

# Humber and North Yorkshire ICB Board Assurance Framework

V6.5

September 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

## Managing Today

- Measurably improve the quality and safety of care provided to our population.
- Deliver the Core20plus5 and wider health inequality and population health plans for 2023/24
- Implement the plans to deliver the ICP Health and Care Strategy, the Joint Forward plan, and the requirements of the ICB Operating plan for 2023/24 -prioritise Support to social Care , Public Health ,Children , Frailty ,Mental Health, UEC and flow , Elective Recovery and Cancer.
- Deliver the Digital and Data plans for 2023/24
- Deliver financial and efficiency plans whilst making investment decisions which will enable the ICS to achieve its ambitions.
- Deliver the 2023/24 workforce transformation programme, Breakthrough HNY, including measurably improving recruitment and retention in the system workforce.
- Continue to strengthen place and sector collaboratives through greater delegation of resources and responsibility.
- Continue to strengthen and develop the ICB leadership ensuring absolute parity between the ICB and the ICP.
- Lead and manage effective local, regional and national partner relationships

B

## Managing Tomorrow

### People (Talent, Leadership and Management)

- Establish processes for nurturing and growing potential across the ICS and consider succession planning, both in our own organisation and across our partnership.

### Partnership

- Continue to build on our existing work with multiple partners (acting as an anchor network) in pursuing our core long term aim of ensuring the population we serve to address health and wider inequalities in the most deprived communities in Humber and North Yorkshire and support through advocacy for inward investment and development at every opportunity.

### Innovation, Research and Improvement

- Strengthen our Innovation, Research, Improvement System (IRIS) to support our commitment to be a transformational ICS. Be part of a powerful partnership and network that builds on the collective strengths and the unique opportunities that our geography and population affords.

### Digital

- Embrace the extraordinary potential afforded by digital innovation ensuring that the ICS is at the leading-edge by maximising the impact of the national developments
- Ensure that we make rapid progress in the use of data to provide high quality business intelligence and to support real time decision making.

### Engaging with the Public and communities

- Establish leading edge approaches to understanding the views of the people we serve and seek to co-produce plans and actions that respond effectively to their needs and over time makes health everyone's business.

C

## Enabling the effective operation of the organisation

Create a high-performance culture in the ICB through a strong leadership group that effectively communicates our vision and message to our staff, our partners, and the wider community.

- Practice outstanding organisational development - ensuring all ICB staff have clarity of purpose and we have working arrangements which affirm our culture and leadership values, which includes excellent communications, setting clear expectations for individuals, opportunities for development through effective appraisal approach
- Ensure that our governance arrangements are of the highest standard and are focused on safety of service users, oversight of risk, avoid unnecessary bureaucracy and enable clear decision making.


## 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: Public Involvement/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
<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 A: Managing Today

BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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	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	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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			
A3	Financial / Value for Money	3: 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 ExCo	5	5	25	4	4	16	8 BALANCED	OUT	

BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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			
A4	Workforce	4: Immediate term financial pressure, employment relations challenges and increasing workload lead to reductions in the availability of workforce across the system and in the numbers of people who choose to start training this year for future health and care careers, negatively affecting service user experience and individual outcomes	ED People	Workforce Board (People Committee)	5	4	20	5	3	15	8 BALANCED	OUT	New

# Summary of Risks

## Strategic Objective B: Managing Tomorrow

BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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	Transformation Delivery	1: Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	ED Clinical & Professional Services	Digital Executive Committee	5	4	20	4	3	12	12 OPEN	IN	↔


BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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	Partnership	2: 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 ExCo	4	4	16	4	3	12	12 OPEN	IN	↔


BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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			
B3	Transformation Delivery	3: 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	↔


BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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			
B4	Workforce	4: Failure to deliver or capitalise on priority workforce transformation initiatives lead to static or worsening workforce recruitment and retention challenges system-wide over coming years, which in turn negatively affect population health outcomes and limit impact on health inequalities	ED People	Workforce Board (People Committee)	5	4	20	5	2	10	8 BALANCED	OUT	New

# Summary of Risks

## Strategic Objective C: Enabling the effective operation of the organisation

BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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	Public Involvement/ Patient Experience	1: 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 Communications, Marketing & PR	Quality Committee (TO BE REVIEWED)	4	4	16	4	3	12	8 BALANCED	OUT	

BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (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			
C2	Compliance / Regulatory	2: 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	2	8	8 BALANCED	IN	

