

# Humber and North Yorkshire ICB Board Assurance Framework

2024 – 2025

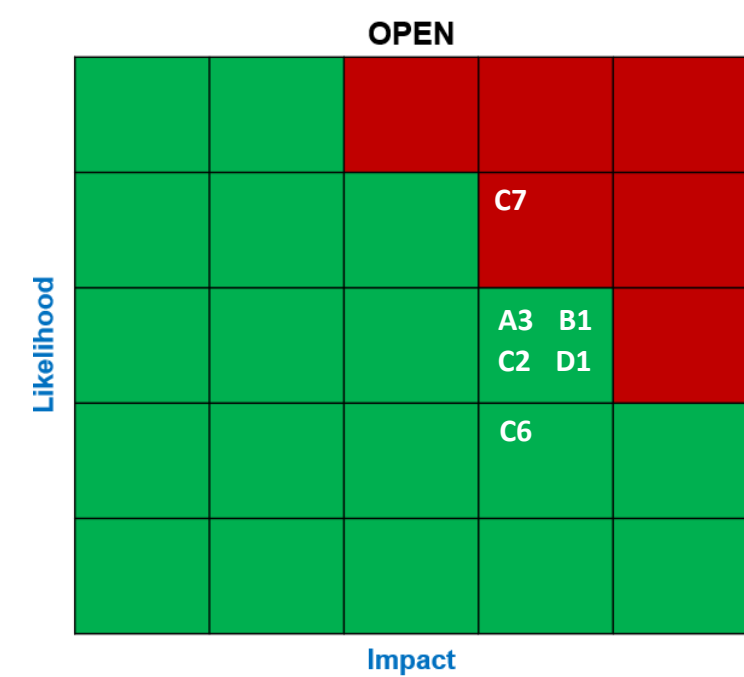
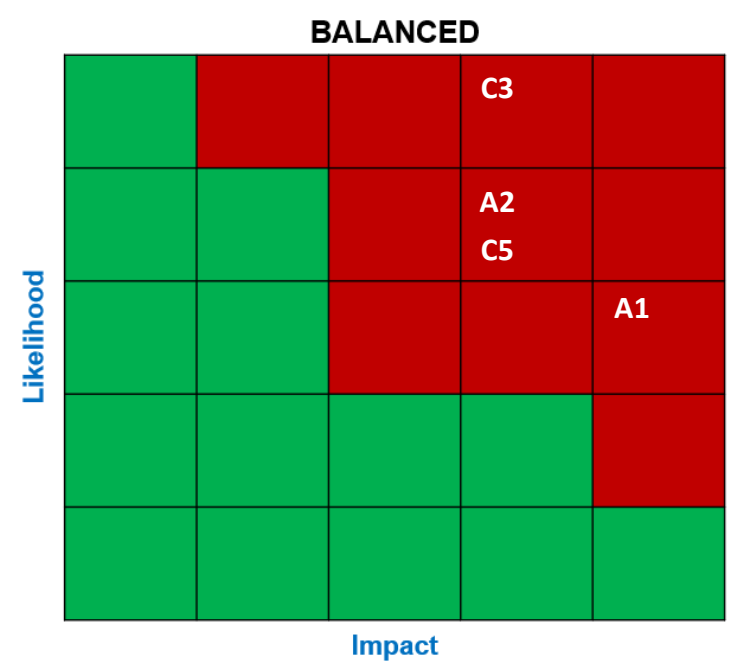
V7

**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.**

# ICB BAF Risk Heat Maps (Based on Risk Appetite)

Strategic Objective	Domain	Risk Appetite	Risks aligned to Strategic Objective	
A: Leading for Excellence	Delivery Improvement	BALANCED (8)	A1 (patient safety)	A2 (2024/25 delivery of operational plan)
	Data and Digital	OPEN (12)	A3 (data and digital maturity)	
	Empowering Collaboratives	OPEN (12)	No risks currently aligned	
B: Leading for Prevention	Population Health	OPEN (12)	B1 (partnership vision and priorities)	
	Relationship with Place	OPEN (12)	No risks currently aligned	
C: Leading for Sustainability	System workforce	OPEN (12)	C6 (ICB workforce sustainability)	C7 (workforce availability & transformation)
	Sustainable estates	OPEN (12)	C2 (Estates)	
	Outcomes led resourcing	BALANCED (8)	C3 (2024/25 financial resource)	C5 (medium-term financial sustainability)
D: Voice at the Heart	Transformative public engagement	OPEN (12)	D1 (patient and public engagement)	
	System voice and relationships	OPEN (12)	No risks currently aligned	



# Summary of Risks

## Strategic Objective A: Leading for Excellence

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	Delivery Improvement	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	Quality Committee	5	4	20	5	3	15	8 BALANCED	OUT	↔
A2	Delivery Improvement	2: Failure to deliver the ICB Operating plan for 2024/25, and the associated 32 national objectives, may result in patients not being treated in a timely and appropriate manner.	Deputy Chief Executive / COO	Finance, Performance & Delivery Committee	4	5	20	4	4	16	8 BALANCED	OUT	↔
BAF REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
A3	Data and Digital	3: Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	ED Clinical & Professional	Digital Strategy Committee	5	4	20	4	3	12	12 OPEN	IN	↔

## Strategic Objective B: Leading for Prevention




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	Empowering Collaboratives	1: 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 / COO	Population Health & Prevention Committee	4	4	16	4	3	12	12 OPEN	IN	↔

## Strategic Objective C: Leading for Sustainability


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	Sustainable Estate	2: 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	12	12 OPEN	IN	↔

