

Humber and North Yorkshire ICB Board Assurance Framework

V13
March 2024

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
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.

ICB BAF Risk Heat Maps (Based on Risk Appetite)

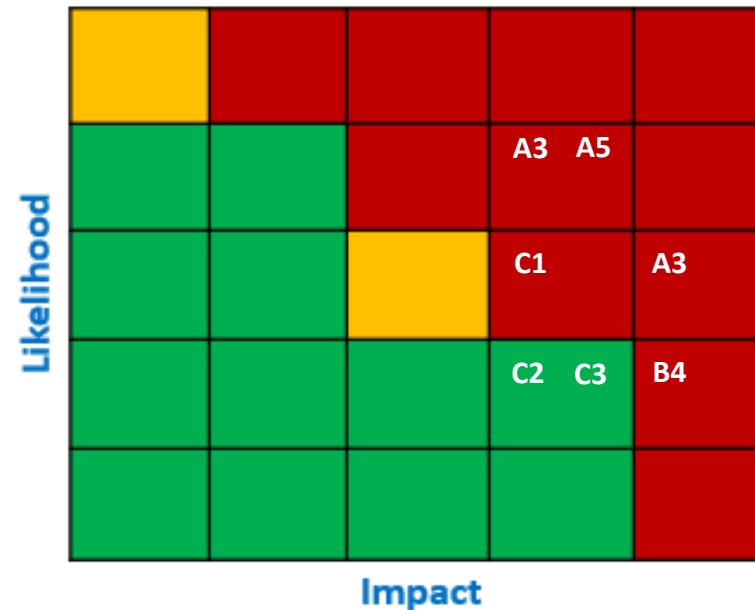
Domains	Risk Appetite	BAF Risks
1: Clinical Quality & Safety	CAUTIOUS (6)	A1
2: Patient Experience	BALANCED (8)	C1
3: Workforce	BALANCED (8)	A4 C3
4: Financial / Value for Money	BALANCED (8)	A3
5: Compliance / Regulatory	BALANCED (8)	C2
6: Reputation	BALANCED (8)	-
7: Transformation Delivery	OPEN (12)	A6 B1 B3
8: Partnership	OPEN (12)	B2

Managing Today	Managing Tomorrow	Enabling the effective operation of the organisation
A1: Clinical Quality & Safety A2: (CLOSED) A3: Financial / Value for Money A4: Workforce A5: Financial / Value for Money A6: Transformation Delivery	B1: Transformation Delivery B2: Partnership B3: Transformation Delivery B4: Workforce	C1: Patient Experience C2: Compliance / Regulatory C3: Workforce