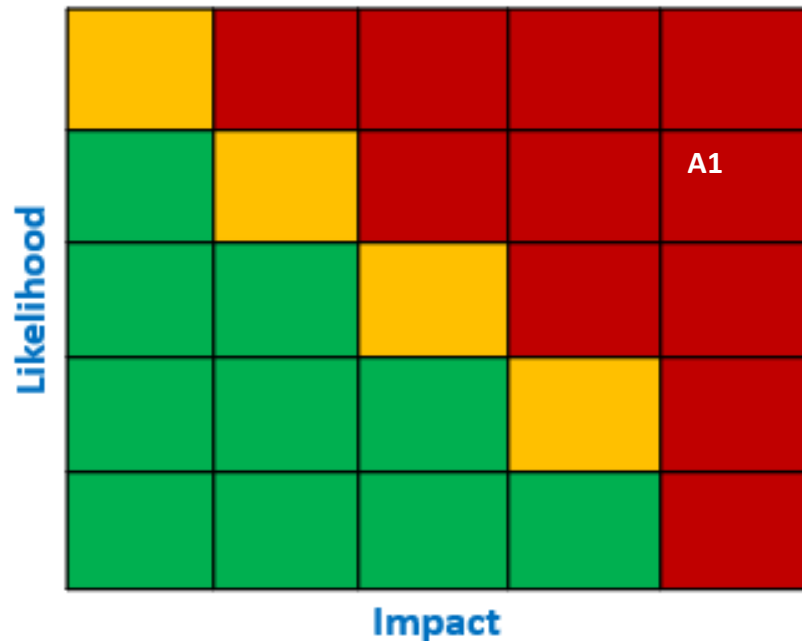
BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
C3	Workforce	3: Failure to recruit and retain staff of the right calibre and with the right values will prevent the ICB organisation delivering its core purposes. Lack of effective succession planning will reduce the leadership capability of the ICB and limit the impact and effectiveness of the organisation in leading the improvement and transformation of the HNY health and care system.	ED People	Executive Committee	4	3	12	4	2	8	8 BALANCED	IN	

# Heat Map

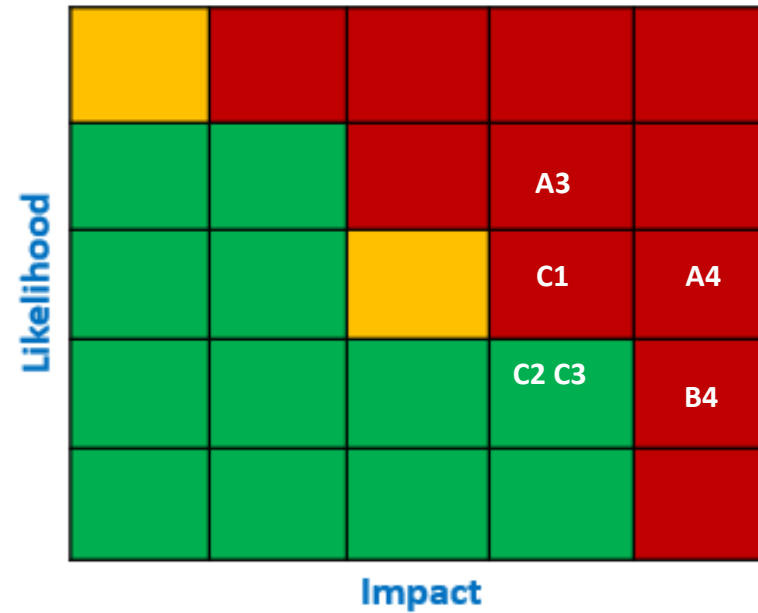
Domains	Risk Appetite	BAF Risks
1: Clinical Quality & Safety	CAUTIOUS (6)	A1
2: Public Involvement/ Patient Experience	BALANCED (8)	C1
3: Workforce	BALANCED (8)	A4, B4, C3
4: Financial / Value for Money	BALANCED (8)	A3
5: Compliance / Regulatory	BALANCED (8)	C2
6: Reputation	BALANCED (8)	-
7: Transformation Delivery	OPEN (12)	B1 B3
8: Partnership	OPEN (12)	B2

Managing Today	Managing Tomorrow	Enabling the effective operation of the organisation
<b>A1:</b> Clinical Quality & Safety <b>A2:</b> Financial / Value for Money <b>A4:</b> Workforce	<b>B1:</b> Transformation Delivery <b>B2:</b> Partnership <b>B3:</b> Transformation Delivery <b>B4:</b> Workforce	<b>C1:</b> Public Involvement/Patient Experience <b>C2:</b> Compliance / Regulatory <b>C3:</b> Workforce