# Summary of Risks

## Strategic Objective C: Leading for Sustainability

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	Outcomes Led Resourcing	3: Failure to operate within the ICB and the ICSs available resources for 2024/25 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in the ICB and ICS leadership; risks the system being subject to escalated oversight from regional and national processes that detract from getting on with the required responsibilities and priorities.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	4	5	20	8 BALANCED	OUT	
C5	Outcomes Led Resourcing	5: Failure to deliver a medium-term financial plan that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens individual organisation sustainability; undermines confidence in the ICB and ICS leadership.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	4	4	16	8 BALANCED	OUT	
C6	System Workforce	6: 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	Workforce Board (Workforce Committee)	4	3	12	4	2	8	12 OPEN	IN	
C7	System Workforce	7: 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	Workforce Board (Workforce Committee)	4	5	20	4	4	16	12 OPEN	OUT	TBD

## Strategic Objective D: Voice at the Heart

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			
D1	Transformative Public Engagement	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 & MR	Quality Committee	4	4	16	4	3	12	12 OPEN	IN	

# Ref A1 Risk Analysis

<b>Ref: A1</b>	<b>Strategic Objective A: Leading for Excellence</b>	<b>PRINCIPAL RISK 1:</b> 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.	<b>Risk Domain:</b> Delivery Improvement	<b>Risk Score:</b> <b>15</b>
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<b>Executive Risk Owner:</b> Executive Director of Nursing & Quality	<b>Assurance Committee:</b> Quality Committee	<b>Date Added to BAF:</b> October 2022
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Initial/Inherent Risk <small>(Before Mitigation)</small>			Current Risk <small>(After Mitigation)</small>			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	15	15	TBD	TBD
5	4	20	5	3	15	8 (BALANCED)	OUT OF APPETITE	Risk Appetite	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Committee established: Quality Committee which includes key VSM members across the system and providing assurance to the Board.</li> <li>Places are establishing Quality Place Groups, providing assurance to the Quality Committee</li> <li>Quality and equality impact assessments</li> <li>Getting It Right First Time (GIRFT) programme supporting improvements in medical care within the NHS by reducing unwarranted variations</li> <li>Quality dashboards and data assurance</li> <li>Internal audits on quality related issues</li> <li>The new Patient Safety Incident Response Framework (PSIRF) will come online for all providers, including acute, ambulance, mental health, and community healthcare providers from Autumn with shift to system-based methodology.</li> <li>Review of ICB formal governance framework and arrangements</li> <li>Quality Assurance and Improvement Framework received by the Quality Committee and the Board for endorsement</li> <li>45 minute handover policy in place, but required performance to be measured (see gaps)</li> <li>Series of escalated actions put in place from June onwards to reflect additional focus and scrutiny, including an Urgent and Emergency Care UEC summit took place on 31 July 2024. These are subject to weekly review and monitoring through the x3 Place UEC Boards.</li> <li>UEC Clinical Leadership Summit took place on 15 August 2024 and a number of next steps have been agreed.</li> <li>Exec to Exec UEC site visits, in York, Scarborough, Hull, Grimsby, Scunthorpe took place between August and September 2024.</li> </ul>	<ul style="list-style-type: none"> <li>Reconsideration of Urgent and Emergency Care (UEC) Board governance arrangements</li> <li>Continuous development and iterations of Quality assurance improvement framework (QAIF)</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Clinical Leadership Summit to take place on 15 August 2024 – next steps to be included as mitigating actions.	November 2024	Acting Deputy Chief Executive / COO, and Director of Planning & Performance, and / ED Nursing & Quality	<b>COMPLETED:</b> A number of next steps have been agreed and will form actions in the next iteration of the BAF.
Refresh of governance arrangements for UEC Boards with additional weekly executive UEC Oversight meetings in place for w/c 5/8	Check point: End Q3 24/25	Acting Deputy Chief Executive / COO, and Director of Planning & Performance, and / ED Nursing & Quality	<b>UPDATE:</b> Governance arrangements in the process of being further refined with greater delegated responsibility to the Collaborative of Acute Providers. A further update will be provided at the November / December Board.
Exec to Exec UEC site visits to take place between Aug and Oct 24 all dates now in diary with first one taking place on 5 August 24	November 2024	Acting Deputy Chief Executive / COO, and Director of Planning & Performance, and / ED Nursing & Quality	<b>UPDATE:</b> Exec to Exec UEC site visits, in York, Scarborough, Hull, Grimsby and Scunthorpe took place between August and September 24. The Harrogate site visit is imminent and an update on this work will be provided to the Board in November 24.

