

Humber and North Yorkshire ICB Board Assurance Framework

Financial Year 2025/2026

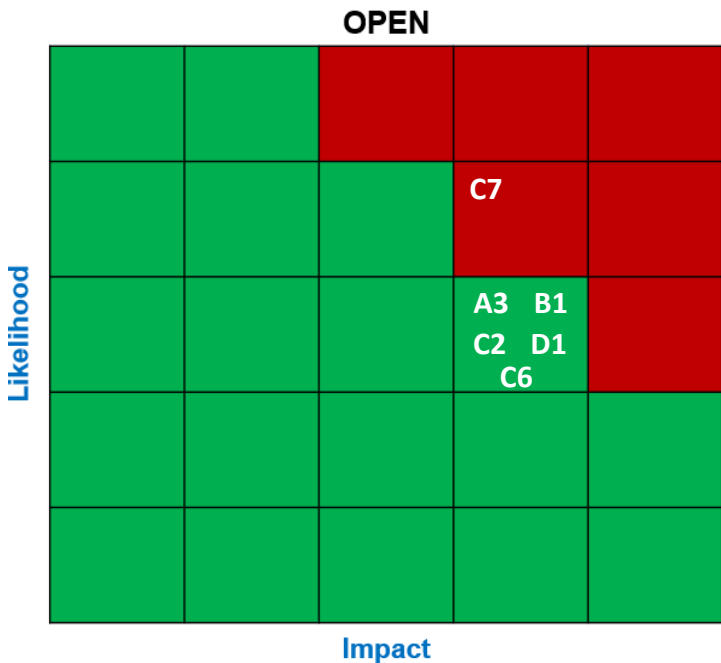
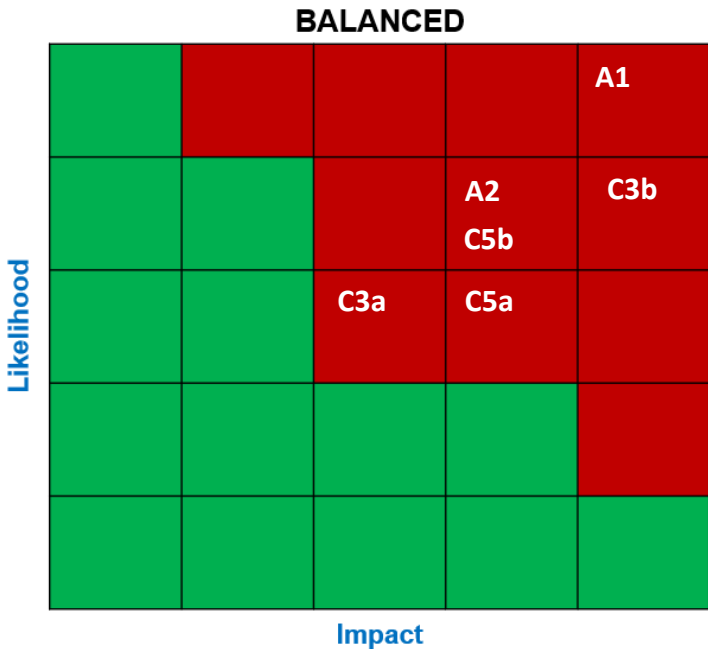
V1

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)	C3a (2024/25 financial resource - ICB)	C3b (2024/25 financial resource - ICS)
			C5a (medium-term financial sustainability – ICB)	C5b (medium-term financial sustainability - ICS)
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	5	25	8 BALANCED	OUT	↔
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			
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
					I	L	Rating I x L	I	L	Rating I x L			
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.	Chief Digital Information Officer	Digital Data and Innovation 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	↔


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			
C2	Sustainable Estates	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	
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			
C3a	Outcomes Led Resourcing	3: Failure to operate within the ICBs 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 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	3	3	9	8 BALANCED	OUT	
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			
C3b	Outcomes Led Resourcing	3: Failure to operate within 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 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	
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			
C5a	Outcomes Led Resourcing	5: Failure to deliver a medium-term financial plan for the ICB, that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens ICB sustainability; undermines confidence in the ICB and ICS leadership, as part of the system.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	4	3	12	8 BALANCED	OUT	
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			
C5b	Outcomes Led Resourcing	5: Failure to deliver a medium-term financial plan for the system, that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens individual organisations sustainability; undermines confidence in the ICB, ICS leadership and System leaders.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	4	4	16	8 BALANCED	OUT	


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			
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	3	12	12 OPEN	IN	