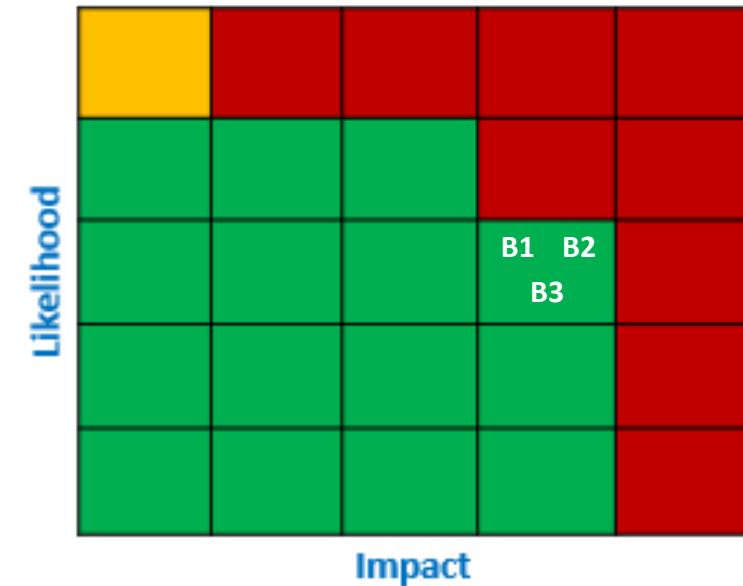
**Cautious**



**Balanced**



**Open**



<b>Ref: A1</b>	<b>SO A: Managing Today</b>	<b>PRINCIPAL RISK 1:</b> 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.	<b>Risk Domain:</b> Clinical Quality & Safety	<b>Risk Score:</b> <span style="font-size: 2em; font-weight: bold;">20</span>
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<b>Executive Risk Owner:</b> ED Nursing & Quality / ED Clinical & Professional Services	<b>Assurance Committee:</b> Quality Committee	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	4	20	5	4	20	6 (CAUTIOUS)	OUT OF APPETITE		20	20	TBD	TBD
								Risk Appetite	6 (CAUTIOUS)	6 (CAUTIOUS)	6 (CAUTIOUS)	6 (CAUTIOUS)

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

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Wider stakeholder collaboration , including jointly scoping with providers the potential development of a clinical risk framework	End Quarter 2 2023/24	ED of Clinical & Professional Services / ED of Nursing and Quality	The target date is to be changed to the end of Quarter 2 to allow all stakeholders to review and comment on the draft document that will be presented to the board In August



# Ref A3 Risk Analysis

<b>Ref:</b> <b>A3</b>	<b>SO A:</b> <b>Managing Today</b>	<b>PRINCIPAL RISK 3:</b> Failure to operate within the ICB's available resources for <b>2023/24</b> will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	<b>Risk Domain:</b> <b>Financial / Value for Money</b>	<b>Risk Score:</b> <b>16</b>
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<b>Executive Risk Owner:</b> Executive Director of Finance and Investment	<b>Assurance Committee:</b> Finance, Performance & Delivery Committee	<b>Date Added to BAF:</b> March 2023
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis				
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
5	5	25	4	4	16	8 (BALANCED)	OUT OF APPETITE		25	16	TBD	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"> <li>Oversight from Finance, Performance and Delivery Executive Committee and Audit Committee, which includes VSM Members with appropriate accountability providing assurance to the Board</li> <li>Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation for 2023/24</li> <li>Internal audit and external audit reviews on financial systems, budgetary control and financial management, and also contract management and procurement</li> <li>Professional standards</li> <li>Regulatory frameworks</li> <li>Regular meetings with senior finance director leads across the ICB/ICS</li> <li>23/24 and 24/ 25 Operational Planning Guidance issued.</li> <li>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.</li> <li>Monthly Finance Contracting and Procurement meeting with the entire team .</li> <li>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.</li> <li>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).</li> <li>Establishment of a system Quality, Efficiency and Productivity board to drive forward efficiency opportunities across the system.</li> <li>A deficit plan has been submitted and agreed with NHSE</li> <li>Oversight from the Quality Committee and Quality Impact Assessment to ensure the impact of finance doesn't affect or mitigates patient outcome</li> </ul>	<ul style="list-style-type: none"> <li>A sustainable medium term financial plan needs to be developed that will restore the ICB to balance</li> <li>ICB deficit</li> </ul>

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

<b>Ref: A4</b>	<b>SO C: Managing Today</b>	<b>PRINCIPAL RISK 4:</b> Immediate term financial pressure, employment relations challenges and increasing workload lead to reductions in the availability of workforce across the system and in the numbers of people who choose to start training this year for future health and care careers, negatively affecting service user experience and individual outcomes	<b>Risk Domain: Workforce</b>	<b>Risk Score: 15</b>
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<b>Executive Risk Owner:</b> Executive Director of People	<b>Assurance Committee:</b> Workforce Executive Committee (Workforce Board)	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	4	20	5	3	15	8 (BALANCED)	OUT OF APPETITE		-	15	TBD	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"> <li>Workforce Board established, including VSM Members with accountability spanning system wide priorities, providing assurance to the Board</li> <li>Phased approach to transformation is achieving wide engagement from system community; methodology is attracting national recognition for innovation. Breakthrough HNY – our workforce transformation programme 2023/24 – approved by Board May 23 and in delivery, including actions seeking to address recruitment and retention challenges</li> <li>ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level</li> <li>Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum</li> <li>Executive Director of People and People team in post, including roles focused on system workforce transformation</li> <li>Immediate workforce risks considered by Workforce Board and located appropriately in BAF</li> <li>Careers transformation activity promoting health and care careers among people of all ages</li> </ul>	<ul style="list-style-type: none"> <li>Industrial action is having a significant and wide-ranging impact on workforce in terms of availability, morale and future attraction</li> <li>Immediate term financial pressure driving limitation on workforce growth in context of increasing demand, affecting retention and morale</li> <li>National funding allocations sometimes calculated to HNY's detriment, particularly where CICs are excluded from funding streams</li> <li>Clarity on shared medium-term demand for workforce and implications of this for education and training starter requirements</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Lobby on inclusion of CICs in national funding streams, eg CPD	Ongoing	ED People ED Finance & Investment	
System level response to NHSE multi-professional education and training commissioning plan (METIP)	October 2023	ED People	