# Ref A2 Risk Analysis

<b>Ref: A2</b>	<b>Strategic Objective A: Leading for Excellence</b>	<b>PRINCIPAL RISK 2: Failure to deliver the ICB Operating plan for 2024/25, and the associated 32 national objectives, may result in patients not being treated in a timely and appropriate manner.</b>	<b>Risk Domain: Delivery Improvement</b>	<b>Risk Score: 16</b>
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<b>Executive Risk Owner:</b> Deputy Chief Executive / Chief Operating Officer	<b>Assurance Committee:</b> Finance, Performance & Delivery Committee	<b>Date Added to BAF:</b> May 2024
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	5	20	4	4	16	8 (BALANCED)	OUT OF APPETITE		16	16	TBD	TBD
								<b>Risk Appetite</b>	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>System Oversight and Assurance Group, that includes all Place Directors and Collaborative Directors and report to the Finance, Performance and Delivery Committee.</li> <li>Providers and places working collaboratively to share learning</li> <li>Detailed monthly performance report and dashboard to the ICB Board.</li> <li>Oversight of risk by the Chief Operating Officer and the Board</li> <li>Speciality level reports at Elective Care and Urgent Care Boards</li> <li>Refreshed Urgent and Emergency Care (UEC) Board</li> <li>Recovery plans are in place for all Places</li> <li>Revised Corporate Performance report format giving greater emphasis on main delivery priorities and key areas of focus</li> <li>Establishment of 'monthly Deep Dive' supplementary performance reports giving real and additional insight into risk delivery areas for board scrutiny – progress updates will be brought to the Board.</li> <li>Board sited on the approach to winter planning</li> <li>Recovery plans are in place at Place</li> </ul>	<ul style="list-style-type: none"> <li>Operational pressures and priorities impact on our ability to target resources effectively to deliver against the plan</li> <li>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.</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Stepping up of focused prioritisation of UEC and Financial Plan delivery priorities with weekly governance arrangements established to ensure tighter grip and control	Check point: End Q3 24/25	Acting Deputy Chief Executive / Chief Operating Officer and Director of Planning & Performance	<b>UPDATE:</b> Governance arrangements in the process of being further refined with greater delegated responsibility to the Collaborative of Acute Providers. A further update will be provided at the November / December Board.
Recovery plans are in place for all Places need to be delivered.	Check point: November 24	Acting Deputy Chief Executive / Chief Operating Officer and Director of Planning & Performance	<b>UPDATE:</b> Recovery plans are being delivered but require close monitoring and to be augmented by additional actions for winter.
Reporting of 'monthly Deep Dive' supplementary performance reports giving real and additional insight into risk delivery areas for board scrutiny	Check point: End Q3 24/25	Acting Deputy Chief Executive / Chief Operating Officer and Director of Planning & Performance	<b>UPDATE:</b> Reports produced for UEC. Diagnostics and further thematic to be completed.

# Ref A3 Risk Analysis

<b>Ref:</b> A3	<b>Strategic Objective A:</b> Leading for Excellence	<b>PRINCIPAL RISK 3:</b> Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.	<b>Risk Domain:</b> Data and Digital	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner:</b> Chief Digital Information Officer	<b>Assurance Committee:</b> Digital Strategy Committee	<b>Date Added to BAF:</b> October 2022
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	4	20	4	3	12	12 (OPEN)	IN APPETITE		12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Finalised and approved Integrated Care Strategy, allowing for focused delivery across system partners</li> <li>Approved Digital Strategy</li> <li>National digital maturity assessment framework</li> <li>Operation Plan approved by the ICB Board and submitted to NHS England</li> <li>SIRO, Caldicott Guardian and Data Protection Officer in Place</li> <li>Data Security and Protection Toolkit completed - no improvement plan required</li> <li>ICS Infrastructure steering group in place with links to cyber expertise</li> <li>Dedicated ICS Cyber Security Group Established chaired by NHSE Regional Cyber security lead, rapidly improving the position and developing a strategy</li> <li>Sharepoint risks mitigated providing a secure collaborative space</li> <li>Cyber event taken place with Board (09/08/2023)</li> <li>Overarching Steering Group and Programme Group have been set up to ensure Electronic Patient Record replacement programme success</li> <li>BI, analytics and reporting wrt populational health to be developed through population health management programme</li> <li>Working with NHSE Cyber Lead on an appendix to the ICB Digital Strategy outlining our approach to cyber.</li> <li>Recruitment to begin for a programme lead to focus on the ICS-wide cyber programme.</li> </ul>	<ul style="list-style-type: none"> <li>Evidence of sustained improvement in trends to reduce health inequalities</li> <li>Align digital priorities with the ICP strategy and develop an action plan to deliver</li> <li>Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and more simplified reporting.</li> <li>Increasing awareness of cyber security risks across the organisation and wider system</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Align digital priorities with the ICP strategy and develop an action plan to deliver	End Quarter 4 2024/25	CDIO	<b>UPDATE</b> – Funding to support this work was expected in April 2024 but has only recently been released therefore the target date has been pushed back to Q4. The team is working with NHSE Cyber Lead on an appendix to the ICB Digital Strategy outlining our approach to cyber.
Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and simplified reporting.	Next update due end Quarter 3 2024/25 (part of 4-year plan)	CDIO	NOT DUE
Development of decision intelligence model	End Quarter 4 2024/25	ED of Corporate Affairs	NOT DUE



# Ref B1 Risk Analysis

<b>Ref: B1</b>	<b>Strategic Objective B: Leading for Prevention</b>	<b>PRINCIPAL RISK 1:</b> Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health & wellbeing of our population & local communities.	<b>Risk Domain: Empowering Collaboratives</b>	<b>Risk Score: 12</b>
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<b>Executive Risk Owner:</b> Deputy Chief Executive / Chief Operating Officer	<b>Assurance Committee:</b> Population Health & Prevention Committee	<b>Date Added to BAF:</b> October 2022
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	4	16	4	3	12	12 (OPEN)	IN APPETITE		12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>ICB Board includes representation from partners across the health and care spectrum and voluntary, community and social enterprise sectors within Humber and North Yorkshire</li> <li>Integrated Care Partnership (ICP) is well established and draws its membership from partner organisations across the ICS.</li> <li>Integrated Care Strategy supported by ICP at its meeting in December 2022</li> <li>System response to recovery planning and winter planning</li> <li>Senior Leadership Executive Committee (ICB) providing assurance to the ICB Board</li> <li>System Oversight and Assurance Group providing assurance on system performance and delivery</li> <li>Six Places' priorities / strategic intents developed with associated Place Risk Registers</li> <li>Five Sector Collaboratives' priorities / strategic intents</li> <li>Transitional operational agreements with Places/Collaboratives</li> <li>ICB Communications and engagement strategy</li> <li>Integrated Care Strategy now approved by ICP and approved by constituent partners across Humber and North Yorkshire</li> <li>Operation Plan approved by the ICB Board and submitted to NHS England</li> <li>All Places (x6) have Place plans</li> <li>Maturity of ICB – Internal controls and governance (key controls – s75 etc)</li> <li>BI, analytics and reporting wrt populational health to be developed through population health management programme</li> </ul>	<ul style="list-style-type: none"> <li>Embedded approach to planning and delivering transformation, developments and change (to establish single system engine room – Q1 - action)</li> <li>BI, analytics and reporting at Place and Population Health Management</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Development of decision intelligence model	End Quarter 4 2024/25	ED of Corporate Affairs	NOT DUE



