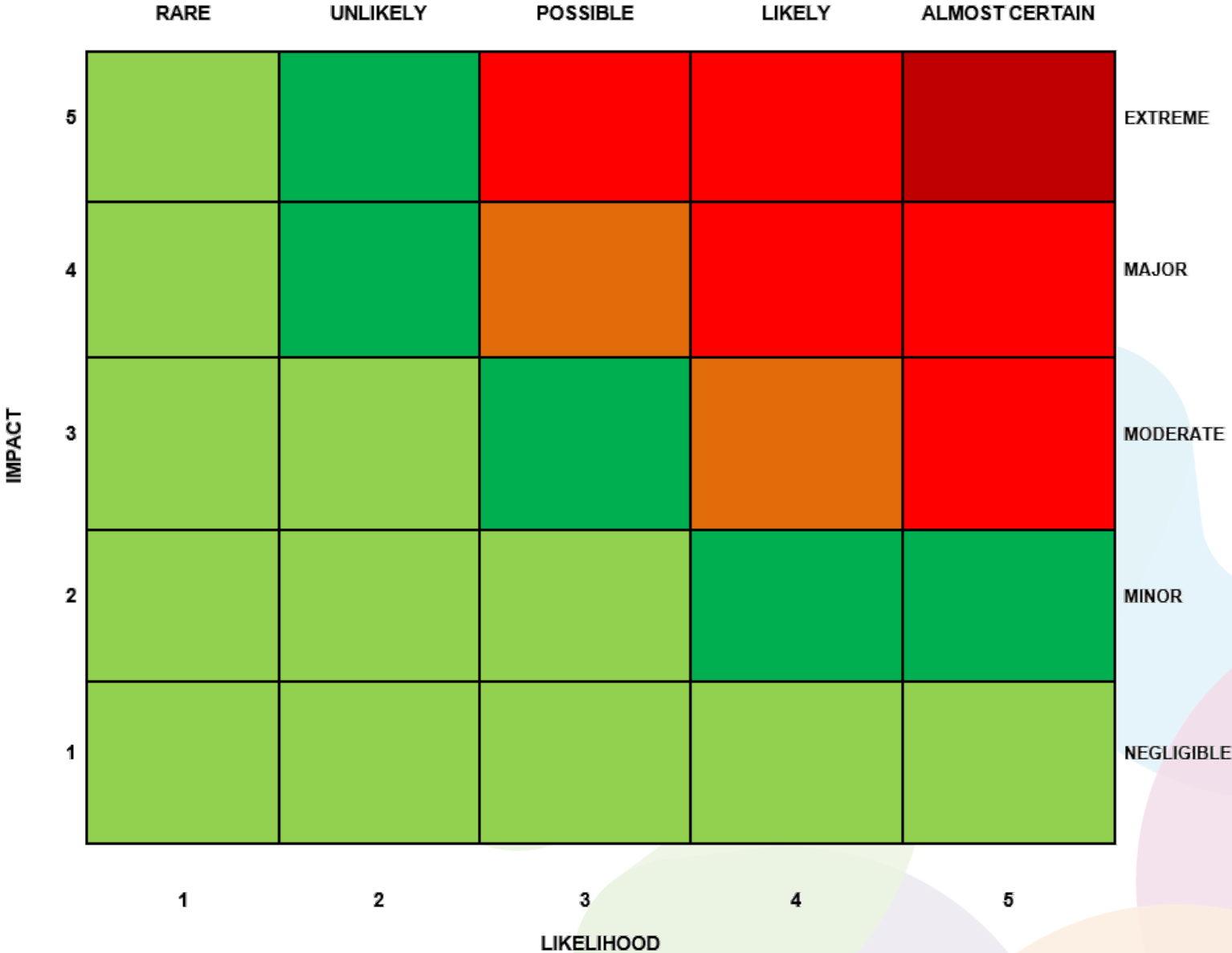
Ref: 5:1	STRATEGIC OBJECTIVE 5: Delivering our operation plan 2022/23								Risk Score: 16	
	PRINCIPAL RISK 1: Failure to promote and support a value-based culture, development opportunities and effective succession planning may impact on the retention, cohesion and sustainability of our workforce, leading to the inability for the ICB to provide high quality services.						Domain: Workforce			
Executive Risk Owner: ED People			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	4	16						
Risk Target										
					Risk Analysis	Q1 (2022)	Q2 (2022)	Q3 (2022)	Q4 (2023)	
					Current Risk Rating	-	-	16	TBD	
					Target Risk Rating	-	-	TBD	TBD	
Positive Assurance and Key Controls in Place					Gaps in Control and/or Assurance					
<ul style="list-style-type: none">Establishment of Workforce Board, including VSM Members with accountability spanning system wide priorities and providing assurance to the BoardICB People Strategy which incorporates the requirements of the NHS People Plan and People PromiseICB vision and values approved by the ICB BoardStaff side engagementExecutive Director of People in postMonthly staff briefingsStaff surveysStatutory and mandatory training in placeWorkstreams in place to support a system wide approach to people function					<ul style="list-style-type: none">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,Staff consultation on ICB structure to be undertaken.					
Mitigating Actions To Address Gaps						Target Date		Action Lead		

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.							
Executive Risk Owner: ED Finance and Investment		Assurance Committee: Finance, Performance & Delivery Committee			Date Added to BAF: October 2022			
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">Establishment of Finance, Performance and Delivery Committee, including VSM Members with appropriate accountability and providing assurance to the BoardAudit Committee, providing assurance to the BoardApproved Scheme of Reservation and Delegation and Operational Scheme of DelegationApproved financial plan.Internal audit and external audit reviews on financial systems, budgetary control and financial managementSubmissions to NHS EnglandAnnual Report and Accounts to NHS England (including Month 9 Governance Statement)Professional standardsRegulatory frameworksRegular meetings with senior finance director leads across the ICB/ICSMonth 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				<ul style="list-style-type: none">Ongoing increase in maturity of ICB; Internal controls and financial governance / effective contract and transaction management arrangementsLack of certainty around national funding for the pay awardLack of certainty around the national guidance for H2 for Elective Recovery Funding				
Mitigating Actions To Address Gaps					Target Date		Action Lead	

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">Ongoing maturity of ICB – Internal controls and governance arrangementsICB Business Continuity PlansIG framework and toolkit submission for 2022/23Completion of staff consultation on updated ICB operating arrangementsRisk management strategyEmbedding and familiarisation of standard operating procedures across all functions for consistency and efficiencies			
<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 OSDEPRR and On-Call controls established as a Cat 1 organisation.Approved Board Assurance FrameworkStatutory and mandatory training complianceInternal and external auditsStatutory policies in place, including COI and Code of ConductSpecialist training completed for SIRO, Caldicott Guardian, Safeguarding rolesDevelopment of a Corporate Risk RegisterDevelopment of an in-house Legal and Regulatory Team								
Mitigating Actions To Address Gaps					Target Date		Action Lead	

**TO BE COMPLETED ONCE
BOARD RISK APPETITE
ESTABLISHED**

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
Frequency 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
Frequency 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
Frequency 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
Impact on the safety of patients, staff or public (physical / psychological harm)	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
Adverse publicity/ reputation	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
Business objectives/ projects	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
Personal Identifiable Data (SI)**	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
Principle 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:		

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:		