<b>Ref:</b> <b>B1</b>	<b>SO B:</b> Managing Tomorrow	<b>PRINCIPAL RISK 1:</b> Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	<b>Risk Domain:</b> Transformation Delivery	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner:</b> ED of Clinical and Professional Services	<b>Assurance Committee:</b> Digital Executive Committee	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	4	20	4	3	12	12 (OPEN)	IN APPETITE		12	12	TBD	TBD
								Risk Appetite	12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners</li> <li>Approved Digital Strategy</li> <li>National digital maturity assessment framework</li> <li>Operation Plan approved by the ICB Board and submitted to NHS England</li> <li>SIRO, Caldicott Guardian and Data Protection Officer in Place</li> <li>Data Security and Protection Toolkit completed</li> <li>ICS Infrastructure steering group in place with links to cyber expertise</li> <li>Dedicated ICS Cyber Security Group Established chaired by NHSE Regional Cyber security lead</li> <li>Sharepoint risks mitigated providing a secure collaborative space</li> <li>Cyber event taken place with Board (09/08/2023)</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> <li>Align digital priorities with the ICP strategy and develop an action plan to deliver</li> <li>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.</li> <li>Improvements identified and actions required as part of the DSPT Toolkit submission</li> <li>Increasing awareness of cyber security risks across the organisation and wider system</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Align digital priorities with the ICP strategy and develop an action plan to deliver	End Quarter 3 2023/24	ED Clinical & Professional Services	In progress – Target date updated to reflect on-going progress
Cyber Security session to be held with the Board to increase awareness	End of Quarter 2 2023/24	ED Corporate Affairs	Completed
DSPT Toolkit Improvement Plan	March 2024	ED Corporate Affairs	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	March 2024– Initial part (part of 4-year plan)	ED Clinical & Professional Services	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

<b>Ref:</b> B2	<b>SO B:</b> Managing Tomorrow	<b>PRINCIPAL RISK 3:</b> 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.	<b>Risk Domain:</b> Partnership	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner:</b> Executive Director of Corporate Affairs	<b>Assurance Committee:</b> Executive Committee / Population Health & Prevention Executive Committee	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (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 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
Current Risk Rating	12	12	TBD	TBD
Risk Appetite	12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

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>Establishment of the Population Health and Prevention Executive Committee</li> <li>Integrated Care Strategy supported by ICP and Joint Forward Plan</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> <li>Closer working with public health in each of the LAs</li> <li>Relationships building with police and crime commissioners across ICS</li> <li>Futures Group has been established at this will meet on a quarterly basis with a key purpose to building partnerships</li> <li>Corporate Affairs Structure now in place</li> <li>Maturity of ICB – Internal controls and governance</li> </ul>	<ul style="list-style-type: none"> <li>Clarifying the ICBs role in supporting wider determinants</li> <li>Building an understanding of what we are already doing and what we are doing well to support change and integration</li> <li>Identifying resource to deliver this key strategic objective</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Integration needs assessment (lens on coastal): Development and recommendations	Quarter 2 2023/24	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)	End Quarter 3 2023/24	ED of Corporate Affairs	Not due
Establishment futures work plan	End Quarter 3 2023/24	ED of Corporate Affairs	Not due

# Ref B3 Risk Analysis

<b>Ref:</b> <b>B3</b>	<b>SO B:</b> <b>Managing Tomorrow</b>	<b>PRINCIPAL RISK 3:</b> 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.	<b>Risk Domain:</b> <b>Transformation Delivery</b>	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner(s):</b> Deputy Chief Executive / Chief Operating Officer	<b>Assurance Committee:</b> Executive Committee	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	4	16	4	3	12	12 (OPEN)	IN APPETITE		12	12	TBD	TBD
								Risk Appetite	12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

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

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
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