# Ref C2 Risk Analysis

<b>Ref: C2</b>	<b>Strategic Objective C: Leading for Sustainability</b>	<b>PRINCIPAL RISK 2:</b> The estates infrastructure of the ICS hinders our ability as an ICB to deliver consistently high-quality care.	<b>Risk Domain:</b> Sustainable Estates	<b>Risk Score:</b> <span style="font-size: 2em; font-weight: bold;">12</span>
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<b>Executive Risk Owner:</b> Executive Director of Finance and Investment	<b>Assurance Committee:</b> Finance Performance and Delivery Committee	<b>Date Added to BAF:</b> November 2023
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Initial/Inherent Risk <small>(Before Mitigation)</small>			Current Risk <small>(After Mitigation)</small>			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	12	12	TBD	TBD
4	4	16	4	3	12	12 (OPEN)	IN APPETITE		12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>• ICB 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.</li> <li>• ICB corporate estates review commenced, with ad hoc projects already taking place</li> <li>• Options for identifying underutilised estate and potential disposals identified as part of the QEP</li> <li>• Primary Care Estates group in place and operating well, with the PCN toolkit work nearing completion linking clinical strategy and infrastructure</li> <li>• Capital and estates group recommended</li> <li>• HNY sustainability steering group</li> <li>• EPRR in place, to support any critical infrastructure failures</li> <li>• Mature Provider estates planning forums to manage risk and capital planning oversight</li> <li>• This risk will form part of the ICB infrastructure plan.</li> <li>• Appointed consultancy to support for Delivery of the Health Infrastructure Plan</li> <li>• Working with exec director and governance team to establish clear reporting and governance arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Wider overview of impact on challenged capital position on backlog maintenance.</li> <li>• Lack of reporting on TIF/major reconfiguration schemes on Benefits Realisation</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Continue to prioritise in line with agreed risk prioritises reflecting the emerging themes of the ICB Infrastructure Strategy and the Design for the Future principles.	End Quarter 4 2024/25	Executive Director of Finance & Investment /Assistant Director of Estates	NOT DUE

# Ref C3 Risk Analysis

<b>Ref: C3</b>	<b>Strategic Objective C: Leading for Sustainability</b>	<b>PRINCIPAL RISK 3:</b> Failure to operate within the ICB and the ICSs available resources for 2024/25 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in the ICB and ICS leadership; risks the system being subject to escalated oversight from regional and national processes that detract from getting on with the required responsibilities and priorities.	<b>Risk Domain: Outcomes Led Resourcing</b>	<b>Risk Score: 20</b>
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<b>Executive Risk Owner:</b> Executive Director of Finance and Investment	<b>Assurance Committee:</b> Finance, Performance & Delivery Committee	<b>Date Added to BAF:</b> April 2024
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	5	25	4	5	20	8 (BALANCED)	OUT OF APPETITE		16	20	TBD	TBD
								Risk Appetite	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Appointed (independent) Non-Executive Chair for FPD</li> <li>Recently appointed highly experienced retained members to work with the committee from September 2024</li> <li>Refinement of a robust FPD workplan to oversee 1) the ICB statutory performance and 2) ICS system delivery.</li> <li>Establishment of the monthly ICS DOF meeting as a formal sub group of FPD.</li> <li>Weekly reporting on delivery through NHS England at Regional and National Level.</li> <li>Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.</li> <li>Weekly documented meetings with Directors of Finance (and HRDs) across the ICB and ICS to 1) review run rate of expenditure 2) review the bridge back to plans and 3) align resource prioritisation (investment and disinvestment).</li> <li>Monthly ICB Finance Contracting and Procurement meeting with the entire team.</li> <li>Widespread finance contracting and procurement team representation throughout the ICB's operations ensure any financial/procurement risk or concerns are picked up and mitigating action taken.</li> <li>Oversight from the Quality Committee and Quality Impact Assessment on finance decisions.</li> <li>Full range of NHS England expenditure controls being monitored and in place by all individual organisations.</li> <li>Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation.</li> <li>Internal audit and external audit reviews on financial systems, budgetary control and financial management, contract management and procurement processes</li> <li>Professional standards and regulatory frameworks.</li> <li>Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.</li> <li>The System Leader Forum continues to convene monthly with representation across providers and local government, providing transparency and system view on the anticipated impact of macro-level restrictions on discretionary spend.</li> <li>Amendments have been made to the financial reporting to incorporate the systematic review of run rate and bridge analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Significant level of non-recurrent (as opposed to recurrent) efficiencies</li> <li>Ability to contain and reduce cost in the context of the operational and quality challenges.</li> <li>Organisation financial performance being prioritised over the system.</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
System leaders acting as the authorising environment for resource decisions.	COMPLETED	Executive Director of Finance & Investment	<b>COMPLETED:</b> The System Leader Forum continues to convene monthly with representation across providers and local government, providing transparency and system view on the anticipated impact of macro-level restrictions on discretionary spend.
Systematic review of run rate and bridge analysis.	COMPLETED	Executive Director of Finance & Investment	<b>COMPLETED:</b> Amendments have been made to the financial reporting to incorporate these elements.
Updates from Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.	Next update to Board: Nov 24	Executive Director of Finance & Investment	<b>DUE TO BE REPORTED AT NOVEMBER BOARD.</b>

