

Humber and North Yorkshire ICB Board Assurance Framework 2025/26

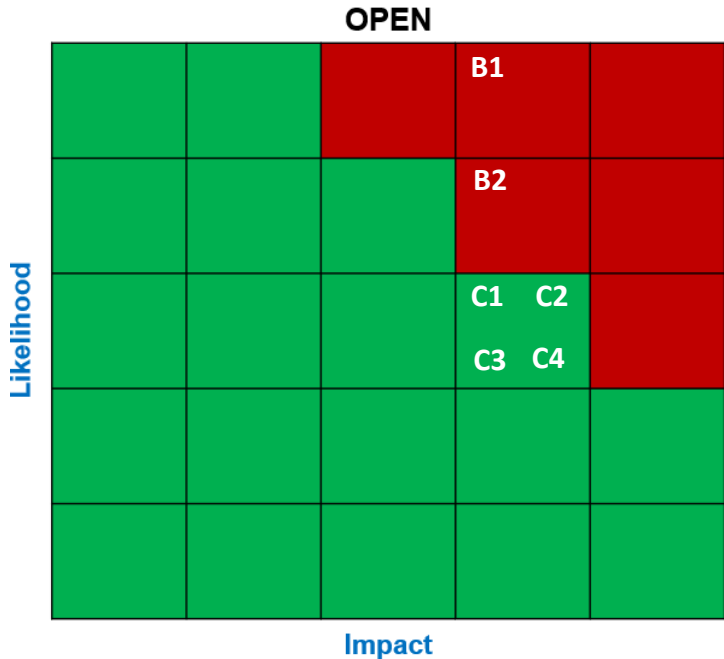
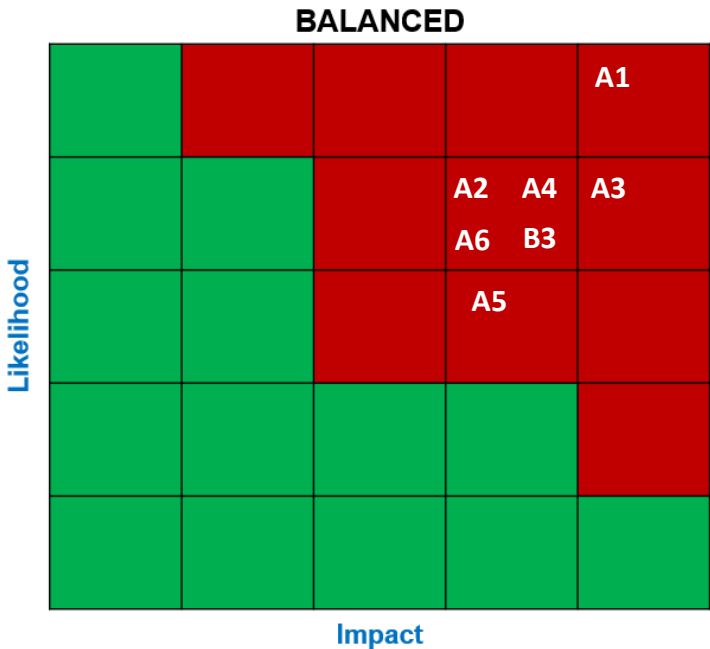
V2: July 2025

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: Drive delivery, productivity and improve performance	Delivery Improvement	BALANCED (8)	A1 (patient safety) A2 (2025/26 delivery of operational plan)
	Outcomes led resourcing	BALANCED (8)	A3 (2025/26 financial resource - ICB) A4 (2025/25 financial resource - ICS) A5 (medium-term financial sustainability - ICB) A6 (medium-term financial sustainability - ICS)
B: Deliver a model for the future HNY ICB as a strategic commissioner to deliver the strategic ambitions within the new cost envelope	System workforce	OPEN (12)	B1 (ICB transition) B2 (workforce availability & transformation)
	Organisational control mechanisms	BALANCED (8)	B3 (Governance and controls)
C: Transform provision through the implementation of the design to support the 3 shifts (Hospital to Community, Analogue to Digital, Treatment to Prevention)	Population Health	OPEN (12)	C1 (partnership vision and priorities)
	Sustainable estates	OPEN (12)	C2 (Estates)
	Data and Digital	OPEN (12)	C3 (data and digital maturity)
	Empowering Providers / Places / Neighbourhoods / Collaboratives	OPEN (12)	No risks currently aligned
	Transformative public engagement	OPEN (12)	C4 (patient and public engagement)