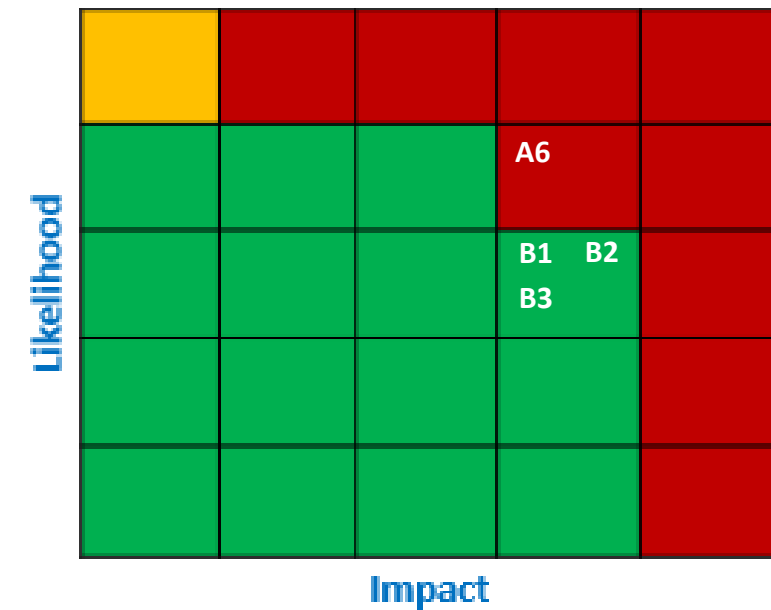
Cautious








Balanced



Open



Strategic Objective A: Managing Today

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 have mitigating actions to improve 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	3	15	6 CAUTIOUS	OUT				
REF	Domain	Principal Risk	Risk Closed 12 July 2023													
A2	Financial / Value for Money	1: Failure to operate within the ICB's available resources in 2022/23 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	Reason for Closure: This risk relates to 22/23 financial performance.													
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			
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 Committee	5	5	25	5	2	10				8 BALANCED	10	
					I	L	Rating I x L	I	L	Rating I x L						
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			
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 (Workforce Committee)	5	4	20	5	3	15				8 BALANCED	OUT	
					I	L	Rating I x L	I	L	Rating I x L						
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			
A5	Financial / Value for Money	5: The estates infrastructure of the ICS hinders our ability as an ICB to deliver consistently high-quality care.	ED Finance & Investment	Finance, Performance & Delivery Committee	4	4	16	4	3	16				8 BALANCED	OUT	
					I	L	Rating I x L	I	L	Rating I x L						
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			
A6	Transformation Delivery	6: Failure to deliver the ICB Operating plan for 2023/24, and the associated 31 national objectives, may result in patients not being treated in a timely and appropriate manner.	Deputy Chief Executive / COO	Executive Committee	4	4	16	4	4	16				12 OPEN	OUT	
					I	L	Rating I x L	I	L	Rating I x L						

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 Committee	5	4	20	4	3	12	12 OPEN	IN	↔
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 Committee	4	4	16	4	3	12	12 OPEN	IN	↔
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 / Chief Operating Officer	Executive Committee	5	4	20	4	3	12	12 OPEN	IN	↔
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 (Workforce Committee)	5	4	20	5	2	10	8 BALANCED	OUT	↔

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	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	↔

Ref: A1	SO A: Managing Today	PRINCIPAL RISK 1: Failure to effectively recognise, monitor and have mitigating actions to improve standards of local care will impact on patient safety and positive health outcomes for local people and communities.	Risk Domain: Clinical Quality & Safety	Risk Score: 15
-------------------	--------------------------------	--	--	---------------------------------

Executive Risk Owner: ED Nursing & Quality	Assurance Committee: Quality Committee	Date Added to BAF: October 2022
---	---	--

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

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
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.	End March 2024 (updated from end February 2024)	Director of Performance and Planning (COO Office)	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.

Ref A3 Risk Analysis

Ref: A3	SO A: Managing Today	PRINCIPAL RISK 3: Failure to operate within the ICB's available resources for 2023/24 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	Risk Domain: Financial / Value for Money	Risk Score: 10
----------------	-----------------------------	---	--	---------------------------------

Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: March 2023
---	---	--------------------------------------

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	5	2	10	8 (BALANCED)	OUT OF APPETITE	25	16	16	10	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> Oversight from Finance, Performance and Delivery Executive Committee and Audit Committee, which includes VSM Members with appropriate accountability providing assurance to the Board Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation for 2023/24 Internal audit and external audit reviews on financial systems, budgetary control and financial management, and also contract management and procurement Professional standards Regulatory frameworks Regular meetings with senior finance director leads across the ICB/ICS 23/24 and 24/ 25 Operational Planning Guidance issued. Weekly HNY ICB senior finance meeting to discuss live issues, ways of working (operating model) any potential risks emerging across the ICB/S that needs responding to. Monthly Finance Contracting and Procurement meeting with the entire team . There is widespread finance contracting and procurement team representation throughout the ICB's operations to ensure any financial/procurement risk or governance concerns are picked up and mitigating action taken ASAP. There is a high level of continuity within the team and whilst the "ask" of ICBs is not the same as previous commissioning organisations it does help protect the new organisation to some extent (there is also a good spread of qualified staff in the team as well as a professional commitment to CPD for all disciplines). Establishment of a system Quality, Efficiency and Productivity board to drive forward efficiency opportunities across the system. Oversight from the Quality Committee and Quality Impact Assessment to ensure the impact of finance doesn't affect or mitigates patient outcome Development and implementation of Financial Plan (Medium term) completed end September. 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. 	<ul style="list-style-type: none"> ICB deficit