# Ref C5 Risk Analysis

<b>Ref: C5</b>	<b>Strategic Objective C: Leading for Sustainability</b>	<b>PRINCIPAL RISK 5:</b> Failure to deliver a medium-term financial plan that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens individual organisation sustainability; undermines confidence in the ICB and ICS leadership.	<b>Risk Domain: Outcomes Led Resourcing</b>	<b>Risk Score: 16</b>
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<b>Executive Risk Owner:</b> Executive Director of Finance and Investment	<b>Assurance Committee:</b> Finance, Performance & Delivery Committee	<b>Date Added to BAF:</b> April 2024
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
5	5	25	4	4	16	<b>8 (BALANCED)</b>	<b>OUT OF APPETITE</b>		<b>16</b>	<b>16</b>	TBD	TBD
								<b>Risk Appetite</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>	<b>8 (BALANCED)</b>

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>System Leaders Forum accountability for outcome led resources and a “no deficit” culture.</li> <li>Creation of the design for the future from which the financial strategy can become the financial interpretation of.</li> <li>Refresh of the Medium Term Financial Plan in September 2024.</li> <li>An external accounting firm have supported the ICS to review the draft MTFP including reviewing the underlying financial challenge and produce a medium term sustainable financial strategy involving all system partners.</li> <li>Identified 10 high impact areas for recovery.</li> <li>Development of a comprehensive productivity and efficiency framework for the HNY system.</li> <li>Re-focus of the Quality Efficiency and Productivity Board into a System Engine Room as a mechanism for delivering the ambitions of the medium term financial plan as set out in September 2023 and the work with the external firm in March 2024</li> <li>Plethora of productivity and efficiency toolkits available through regional and national NHS England teams.</li> <li>Extensive triangulation tools especially linked to workforce.</li> <li>MTFP and the outcome led resourcing piece presented at the Board Development session on 8 October.</li> </ul>	<ul style="list-style-type: none"> <li>Leadership time is focussed on managing today rather than the longer term.</li> <li>Focus on process and reporting rather than action, delivery and so what.</li> <li>Capability, capacity and cultural barriers to delivering a large scale and ambitious programme of change.</li> <li>Focus on small scale activities rather than high impact interventions.</li> <li>Lack of true “system working” and continued focus on delivering individual organisation position rather than system wide value for money</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Creation of a refreshed MTFP and resource allocation methodology	September 2024	Executive Director of Finance & Investment	<b>COMPLETED:</b> Presented at the Board Development Session on 8 October 2024
Organisational Development work with teams	TBD	TBD	NOT DUE

# Ref C6 Risk Analysis

<b>Ref: C6</b>	<b>Strategic Objective C: Leading for Sustainability</b>	<b>PRINCIPAL RISK 6:</b> Failure to recruit and retain staff of the right calibre and with the right values will prevent the ICB organisation delivering its core purposes. Lack of effective succession planning will reduce the leadership capability of the ICB and limit the impact and effectiveness of the organisation in leading the improvement and transformation of the HNY health and care system.	<b>Risk Domain: System Workforce</b>	<b>Risk Score: 8</b>
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<b>Executive Risk Owner:</b> Executive Director of People	<b>Assurance Committee:</b> Workforce Board / Committee	<b>Date Added to BAF:</b> August 2023
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	3	12	4	2	8	12 (OPEN)	IN APPETITE		8	8	TBD	TBD
								<b>Risk Appetite</b>	12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Organisation redesign completed successfully, and organisation-wide learning captured. Ongoing work to assess requirements for further change linked to organisational purpose and emerging national requirements</li> <li>Staff Partnership Forum in place, supporting effective staff side engagement</li> <li>Staff surveys in place providing insight into colleague experience and perception</li> <li>Statutory and mandatory training in place; training and development policy and panel in operation, supporting staff development linked to PDR process</li> <li>Monthly staff briefings in place; staff roadshows effective in engaging staff in ICB organisational purpose and will be repeated as required</li> <li>Colleague support offer including EAP, occupational health and access to further support for more complex needs in place</li> <li>ICB-facing HR team fully populated</li> <li>ICB organisational values in development via dedicated project with Executive level support, with connectivity to wider system leadership group values and opportunities to develop into system-level values recognised and to be pursued in due course</li> <li>ICB Talent Management and Succession project underway with Executive level support</li> <li>ICB intersectional Inclusion Network in place, with connectivity to system-level intersectional Inclusion Assembly</li> <li>Risks specific to organisational workforce captured separately from system workforce risk at BAF level</li> <li>Flexible working and wider benefits published in the Staff handbook promoted in regular staff update: <a href="https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1">https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1</a></li> <li>Intranet developed by Comms, Marketing and MR, with HR team input</li> </ul>	<ul style="list-style-type: none"> <li>ICB organisation flexible working and wider benefits offer to be developed</li> <li>Staff handbook in development but not yet launched</li> <li>HR team capacity is significantly less than NHS average per head of workforce (current ICB ratio 1/100; NHS average ratio 1:70), reducing the ability of the team to support proactive organisational development, creating risk at points of significant change and increasing the risk of burnout or failure to retain key HR staff</li> <li>Communications to ICB colleagues on identified organisational development actions (as shown left)</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Update for staff on range of actions forming ICB organisational People Plan to be shared via staff briefing and other appropriate channels	Next due End Q3 2024/25	ED of People	<b>UPDATE:</b> We have continued to refine and develop the Breakthrough ICB plan and shared at ICB SLT and through the ICB roadshows. Leads are identified for all the areas contained within the plan and updates will be shared with the Board.

