Risk Management Framework

September 2023

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DOCUMENT CONTROL

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CONTENTS **Page**

Section 1	Introduction to Risk Management Framework and Key Concepts	4
1	Risk Management Framework	5
2	Key Concepts of the HNY ICB Risk Management approach	5
2.1	Risk and Risk Management	5
2.2	Risk Appetite	5
2.3	Degree of Control	6
2.4	Risk V Issue	6
Section 2	The ICB Risk Assessment Tool	7
3	Risk Matrix	8
4	Risk Appetite Thresholds	9
Section 3	The ICB Risk Management Cycle	10
5	Development of ICB Risk Registers	11
6	ICB Risk Management Reporting Cycle	11
7	Adding or Closing of Risks:	12
8	Risk identification	12
9	Internal Methods of Identification	12
10	External Methods of Identification	13
11	Risk Assessment	13
12	Risk Analysis and Evaluation	13
13	HNY ICB Risk Registers	14
13.1	HNY ICB Risk Registers headings and descriptions	14
14	Monitoring and Review	15
15	Risk Treatment Option	15
16	Shared Risks	16
17	Assurance Framework	16
18	Associated Documentation	16
Appendix 1	Level at which risk is managed, recorded and monitored	18

SECTION 1

INTRODUCTION TO THE RISK MANAGEMENT FRAMEWORK AND KEY CONCEPTS

1. Risk Management framework

This document sets out the ICB's risk management framework as a simple and practical support for how risk management will be implemented throughout the organisation. This includes the processes and procedures adopted by the ICB to identify, assess and appropriately manage risks.

The Framework supplements the ICB's risk management policy which sets out the core principles to successfully manage risk within the organisation. A copy of the policy can be found here: https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/

2. Key Concepts to the HNY ICB's Risk Management Approach

2.1. Risk and Risk Management

Risk is the probability of an event occurring and its impact on the achievement of the ICB's objectives (positive or negative). Risk management is the means through which a risk is systematically analysed and understood in order to make the best-informed decisions as to how it is managed.

2.2. Risk Appetite

Risk appetite is the amount of risk that the ICB is willing to seek or accept in the pursuit of its long-term objectives. The aim is to reduce risks to the lowest level that is reasonably practicable however it is not always possible to eliminate risk entirely and the Organisational tolerance to risk is therefore linked to risk appetites according to pre-defined domains (as set out in Table 1 below). Risks should be considered in terms of both opportunities and threats and the consequent impact on the capability of the ICB, its performance, its reputation and the patients/public it serves.

The ICB recognises that its appetite for risk varies according to the nature of the risk (as set out in Table 1 below) and its potential impact on the delivery of the ICB's vision and ambitions. This reflects the risk vs reward concept.

Risk Appetite

Humber and North Yorkshire Health and Care Partnership

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
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.

2.3. **Degrees of Control**

The ICB can exert greater or lesser levels of control or influence over risks depending on their source and type. Some risks can be largely mitigated or eliminated entirely; however, this is not always possible. The ICB's risk management process is therefore tailored according to whether the risk can be solely controlled by the ICB - a direct risk - or it is a risk shared between the ICB and its partner(s) – an indirect risk.
Both direct and indirect risks are included within the ICB risk registers, however the means through which they are mitigated and monitored will vary according to who exerts control on the risk.

2.4 **Risk v Issue**

- A risk is something that might happen.
- An issue is a risk that has happened, and you are having to deal with the fall out.
  There may be further risks associated with a risk happening.
  e.g., a cyber attack
  The attack is happening, and you are dealing with it and trying to bring systems back online.
  There is a risk that you won't be able to bring the systems back up in an allotted time**.**

SECTION 2

THE ICB RISK ASSESSMENT TOOL

3. Risk Matrix

RISK ASSESSMENT TOOL (RISK MATRIX)

The ICB has adopted a risk assessment tool, which is based upon a 5 x 5 matrix. (Used by Risk Management AS/NZS 4360:1999) Risk assessment involves assessing the possible consequences of a risk should it be realised, against the likelihood of the realisation (i.e., the possibility of an adverse event, incident or other element having the potential to damage or threaten the achievement of objectives or service delivery, occurring). Risks are measured according to the following formula:

Likelihood x Impact = Risk

All risks need to be rated on 2 scales, Likelihood and Impact using the scales below.