Summary of Risks


Strategic Objective A: Drive delivery, productivity and improve performance


REF	Domain	Principal Risk	Risk Owner	Assurance Committee	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 operate within the ICBs available resources for 2025/26 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.	Chief Operating Officer	Finance, Performance & Delivery Committee	5	5	25	4	5	20	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	Outcomes Led Resourcing	3: Failure to operate within the ICBs available resources for 2025/26 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in ICB leadership; risks the system being subject to escalated oversight from regional & national processes that detract from getting on with required responsibilities and priorities.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	5	4	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			
A4	Outcomes Led Resourcing	4: Failure to operate within the ICSs available resources for 2025/26 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 & national processes that detract from getting on with required responsibilities & priorities.	ED Finance & Investment	Finance, Performance & Delivery Committee	5	5	25	5	4	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			
A5	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			
A6	Outcomes Led Resourcing	6: Failure to deliver a medium-term financial plan for the system (ICS), 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 B:
Deliver a model for the future HNY ICB as a strategic commissioner to deliver the strategic ambitions within the new cost envelope





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	System Workforce	1: Failure to design and implement an appropriate, affordable and effective ICB operating model and staff structure will lead to negative wellbeing impacts for staff and operational, financial, legal and/or reputational failure at organisational level	Executive Director of People	Transition Committee	5	5	25	4	5	20	12 OPEN	OUT	NEW RISK

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			
B2	System Workforce	2: 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.	Executive Director of People	Workforce Board (Workforce Committee)	4	5	20	4	4	16	12 OPEN	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			
B3	Organisational control mechanisms	3: 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	Executive Director of Corporate Affairs	Executive Group	4	4	16	4	4	16	8 BALANCED	OUT	

Summary of Risks

Strategic Objective C: Transform provision through the implementation of the design to support the 3 shifts
(Hospital to Community, Analogue to Digital, Treatment to Prevention)

REF	Domain	Principal Risk	Risk Owner	Assurance Committee	Initial Risk Rating (Before Mitigation)			Current Risk (After Mitigation)			Risk Appetite	Status (In / Out of Appetite)	Movement from Last Quarter
					I	L	Rating I x L	I	L	Rating I x L			
C1	Population Health	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.	COO / ED of Clinical & Professional	Population Health and Prevention Group	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			
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			
C3	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 Corporate Affairs / ED of Clinical & Professional	Digital, Data and Innovation Group	5	4	20	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			
C4	Transformative Public Engagement	4: 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	

Risk Ref: A1 Risk Analysis (SLIDE 1 OF 2)

Ref: A1	Strategic Objective A	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	25	TBD	TBD
5	4	20	5	5	25	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">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.Revised UEC governance and delivery arrangements in place from 1 July for 2025/26	<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

Risk Ref: A1

Risk Analysis (SLIDE 2 OF 2)