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Moving to a purchase order system through oracle which will assist from a governance oversight perspective	End September 2024	ED of Finance & Investment	NOT DUE
Develop a medium term financial recovery plan	End March/April 2024	ED Finance and Investment	NOT DUE

Ref: A4	SO A: Managing Today	PRINCIPAL RISK 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	Risk Domain: Workforce	Risk Score: 15
----------------	-----------------------------	--	-------------------------------	-----------------------

Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Committee (Workforce Board)	Date Added to BAF: October 2022
---	---	--

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	20	15	15	15
5	4	20	5	3	15	8 (BALANCED)	OUT OF 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"> Workforce Board established, including VSM Members with accountability spanning system wide priorities, providing assurance to the Board 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 ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum Executive Director of People and People team in post, including roles focused on system workforce transformation Immediate workforce risks considered by Workforce Board and located appropriately in BAF Careers transformation activity promoting health and care careers among people of all ages. The HNY Education and Training Committee has been established, which in future years will manage METIP responses. For 2023/24, a system level response is being coordinated by the NHSE Workforce Transformation Lead aligned to HNY. Flexible working and wider benefits published in the Staff handbook promoted in regular staff update: https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1 	<ul style="list-style-type: none"> Industrial action is having a significant and wide-ranging impact on workforce in terms of availability, morale and future attraction Immediate term financial pressure driving limitation on workforce growth in context of increasing demand, affecting retention and morale National funding allocations sometimes calculated to HNY’s detriment, particularly where CICs are excluded from funding streams

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 of People	Not due (Update next expected April 2024)

Ref: A5	SO A: Managing Today	PRINCIPAL RISK 5: The estates infrastructure of the ICS hinders our ability as an ICB to deliver consistently high quality care.	Risk Domain: enter	Risk Score: 12
-------------------	--------------------------------	--	------------------------------	---------------------------------

Executive Risk Owner: Director of Finance and Investment	Assurance Committee: Finance Performance and Delivery Committee	Date Added to BAF: November 2023
---	--	---

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	8	OUT OF APPETITE		--	--	16	12
								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"> 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 Capital and estates group recommenced HNY sustainability steering group EPRR in place, to support any critical infrastructure failures Mature Provider estates planning forums to manage risk and capital planning oversight This risk will form part of the ICB infrastructure plan. Appointed consultancy to support for Delivery of the Health Infrastructure Plan 	<ul style="list-style-type: none"> 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. Wider overview of impact on challenged capital position on backlog maintenance. Lack of reporting on TIF/major reconfiguration schemes on Benefits Realisation

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Working with exec director and governance team to establish clear reporting and governance arrangements	End Quarter 4 2023/24	Executive Director of Finance & Investment /Assistant Director of Estates	Not due
Continue to prioritise in line with agreed risk prioritises and review options and alternative funding opportunities.	End Quarter 4 for review post HIP	Executive Director of Finance & Investment /Assistant Director of Estates	Not due

Ref: A6	SO A: Managing Today	PRINCIPAL RISK 6: Failure to deliver the ICB Operating plan for 2023/24, and the associated 31 national objectives, may result in patients not being treated in a timely and appropriate manner.	Risk Domain: Transformation delivery	Risk Score: 16
----------------	-----------------------------	---	---	-----------------------

Executive Risk Owner(s): Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Executive Committee	Date Added to BAF: December 2023
--	---	---