# Ref C7 Risk Analysis

<b>Ref: C7</b>	<b>Strategic Objective C: Leading for Sustainability</b>	<b>PRINCIPAL RISK 7:</b> Immediate term financial pressures, employment relations challenges and increasing workload lead to reductions in the availability of workforce across the system. This increases the likelihood of failure in delivery or capitalisation on priority workforce transformation initiatives, leading to worsening workforce recruitment and retention challenges system-wide in coming years. Population health outcomes, health inequalities and those choosing to enter training in health and care careers will also be affected.	<b>Risk Domain: System Workforce</b>	<b>Risk Score: 16</b>
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<b>Executive Risk Owner:</b> Executive Director of People	<b>Assurance Committee:</b> Workforce Board / Committee	<b>Date Added to BAF:</b> August 2024
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Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating 1xL	I	L	Rating 1xL			Current Risk Rating	N/A	16	TBD	TBD
4	5	20	4	4	16	OPEN	OUT OF APPETITE	Risk Appetite	N/A	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Workforce Board established, including VSM Members with accountability spanning system-wide priorities, providing assurance to the Board</li> <li>People Strategy with broad System ownership</li> <li>Phased approach to transformation is achieving wide engagement from system community; methodology is attracting national recognition for innovation, providing immediate and long-term assurance on engagement and effectiveness</li> <li>People governance clarified and developed to include six key forums for strategic medium-term change, with shared system leadership:               <ul style="list-style-type: none"> <li>ground-breaking intersectional system-level Inclusion Assembly</li> <li>Health and Wellbeing Sub-Committee;</li> <li>Education and Training Sub-Committee;</li> <li>Ethical International Recruitment Sub-Committee;</li> <li>People Story Sub-Committee</li> <li>Paybill and Agency Management Committee</li> </ul> </li> <li>ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level</li> <li>Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum</li> <li>Executive Director of People and People team in post, including roles focused on system workforce transformation</li> <li>Strong and growing reputation of HNY Partnership for leading edge response to workforce transformation challenge</li> <li>Immediate workforce risks considered by Workforce Board and located appropriately in BAF</li> <li>Careers transformation activity promoting health and care careers among people of all ages.</li> <li>The HNY Education and Training Committee has been established, which in future years will manage METIP responses.</li> <li>Flexible working and wider benefits published in the Staff handbook promoted in regular staff update: <a href="https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1">https://humberandnorthyorkshire.pagetiger.com/ICB-staff-handbook/1</a></li> <li>Response to workforce transformation challenge</li> </ul>	<ul style="list-style-type: none"> <li>Potential for ongoing or worsening disparity in pay across health and care system, for which our only lever is continued national lobbying</li> <li>Potential for health and care national funding to fail to keep pace with inflation</li> <li>National funding allocations sometimes calculated to HNY's detriment, particularly where CICs are excluded from funding streams</li> <li>Industrial action is having a significant and wide-ranging impact on workforce in terms of availability, morale and future attraction</li> <li>Immediate term financial pressure driving limitation on workforce growth in context of increasing demand, affecting retention and morale</li> </ul>

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
National lobbying on whole system finance, including position of social care	End Q4 2024/25	ED of People	NOT DUE

# Ref D1 Risk Analysis

<b>Ref: D1</b>	<b>Strategic Objective D: Voice at the Heart</b>	<b>PRINCIPAL RISK 1:</b> Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.	<b>Risk Domain:</b> Transformative Public Engagement	<b>Risk Score:</b> <b>12</b>
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<b>Executive Risk Owner:</b> Executive Director of Communications, Marketing & Media Relations	<b>Assurance Committee:</b> Quality Committee	<b>Date Added to BAF:</b> October 2022
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Initial/Inherent Risk <small>(Before Mitigation)</small>			Current Risk <small>(After Mitigation)</small>			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2024/25)	Q2 (2024/25)	Q3 (2024/25)	Q4 (2024/25)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating				
4	4	16	4	3	12	12 (OPEN)	IN APPETITE		12	TBD	TBD	TBD
									12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)

Positive Assurance and Key Controls in Place	Gaps in Control and/or Assurance
<ul style="list-style-type: none"> <li>Working with People and Communities: Engagement Strategy approved by the ICB Board and submitted to NHS England</li> <li>Executive Director of Communications, Marketing and PR in place working at a strategic level with Executive Directors and Place Directors</li> <li>Any key service development/change does include a good level of engagement</li> <li>Review of ICB formal governance framework and arrangements underway</li> <li>Board 'Deep Dive' of risk in December 2023 (see additional mitigating actions)</li> <li>Cross directorate working group est. to progress actions with priorities being mapped of existing intelligence, and development of Voice of the Lived Experience</li> <li>Improved position across ICB in terms of engagement, ie walk in centre Hull, NY ADHD/Autism</li> <li>Voice of lived experience at every Board meeting in public</li> <li>Women's health intelligence tool and Insight Bank developed</li> <li>Integrated Impact Assessment (IIA) Tool in place</li> <li>First full consultation (HAS) received Good Practice Award from the Consultation Institute</li> <li>IIA documents updated online.</li> <li>Engagement in Care Group lead by Nursing and Quality Directorate, established Jan 2024</li> <li>An engagement and consultation assurance framework has been developed</li> </ul>	<ul style="list-style-type: none"> <li>Maturity of ICB – Internal controls and governance</li> <li>Action plans from people engagement strategy and cross directorate /Healthwatch to be monitored</li> <li>Data and business intelligence / digital solutions to help understand our population/demographics better and triangulate this with quality intelligence to better inform transformational change.</li> <li>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.</li> <li>Level of non-pay investment agreed Executive Committee, however, given the current financial challenge, its use is on hold.</li> </ul>