<b>Ref:</b> <b>B4</b>	<b>SO C: Managing Tomorrow</b>	<b>PRINCIPAL RISK 4:</b> Failure to deliver or capitalise on priority workforce transformation initiatives lead to static or worsening workforce recruitment and retention challenges system-wide over coming years, which in turn negatively affect population health outcomes and limit impact on health inequalities	<b>Risk Domain:</b> <b>Workforce</b>	<b>Risk Score:</b> <b>10</b>
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<b>Executive Risk Owner:</b> Executive Director of People	<b>Assurance Committee:</b> Workforce Executive Committee (Workforce Board)	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	4	20	5	2	10	8 (BALANCED)	OUT OF APPETITE		-	10	TBD	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"> <li>Workforce Board established, including VSM Members with accountability spanning system-wide priorities, providing assurance to the Board</li> <li>People Strategy with broad System ownership</li> <li>Phased approach to transformation is achieving wide engagement from system community; methodology is attracting national recognition for innovation, providing immediate and long-term assurance on engagement and effectiveness</li> <li>People governance clarified and developed to include four key forums for strategic medium-term change, with shared system leadership:                             <ul style="list-style-type: none"> <li>ground-breaking intersectional system-level Inclusion Assembly</li> <li>Health and Wellbeing Sub-Committee;</li> <li>Education and Training Sub-Committee;</li> <li>Ethical International Recruitment Sub-Committee;</li> <li>People Story Sub-Committee</li> </ul> </li> <li>ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level</li> <li>Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum</li> <li>People team designed to provide convenor capacity supporting system-owned workforce transformation</li> <li>Strong and growing reputation of HNY Partnership for leading edge response to workforce transformation challenge</li> </ul>	<ul style="list-style-type: none"> <li>Potential for ongoing or worsening disparity in pay across health and care system, for which our only lever is continued national lobbying</li> <li>Potential for health and care national funding to fail to keep pace with inflation</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
National lobbying on whole system finance, including position of social care	Ongoing	ED People ED Finance & Investment	



<b>Ref: C1</b>	<b>SO C: Enabling the effective operation of the organisation</b>	<b>PRINCIPAL RISK 1:</b> 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.	<b>Risk Domain:</b> Patient Experience	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner:</b> ED Communications, Marketing & PR	<b>Assurance Committee:</b> Quality Committee (TBD / Reviewed for 2023/24)	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (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 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
<b>Current Risk Rating</b>	12	12	TBD	TBD
<b>Risk Appetite</b>	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"> <li>Working with People and Communities: Engagement Strategy approved by the ICB Board and submitted to NHS England</li> <li>Executive Director of Communications, Marketing and PR in place working at a strategic level with Executive Directors and Place Directors</li> <li>Any key service changes does include a good level of engagement</li> <li>New directorate structure in place with a dedicated community insight and engagement team, including more focussed roles at place</li> <li>Review of ICB formal governance framework and arrangements underway</li> <li>Cross directorate working group (with Healthwatch) established</li> </ul>	<ul style="list-style-type: none"> <li>Maturity of ICB – Internal controls and governance</li> <li>Action plans from people engagement strategy and cross directorate /Healthwatch to be monitored</li> <li>Wrapping governance around legal obligations / statutory responsibilities around engagement at ICB / Committee level and additionally through the workforce as key enablers</li> <li>Data and business intelligence / digital solutions to help understand our population/demographics better and triangulate this with quality intelligence to better inform transformational change.</li> <li>There is a slight gap in team capacity which is impacting on the delivery of priorities</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Delivery of a Communications, Marketing and Engagement Strategy	End Quarter 2 2023/24	ED Comms, Marketing & PR	Not due
Working with People and Communities: Engagement Strategy, annual review undertaken, resulting in further development with a proposal to be shared with the Board in September	End of Quarter 3 2023/24	ED Comms, Marketing & PR	Not due
Cross directorate working group to progress actions from June Workshop with the priorities being mapping of existing intelligence and development of a shared framework for future delivery	End of Quarter 3 2023/24	ED Comms, Marketing & PR (with all Executive Directors)	Not due

<b>Ref: C2</b>	<b>SO C: Enabling the effective operation of the organisation</b>	<b>PRINCIPAL RISK 2:</b> 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	<b>Risk Domain:</b> Compliance / Regulatory	<b>Risk Score:</b> <b>8</b>
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<b>Executive Risk Owner:</b> Executive Director of Corporate Affairs	<b>Assurance Committee:</b> Executive Committee	<b>Date Added to BAF:</b> October 2022
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	8	8	TBD	TBD
5	4	20	4	2	8	<b>8 (BALANCED)</b>	<b>IN APPETITE</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	

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 – significant assurance received for corporate governance processes</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> <li>Integrated Care Strategy now approved by ICP and to be approved by constituent partners across Humber and North Yorkshire</li> <li>Risk Management Policy approved by the ICB Board</li> <li>Q4 Governance Review completed and reviewed by the Board and assurance received</li> <li>IG framework and toolkit submission for 2022/23</li> <li>Completion and submission of NHSE returns in relation to Year End Reporting, i.e., Annual Report, Accounts, DPST</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>Implementation of a Risk management policy and underpinning framework</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	Update on mitigations due this month
Implementation of Risk Management Policy	End Quarter 2 2023/24	ED of Corporate Affairs	Not due
Deliver and implement any recommendations from the Q4 Audit Reports	End Quarter 3 2023/24	ED of Corporate Affairs	Not due