Initial Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q3 (2023/24)	Q4 (2023/24)	Q1 (2024/25)	Q2 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	4	16	4	4	16	12 (OPEN)	OUT		12 (OPEN)	16	-	-
								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"> System Oversight and Assurance Group, that includes all Place Directors and Collaborative Directors and report to the Finance, Performance and Delivery Committee. Providers and places working collaboratively to share learning Detailed monthly performance report and dashboard to the ICB Board. Oversight of risk by the Chief Operating Officer and the Board Speciality level reports at Elective Care and Urgent Care Boards H2 plan reset submitted to NHSE and subject to tight controls and delivery Refreshed Urgent and Emergency Care (UEC) Board 	<ul style="list-style-type: none"> Operational pressures and priorities impact on our ability to target resources effectively to deliver against the plan Not measuring and assessing performance across the system in a timely and meaningful way impacts on our ability to respond quickly as issues arise and widens variation across our footprint. Working with our six places to ensure effective delivery at Place level.

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Regular reset H2 plan update to Board – starting in January 2024	End March 2024	Deputy Chief Executive / Chief Operating Officer	Extraordinary Board discussions have provided an opportunity to ensure Board members briefed on latest delivery and financial position and expected position at the year end. Will continue for February and March meetings.
Urgent and Emergency Care (UEC) further faster plan prioritising immediate actions	End February 2024	Deputy Chief Executive / Chief Operating Officer	Further Faster Plan for Urgent and Emergency Care 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	End February 2024	Deputy Chief Executive / Chief Operating Officer	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

Ref: B1	SO B: Managing Tomorrow	PRINCIPAL RISK 1: Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	Risk Domain: Transformation Delivery	Risk Score: 12
-------------------	-----------------------------------	--	--	---------------------------------

Executive Risk Owner: ED of Clinical and Professional Services	Assurance Committee: Digital Committee	Date Added to BAF: October 2022
---	---	--

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		
5	4	20	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	12	12
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"> Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners Approved Digital Strategy National digital maturity assessment framework Operation Plan approved by the ICB Board and submitted to NHS England SIRO, Caldicott Guardian and Data Protection Officer in Place Data Security and Protection Toolkit completed ICS Infrastructure steering group in place with links to cyber expertise Dedicated ICS Cyber Security Group Established chaired by NHSE Regional Cyber security lead, rapidly improving the position and developing a strategy Sharepoint risks mitigated providing a secure collaborative space Cyber event taken place with Board (09/08/2023) 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance Evidence of sustained improvement in trends to reduce health inequalities Align digital priorities with the ICP strategy and develop an action plan to deliver Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and more simplified reporting. Improvements identified and actions required as part of the DSPT Toolkit submission Increasing awareness of cyber security risks across the organisation and wider system

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 4 2023/24	ED Clinical & Professional Services	Not due
DSPT Toolkit Improvement Plan (if applicable)	End June 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	End 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	End March 2024	ED of Corporate Affairs	Not due

Ref: B2	SO B: Managing Tomorrow	PRINCIPAL RISK 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.	Risk Domain: Partnership	Risk Score: 12
----------------	--------------------------------	---	------------------------------------	--

Executive Risk Owner: Executive Director of Corporate Affairs	Assurance Committee: Executive Committee / Population Health & Prevention Committee	Date Added to BAF: October 2022
--	--	--

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	12	12
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"> Establishment of the Integrated Care Partnership with local government Establishment of the Population Health and Prevention Executive Committee Integrated Care Strategy supported by ICP and Joint Forward Plan Establishment of Senior Leadership Executive Committee, including VSM Members with accountability spanning system wide priorities and providing assurance to the Board. Establishment of Collaboratives who are working closely with the ICB and Places to delivery complex challenges across the system. Closer working with public health in each of the LAs Relationships building with police and crime commissioners across ICS Futures Group has been established at this will meet on a quarterly basis with a key purpose to building partnerships Corporate Affairs Structure now in place Maturity of ICB – Internal controls and governance Futures Group workplan developed Re-establishing our approach as an ICB and wider health and care partnership and their contributions to the wider determinants (anchor) completed - the actions are now an integral part of the accelerated maturity of Place programmes (for instance, agreement to move to joint decision making in NEL and potential for other Places to follow suit) 	<ul style="list-style-type: none"> Clarifying the ICBs role in supporting wider determinants Building an understanding of what we are already doing and what we are doing well to support change and integration Identifying resource to deliver this key strategic objective

