

Agenda Item No:

8

<b>Report to:</b>	Humber and North Yorkshire Integrated Care Board
<b>Date of Meeting:</b>	5 March 2024
<b>Subject:</b>	<b>Board Assurance Framework</b>
<b>Director Sponsor:</b>	Karina Ellis, Executive Director of Corporate Affairs
<b>Author:</b>	ICB Executive Directors Mike Napier, Director of Governance and Board Secretary / Sasha Sencier, Head of Governance and Development

**STATUS OF THE REPORT:**

Approve  Discuss  Assurance  Information  A Regulatory Requirement

**SUMMARY OF REPORT:**

This report presents the updated ICB Board Assurance Framework (BAF) for discussion and approval. All risks identified are subject to continuous review by the principle senior risk owner as well as the Executive Committee prior to submission to the Board. A summary of the current position is detailed below, and any amendments are also highlighted within the BAF.

It should be noted that a number of mitigating actions within the BAF are due for reporting by the end of Q4 (23/24) – end of March '24, and focus will be given in the next report on progress against these as well as an analysis of risk ratings' movement.

**Summary of updates on BAF since February '24**

**Strategic Objective A: Managing Today**

**Risk Ref A1 (patient safety and positive health outcomes)**

- One mitigating action was due for completion in February 2024, which has been updated as detailed below.
- No other changes reported.

Mitigating Action	Update
ICB wide approach to managing clinical risk with ambulance handover delays and revised policy in line with national requirements from 1 December 2023. Proactive role of system coordination centre to maximise flow.	Target date moved to March 2024 Update: Clinical Risk Framework and decision tool developed during December 2023 to support collective sharing of risk across HNY at times of escalation is utilised alongside the focus on reducing long ambulance delays and time in department.

**Risk Ref A2 (22/23 financial performance)**

- CLOSED JULY 2023

**Risk Ref A3 (23/24 financial performance)**

- Additional detail around positive assurances and key controls has been included, as detailed below.

- The **risk score has also been lowered** from 16 (Impact 4 x Likelihood 4) to **10** (Impact 5 x Likelihood 2). The risk status is still out of appetite.
- One additional mitigating action has been included to Develop a medium-terms financial recovery plan. The target date set for this is end March / April 2024.

#### Positive Assurance and Key Controls in Place

- An external accounting firm have been commissioned to support the ICS to produce a medium term sustainable financial strategy involving all system partners.
- A deficit plan was submitted and agreed with NHSE. NHSE have confirmed it will distribute £30m resource to the ICB in February to match the deficit which will be distributed to providers. The ICB plan will be adjusted to reflect this change. The business rules associated with having a planned deficit will not change.
- A Systemwide meeting involving NHS Chairs and CEO's committed to delivering financial balance for this financial year following the intervention by NHSE set out above.

#### Risk Ref A4 (workforce – system wide)

- No changes since last reported at the Board in February 2024.

#### Risk Ref A5 (Estates)

- Additional detail around positive assurances and key controls has been included, as detailed below.
- Additional detail around Gaps in Control and/or assurance has been included, as detailed below.
- The **risk score has also been lowered** from 16 (Impact 4 x Likelihood 4) to **12** (Impact 4 x Likelihood 3). The risk status is still out of appetite.

#### Positive Assurance and Key Controls in Place

- ICB Infrastructure Plan work has commenced, and all providers engaged, data collection and validation taking place to provide a comprehensive overview of the Estates, Sustainability and Infrastructure position.
- ICB corporate estates review commenced, with ad hoc projects already taking place
- Options for identifying underutilised estate and potential disposals identified as part of the QEP
- Primary Care Estates group in place and operating well, with the PCN toolkit work nearing completion linking clinical strategy and infrastructure

#### Gaps in Control and/or Assurance

- Links into the Provider risk reporting where it makes sense for the ICB to be sighted, this should be addressed as the Capital and Estates Group matures in new format.
- Board Reporting on Net Zero targets. This is being addressed by development of standard set of matrix to be included into the suite of Board reports.