Ref: A1	Strategic Objective A	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	25	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 due this month
Clinical Network (UEC network) would take a lead role in cascade and support for improvement from a clinical leadership perspective	August 2025	Executive Director of Clinical & Professional	The ICS-wide UEC programme has 4 core priorities, one of which is to increase clinical engagement and leadership of UEC. Key actions for this workstream in 2025/26 include fostering a culture of continuous improvement through decentralized, informal collaboration; and increasing clinician engagement in design and decision-making processes. Senior level buy-in within acute organisations is required for success. The UEC Programme and Clinical Network will give an update to the HNY Clinical & Professional Group on progress in August 2025.
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.	August 2025	Executive Director of Nursing & Quality / Deputies	Transfer of Care Board in place, focused improvement opportunities and oversight, supported by delivery groups recently refreshed to reflect current priorities. Place/System UEC Boards, inclusive of providers are actively focused on system wide improvements and opportunities. Focus on KPIs and deep dive planned for next TOC Board.
National Guidance re : sharing Clinical risk – implications and applications locally to be determined	August 2025	Executive Director of Nursing & Quality / Deputies	National guidance and NEY Patient Safety Incident Escalation shared within Patient Safety Committee on 10/04/25: partial assurance and needs further embedding to ensure consistent escalations. Action – for agenda at next ICS DONs meeting. RASCI tool and principles for assessing and managing risk across ICS shared widely in quality aligned meetings. Action: System risks with associated RASCI assessments to be including within risk standing item for escalation on ICB Quality Committee. N&Q progressing phased approach to review of ICB risk register for N&Q Directorate, endorsed by ICB QC on 27/02/25, recent update presented on 26/06/2025. Action: Progress review and assurances on Phase 3 (alignment of all risks to Committees). Phase 4 (governance and assurance of risk reviews), Phase 5 (Escalation). To update subcommittee/groups with Chairs report to Quality Committee and TOR to outline process specifically on risk (escalation, de-escalation, changes. NHSE Direct Commissioning RASCI for delegated services agreed in Joint Quality Oversight meeting in May (NHSE/ICB). Assurance provided to June Quality Committee. SOAG – New quality, safety, patient experience and improvements template in place with reporting highlighting new and emerging risks against ICB Operating Plan 25/26 priorities - reported monthly. Action: meeting to identify any areas for RASCI review and escalation. Note QIGs – HUTH, NLAG, Y&S, TEWV currently in improvement groups, system risk escalation in place.
Review of provider operating procedures and risk assessments for Temporary Escalation Spaces(TES) across acute services	August 2025	Executive Director of Nursing & Quality / Deputies	Assurance review completed by DON F3, meetings held with Provider DONs and review of evidence to support. Overall good assurance on procedures, process, risk assessment, management and mitigation across HNY. DOC processes in place and criteria whereby TES is not appropriate due to clinical risks, patient vulnerability. Assurance paper and position across providers submitted to February ICB Quality Committee item P08Temporary Escalation Spaces. Regular assurance updates provided at QIG for HHP and YSHFT.

Risk Ref: A2

Risk Analysis

Ref: A2	Strategic Objective A	PRINCIPAL RISK 2: Failure to deliver the ICB Operating plan for 2025/26, and the associated priorities and success measures, may result in patients not being treated in a timely and appropriate manner.	Risk Domain: Delivery Improvement	Risk Score: 20
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Executive Risk Owner: Chief Operating Officer	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: June 2025
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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	20	20	TBD	TBD
5	5	25	4	5	20	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">Revised and refocused System Oversight and Assurance Group, that includes all Place Directors and Collaborative Directors and report to the Finance, Performance and Delivery Committee.Revised Detailed monthly performance report and dashboard to the ICB Board, with greater focus on triangulation between performance, finance, productivity and workforce.Oversight of risks by the Acting Chief Operating Officer and the BoardSpeciality level reports at Elective Care and Urgent Care BoardsRecovery plans are in place for all PlacesBoard 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 arrangementsReporting 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
Revised role and focus of System Oversight and Assurance Group to provide robust delivery and oversight of 25/26 plans	June 2025	Chief Operating Officer / Executive Director of Finance & Investment	First meeting scheduled for 2025 June
Revised Corporate Performance report for 2025/26 with a greater triangulation between performance, finance and workforce, alongside productivity	June 2025 onwards	Chief Operating Officer / Executive Director of Finance & Investment	To be presented at the July Board meeting
Robust preparatory plans in place to review the latest Q1 Plan delivery position by way of preparation for the NHSE deep dive on the system efficiency plan position on 14 July 2025	July 2025	Chief Operating Officer / Executive Director of Finance & Investment	Update to be provided at the July ICB Board