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Integration needs assessment (lens on coastal): Development and recommendations	End March 2024	ED of Corporate Affairs	Not due

Ref B3 Risk Analysis

Ref: B3	SO B: Managing Tomorrow	PRINCIPAL RISK 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.	Risk Domain: Transformation Delivery	Risk Score: 12
--------------------------	--	--	---	---------------------------------

Executive Risk Owner(s): Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Executive Committee	Date Added to BAF: October 2022
--	---	--

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	12	12
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"> ICB Board includes representation from partners across the health and care spectrum and voluntary, community and social enterprise sectors within Humber and North Yorkshire Integrated Care Partnership (ICP) is well established and draws its membership from partner organisations across the ICS. Integrated Care Strategy supported by ICP at its meeting in December 2022 System response to recovery planning and winter planning Senior Leadership Executive Committee (ICB) providing assurance to the ICB Board System Oversight and Assurance Group providing assurance on system performance and delivery Six Places' priorities / strategic intents developed with associated Place Risk Registers Five Sector Collaboratives' priorities / strategic intents Transitional operational agreements with Places/Collaboratives ICB Communications and engagement strategy Integrated Care Strategy now approved by ICP and approved by constituent partners across Humber and North Yorkshire Operation Plan approved by the ICB Board and submitted to NHS England All Places (x6) have Place plans 	<ul style="list-style-type: none"> Embedded approach to planning and delivering transformation, developments and change BI, analytics and reporting at Place and Population Health Management Maturity of ICB – Internal controls and governance

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	End March 2024	ED of Corporate Affairs	Not due

Ref: B4	SO C: Managing Tomorrow	PRINCIPAL RISK 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	Risk Domain: Workforce	Risk Score: 10
--------------------------	--------------------------------	---	---	---------------------------------

Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Committee (Workforce Board)	Date Added to BAF: October 2022
---	---	--

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	10	10
								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"> Workforce Board established, including VSM Members with accountability spanning system-wide priorities, providing assurance to the Board People Strategy with broad System ownership 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 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"> ground-breaking intersectional system-level Inclusion Assembly Health and Wellbeing Sub-Committee; Education and Training Sub-Committee; Ethical International Recruitment Sub-Committee; People Story Sub-Committee ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum People team designed to provide convenor capacity supporting system-owned workforce transformation Strong and growing reputation of HNY Partnership for leading edge response to workforce transformation challenge 	<ul style="list-style-type: none"> Potential for ongoing or worsening disparity in pay across health and care system, for which our only lever is continued national lobbying Potential for health and care national funding to fail to keep pace with inflation

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 of People	Not due

Ref C1 Risk Analysis

Ref: C1	SO C: Enabling the effective operation of the organisation	PRINCIPAL RISK 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.	Risk Domain: Patient Experience	Risk Score: 12
----------------	---	---	---	---------------------------------

Executive Risk Owner: ED Communications, Marketing & PR	Assurance Committee: Quality Committee	Date Added to BAF: October 2022
--	---	--