#### Risk Ref A6 (Performance Standards)

- Two mitigating actions which were due for completion in January have been updated as detailed below.
- No other changes are reported.

Mitigating Action	Update
Urgent and Emergency Care (UEC) further faster plan prioritising immediate actions	<a href="#">Target date moved to February 2024</a> Update: Further Faster Plan for UEC being reviewed and refreshed to respond to the nationally required stock take and pursuit of the achieving of 76% ED 4-hour standard, and the Cat 2 response times, by the end of March 2024.
Cancer recovery plan developed through cancer system tier meetings	<a href="#">Target date moved to February 2024</a> Update: Detailed Cancer Recovery Plan being proactively managed via the HNY/NHSE System Cancer Tier meetings to focus on achieving year end trajectories for FDS and Cancer 63days

**Strategic Objective B: Managing Tomorrow**

**Risk Ref B1 (Data & digital maturity)**

- No changes since last reported at the Board in February 2024.

**Risk Ref B2 (Relationships with all partners and stakeholders)**

- No changes since last reported at the Board in February 2024

**Risk Ref B3 (Transforming services to achieve enduring improvement)**

- No changes since last reported at the Board in February 2024

**Risk Ref B4 (priority workforce transformation initiatives)**

- No changes since last reported at the Board in February 2024

**Strategic Objective 3: Enabling the effective operation of the organisation**

**Risk Ref C1 (Failure to effectively engage and deliver our legal duty to involve patients)**

- No changes since last reported at the Board in February 2024

**Risk Ref C2 (governance processes and effective control mechanisms)**

- No changes since last reported at the Board in February 2024.

**Risk Ref C3 (workforce – internal)**

- No changes since last reported at the Board in February 2024.

- 

**RECOMMENDATIONS:**

Members are asked to:

- Approve the changes to the BAF as highlighted in the report and summarised above.
- Identify any further areas of risk that may impact on the delivery of the ICB strategic objectives.

**ICB STRATEGIC OBJECTIVE**

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>

**IMPLICATIONS**

Finance	<b>Risk A3</b> relates specifically to risks associated with the maintenance of financial control. The current assessment of the risks, together with their mitigations, associated with this are set out in the BAF. Financial implications associated with other risks would be set out on a case-by-case basis.
Quality	<b>Risks A1</b> and <b>C1</b> refer specifically to quality impacts should the threats relating to clinical quality, safety and patient experience not be adequately mitigated for. The current controls and assurances in place are set out within the BAF

HR	<b>Risks A4, B4 and C3</b> set out the risks in the event of not delivering the ICB People Plan, together with the controls and mitigations in place to minimise these.
Legal / Regulatory	The maintenance of a comprehensive BAF provides an important means through which the compliance / regulatory risks to the ICB are mitigated for. <b>Risk C2</b> specifically considers the principal compliance / regulatory risk identified at the present time, together with its controls and mitigations.
Data Protection / IG	There are no direct data protection / IG implications relating to this paper, however data protection/IG controls and mitigations will be considered, as relevant, for all principal risks.
Health inequality / equality	<b>Risks A1, B1, B2 and B3</b> reference the negative impacts on health inequality / equality in the event that each risk is not adequately controlled however the existing mitigations are also set out within the document.
Conflict of Interest Aspects	No conflicts of interest are identified in relation to the BAF; however, it is noted that COIs will continue to be monitored on a case-by-case basis given the broad scope of the report's contents and the professional / organisational diversity of the Board membership.
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

**ASSESSED RISK:**

The ICB has a statutory and regulatory obligation to ensure that systems of control are in place, to minimise the impact of all types of risk. The BAF and Corporate Risk Register are essential parts of a robust and comprehensive internal control framework for the ICB.

**MONITORING AND ASSURANCE:**

The Executive Team will oversee the development of the wider risk management strategy and framework of which the BAF will be an element. The Audit Committee maintains independent oversight for the assurance of the BAF and ICB control framework.

**ENGAGEMENT:**

A wide variety of ICB subject matter specialists, senior officers and the ICB Board have been engaged in the development of the BAF.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, please detail the specific grounds for exemption.