<b>Ref: C3</b>	<b>SO C: Enabling the effective operation of the organisation</b>	<b>PRINCIPAL RISK 3:</b> Failure to recruit and retain staff of the right calibre and with the right values will prevent the ICB organisation delivering its core purposes. Lack of effective succession planning will reduce the leadership capability of the ICB and limit the impact and effectiveness of the organisation in leading the improvement and transformation of the HNY health and care system.	<b>Risk Domain: Workforce</b>	<b>Risk Score: 8</b>
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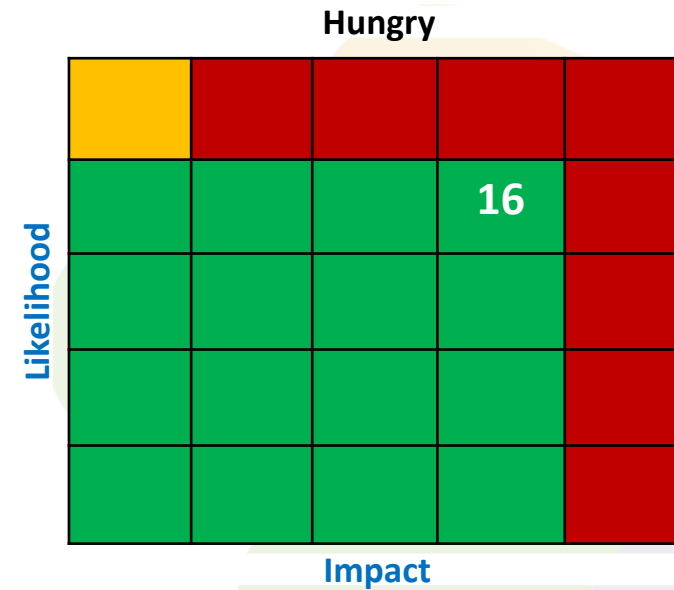
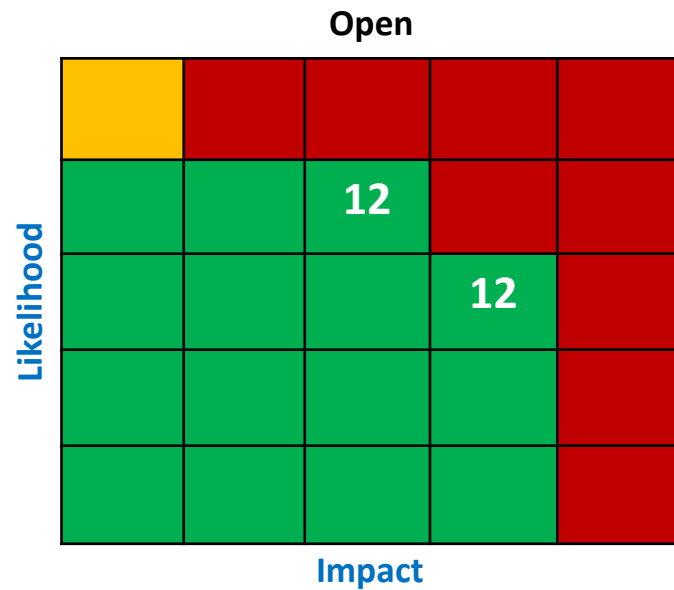
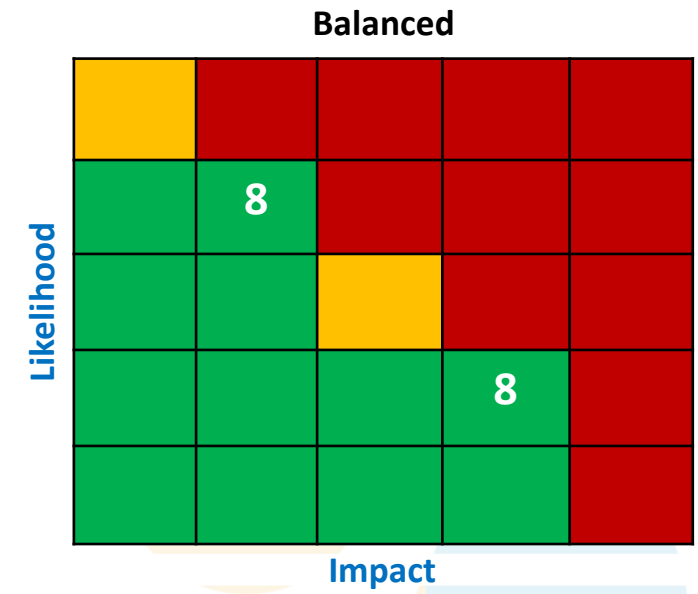
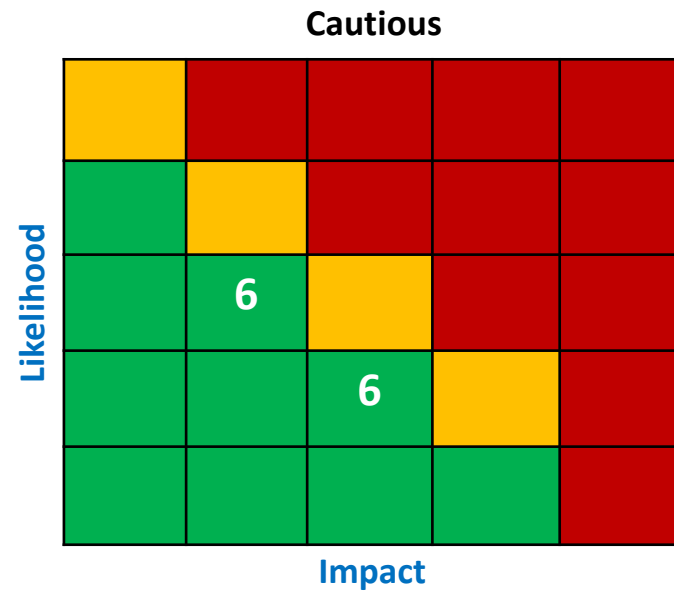
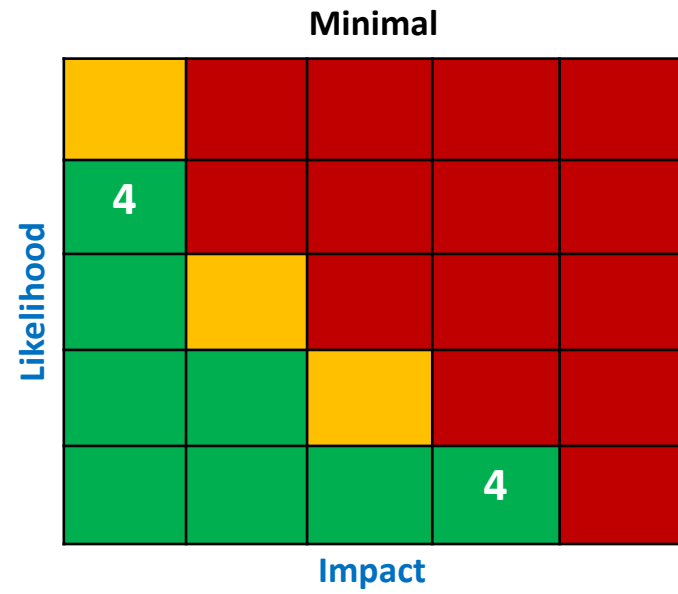
<b>Executive Risk Owner:</b> Executive Director of People	<b>Assurance Committee:</b> Executive Committee	<b>Date Added to BAF:</b> August 2023
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Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2023/24)	Q2 (2023/24)	Q3 (2023/24)	Q4 (2023/24)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	3	12	4	2	8	<b>8 (BALANCED)</b>	<b>IN APPETITE</b>		-	8	TBD	TBD
								<b>Risk Appetite</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Organisation redesign completed successfully, and organisation-wide learning captured. Ongoing work to assess requirements for further change linked to organisational purpose and emerging national requirements</li> <li>Staff Partnership Forum in place, supporting effective staff side engagement</li> <li>Staff surveys in place providing insight into colleague experience and perception</li> <li>Statutory and mandatory training in place; training and development policy and panel in operation, supporting staff development linked to PDR process</li> <li>Monthly staff briefings in place; staff roadshows effective in engaging staff in ICB organisational purpose and will be repeated as required</li> <li>Colleague support offer including EAP, occupational health and access to further support for more complex needs