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)
Current Risk Rating	12	12	12	12
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"> Working with People and Communities: Engagement Strategy approved by the ICB Board and submitted to NHS England Executive Director of Communications, Marketing and PR in place working at a strategic level with Executive Directors and Place Directors Any key service changes does include a good level of engagement New directorate structure in place with a dedicated community insight and engagement team, including more focussed roles at place Review of ICB formal governance framework and arrangements underway Cross directorate working group (with Healthwatch) established Board 'Deep Dive' of risk in December 2023 (see additional mitigating actions) 	<ul style="list-style-type: none"> Maturity of ICB – Internal controls and governance Action plans from people engagement strategy and cross directorate /Healthwatch to be monitored Wrapping governance around legal obligations / statutory responsibilities around engagement at ICB / Committee level and additionally through the workforce as key enablers Data and business intelligence / digital solutions to help understand our population/demographics better and triangulate this with quality intelligence to better inform transformational change. There is a significant gap in team capacity which is impacting on the delivery of priorities There is a significant challenge with funding across the ICS - this has a significant impact on the ability to meaningfully engage and communicate with the public and also the approach to delivering a Communications, Marketing and Engagement Strategy Robust Integrated Impact Assessments that are developed by skilled and knowledgeable individuals that have a true understanding of our statutory duty to involve our population in decision making, giving particular consideration to health inequalities and protected characteristics.

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Working with People and Communities: Engagement Strategy, annual review undertaken, resulting in further development with a proposal to be shared with the Board	End March 2023/24	ED Comms, Marketing & PR	NOT DUE
Delivery of a Communications, Marketing and Engagement Strategy	End Quarter 2 2024/25	ED Comms, Marketing & PR	NOT DUE
Cross directorate working group established to progress actions from June Workshop with the priorities being mapped of existing intelligence and development of a shared framework for future delivery (ie Voice of the Lived Experience)	End of Quarter 4 2023/24	ED Comms, Marketing & PR (with all Executive Directors)	NOT DUE
Integrated Impact Assessment processes are reviewed, including the identification of training and development for colleagues' where appropriate	End of Quarter 4 2023/24	ED Comms, Marketing & PR And Executive Director of Corporate Affairs	NOT DUE
Level of non-pay investment to be agreed Executive Committee	End of Quarter 4 2023/24	ED Comms, Marketing & PR	NOT DUE

Ref: C2	SO C: Enabling the effective operation of the organisation	PRINCIPAL RISK 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	Risk Domain: Compliance / Regulatory	Risk Score: 8
-------------------	--	--	--	-------------------------

Executive Risk Owner: Executive Director of Corporate Affairs	Assurance Committee: Executive Committee	Date Added to BAF: October 2022
--	---	--

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	8	8
5	4	20	4	2	8	8 (BALANCED)	IN APPETITE	8 (BALANCED)	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"> Establishment of Audit Committee and the Senior Leadership Executive Committee, with appropriate accountability and providing assurance to the Board. Approved ICB Constitution and Governance Handbook, including SoRD and OSD EPRR and On-Call controls established as a Cat 1 organisation. Approved Board Assurance Framework Statutory and mandatory training compliance Internal and external audits – significant assurance received for corporate governance processes Statutory policies in place, including COI and Code of Conduct Specialist training completed for SIRO, Caldicott Guardian, Safeguarding roles Development of a Corporate Risk Register Development of an in-house Legal and Regulatory Team Integrated Care Strategy now approved by ICP and to be approved by constituent partners across Humber and North Yorkshire Risk Management Policy approved by the ICB Board Q4 Governance Review completed and reviewed by the Board and assurance received IG framework and toolkit submission for 2022/23 Completion and submission of NHSE returns in relation to Year End Reporting, i.e., Annual Report, Accounts, DPST Risk Management Framework Approved by Executive Director of Corporate Services 21 Sept 23 – sent to Execs for info 29 Sept 23 – Engagement with staff complete. 	<ul style="list-style-type: none"> Ongoing maturity of ICB – Internal controls and governance arrangements ICB Business Continuity Plans Implementation of a Risk management policy and underpinning framework Embedding and familiarisation of standard operating procedures across all functions for consistency and efficiencies

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Deliver and implement any recommendations from the Q4 Audit Reports 2022/23	End Quarter 4 2023/24	ED of Corporate Affairs	NOT DUE

Ref: C3	SO C: Enabling the effective operation of the organisation	PRINCIPAL RISK 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.	Risk Domain: Workforce	Risk Score: 8
----------------	---	--	-------------------------------	----------------------