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			
C7	System Workforce	7: Immediate term financial pressures, employment relations challenges and increasing workload leads 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.	ED People	Workforce Board (Workforce Committee)	4	5	20	4	4	16	12 OPEN	OUT	

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 (SLIDE 1 OF 2)

Ref: A1	Strategic Objective A: Leading for Excellence					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: Delivery Improvement		Risk Score: 25		
Executive Risk Owner: Executive Director of Nursing & Quality						Assurance Committee: Quality Committee						Date Added to BAF: October 2022			
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)			
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	25	TBD	TBD	TBD			
5	4	20	5	5	25			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">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 CommitteeQuality and equality impact assessmentsGetting It Right First Time (GIRFT) programme supporting improvements in medical care within the NHS by reducing unwarranted variationsQuality dashboards and data assuranceInternal audits on quality related issuesThe new Patient Safety Incident Response Framework (PSIRF) will come online for all providers, including acute, ambulance, mental health, and community healthcare providersReview of ICB formal governance framework and arrangementsQuality Assurance and Improvement Framework received by the Quality Committee and the Board for endorsement45-minute handover policy in place, but required performance to be measured (see gaps)Series of escalated actions put in to reflect additional focus and scrutiny, including a UEC summit. These are subject to weekly review and monitoring through the x3 Place UEC Boards.UEC Clinical Leadership Summit took place on 15 August 2024 and a number of next steps have been agreed.Exec to Exec UEC site visits, in York, Scarborough, Hull, Grimsby, Scunthorpe took place between August and September 2024.Business Intelligence, Quality Improvement Group (QIG) for all acute trust York and Scarborough Teaching Hospitals, Hull University Teaching Hospital NHS Trust, and Northern Lincolnshire & Goole NHS Foundation Trust. Assurance paper collating all Temporary Escalation Spaces (TES) Standard Operating Procedures, risk assessment, records of use of and any recorded harm to date is being submitted to the Quality Committee in Feb 2025.									<ul style="list-style-type: none">Reconsideration of Urgent and Emergency Care (UEC) Board governance arrangementsContinuous development and iterations of Quality assurance improvement framework (QAIF).Clinical leadershipReduction in waiting timesNational Guidance re : sharing Clinical risk – implications and applications locally to be determinedClinical Suitability of SpaceStaffing Levels and CompetencyPatient Acuity and CohortMonitoring and SupervisionInfection Prevention and ControlEnvironmental and Physical Risks						

See next slide for mitigating actions

Ref A1 Risk Analysis (SLIDE 2 OF 2)

Ref: A1	Strategic Objective A: Leading for Excellence	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: Delivery Improvement	Risk Score: 25
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Executive Risk Owner: Executive Director of Nursing & Quality	Assurance Committee: Quality Committee	Date Added to BAF: 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 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	25	TBD	TBD	TBD
5	4	20	5	5	25			8 (BALANCED)	OUT OF APPETITE	8 (BALANCED)	8 (BALANCED)	8 (BALANCED)

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations
Refresh of governance arrangements for Urgent and Emergency Care (UEC) Boards with additional weekly executive UEC Oversight meetings in place for w/c 5/8	Check point: April 25	Deputy Chief Executive / COO	Next update due at the May Board
Clinical Network would take a lead role in cascade and support for improvement from a clinical leadership perspective	Check point: April 25	ED of Clinical & Professional	Next update due at the May Board
Acute providers would target reducing time waiting for a clinical review and reducing time waiting for a bed by focus on criteria lead discharge, estimated date for discharge, and no criteria to reside /pathway zero patients. These actions are supported by the role out of Optica.	Check point: April 25	ED of Nursing and Quality	Next update due at the May Board
National Guidance re : sharing Clinical risk – implications and applications locally to be determined	Check point: April 25	ED of Nursing and Quality	Next update due at the May Board
Review of provider operating procedures and risk assessments for Temporary Escalation Spaces(TES) across acute services	Check point: April 25	ED of Nursing & Quality / Deputies	Next update due at the May Board

Ref A2 Risk Analysis

Ref: A2	Strategic Objective A: Leading for Excellence	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.	Risk Domain: Delivery Improvement	Risk Score: 16
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Executive Risk Owner: Acting Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: 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 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	16	TBD	TBD	TBD
4	5	20	4	4	16			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">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 learningDetailed monthly performance report and dashboard to the ICB Board.Oversight of risk by the Chief Operating Officer and the BoardSpeciality level reports at Elective Care and Urgent Care BoardsRefreshed Urgent and Emergency Care (UEC) BoardRecovery plans are in place for all PlacesRevised Corporate Performance report format giving greater emphasis on main delivery priorities and key areas of focusEstablishment 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.Board sited on the approach to winter planningRecovery plans are in place at PlaceStepping up of focused prioritisation of UEC and Financial Plan delivery priorities with weekly governance arrangements established to ensure tighter grip and controlReporting of ‘monthly Deep Dive’ supplementary performance reports giving real and additional insight into risk delivery areas for board scrutiny	<ul style="list-style-type: none">Operational pressures and priorities impact on our ability to target resources effectively to deliver against the planNot 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.