Risk Ref:		A3 Risk Analysis				*Risk A3: ICB focus and Risk A4: System focus*						
Ref: A3	Strategic Objective A		PRINCIPAL RISK 3: Failure to operate within the ICBs available resources for 2025/26 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/national processes that detract from getting on with required responsibilities & 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: June 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	20	20	TBD	TBD
5	5	25	5	4	20			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					End Q2 (Sep 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					End Q2 (Sep 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					End Q2 (Sep 25)		ED of Finance & Investment		Update to be received as part of the Finance report to the Board.			

Risk Ref A4: Risk Analysis

Risk A3: ICB focus and Risk A4: System focus

Ref: A4	Strategic Objective A	PRINCIPAL RISK 4: Failure to operate within the ICSs available resources for 2025/26 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in leadership; risks the system being subject to escalated oversight from regional/national processes that detract from getting on with required responsibilities & priorities.	Risk Domain: Outcomes led resourcing	Risk Score: 20
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Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: June 2025
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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	20	20	TBD	TBD
5	5	25	5	4	20			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">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	Checkpoint: End July 2025	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	Checkpoint: End July 2025	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	Checkpoint: End July 2025	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	Checkpoint: End July 2025	ED of Finance & Investment	Update to be received as part of the Finance report to the Board.

Ref: A5	Strategic Objective A		PRINCIPAL RISK 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.								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: June 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		12		12		TBD		TBD	
5	5	25	4	3	12			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">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							End Q2 (Sep 25)			ED of Finance & Investment			MTFP due to NHSE at end Q2				
Potential mitigations will be assessed after the 2025/26 Planning Round.							End Q2 (Sep 25)			ED of Finance & Investment			MTFP due to NHSE at end Q2				

Ref: A6	Strategic Objective A	PRINCIPAL RISK 6: 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
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Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee	Date Added to BAF: 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 (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	16	TBD	TBD
5	5	25	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 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	End Q2 (Sep 25)	ED of Finance & Investment	MTFP due to NHSE at end Q2
Potential mitigations will be assessed after the 2025/26 Planning Round.	End Q2 (Sep 25)	ED of Finance & Investment	MTFP due to NHSE at end Q2