Executive Risk Owner: Executive Director of People	Assurance Committee: Executive Committee	Date Added to BAF: August 2023
---	---	---------------------------------------

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	8 (BALANCED)	IN APPETITE	12	8	8	8	8
								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"> • 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 • Staff Partnership Forum in place, supporting effective staff side engagement • Staff surveys in place providing insight into colleague experience and perception • Statutory and mandatory training in place; training and development policy and panel in operation, supporting staff development linked to PDR process • Monthly staff briefings in place; staff roadshows effective in engaging staff in ICB organisational purpose and will be repeated as required • Colleague support offer including EAP, occupational health and access to further support for more complex needs in place • ICB-facing HR team fully populated • 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 • ICB Talent Management and Succession project underway with Executive level support • ICB intersectional Inclusion Network in place, with connectivity to system-level intersectional Inclusion Assembly • Risks specific to organisational workforce captured separately from system workforce risk at BAF level • Flexible working and wider benefits published in the Staff handbook promoted in regular staff update: https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1 	<ul style="list-style-type: none"> • ICB organisation flexible working and wider benefits offer to be developed • Staff handbook in development but not yet launched • 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 • Communications to ICB colleagues on identified organisational development actions (as shown left)

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Intranet to be developed by Comms, Marketing and PR, with HR team input	Ongoing	ED of Comms, Marketing and PR	NOT DUE
Update for staff on range of actions forming ICB organisational People Plan to be shared via staff briefing and other appropriate channels	End Q1 2024/25	ED of People	NOT DUE

- **Likelihood Levels**
- **Impact Levels**
- **CLOSED RISKS**



Likelihood Score		(L)			
Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Frequency How often does it/ might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/ recur but it is not a persistent issue	Will undoubtedly happen/ recur, possibly frequently
Probability Will it happen or not? % chance of not meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

	Consequence score (impact levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	<ul style="list-style-type: none"> Minimal injury requiring no/minimal intervention or treatment. No time off work 	<ul style="list-style-type: none"> Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days 	<ul style="list-style-type: none"> Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients 	<ul style="list-style-type: none"> Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects 	<ul style="list-style-type: none"> Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/ audit	<ul style="list-style-type: none"> Peripheral element of treatment or service suboptimal Informal complaint /inquiry 	<ul style="list-style-type: none"> Overall treatment or service suboptimal Formal complaint / Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Treatment or service has significantly reduced effectiveness Formal complaint/ Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on 	<ul style="list-style-type: none"> Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report 	<ul style="list-style-type: none"> Totally unacceptable level or quality of treatment/ service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/Organisational development/ staffing/ competence	<ul style="list-style-type: none"> Short-term low staffing level that temporarily reduces service quality (< 1 day) 	<ul style="list-style-type: none"> Low staffing level that reduces the service quality 	<ul style="list-style-type: none"> Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training 	<ul style="list-style-type: none"> Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Significant numbers of staff not attending mandatory / key training 	<ul style="list-style-type: none"> Non-delivery of key objective /service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training key training on an ongoing basis
Statutory duty/ inspections	<ul style="list-style-type: none"> No or minimal impact or breach of guidance/ statutory duty 	<ul style="list-style-type: none"> Breach of statutory legislation Reduced performance rating if unresolved 	<ul style="list-style-type: none"> Single breach in statutory duty Challenging external recommendations/ improvement notice 	<ul style="list-style-type: none"> Enforcement action in statutory duty Improvement notices Low performance rating Critical reports 	<ul style="list-style-type: none"> Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical reports

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

CLOSED RISKS

BAF Ref: A2	STRATEGIC OBJECTIVE Managing Today	Executive Risk Owner: Executive Director Finance and Investment Assurance To: Finance, Performance and Delivery Committee
Principal Risk: 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.		
Reason for Closure: 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		
Closure Recommended by: Executive Committee		
Date Approved for Closure by ICB Board: 12/07/2023		

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

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