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
The Executive team, supported by the Planning and Performance team, keeps a close eye on the 32 objectives in the 24/25 plan in terms of delivery and associated risks, supporting Exec leads and the appropriate governance routes as required. Particular focus is on the UEC delivery, 65ww elective waits and cancer delivery to optimise the end of year delivery. All of these are subject to tight NHSE oversight. With the recent publication of the 25/26 Planning guidance and a smaller number of priorities, this will be a further area of focus.	Check point: April 25	Deputy Chief Executive / COO	Next update due at the May Board

Ref A3 Risk Analysis																
Ref: A3		Strategic Objective A: Leading for Excellence			PRINCIPAL RISK 3: Failure to develop data and digital maturity (including Cyber Security) will prevent the ICS from delivering against its core purposes.						Risk Domain: Data and Digital		Risk Score: 12			
Executive Risk Owner: Chief Digital Information Officer						Assurance Committee: Digital Data and Innovation Committee						Date Added to BAF: October 2022				
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)			
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		12	TBD	TBD	TBD			
5	4	20	4	3	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 partnersApproved Digital StrategyNational digital maturity assessment frameworkOperation Plan approved by the ICB Board and submitted to NHS EnglandSIRO, Caldicott Guardian and Data Protection Officer in PlaceData Security and Protection Toolkit completed - no improvement plan requiredICS Infrastructure steering group in place with links to cyber expertiseDedicated ICS Cyber Security Group Established chaired by NHSE Regional Cyber security lead, rapidly improving the position and developing a strategySharepoint risks mitigated providing a secure collaborative spaceCyber event taken place with Board (09/08/2023)Overarching Steering Group and Programme Group have been set up to ensure Electronic Patient Record replacement programme successBI, analytics and reporting wrt populational health to be developed through population health management programmeWorking with NHSE Cyber Lead on an appendix to the ICB Digital Strategy outlining our approach to cyber.Recruitment to begin for a programme lead to focus on the ICS-wide cyber programme.									<ul style="list-style-type: none">Evidence of sustained improvement in trends to reduce health inequalitiesAlign digital priorities with the ICP strategy and develop an action plan to deliverElectronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and more simplified reporting.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							Check point: April 25		Chief Digital Information Officer		Next update due at the May Board					
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 April 25 (part of 4-year plan)		Chief Digital Information Officer		Next update due at the May Board					
Development of decision intelligence model							Check point: April 25		Executive Director of Corporate Affairs		Next update due at the May Board					

Ref B1 Risk Analysis

Ref: B1	Strategic Objective B: Leading for Prevention	PRINCIPAL RISK 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.	Risk Domain: Empowering Collaboratives	Risk Score: 12
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Executive Risk Owner: Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Population Health & Prevention Committee	Date Added to BAF: 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 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	12	TBD	TBD	TBD
4	4	16	4	3	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 YorkshireIntegrated 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 2022System response to recovery planning and winter planningSenior Leadership Executive Committee (ICB) providing assurance to the ICB BoardSystem Oversight and Assurance Group providing assurance on system performance and deliverySix Places’ priorities / strategic intents developed with associated Place Risk RegistersFive Sector Collaboratives’ priorities / strategic intentsTransitional operational agreements with Places/CollaborativesICB Communications and engagement strategyIntegrated Care Strategy now approved by ICP and approved by constituent partners across Humber and North YorkshireOperation Plan approved by the ICB Board and submitted to NHS EnglandAll Places (x6) have Place plansMaturity of ICB – Internal controls and governance (key controls – s75 etc)BI, analytics and reporting wrt populational health to be developed through population health management programme	<ul style="list-style-type: none">Embedded approach to planning and delivering transformation, developments and change (to establish single system engine room – Q1 - action)BI, analytics and reporting at Place and Population Health Management

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Development of decision intelligence model	Check point: April 25	Executive Director of Corporate Affairs	Next update due at the May Board