Likelihood Levels

Humber and North Yorkshire Health and Care Partnership

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

Impact Levels

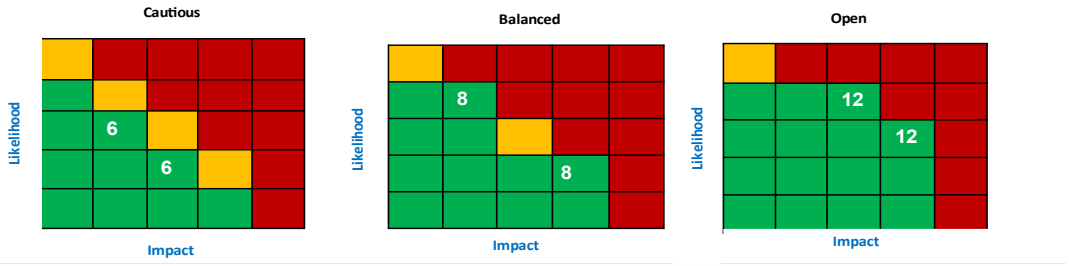
Humber and North Yorkshire Health and Care Partnership

	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)	• 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
Quality/ complaints/ audit	• Peripheral element of • treatment or service • suboptimal • Informal complaint /inquiry	• 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	• 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	• Non-compliance with national standards with significant risk to patients if unresolved • Multiple complaints/ • independent review • Low performance rating • Critical report	• 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	• Short-term low • staffing level that temporarily reduces service quality (< 1 day)	• Low staffing level that reduces the service quality	• 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	• 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	• 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	• No or minimal • impact or breech of guidance/ statutory duty	• Breech of statutory legislation • Reduced performance rating if unresolved	• Single breech in statutory duty • Challenging external recommendations/ improvement notice	• Enforcement action • Multiple breeches in statutory duty • Improvement notices • Low performance rating • Critical reports	• Multiple breeches in statutory duty • Prosecution • Complete systems change required • Zero performance rating • Severely critical reports
Adverse publicity / reputation	Rumors Potential for public concern / media interest Damage to an individual's reputation.	• Local media coverage – short-term reduction in public confidence • Elements of public expectation not being met • Damage to a team's reputation	• Local media coverage – long-term reduction in public confidence • Damage to a services reputation	• National media coverage with <3 days service well below reasonable public expectation • Damage to an organisation's reputation	• 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	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
Finance including claims	Small loss Risk of claim remote	• Loss of 0.1–0.25 per cent of budget • Claim less than • £10,000	• Loss of 0.25–0.5 per cent of budget • Claim(s) between £10,000 and £100,000	• 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	• 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	Loss/interruption of >1 hour Minimal or no impact on the environment	• Loss/ interruption of >8 hours • Minor impact on environment	• Loss/interruption of >1 day • Moderate impact on environment	• Loss/interruption of >1 week • Major impact on environment	• Permanent loss of service or facility • Catastrophic impact on environment
Data Loss / Breach of Confidentiality	Potentially serious breach. Less than 5 people affected or risk assessed as low eg files were encrypted	• Serious potential breach and risk assessed high eg unencrypted clinical records. Up to 20 people affected	• Serious breach of confidentiality eg up to 100 people affected	• Serious breach with either particular sensitivity eg sexual health details or up to 1000 people affected	• Serious breach with potential for ID theft or over 1000 people affected

4. ICB Risk Appetite Thresholds –

The below Risk Appetite Threshold have been defined by the ICB Board in line with the Executive Directors Domains

Integrated Care Board Risk Appetite Maps



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SECTION 3

THE ICB RISK MANAGEMENT CYCLE

5. Development of ICB Risk Registers

Individual Directors, Place, ICB Committees and ICB Collaboratives are responsible for identification and grading of initial risks on their risk registers together with producing and monitoring action plans and formally recording discussions at individual team meetings. These individuals and functions recognise the pivotal role that they have in the oversight and Judgement of prioritisation escalation of the risks of greatest strategic concern which may impact on the achievement of HNY ICB strategic objectives.

ICB risk registers will be monitored monthly and will help to populate and update the ICB Out of Appetite corporate risk register. Any risks out of risk appetite moves onto the Out of Appetite ICB corporate risk register which is reviewed regularly by ICB Executive team and periodically for assurance purposes by the Audit Committee. Strategic Risks (BAF) are updated regularly by the Executive team and reviewed by the Integrated Care board at the beginning and end of each meeting.