in place</li> <li>ICB-facing HR team fully populated</li> <li>ICB organisational values in development via dedicated project with Executive level support, with connectivity to wider system leadership group values and opportunities to develop into system-level values recognised and to be pursued in due course</li> <li>ICB Talent Management and Succession project underway with Executive level support</li> <li>ICB intersectional Inclusion Network in place, with connectivity to system-level intersectional Inclusion Assembly</li> <li>Risks specific to organisational workforce captured separately from system workforce risk at BAF level</li> </ul>	<ul style="list-style-type: none"> <li>ICB organisation flexible working and wider benefits offer to be developed</li> <li>Staff handbook in development but not yet launched</li> <li>HR team capacity is significantly less than NHS average per head of workforce (current ICB ratio 1/100; NHS average ratio 1:70), reducing the ability of the team to support proactive organisational development, creating risk at points of significant change and increasing the risk of burnout or failure to retain key HR staff</li> <li>No ICB intranet makes it very difficult for colleagues to access information they need about HR policy and process, staff benefits and training and development, and is also causing very significant unnecessary workload for HR team responding to individual requests</li> <li>Communications to ICB colleagues on identified organisational development actions (as shown left)</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Flexible working and wider benefits offer to be developed and communicated in staff handbook	October 2023	ED People	Staff handbook in development
Intranet to be developed by Comms, Marketing and PR, with HR team input	TBC	ED Comms, Marketing and PR	Target date to be agreed with Comms, Marketing and PR team
Update for staff on range of actions forming ICB organisational People Plan to be shared via staff briefing and other appropriate channels	TBC	ED People	Target date to be agreed with ED People