Ref C2 Risk Analysis														
Ref: C2		Strategic Objective C: Leading for Sustainability			PRINCIPAL RISK 2: The estates infrastructure of the ICS hinders our ability as an ICB to deliver consistently high-quality care.						Risk Domain: Sustainable Estates		Risk Score: 12	
Executive Risk Owner: Executive Director of Finance and Investment					Assurance Committee: Finance Performance and Delivery Committee						Date Added to BAF: November 2023			
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis	Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)		
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	12	TBD	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">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 placeOptions for identifying underutilised estate and potential disposals identified as part of the QEPPrimary Care Estates group in place and operating well, with the PCN toolkit work nearing completion linking clinical strategy and infrastructureCapital and estates group recommencedHNY sustainability steering groupEPRR in place, to support any critical infrastructure failuresMature Provider estates planning forums to manage risk and capital planning oversightThis risk will form part of the ICB infrastructure plan.Appointed consultancy to support for Delivery of the Health Infrastructure PlanWorking with exec director and governance team to establish clear reporting and governance arrangements									<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				
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			Next update due at the May Board				

Ref C3a Risk Analysis										*Risk C3 split into C3a (ICB focus) and C3b (system focus)*							
Ref: C3a		Strategic Objective C: Leading for Sustainability				PRINCIPAL RISK 3a: Failure to operate within the ICBs 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 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.							Risk Domain: Outcomes Led Resourcing		Risk Score: 9		
Executive Risk Owner: Executive Director of Finance and Investment						Assurance Committee: Finance, Performance & Delivery Committee						Date Added to BAF: April 2024					
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)		Q2 (2025/26)		Q3 (2025/26)		Q4 (2025/26)	
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		9		TBD		TBD		TBD	
5	5	25	3	3	9			8 (BALANCED)		OUT OF APPETITE		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">Appointed (independent) Non-Executive Chair for FPDRecently appointed highly experienced retained members to work with the committee from September 2024Refinement of a robust FPD workplan to oversee 1) the ICB statutory performance and 2) ICS system delivery.Establishment of the monthly ICS DOF meeting as a formal sub group of FPD.Weekly reporting on delivery through NHS England at Regional and National Level.Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.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).Monthly ICB Finance Contracting and Procurement meeting with the entire team.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.Oversight from the Quality Committee and Quality Impact Assessment on finance decisions.Full range of NHS England expenditure controls being monitored and in place by all individual organisations.Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation.Internal audit and external audit reviews on financial systems, budgetary control and financial management, contract management and procurement processesProfessional standards and regulatory frameworks.Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.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.Amendments have been made to the financial reporting to incorporate the systematic review of run rate and bridge analysis.Updates from Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.Review of all spend areas and Balance Sheet has concluded														<ul style="list-style-type: none">Significant level of non-recurrent (as opposed to recurrent) efficienciesAbility to contain and reduce cost in the context of the operational and quality challenges.Organisation financial performance being prioritised over the system.			
Mitigating Actions To Address Gaps						Target Date		Action Lead			Update on mitigations due this month						
Developing/enhancing an/organisation list of Efficiency and Productivity Opportunities						Check point: April 25		ED of Finance & Investment			Update to be received as part of the Finance report to the Board.						
Working up and delivering actions to deliver improved financial results						Check point: April 25		ED of Finance & Investment			Update to be received as part of the Finance report to the Board.						
Developing a Recovery Plans should the year-end result not be delivered						Check point: April 25		ED of Finance & Investment			Update to be received as part of the Finance report to the Board.						

Ref C3b Risk Analysis										*Risk C3 split into C3a (ICB focus) and C3b (system focus)*						
Ref: C3b		Strategic Objective C: Leading for Sustainability				PRINCIPAL RISK 3b: Failure to operate within 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 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.						Risk Domain: Outcomes Led Resourcing		Risk Score: 20		
Executive Risk Owner: Executive Director of Finance and Investment						Assurance Committee: Finance, Performance & Delivery Committee						Date Added to BAF: April 2024				
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)			
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		20	TBD	TBD	TBD			
5	5	25	5	4	20			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">Appointed (independent) Non-Executive Chair for FPDRecently appointed highly experienced retained members to work with the committee from September 2024Refinement of a robust FPD workplan to oversee 1) the ICB statutory performance and 2) ICS system delivery.Establishment of the monthly ICS DOF meeting as a formal sub group of FPD.Weekly reporting on delivery through NHS England at Regional and National Level.Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.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).Monthly ICB Finance Contracting and Procurement meeting with the entire team.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.Oversight from the Quality Committee and Quality Impact Assessment on finance decisions.Full range of NHS England expenditure controls being monitored and in place by all individual organisations.Updated and approved Scheme of Reservation and Delegation and Operational Scheme of Delegation.Internal audit and external audit reviews on financial systems, budgetary control and financial management, contract management and procurement processesProfessional standards and regulatory frameworks.Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.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.Amendments have been made to the financial reporting to incorporate the systematic review of run rate and bridge analysis.Updates from Third party independent firm contracted to assess impact of the grip and control mechanisms within the organisations of HNY.Review of all spend areas and Balance Sheet has concluded.												<ul style="list-style-type: none">Significant level of non-recurrent (as opposed to recurrent) efficienciesAbility to contain and reduce cost in the context of the operational and quality challenges.Organisation financial performance being prioritised over the system.Some organisations have high levels if risk that suggests they may not achieve their financial target				
Mitigating Actions To Address Gaps							Target Date		Action Lead		Update on mitigations due this month					
Developing/enhancing a system/organisation list of Efficiency and Productivity Opportunities							Check point: April 25		ED of Finance & Investment		Update to be received as part of the Finance report to the Board.					
Assurance review process being conducted by NHSE/ICB							Check point: April 25		ED of Finance & Investment		Update to be received as part of the Finance report to the Board.					
All organisations developing Recovery Plans should the year-end result not be delivered							Check point: April 25		ED of Finance & Investment		Update to be received as part of the Finance report to the Board.					
All organisations working up and delivering actions to deliver improved financial results							Check point: April 25		ED of Finance & Investment		Update to be received as part of the Finance report to the Board.					