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 Q2 24/25	ED Comms, Marketing & MR	ON THE BOARD AGENDA FOR OCTOBER
Delivery of a Communications, Marketing and Engagement Strategy	End Q2 24/25	ED Comms, Marketing & MR	ON THE BOARD AGENDA FOR OCTOBER
Integrated Impact Assessment processes reviewed, identification of training and development for colleagues' where appropriate required	October 2024	ED of Corporate Affairs	DUE TO BE REPORTED AT THE NOVEMBER BOARD
To establish clear governance processes – thinking through the lens of the ICB's duty to involve and engage. An engagement and consultation assurance framework has been developed Further discussion to take place with the Executive Director of Corporate Affairs to develop mechanisms to embed the framework within project management processes	End Q 3 24/25	ED Comms, Marketing & MR & ED of Corporate Affairs	NOT DUE

- **Risk Domains mapped to Strategic Objectives 2024-25 and Risk Appetites**
- **HNY ICB Strategic Objectives 2024/25**
- **Risk Appetite Descriptors**
- **Likelihood Levels**
- **Impact Levels**
- **Closed Risks 2024-25**



# Risk Domains mapped to Strategic Objectives 2024-25 and Risk Appetites

Strategic Objective	Domain (10 agreed drivers)	Risk Appetite	Descriptors
Leading for Excellence	Delivery Improvement	Balanced (8)	<ul style="list-style-type: none"> <li>Quality Improvement</li> <li>Patient Safety</li> <li>Innovation &amp; Research</li> <li>Upscaling Digital Solutions / Cyber-Security</li> <li>Data Quality / BI and real time decision making</li> <li>Resource shift across sectors</li> <li>Embed accountabilities and delegated authority</li> </ul>
	Data and Digital	Open (12)	
	Empowering Collaboratives	Open (12)	
Leading for Prevention	Population Health	Open (12)	<ul style="list-style-type: none"> <li>Outcomes through transformation and service improvement</li> <li>Pop health &amp; inequalities, targeting most deprived communities</li> <li>Focus on cancer, CVD, MH and elderly/frail and H&amp;WB of children</li> <li>HNY centre for excellence for tobacco control</li> </ul>
	Relationship with Place	Open (12)	
Leading for Sustainability	System workforce	Open (12)	<ul style="list-style-type: none"> <li>Workforce breakthrough programme</li> <li>Leadership development</li> <li>Productivity, including use of technology</li> <li>Service provision blueprint (productivity and efficiency plans, incl estate)</li> </ul>
	Sustainable Estate	Open (12)	
	Outcomes Led Resourcing	Balanced (8)	
Voice at the Heart	Transformative public engagement	Open (12)	<ul style="list-style-type: none"> <li>Meaningful engagement and co-production</li> <li>Engagement for prevention, focussed on health inequalities</li> <li>Stakeholder management</li> </ul>
	System Voice and Relationships	Open (12)	

## A LEADING FOR EXCELLENCE

- Embed at pace our Innovation, Research, Improvement System (IRIS) to support our commitment to be a transformational ICS.
- Drive digital innovation at pace to ensure that the ICS is at the leading-edge by scaling up digital solutions to deliver our vision system priorities, and system wide operations.
- Ensure rapid progress in the use of data to provide high quality business intelligence and to support real time decision making.
- Take every opportunity to shift resources from acute services to community, primary and social care settings.
- Sustain a high-performance culture in the ICB and ensure a high-quality leadership cadre.
- Model our vision and values (including the values in the new Leadership framework for Board members) and message to our staff, our partners, and the wider community.
- Personally champion the delivery of the HNY ICB Equality, Diversity and Inclusion improvement plan 2024/5
- Practice excellent people interventions including high personal visibility, brilliant communications, high expectations of individuals and effective rigorous performance appraisal.
- Ensure that ICB/ICP governance arrangements are of the highest standard and are focused on safety of service users, oversight of risk, avoiding unnecessary bureaucracy and enabling clear decision making.

## B LEADING FOR PREVENTION

- Measurably improve outcomes for patients and communities by transforming and improving services
- Deliver a population health and inequalities programme in 24/25 that measurably moves towards the long-term aim of improving the life chances and quality of life for people who live in HNY.
- Act as an Anchor network to exploit the collective potential of the System, including partner organisations, wider public service, the Further Education sector, and local business to address health and wider inequalities in the most deprived communities in Humber and North Yorkshire.
- Deliver plans for 24/25 that specifically improve Cancer, Coronary Vascular Disease, Mental Health and Elderly Frail Services.
- Deliver plans for 24/25 that continue to reduce smoking through the ongoing development of the HNY Centre of Excellence for Tobacco control.
- Deliver phase 1 of the plan to deliver a generational change in the health and wellbeing of children who live in HNY.