Ref B1 Risk Analysis **NEW RISK**														
Ref: B1		Strategic Objective B				PRINCIPAL RISK 1: Failure to design and implement an appropriate, affordable and effective ICB operating model and staff structure will lead to negative wellbeing impacts for staff and operational, financial, legal and/or reputational failure at organisational level					Risk Domain: System Workforce		Risk Score: 20	
Executive Risk Owner: Executive Director of People						Assurance Committee: Transition Committee					Date Added to BAF: June 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	20	20				
5	5	25	4	5	20			12 (OPEN)	OUT OF APPETITE		12 (OPEN)	12 (OPEN)	12 (OPEN)	12 (OPEN)
Positive Assurance and Key Controls in Place						Gaps in Control and/or Assurance								
<p>Governance:</p> <ul style="list-style-type: none">Transition Committee established providing key assurance forum and link with Board, decision log and action tracker in placeTransition programme defined and in delivery supported by cross-functional Transition Programme Group with Executive leadership, decision log and action tracker in place <p>Design:</p> <ul style="list-style-type: none">Draft structure defined for future Core and Transfer functions, indicatively affordable within envelopeDraft transition team defined <p>Staff engagement and colleague support:</p> <ul style="list-style-type: none">Strong internal communications rhythm established via briefings and FAQs, receiving positive feedback from staff groupEmployment Hub in place and receiving positive feedback from staff groupSubject matter experts (SMEs) involved in role design for some future functions <p>Partner engagement:</p> <ul style="list-style-type: none">Chair and Chief Executive engagement with key external stakeholders <p>Finance:</p> <ul style="list-style-type: none">In year savings opportunities modelled, noting reliance on VR scheme not yet released nationally						<ul style="list-style-type: none">Impact on health and wellbeing of staff is a major riskWorsening turbulence in NHS political and financial context undermines colleague morale and significantly increases retention risk, particularly of high calibre / specialist colleagues; winter requirements, emerging Model Region, new expectations relating to Healthwatch functions and requirements of NHS Long Term Plan including future direction on Neighbourhood Health may in particular impact ICB planning and timeframesTimeframe presents significant risk including related risks to financial delivery; mitigations proposed in relation to internal delivery risks, external risks are significant and present ICB with limited control leversFinancial impact of projected redundancies is very significant, no national agreement in place in relation to financial handling of redundancy costsCost of change may be significant, including cost of transition capacity beyond recurrent budget, cost of pay protection arisingReduced senior capacity in future model driven by affordability issues may cause significant challenges in standing up the new operating model, managing partners and achieving required steady state within acceptable timeframeFairness challenge from staff and/or SPF on design and decision making arising from short timeframe, selected involvement mitigated to some extent through involvement of SMEs and unprecedented nature of situation; risk of challenge in all forms up to and including Employment Tribunal; risk of national industrial relations challenge up to and including strike actionStaff and stakeholder (including SPF) dissatisfaction with future structural arrangements may lead to breakdown in working relationships, withdrawal of discretionary effort and make future collaboration more challenging to achieveLack of clarity on national VR scheme undermining opportunity for in year savings impact and affecting staff morale; nature of required approvals may introduce further timeframe risks; pace of access to pension statements likely to further delay VR scheme if it emergesArrangements for transfer of functions identified in Blueprint for relocation remain unclearVolume of HR work may exceed HR capacity; HR team capacity is significantly less than NHS average per head of workforce (current ICB ratio 1/100; NHS average ratio 1:70) which combined with contextual pressures creates significant risk of burnout or failure to retain key People team staffLine manager capability to support staff through change may be insufficient due to retention risk in relation to senior staff and emotional impact across whole staff groupNature and volume of staff needs may exceed capacity of Employment Hub at key pointsDisruption of service may lead to partner and/or public breakdown in trust and/or delayed delivery leading to complaints or legal challenge								
Mitigating Actions To Address Gaps						Target Date		Action Lead			Update on mitigations due this month			
Consultation paper: clear articulation of future structure and reasoning						Checkpoint: August		Transition Director (Executive Director of People)			In progress			

Risk Ref: B2

Risk Analysis

Ref: B2	Strategic Objective B	PRINCIPAL RISK 2: 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: 12	
		Executive Risk Owner: Executive Director of People					Assurance Committee: Workforce Board (Committee)					Date Added to BAF: August 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	16	TBD	TBD		
4	5	20	4	4	16	OPEN	OUT OF APPETITE	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">• Workforce Board established, including VSM Members with accountability spanning system-wide priorities, providing assurance to the Board• People Strategy with broad System ownership• Breakthrough 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 Health• People 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 Assembly• Colleague Experience Committee (evolved from Health and Wellbeing Committee in place to March 25);• Education and Training Committee;• Ethical International Recruitment Committee;• People Story Committee• Paybill and Agency Management Committee• ICB Board awareness of People agenda, partnership response and key risks; opportunities taken for lobbying and engagement at national level• Effective staff side engagement directly via Workforce Board and via HNY Union Partnership Forum• Executive Director of People and People team in post, including roles focused on system workforce transformation• Strong and growing reputation of HNY Partnership regionally and among workforce leaders nationally for leading edge response to workforce transformation challenge• Immediate 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 lobbying• Potential for health and care national funding to fail to keep pace with inflation• National funding allocations sometimes calculated to HNY’s detriment, particularly where CICs are excluded from funding streams					
Mitigating Actions To Address Gaps								Target Date	Action Lead		Update on mitigations due this month			
Further Board level engagement with Breakthrough – both impact and methodology – supported with communications activity								End Q4 2025/26	Executive Director of People / ICB Chair		Next update due at the April 2026 Board			