Ref C5a Risk Analysis

Risk C5 split into C5a (ICB focus) and C5b (system focus)

Ref: C5a	Strategic Objective C: Leading for Sustainability					PRINCIPAL RISK 5a: Failure to deliver a medium-term financial plan for the ICB, that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens ICB sustainability; undermines confidence in the ICB and ICS leadership, as part of the system.					Risk Domain: Outcomes Led Resourcing		Risk Score: 12				
Executive Risk Owner: Executive Director of Finance and Investment						Assurance Committee: Finance, Performance & Delivery Committee						Date Added to BAF: April 2024					
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)				
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		12	TBD	TBD	TBD				
5	5	25	4	3	12			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">System Leaders Forum accountability for outcome led resources and a “no deficit” culture.Creation of the design for the future from which the financial strategy can become the financial interpretation of.Refresh of the Medium Term Financial Plan in September 2024.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.Identified 10 high impact areas for recovery.Development of a comprehensive productivity and efficiency framework for the HNY system.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 2024Plethora of productivity and efficiency toolkits available through regional and national NHS England teams.Extensive triangulation tools especially linked to workforce.MTFP and the outcome led resourcing piece presented at the Board Development session on 8 October.										<ul style="list-style-type: none">Leadership time is focussed on managing today rather than the longer term.Focus on process and reporting rather than action, delivery and so what.Capability, capacity and cultural barriers to delivering a large scale and ambitious programme of change.Focus on small scale activities rather than high impact interventions.Lack of true “system working” and continued focus on delivering individual organisation position rather than system wide value for money							
Mitigating Actions To Address Gaps								Target Date		Action Lead		Update on mitigations due this month					
Organisational Development work with teams								Check point: April 25		ED of Finance & Investment		Next update due at the April Board					
Potential mitigations will be assessed after the 2025/26 Planning Round.								Check point: April 25		ED of Finance & Investment		Next update due at the April Board					

Ref C5b Risk Analysis													*Risk C5 split into C5a (ICB focus) and C5b (system focus)*				
Ref: C5b		Strategic Objective C: Leading for Sustainability				PRINCIPAL RISK 5b: Failure to deliver a medium-term financial plan for the system, that achieves financial sustainability and recovery, leading to poorer outcomes for the population; threatens individual organisations sustainability; undermines confidence in the ICB, ICS leadership and System leaders.								Risk Domain: Outcomes Led Resourcing		Risk Score: 16	
Executive Risk Owner: Executive Director of Finance and Investment						Assurance Committee: Finance, Performance & Delivery Committee						Date Added to BAF: April 2024					
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)				
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		16	TBD	TBD	TBD				
5	5	25	4	4	16			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">System Leaders Forum accountability for outcome led resources and a “no deficit” culture.Creation of the design for the future from which the financial strategy can become the financial interpretation of.Refresh of the Medium Term Financial Plan in September 2024.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.Identified 10 high impact areas for recovery.Development of a comprehensive productivity and efficiency framework for the HNY system.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 2024Plethora of productivity and efficiency toolkits available through regional and national NHS England teams.Extensive triangulation tools especially linked to workforce.MTFP and the outcome led resourcing piece presented at the Board Development session on 8 October.										<ul style="list-style-type: none">Leadership time is focussed on managing today rather than the longer term.Focus on process and reporting rather than action, delivery and so what.Capability, capacity and cultural barriers to delivering a large scale and ambitious programme of change.Focus on small scale activities rather than high impact interventions.Lack of true “system working” and continued focus on delivering individual organisation position rather than system wide value for money							
Mitigating Actions To Address Gaps							Target Date		Action Lead		Update on mitigations due this month						
Organisational Development work with teams							Check point: April 25		ED of Finance & Investment		Next update due at the April Board						
Potential mitigations will be assessed after the 2025/26 Planning Round.							Check point: April 25		ED of Finance & Investment		Next update due at the April Board						