The ICB recognises the risks that fraud, bribery and corruption pose to its resources and will include this risk in the Finance, Performance and Delivery risk register. Operational management and recording of detailed fraud, bribery and corruption risks will be carried out by the ICBs counter fraud provider, Audit Yorkshire, as agreed in the counter fraud work plan and using their fraud risk planning tool. Regular meetings will be held between key ICB staff (i.e., Director of Finance and investment,) and the Audit Yorkshire counter fraud specialist to review existing and emerging risks and to ensure effective executive level monitoring.

6. ICB Risk Management Reporting Cycle

The ICB operates monthly risk reviews and reporting cycles. Risk review is undertaken by risk owners to:

- Check progress on the actions
- Check the success or failure of the agreed risk management actions
- Check if the likelihood of a risk occurring has increased or decreased
- Check if the impact has increased or decreased
- Identify any new risks

Risks	Place	ICB Committees & collaboratives	Audit Committee	ICB Exec team	Integrated Care Board
Strategic Risks (BAF)	N/A	Those relevant to committee or collaboratives remit - each meeting	Periodic assurance with respect to BAF process and controls	Reviewed by Exec directors prior to formal Board meetings)	Monthly
Out of appetite risk registers	Internal workstreams & SLT Monthly	Full oversite through Web APP system – responsible to update own register	Received periodically for assurance	Bi Monthly	Registers reviewed by Exec Directors and any relevant risks highlighted

					to Board as necessary
In appetite risk registers	Internal workstreams	Full oversite through Web APP system – responsible to update own register	N/A	N/A	N/A

PLACE Risk Registers – updated Monthly.
Operational risks identified from directorate/team and individual work plans.

ICB Committee and Collaborative Risk Registers – updated Monthly.
Overview of Place based out of appetite Risk Registers that could impact on strategic objectives. Executive Directors have a pivotal in the oversight and judgement of prioritisation escalation of the risks of greatest strategic concern which may impact on the achievement of HNY ICB strategic objectives.

Strategic Risk Register – (BAF) updated bi-monthly.
High level strategic risks that may impact on the delivery of strategic objectives.

Level at which risk is managed, recorded and monitored is attached at Appendix 1.

7. Adding or Closing of Risks:

If a new risk has been identified that requires adding to a register it should be discussed at the appropriate level within the organisation (Place, Committee or Collaborative and reviewed for addition (risk owner identified and made responsible for risk update, risk description agreed with initial Impact / Likelihood score decided)

Following the routine monitoring of risks some risks still exist and are being monitored within tolerance and should not be removed for a certain period of time, once it is considered that the risk is managed within tolerance and the risk can be removed as no further monitoring is required, this should be approved by the risk owner and the responsible Director / Committee/Collaborative/Group, update the risk register to ensure the risk register and reporting reflects the change to the risk. (It can only physically be removed from the register by Corporate Governance Managers / Heads of Office) Collab or committee Head of Type role) once agreed.

Risk agreed for addition to a register.

Risk added and updated monthly as per policy to reflect changes to the risk.

Risks can only be added or closed from the dashboard view by ICB Corporate Affairs Administrators / Heads of Office Collab or committee Type roles once agreed.

All risks will need to be assessed rigorously, thus creating a continuum of risk assessments across the length and breadth of the organisation. Risks will need to be systematically identified, assessed and analysed on a continual basis. The effort and resources that are spent on managing risk should be proportionate to the risk itself. The ICB has in place an efficient assessment process covering all areas of risk. It is also a legal requirement that all NHS staff actively manage risk.

8. Risk identification

Risk identification involves examining all sources of risk, from the perspective of all stakeholders, both internal and external. Within the ICB, risks are identified using a number of sources. The following lists are not exhaustive and show examples of where risks may be identified from.

9. Internal Methods of Identification

- Incidents, Serious Incidents (SIs), complaints, patient advisory liaison service (PALS) enquiries and claims reporting.
- Internal audit recommendations, identifying the ICB's gaps in control.
- Self-assessment workshops.
- Strategic level risks highlighted by ICB Board, and the Executive Team.
- Risks highlighted via sub-committees of the ICB.
- Patient satisfaction surveys.
- Staff surveys.
- Clinical audits, infection control audits,
- Risks highlighted by the Unions.
- Risks highlighted by new activities and projects.
- Risks highlighted via the Raising Concerns (Whistleblowing) Policy.
- Risks highlighted through business and local development plans.
- Risks identified through individual Directorate or team meetings.