# 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
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	<ul style="list-style-type: none"> <li>Minimal injury requiring no/minimal intervention or treatment.</li> <li>No time off work</li> </ul>	<ul style="list-style-type: none"> <li>Minor injury or illness, requiring minor intervention</li> <li>Requiring time off work for &gt;3 days</li> <li>Increase in length of hospital stay by 1-3 days</li> </ul>	<ul style="list-style-type: none"> <li>Moderate injury requiring professional intervention</li> <li>Requiring time off work for 4-14 days</li> <li>Increase in length of hospital stay by 4-15 days</li> <li>RIDDOR/agency reportable incident</li> <li>An event which impacts on a small number of patients</li> </ul>	<ul style="list-style-type: none"> <li>Major injury leading to long-term incapacity/disability</li> <li>Requiring time off work for &gt;14 days</li> <li>Increase in length of hospital stay by &gt;15 days</li> <li>Mismanagement of patient care with long-term effects</li> </ul>	<ul style="list-style-type: none"> <li>Incident leading to death</li> <li>Multiple permanent injuries or irreversible health effects</li> <li>An event which impacts on a large number of patients</li> </ul>
<b>Quality/complaints/ audit</b>	<ul style="list-style-type: none"> <li>Peripheral element of treatment or service</li> <li>suboptimal</li> <li>Informal complaint /inquiry</li> </ul>	<ul style="list-style-type: none"> <li>Overall treatment or service suboptimal</li> <li>Formal complaint /</li> <li>Local resolution</li> <li>Single failure to meet internal standards</li> <li>Minor implications for patient safety if unresolved</li> <li>Reduced performance rating if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>Treatment or service has significantly reduced effectiveness</li> <li>Formal complaint/</li> <li>Local resolution (with potential to go to independent review)</li> <li>Repeated failure to meet internal standards</li> <li>Major patient safety implications if findings are not acted on</li> </ul>	<ul style="list-style-type: none"> <li>Non-compliance with national standards with significant risk to patients if unresolved</li> <li>Multiple complaints/ independent review</li> <li>Low performance rating</li> <li>Critical report</li> </ul>	<ul style="list-style-type: none"> <li>Totally unacceptable level or quality of treatment/ service</li> <li>Gross failure of patient safety if findings not acted on</li> <li>Inquest/ombudsman inquiry</li> <li>Gross failure to meet national standards</li> </ul>
<b>Human resources/Organisational development/ staffing/ competence</b>	<ul style="list-style-type: none"> <li>Short-term low staffing level that temporarily reduces service quality (&lt; 1 day)</li> </ul>	<ul style="list-style-type: none"> <li>Low staffing level that reduces the service quality</li> </ul>	<ul style="list-style-type: none"> <li>Late delivery of key objective/ service due to lack of staff</li> <li>Unsafe staffing level or competence (&gt;1 day)</li> <li>Low staff morale</li> <li>Poor staff attendance for mandatory/key training</li> </ul>	<ul style="list-style-type: none"> <li>Uncertain delivery of key objective/service due to lack of staff</li> <li>Unsafe staffing level or competence (&gt;5 days)</li> <li>Loss of key staff</li> <li>Significant numbers of staff not attending mandatory / key training</li> </ul>	<ul style="list-style-type: none"> <li>Non-delivery of key objective /service due to lack of staff</li> <li>Ongoing unsafe staffing levels or competence</li> <li>Loss of several key staff</li> <li>No staff attending mandatory training key training on an ongoing basis</li> </ul>
<b>Statutory duty/ inspections</b>	<ul style="list-style-type: none"> <li>No or minimal impact or breach of guidance/ statutory duty</li> </ul>	<ul style="list-style-type: none"> <li>Breach of statutory legislation</li> <li>Reduced performance rating if unresolved</li> </ul>	<ul style="list-style-type: none"> <li>Single breach in statutory duty</li> <li>Challenging external recommendations/ improvement notice</li> </ul>	<ul style="list-style-type: none"> <li>Enforcement action in statutory duty</li> <li>Improvement notices</li> <li>Low performance rating</li> <li>Critical reports</li> </ul>	<ul style="list-style-type: none"> <li>Multiple breaches in statutory duty</li> <li>Prosecution</li> <li>Complete systems change required</li> <li>Zero performance rating</li> <li>Severely critical reports</li> </ul>

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

# CLOSED RISKS

<b>BAF Ref:</b> A2	<b>STRATEGIC OBJECTIVE</b> Managing Today	<b>Executive Risk Owner:</b> Executive Director Finance and Investment <b>Assurance To:</b> Finance, Performance and Delivery Committee
<b>Principal Risk:</b> 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.		
<b>Reason for Closure:</b> This risk relates to 22/23 financial performance. As discussed at the July Board this risk to be closed following Board approval of the 22/23 Annual Report and Accounts and their successful submission to NHSE by 30 June 2023		
<b>Closure Recommended by:</b> Executive Committee		
<b>Date Approved for Closure by ICB Board:</b> 12/07/2023		

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

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