Ref C6 Risk Analysis

Ref: C6	Strategic Objective C: Leading for Sustainability	PRINCIPAL RISK 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.	Risk Domain: System Workforce	Risk Score: 12
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Executive Risk Owner: Executive Director of People	Assurance Committee: Executive Committee	Date Added to BAF: 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 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	12	TBD	TBD	TBD
4	4	16	4	3	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">• Organisational Development and Transformation (OD&T) programme and Engine Room in place, driving improvement of colleague experience and culture change actions, underpinned by organisational values well supported by colleagues, behaviour framework and core agile principles• Several significant Directorate restructures complete / nearing completion offering greater team and role clarity• How We Work agile working policy framework complete; implementation scheduled in early 2025/26. Staff Handbook in place; requires updates early in 2025/26 to capture significant recent developments. Phase 1 Estates Review complete and in implementation. Single IT supplier in implementation; Copilot pilot generating positive engagement• Leadership framework design work ongoing, providing opportunity for staff development expressly aligned to organisational purpose and business needs; training and development policy and panel in operation; system talent management offer supports ICB needs for system leadership capability development. Statutory and mandatory training in place• Communications rhythm established: monthly staff briefings supported by twice yearly staff roadshows effective in engaging staff in ICB organisational purpose now on rolling programme and generating good level of staff participation. Intranet in place.• Structured approach to colleague engagement in place via ICB intersectional Inclusion Network with connectivity to system-level intersectional Inclusion Assembly and monthly Colleague Engagement and Wellbeing Group. Action underway to ensure organisation-wide participation. Staff Partnership Forum in place, supporting effective staff side engagement. Recruitment underway for additional Freedom to Speak Up Champions. Staff surveys providing insight into colleague experience and perception: national survey augmented with quarterly Pulse survey from April• Colleague wellbeing offer published including EAP, occupational health; has included programme of events 24/25• ICB-facing HR team fully populated• Risks specific to organisational workforce captured separately from system workforce risk at BAF level	<ul style="list-style-type: none">• National political and financial context undermines colleague morale and significantly increases retention risk, particularly of high calibre / specialist colleagues• Volume of HR work exceeds HR capacity; this is likely to be worsened by further demand for organisational change in light of the above. Temporary posts in recruitment to help address this but this strategy likely to be undermined by changes in financial context. 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• No budget allocation for wellbeing programme will severely limit offer from April 2025; exploring system pooling• Fair and transparent IT hardware and software offer underpinned by appropriate budget required to complete agile working framework• Development of line manager capability aligned to values is a key priority for 2025/26; direct engagement of staff in design of line management approach and tools underway in Spring 2025 Roadshows

Mitigating Actions To Address Gaps	Target Date	Action Lead	Update on mitigations due this month
Full launch of agile working framework and components including IT offer	End Q2	ED of People	Next update due in September 2025

Ref C7 Risk Analysis

Ref: C7	Strategic Objective C: Leading for Sustainability	PRINCIPAL RISK 7: Immediate term financial pressures, employment relations challenges and increasing workload leads 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.	Risk Domain: System Workforce	Risk Score: 16
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Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Board	Date Added to BAF: 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 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating	16	TBD	TBD	TBD
4	5	20	4	4	16			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">Workforce Board established, including VSM Members with accountability spanning system-wide priorities, providing assurance to the BoardPeople Strategy with broad System ownershipBreakthrough programme transformation methodology is achieving wide engagement from system community and national recognition for innovation, providing immediate and long-term assurance on engagement and effectiveness. 2025/26 Breakthrough programme targeted on key policy areas including Get Britain Working response and Neighbourhood HealthPeople governance well established and impactful via six key forums for strategic medium-term change, with shared system leadership:<ul style="list-style-type: none">ground-breaking intersectional system-level Inclusion AssemblyColleague Experience Committee (evolved from Health and Wellbeing Committee in place to March 25);Education and Training Committee;Ethical International Recruitment Committee;People Story CommitteePaybill and Agency Management CommitteeICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national levelEffective staff side engagement directly via Workforce Board and via HNY Union Partnership ForumExecutive Director of People and People team in post, including roles focused on system workforce transformationStrong and growing reputation of HNY Partnership regionally and among workforce leaders nationally for leading edge response to workforce transformation challengeImmediate workforce risks considered by Workforce Board and located appropriately in BAF	<ul style="list-style-type: none">National political and financial context undermines colleague morale system-wide and significantly increases retention risk, particularly of high calibre / specialist colleagues. Both general impact on morale and required reduction in capability in corporate services across system will significantly reduces capacity available for transformation.Further opportunities exist to capitalise in reputation terms on Breakthrough success; other ICBs are receiving plaudits for system convening which could also be applied to HNY. Opportunities to spread the convening approach into other priority delivery areas.Potential for ongoing or worsening disparity in pay across health and care system, for which our only lever is continued national lobbyingPotential for health and care national funding to fail to keep pace with inflationNational 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
Further Board level engagement with Breakthrough – both impact and methodology – supported with communications activity	End Q4 2025/26	ED of People / Chair	Next update due at the April 2026 Board