10. External Methods of Identification

- Reports from assessments/inspections from external bodies i.e. Audit Commission, Care Quality Commission, Monitor, Health and Safety Executive (HSE) etc.
- National reports and guidance.
- Coroner's reports.
- Media and public perception.
- NHS Improvements Patient Safety Alerts (PSA).
- Central Alerting System (CAS) alerts.
- Health Ombudsman reports.
- Externally commissioned reports

Clear communication lines have to be established to enable all the systems above to report all risks and allow for the population of the strategic, corporate and directorate risk registers.

11. Risk Assessment

The methodology for the assessment of risk can be complex. Risk assessment involves examining the level of risk posed by a hazard, consideration of those in danger and evaluating whether risks are adequately controlled, taking into account any measures already in place. Risk assessment involves two distinct stages:

- Analysing risk e.g., in terms of consequence and likelihood.
- Evaluating risk in order to set priorities.

Risk assessment should identify the significant risks arising out of the tasks or activities undertaken within the organisation and assess their potential to:

- Cause injury or ill health to individuals.
- Result in civil claims or litigation.
- Result in enforcement action e.g., from the Health & Safety Executive or Local Authority.
- Cause damage to the environment.
- Cause property damage/loss.
- Result in operational delays (e.g., impacting on waiting lists).
- This results in the loss of reputation.

12. Risk Analysis and Evaluation

Risk analysis involves systematically using available information to determine how often specified events occur and the magnitude of their consequences. In order to grade the risks identified the ICB utilises the risk assessment tool

All risks highlighted to the ICB need to be graded using this risk matrix. If other quantitative methods are used then risk analysis will be inconsistent, and the population of the risk registers will be unreliable.

Risk identification and risk assessment is a continuous process and should not be considered as a one-off exercise.

After the process of risk identification and risk assessment has been completed, groups/committees or those responsible for significant projects, will be expected to produce the findings on the appropriate risk register,

All the risks highlighted will need to be coordinated, rated according to the risk they pose, and then prioritised. Responsibility for identified risks will then need to be allocated to individuals.

13. HNY ICB Risk Registers

The ICB risk registers will assimilate all risks. The risk registers will form the basis of the risk treatment plan and will be a living document, always changing to reflect the dynamic nature of risk and the organisations management of it.

13.1 HNY ICB Risk registers headings and descriptions

Place / Committee, / Collaborative	Place Risk prefixes: NE Lincs, N Lincs, Hull, ERY, N Yorkshire, York. ICB Committee risk prefix: Dig Com, Qual Com, Workforce Com, PH&P Com, FPD Com, Clin & Prof Com ICB Collaborative prefix: CofAC, CH&C, MHLD&A, PC, VCSE
Risk ID	Self-Populated numbers from system
Risk Description	The summary description of risk should be about the risk and not about the actions - Short sharp and focused - (Threat): if (event) occurs, the consequences could result in (negative impact).
Strategic Objective	Which strategic objective does the risk relate to?
Domain	ICB Domains: Clinical Quality & Safety, Patient Experience,

	Workforce, Financial, Compliance/Regulatory, Reputation, Transformation Delivery, Partnership.
Date added to register	Input as DD/MM/YYY the risk was added to the risk register
Key controls	Any key controls or actions that are already in place to start to manage the risk.
Source of Risk	Where is the Risk being identified from i.e., Place/System shared/ NHSEI/CQC
Impact	Refer to the risk grading matrix for guidance.
Likelihood	Refer to the risk grading matrix for guidance.
Risk Score	This will self-populate against the defined appetite scores
Previous Risk Score	Self-populate if change made to risk score
Movement	The movement of the risk score from the last review, update New (New risk added) Up (increase), down (reduced) or the same (no change)
Status	Self-populating R/A/G visual status of the risk appetite score against the risk score
Assurance on controls	Any evidence that control measures are starting to be effective.
Positive external assurance	From bodies external to HNY ICB for example - NHSEI/CQC /Healthwatch
Gaps in controls	Further controls that can reduce the risk but are not yet in place
Gaps in assurance	Where there are inadequate or limited assurance measures and cannot provide full assurance that controls are effectively mitigating the risk
Risk Mitigation Control – Direct or Indirect	Is the risk mitigation directly attributable to ICB work or indirectly as part of ICS/Partnership working
Last review date	Date that the risk was last reviewed
Updated actions	Monthly update to show progress against risk appetite towards your target date. Existing updates should try to be moved to either assurance or gaps
Lead	Who has the overall lead or responsibility for this risks PLACE/PLACE SYSTEM/ICB
Target date for returning to Appetite score	All risks must have a future target date for returning to appetite score
Risk Owner	Name of staff member risk owner