Risk Ref: B3

Risk Analysis

Ref: B3	Strategic Objective B	PRINCIPAL RISK 3: 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: Organisational Control Mechanisms	Risk Score: 16
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Executive Risk Owner: Executive Director of Corporate Affairs	Assurance Committee: Executive Group	Date Added to BAF: April 2025
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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	16	TBD	TBD
4	4	16	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">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.Statutory 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 frameworkCompletion of FPPT requirements, with submission to NHSEAnnual report for 2024/25 approved by the Board and submitted to NHS EnglandInterim Chair recruited	<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, DPSTOngoing completion of Fit and Proper Person Test for Board Members as part of recruitment processesAudit 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	Q2 25/26	Executive Director of Corporate Affairs	Update not due
Updates to Governance Handbook with approval from the Board	May 2025	Executive Director of Corporate Affairs	On July Board agenda
Review of SFIs / OSD and SORD	Q1/2 2025	ED Corporate Affairs / ED Finance & Investment	Currently underway
Review of operational decision-making in the ICB – collated in one place and circulated to all staff	Q2 25/26	Executive Director of Corporate Affairs	Update not due
Ongoing completion of Fit and Proper Person Test for Board Members as part of recruitment processes	Ongoing	Executive Director of Corporate Affairs / Executive Director of People	2024/25 return complete. Cyclical process.

Risk Ref: C1 Risk Analysis

Ref: C1	Strategic Objective C		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		
Executive Risk Owner: Chief Operating Officer / Executive Director of Clinical & Professional						Assurance Group: Population Health & Prevention Group					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	12	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				

Risk Ref: C2

Risk Analysis

Ref: C2	Strategic Objective C	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
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Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance Performance and Delivery Committee	Date Added to BAF: November 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	12	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 Infrastructure Plan published June 2024 providing a comprehensive overview of the Estates, Sustainability and Infrastructure position.ICB Board approved NHS Joint Capital Resource Plan (June 2025) setting out narrative plans for £217.8M of approved capital spend, with further £19.6M to be allocated for constitutional standards once business cases approvedICB corporate estates review implementation underway:<ul style="list-style-type: none">Phase 1 complete<ul style="list-style-type: none">closure and relocation plans implemented for Health Place, Brigg; Castle House, Scarborough; and The Calvert Centre, Hull.cost-saving measures implemented at Municipal Offices, Grimsby and Warehouse 8, Hull.Phase 2 in process<ul style="list-style-type: none">retention and optimisation of key sites including Health House (Willerby).opportunities for cost-saving measures in West Offices (York), and Racecourse Lane (Northallerton).opportunity for rationalisation of space at St James Business Park (Knaresborough) and exploration of alternative sites for Amy Johnson Way (York) to facilitate savings for York & Scarborough Trust.Provider opportunities for identifying underutilised estate and facilities savings identified in 2024/5 financial year through the Grant Thornton programme with savings allocated within 2025/6 financial planning processDisposals pipeline now standing item for system wide Capital & Estates Group to coordinate and realise effectiveness and efficiency gainsPrimary Care Estates group in place and operating wellHNY sustainability steering group continues to drive net zero activityGreen Plan refresh progressing for end of July 2025 deadline – providers engaged in processEPRR in place, to support any critical infrastructure failures	<ul style="list-style-type: none">Line of sight to Provider risk reporting where it makes sense for the ICB to be aware: this should be addressed as the Capital and Estates Group matures.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 once the refreshed Green Plan is approved.Impact of Model ICB: HNY intent is to retain a minimum estates function as a facilitator of strategic commissioning.