Ref D1 Risk Analysis

Ref: D1		Strategic Objective D: Voice at the Heart				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: Transformative Public Engagement		Risk Score: 12			
Executive Risk Owner: Executive Director of Communications, Marketing & Media Relations							Assurance Committee: Quality Committee							Date Added to BAF: October 2022				
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status: In or Out of Appetite	Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)					
I	L	Rating I x L	I	L	Rating I x L			Current Risk Rating		12	TBD	TBD	TBD					
4	4	16	4	3	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">Working with People and Communities: Engagement Strategy approved by the ICB Board and submitted to NHS EnglandExecutive Director of Communications, Marketing and PR in place working at a strategic level with Executive Directors and Place DirectorsAny key service development/change does include a good level of engagementReview of ICB formal governance framework and arrangements underwayBoard ‘Deep Dive’ of risk in December 2023 (see additional mitigating actions)Cross directorate working group est. to progress actions with priorities being mapped of existing intelligence, and development of Voice of the Lived ExperienceImproved position across ICB in terms of engagement, ie walk in centre Hull, NY ADHD/AutismVoice of lived experience at every Board meeting in publicWomen's health intelligence tool and Insight Bank developedIntegrated Impact Assessment (IIA) Tool in placeFirst full consultation (HAS) received Good Practice Award from the Consultation InstituteIIA documents updated online.Engagement in Care Group lead by Nursing and Quality Directorate, established Jan 2024An engagement and consultation assurance framework has been developedCommunications, Marketing and Engagement Strategy approved by the Board in October 2024.The tools and process for integrated impact assessment has been reviewed and updated										<ul style="list-style-type: none">Maturity of ICB – Internal controls and governanceAction plans from people engagement strategy and cross directorate /Healthwatch to be monitoredData and business intelligence / digital solutions to help understand our population/demographics better and triangulate this with quality intelligence to better inform transformational change.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.Level of non-pay investment agreed Executive Committee, however, given the current financial challenge, its use is on hold.								
Mitigating Actions To Address Gaps								Target Date	Action Lead		Update on mitigations due this month							
Integrated Impact Assessment processes reviewed, identification of training and development for colleagues' where appropriate required								End Q4 24/25	ED of Corporate Affairs		Next update due at the April 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 Q4 24/25	ED Comms, Marketing & MR & ED of Corporate Affairs		Next update due at the April Board							