## C LEADING FOR SUSTAINABILITY

- Create a blueprint for future service provision and associated organisational form by September 2024 for implementation from April 2025
- Deliver a quality financial and productivity programme in 24/25, based on the Grant Thornton review, that delivers measurable quality improvements, financial balance and increased productivity including reducing the overall pay bill of the ICB and the wider NHS in HNY.
- Deliver financial and efficiency plans of 4.2%, applying the principle of no deficits; whilst making investment decisions which will enable the ICS to achieve its ambitions.
- Accelerate the workforce breakthrough programme including measurable improvements 24/25, 25/ 26, 26/27 in all workstreams.
- Implement world class systems for nurturing and growing leadership potential across the ICS including effective succession planning, both in the ICB and across our partnership.
- Rapidly embed the accountabilities and delegated authority of provider collaboratives and places to ensure the ICS operating model delivers system and organisational goals and plans.
- Ensure significant improvements in ICB productivity in 24/25 by effective application of flexible working policies and use of technology.

## D VOICE AT THE HEART

- Lead and manage effectively upwards (into NHSE and DHSC), outwards (Our 4+1 regional model) and horizontally across our 28 partner organisations and partners the voluntary, education and business sectors.
- 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.
- Develop programmes of engagement that promote health ensuring that over time health really is everyone's business, particularly in those areas where health inequality is life limiting.

# Risk Appetite Descriptors

Heat Map	Tolerance Level	Risk Appetite	Description
<p><b>MINIMAL</b></p>	<b>Very low</b>	<b>Minimal (4)</b>	Avoidance of any risk or uncertainty. Every decision will be to terminate the risk.
<p><b>CAUTIOUS</b></p>	<b>Low</b>	<b>Cautious (6)</b>	Preference for the safe option but is able to tolerate low level risk and uncertainty. Every decision will be to mitigate the level of risk.
<p><b>BALANCED</b></p>	<b>Medium</b>	<b>Balanced (8)</b>	Will seek to mitigate all risks and take actions to minimise harm or adverse clinical outcomes, while considering all options and tolerating a modest amount of risk if the benefit is clearly demonstrated. There is an acceptance that some impact may occur in pursuit of the outcome.
<p><b>OPEN</b></p>	<b>High</b>	<b>Open (12)</b>	Open to consider all options and take a greater amount of risk and uncertainty to achieve a bigger reward. Likely to choose an option that has a greater reward and accepts some impact.
<p><b>HUNGRY</b></p>	<b>Very high</b>	<b>Hungry (16)</b>	Eager to take on risk to achieve objectives. Will choose the option with greater reward and will accept any impact for the price of reward.

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

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

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

# CLOSED RISKS 2024/25 (old reference system)

BAF Ref: B2 (old reference system)	STRATEGIC OBJECTIVE B: Managing Tomorrow	Executive Risk Owner: Executive Director of Finance & Investment	Assurance Committee: Population Health & Prevention Committee
<b>Principal Risk:</b> Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.			
<b>Reason for Closure:</b> Risk score met risk appetite and became part of business as usual			
<b>Closure Recommended by:</b> Executive Committee / Population Health & Prevention Committee			
<b>Date Approved for Closure by the ICB Board:</b> 10 April 2024			
BAF Ref: C2 (old reference system)	STRATEGIC OBJECTIVE B: Enabling the effective operation of the organisation	Executive Risk Owner: Executive Director Corporate Affairs	Assurance Committee: Executive Committee
<b>Principal Risk:</b> Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership			
<b>Reason for Closure:</b> Risk score met risk appetite and became part of business as usual			
<b>Closure Recommended by:</b> Executive Committee			
<b>Date Approved for Closure by the ICB Board:</b> 10 April 2024			
BAF Ref: A6 (old reference system)	STRATEGIC OBJECTIVE B: Managing Today	Executive Risk Owner: Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Executive Committee
<b>Principal Risk:</b> 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.			
<b>Reason for Closure:</b> Risk specific to 2023/24 – New risk opened for 2024/25			
<b>Closure Recommended by:</b> Executive Committee			
<b>Date Approved for Closure by the ICB Board:</b> 8 May 2024			
BAF Ref: A3 (old reference system)	STRATEGIC OBJECTIVE B: Managing Today	Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee
<b>Principal Risk:</b> 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.			
<b>Reason for Closure:</b> Risk specific to 2023/24 – New risk opened for 2024/25			
<b>Closure Recommended by:</b> Finance, Performance & Delivery Committee			
<b>Date Approved for Closure by the ICB Board:</b> 8 May 2024			

# CLOSED RISKS 2024/25 (new reference system)

<b>BAF Ref: C1</b>	<b>STRATEGIC OBJECTIVE C: Leading for Sustainability</b>	<b>Executive Risk Owner: Executive Director of People</b>	<b>Assurance Committee: Workforce Board / Committee</b>
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**Principal Risk:** 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.

**Reason for Closure:** Previously, risks C1 and C4 were identified within the "today" and "tomorrow" risk domains on the Balanced Assessment Framework (BAF). Subsequent to the revision of risk domains to incorporate "leading for sustainability," the Workforce Board/Committee determined that a single consolidated risk, C7, adequately encompasses the elements of the original risks C1 and C4.

**Closure Recommended by: Workforce Board / Committee**

**Date Approved for Closure by the ICB Board: 14 August 2024**

<b>BAF Ref: C4</b>	<b>STRATEGIC OBJECTIVE C: Leading for Sustainability</b>	<b>Executive Risk Owner: Executive Director of People</b>	<b>Assurance Committee: Workforce Board / Committee</b>
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**Principal Risk:** 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

**Reason for Closure:** Previously, risks C1 and C4 were identified within the "today" and "tomorrow" risk domains on the Balanced Assessment Framework (BAF). Subsequent to the revision of risk domains to incorporate "leading for sustainability," the Workforce Board/Committee determined that a single consolidated risk, C7, adequately encompasses the elements of the original risks C1 and C4.

**Closure Recommended by: Workforce Board / Committee**

**Date Approved for Closure by the ICB Board: 14 August 2024**