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 priorities of the ICB Infrastructure Strategy and the NHS 10 year plan (expected July 2025).	End Quarter 4 2025/26	Executive Director of Strategy	ICB Board approved NHS Joint Capital Resource Plan (June 2025) setting out narrative plans for £217.8M of approved capital spend, with further £19.6M to be allocated for constitutional standards once business cases approved

Risk Ref: C3

Risk Analysis

Ref: C3	Strategic Objective C	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
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Executive Risk Owner: Executive Director of Clinical & Professional / Executive Director of Corporate Affairs	Assurance Committee: Digital Data and Innovation Group	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	12	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: August	ED of Corporate Affairs / ED Clinical & Professional	Core Strategy in place. Cyber elements have been updated. Waiting on 10YP
Electronic Patient Record replacement to be developed across the ICB to support harmonisation of pathways, information to be shared more easily and simplified reporting.	Check point: August	ED of Corporate Affairs / ED Clinical & Professional	Humber FT have completed their deployment and have converged around the Mental Health, Community, and Primary Care EPRs. York and Scarborough & Harrogate have completed their procurement and delivery programme has commenced HHP are now out to Market
Development of decision intelligence model	TBD	ED of Corporate Affairs	Awaiting update form Jake Abbas

Risk Ref: C4 Risk Analysis

Ref: C4	Strategic Objective C	PRINCIPAL RISK 4: 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
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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	12	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 is support by a robust programme of engagement and/or thorough consultation processReview of ICB formal governance framework and arrangements underwayCross directorate working group est. to progress actions with priorities being mapped of existing intelligence, and development of Voice of the Lived ExperienceVoice of lived experience at every Board meeting in publicWomen's health intelligence tool and Insight Bank developed and shared across the systemIntegrated Impact Assessment (IIA) tool in place and IIA documents updated onlineFirst full consultation (HAS) received Good Practice Award from the Consultation InstitutePatient Experience Network and Community Voices Programme established with growing membershipEngagement 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.	<ul style="list-style-type: none">Maturity of ICB – Internal controls and governanceData 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.Impact of current uncertainty/change on the team (motivation and performance).Change arising from NHS reform/10 year plan

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 Q2 24/25	ED of Corporate Affairs	Not due
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 Q2 24/25	ED Comms, Marketing & MR & ED of Corporate Affairs	Not due

- **HNY ICB Strategic Objectives 2025/26**
- **Risk Domains mapped to Strategic Objectives 2025/26 and Risk Appetites**
- **Risk Appetite Descriptors**
- **Likelihood Levels**
- **Impact Levels**
- **Closed Risks 2025-26**

A

Drive delivery, productivity and improve performance

- Focus on subsidiarity through our operating model and empowering providers / collaboratives
- Live within our means / optimise our resources

B

Deliver a model for the future HNY ICB as a strategic commissioner to deliver the strategic ambitions within the new cost envelope

- Focus on managing and supporting our people through change and transition

C

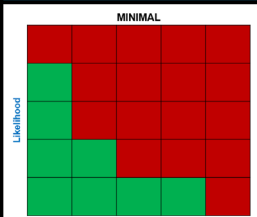
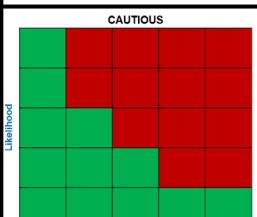
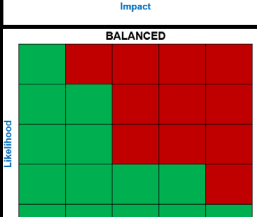
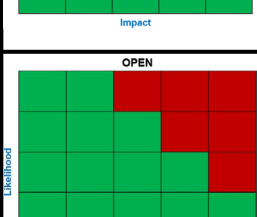
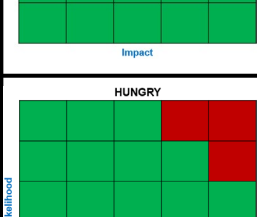
Transform provision through the implementation of the design to support the 3 shifts

(Hospital to Community, Analogue to Digital, Treatment to Prevention)

- Accelerate operation of Integrated Neighbourhood Health connected to subsidiarity to Place
- Utilise digital and data to improve patient experience and outcomes
- Implement radically improving lives of Children and our four big health outcome plans