Ref XX Risk Analysis *NEW RISK FOR APRIL 2025/26*																	
Ref: TBD		TBD				PRINCIPAL RISK TBD: Failure to ensure the ICB maintains robust governance 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: 16			
Executive Risk Owner: Executive Director of Corporate Affairs						Assurance Committee: Executive Committee						Date Added to BAF: April 2025					
Initial/Inherent Risk (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite		Status: In or Out of Appetite		Risk Analysis		Q1 (2025/26)	Q2 (2025/26)	Q3 (2025/26)	Q4 (2025/26)		
I	L	Rating I x L	I	L	Rating I x L					Current Risk Rating		16	TBD	TBD	TBD		
4	4	16	4	4	16	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">Establishment of Audit Committee and the Senior Leadership Executive Committee, with appropriate accountability and providing assurance to the Board.Approved ICB Constitution – updated in January 2025EPRR and On-Call controls established as a Cat 1 organisation.Approved Board Assurance FrameworkStatutory and mandatory training complianceStatutory policies in place, including COI and Code of ConductSpecialist training completed for SIRO, Caldicott Guardian, Safeguarding rolesBAF and Corporate Risk Register in placeIntegrated Care Strategy now approved by ICP and to be approved by constituent partners across Humber and North YorkshireRisk Management Policy approved by the ICB BoardQ4 Governance Review completed and reviewed by the Board in April 2025 and assurance receivedRisk Management Framework Approved by Executive Director of Corporate Services 21 Sept 23 – sent to Execs for info 29 Sept 23 – Engagement complete.Internal Auditors provided an opinion of ‘high assurance’ on the BAF and on Risk Management 2023/24Implementation of the ICB Risk management policy and underpinning framework													<ul style="list-style-type: none">Embedding and familiarisation of standard operating procedures across all functions for consistency and efficiencies – ongoingCompletion and submission of NHSE returns in relation to Year End Reporting 2024/25, i.e., Annual Report, Accounts, DPSTCompletion of Fit and Proper Person Test (for Board members) – NHS submission due 30 June 2025Audit outcomes for corporate and governance areas 2024/25Governance Handbook updates for 2025/26Review and updates to SFIs, OSD, SORDOperational governance arrangements and decision-making processes require review across the ICB				
Mitigating Actions To Address Gaps										Target Date		Action Lead		Update on mitigations due this month			
Review outcome of internal audits in corporate governance and develop action plan to address any gaps in assurance										Q1 25/26		Executive Director of Corporate Affairs		NEW			
Submission of Annual Report and Accounts, having addressed any gaps in assurance identified by NHSE										Q1 25/26		ED Corporate Affairs / ED Finance & Investment		NEW			
Completion of FPPT requirements, with submission to NHSE										End Jun 2025		Executive Director of Corporate Affairs		NEW			
Updates to Governance Handbook with approval from the Board										May 2025		Executive Director of Corporate Affairs		NEW			
Review of SFIs / OSD and SORD										May 2025		ED Corporate Affairs / ED Finance & Investment		NEW			
Review of operational decision-making in the ICB – collated in one place and circulated to all staff										Q1 25/26		Executive Director of Corporate Affairs		NEW			
Interim Chair recruitment										May 2025		Vice-Chair ICB / NHSE		NEW			

- 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">Quality ImprovementPatient SafetyInnovation & ResearchUpscaling Digital Solutions / Cyber-SecurityData Quality / BI and real time decision makingResource shift across sectorsEmbed accountabilities and delegated authority
	Data and Digital	Open (12)	
	Empowering Collaboratives	Open (12)	
Leading for Prevention	Population Health	Open (12)	<ul style="list-style-type: none">Outcomes through transformation and service improvementPop health & inequalities, targeting most deprived communitiesFocus on cancer, CVD, MH and elderly/frail and H&WB of childrenHNY centre for excellence for tobacco control
	Relationship with Place	Open (12)	
Leading for Sustainability	System workforce	Open (12)	<ul style="list-style-type: none">Workforce breakthrough programmeLeadership developmentProductivity, including use of technologyService provision blueprint (productivity and efficiency plans, incl estate)
	Sustainable Estate	Open (12)	
	Outcomes Led Resourcing	Balanced (8)	
Voice at the Heart	Transformative public engagement	Open (12)	<ul style="list-style-type: none">Meaningful engagement and co-productionEngagement for prevention, focussed on health inequalitiesStakeholder management
	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
	Very low	Minimal (4)	Avoidance of any risk or uncertainty. Every decision will be to terminate the risk.
	Low	Cautious (6)	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.
	Medium	Balanced (8)	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.
	High	Open (12)	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.
	Very high	Hungry (16)	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
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 statutory duty Multiple breaches 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 Environmental impact	<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 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
Principal Risk: 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.			
Reason for Closure: Risk score met risk appetite and became part of business as usual			
Closure Recommended by: Executive Committee / Population Health & Prevention Committee			
Date Approved for Closure by the ICB Board: 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
Principal Risk: 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			
Reason for Closure: Risk score met risk appetite and became part of business as usual			
Closure Recommended by: Executive Committee			
Date Approved for Closure by the ICB Board: 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
Principal Risk: 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.			
Reason for Closure: Risk specific to 2023/24 – New risk opened for 2024/25			
Closure Recommended by: Executive Committee			
Date Approved for Closure by the ICB Board: 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
Principal Risk: 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.			
Reason for Closure: Risk specific to 2023/24 – New risk opened for 2024/25			
Closure Recommended by: Finance, Performance & Delivery Committee			
Date Approved for Closure by the ICB Board: 8 May 2024			

CLOSED RISKS 2024/25 (new reference system)			
BAF Ref: C1	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Board / Committee
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			
BAF Ref: C4	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Board / Committee
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			