14. Monitoring and Review

It is necessary to monitor risks, the effectiveness of any action plans and the adequacies of controls that have been implemented. It is essential for the ICB to be aware of and monitor all risks as even risks deemed acceptable or tolerable may become unacceptable due to external forces such as adverse publicity or political agenda.

The monitoring and review of risk management systems is embedded within the ICB. Individual Place Directors and directorate staff are responsible for identification and

grading of initial risks on their risk registers together with producing and monitoring action plans and formally recording discussions at individual team meetings. The Place risk registers will be monitored monthly by the SLT meetings and will help to populate and update the out of appetite corporate risk register to inform the assurance framework.

Any Place risks out of the risk appetite determined by the ICB Executive Directors and Board agreement moves onto the HNY out of appetite corporate risk register which is reviewed regularly by the ICB Executives and Committees. Strategic Risks (BAF) are updated by the ICB Executive team and reviewed by the ICB Board at the start and end of every meeting.

These individuals and functions recognise the pivotal role that they have in the oversight and judgement of prioritisation escalation of the risks of greatest strategic concern which may impact on the achievement of HNY ICB strategic objectives.

The Audit committee provides independent assurance(s) that a risk management system is in place for the ICB.

Reviews by independent bodies, both external and internal, will assist the ICB in demonstrating performance and will highlight any areas that need to be addressed.
Level at which risk is managed, recorded and monitored is attached at Appendix 1.

15. Risk Treatment Option

Any risks identified by a risk owner is responsible for the movement and mitigation of the risk, over and above this, out of appetite system oversite will also continue of any risk which threatens a strategic objective or in particular where insufficient mitigations are maintained or is not within their remit to rectify should be considered for immediate escalation to the Executive directors or by the relevant committee.

Risk treatment options will then need to be reviewed and any residual risk monitored by the directorate/Executive team and the relevant committee.

16. Shared Risks

The adoption of a shared responsibility risk model between partners of the Humber and North Yorkshire ICS system which distinguishes between those risks that are directly within the control of the ICB and those that are shared, is at the heart of the risk framework as the partnership matures. The risk management tool has the ability to recognise and distinguish shared risk with the emphasis being shared ownership in the management of such risk in due course.

17 Assurance Framework

The Strategic Risk Register (BAF) will feed on a continual basis the ICB's Assurance Framework. The Audit committee reviews the Assurance Framework regularly. It is the responsibility of the Audit committee to identify mitigating controls. The framework is a comprehensive method for the effective and focused management of the principal risks to meeting ICB objectives; it also provides a structure for the evidence to support the Annual Governance Statement. The Assurance Framework will therefore simplify Governing Body reporting and the prioritisation of action plans, which, in turn, allow for

more effective performance management.

The above risk management process will ensure that all risks are captured in a systematic way, thus creating a continuum of risk assessments across the length and breadth of the organisation. These risks can then be continuously monitored and reviewed by the ICB and will enable the ICB to learn and make improvements.

18 Associated Documentation

- HNY ICB Risk Management Policy (May 2023)

Level at which risk is managed, recorded and monitored

Appendix 1

Identification & Assessment

Strategic Risk Register – (BAF) updated bi-monthly.
High level strategic risks that may impact on the delivery of strategic objectives.

ICB Committee and Collaborative Risk Registers – updated Monthly.
Overview of Place based out of appetite Risk Registers that could impact on strategic objectives.

Direct escalation routes outside of reporting cycle

PLACE Risk Registers – updated Monthly.
Operational risks identified from directorate/team and individual work plans.

Place Health and Care collaborative risks

Review & Assurance

ICP - Shared Risks

Review strategic Risk register (BAF) every meeting. Receives assurance / escalations on the out of appetite risks viewed throughout the system by ICB Executive team.

ICB Audit Committee periodically review Strategic (BAF) and out of appetite Corporate Risk Registers. For assurance to the ICB Board

Review and update PLACE Risk Registers in and out of Appetite