New Strategic Objectives 2025/26: Mapped to Domains and Risk Appetites			
Strategic Objective	Domain	Risk Appetite	Descriptors
A: Drive delivery, productivity and improve performance: <ul style="list-style-type: none"> Focus on subsidiarity through our operating model and empowering providers / collaboratives Live within our means / optimise our resources 	Delivery Improvement	BALANCED (8)	<ul style="list-style-type: none"> Quality Improvement Patient Safety Data Quality / BI and real time decision making Embed accountabilities and delegated authority
	Outcomes led resourcing	BALANCED (8)	
B: Deliver a model for the future HNY ICB as a strategic commissioner to deliver the strategic ambitions within the new cost envelope: <ul style="list-style-type: none"> Focus on managing and supporting our people through change and transition 	System workforce	OPEN (12)	<ul style="list-style-type: none"> Workforce breakthrough programme Leadership development Service provision blueprint (productivity and efficiency plans, incl estate) ICS and ICB Stakeholder management Organisational control mechanisms
	Organisational control mechanisms	BALANCED (8)	
C: Transform provision through the implementation of the design to support the 3 shifts (Hospital to Community, Analogue to Digital, Treatment to Prevention): <ul style="list-style-type: none"> Accelerate operation of Integrated Neighbourhood Health connected to subsidiarity to Place Utilise digital and data to improve patient experience and outcomes Implement radically improving lives of Children and our four big health outcome plans 	Population Health	OPEN (12)	<ul style="list-style-type: none"> Innovation & Research Upscaling Digital Solutions / Cyber-Security Outcomes through transformation and service improvement Population health & inequalities, targeting most deprived communities Engagement for prevention, focussed on health inequalities Meaningful engagement and co-production Patient experience
	Sustainable estates	OPEN (12)	
	Data and Digital	OPEN (12)	
	Empowering Providers / Places / Neighbourhoods / Collaboratives	OPEN (12)	
	Transformative public engagement	OPEN (12)	

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 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 2025/26 (this slide includes the reference system and strategic objectives from 2024/25)

BAF Risk Ref: A2	STRATEGIC OBJECTIVE A: Leading for Excellence	Executive Risk Owner: Deputy Chief Executive / Chief Operating Officer	Assurance Committee: Finance, Performance & Delivery Committee
Principal Risk: 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.			
Reason for Closure: Risk is in relation to 2024/25. A new risk has been opened for 2025/26.			
Closure Recommended by: Finance, Performance & Delivery Committee			
Date Approved for Closure by the ICB Board: 9 July 2025			
BAF Risk Ref: C3a	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee
Principal Risk: 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.			
Reason for Closure: Risk is in relation to 2024/25. A new risk has been opened for 2025/26.			
Closure Recommended by: Finance, Performance & Delivery Committee			
Date Approved for Closure by the ICB Board: 9 July 2025			
BAF Risk Ref: C3b	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee
Principal Risk: 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.			
Reason for Closure: Risk is in relation to 2024/25. A new risk has been opened for 2025/26.			
Closure Recommended by: Finance, Performance & Delivery Committee			
Date Approved for Closure by the ICB Board: 9 July 2025			
BAF Risk Ref: C5a	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of Finance and Investment	Assurance Committee: Finance, Performance & Delivery Committee
Principal Risk: 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.			
Reason for Closure: Risk is in relation to 2024/25. A new risk has been opened for 2025/26.			
Closure Recommended by: Finance, Performance & Delivery Committee			
Date Approved for Closure by the ICB Board: 9 July 2025			

CLOSED RISKS 2025/26 (this slide includes the reference system and strategic objectives from 2024/25)

BAF Risk Ref: B1	STRATEGIC OBJECTIVE C: Leading for Sustainability	Executive Risk Owner: Executive Director of People	Assurance Committee: Workforce Board (Committee)
Principal Risk: 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.			
Reason for Closure: Risk closed due to new risk being established which has a focus on the transition to the new model ICB. The new risk is Risk Ref: B4.			
Closure Recommended by: Transition Committee			
Date Approved for Closure by the ICB Board: 9 July 2025			