



Meeting of ICB Board

Date: Thursday 6th March 2025

Time: 12:15 - 15:30

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number:	6.6
Title:	Review of updates to ICB Corporate Risk Register & ICS Strategic Risk Register

Purpose: Approval

Key Points for Discussion:

The ICB Corporate Risk Register (CRR) has been updated to reflect updates to our various Directorate Risk Registers.

Risks scoring 15 or above are escalated to the CRR for approval by the ICB Board.

The Audit and Risk Committee (ARC) that was scheduled for February has been moved to 10 March and has not therefore reviewed the CRR before this Board meeting. However, the normal process to produce the risks has been followed.

De-escalated risks will continue to be managed by Executives as part of the directorate risk register management arrangements.

The ICS Strategic Risk Register (SRR) captures high level risks that have been identified by the System Executive Group (SEG). It is intended that the mitigations to these risks will drive the agendas of the SEG. ICB Executives are identified as the risk owners and will provide updates to the risks for SEG. The intention is that executives will have a 'Risk Buddy' identified to support the management of the shared system risk.

Recommendations:	It is recommended that the ICB Board: Receive the attached CRR and note the details Accept the risks escalated to the CRR and approve the closure/de-escalation of risks from the CRR where indicated. Receive the ICS Strategic Risk Register and note the details
Previously Considered By and feedback :	The Directorate Risk Registers contributing to the CRR have been reviewed by ICB Directors.





	SEG have reviewed the ICS SRR before submission to this Board at its meeting on 20 February after which minor amendments were made.
Management of Declared Interest:	Not applicable
Risk and Assurance:	The management of our CRR is described in our Risk Management Framework, which also reflects the role of the SEG
Financial / Resource Implications:	The CRR and SRR will be subject to ongoing review by ICB Executive Leadership Team in advance of future submissions.
Legal, Policy and Regulatory Requirements:	Advice on good practice in Risk Management is included in the HFMA Audit Committee Handbook
How does this reduce Health Inequalities:	No health inequalities issues arising as a result of this report, and there is no impact upon people with protected characteristics. Our Internal Auditors assist in advising on best practice in Population Health Management and Health Inequalities.
How does this impact on Equality & diversity	Our Risk Register arrangements can assist in identifying risks to Equality and Diversity, and in managing mitigating actions.
Patient and Public Involvement:	Not applicable to this report.
Communications and Engagement:	This report has not involved any external communications or engagement.
Author(s):	Rob Hayday, Chief of Staff
Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin, Chief Executive Officer

Appendix 1: ICB Corporate Risk Register

Appendix 2 ICS Strategic Risk Register



The Corporate Risk Register features risks assessed as over the risk treated (15) to the delivery of the CDF's strategic objectives, statury, dates and plant. It sets out the controls (actions) that have been put in place to manage the risks and planted and to further reduce the risks and an assessment of current performance. The Corporate Risk Register is received by the CDF Risard quarterly and reviewed by Committees monthly.

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Current layabild Risk Description If (cause) the (risk event) resulting in (effect/impact) Risk ICB/ System or Both Ref CRR a pain. This | Navember 24 - Pather organization have developed a number of action to larger temporary staffing bank and approxy spend in Law July early August. These actions a stational or a being injuries exists to inside a panel and with the invited and monitored throught the Prospile Workface Strategic Oversight group (WHOS), With the insent date, law gibt. August 1 to the weight color than a law of the color to the prince of the state of the law of the color to th October S4 - Plateur organisations have developed a number of actions to target temporary staffing (bank and agency) spend. These actions as spend and will be reviewed and monitored through the Pleople Workshoto Strategic Overright group (SWOG) . . 3 5 2006/2004 Jo Hicks Jo Hicks Expetien partners do not progress their long term plans at pace, there is a risk inhouse teams will not be established before the project end date of 31st 1 March 2025. This will need in occr training compliance and optential recognitional damage for our region which has historical involvement with Oliver's story. Recruitment webhans hosted by Lead Trainer to be booked and circulated. Further expiore hosting' organisation assess cost implications and link with system cartners looking to utilise this senice. Risk Score Decreased - Recommend removal from CRR November 24 - Some system patriers have attended Training Facilitator Course and / or Lead Trainer Course. Host organisation for experts with fixed experience has been requested by system partners (now identified), furth 2 2 4 1909/2004 Jo Hoks Elecky Senson S 4 4 In the contract of the contrac Contral Weaton Development Our 50: Changes in the National Team of NHS PS, r team. There is a risk that: Distipy in sign off will occur Security by Loss of capital resource which has to be loss of capital resource which has to be Suptember S4 - Significant progress made on mitigations for this risk and to bring the project forward for delivey. Final stages of comprogressed Finit across reduced to 15 Final agreement of contracts now in progress with a view to all parties signing in September. Nature of the overall deal having multiple polaritacts mean there is still an element of risk final agreements may not be in piace in September. August 2024 - Significant progress made on mitigations for this risk and to bring the project forward progressed. Risk score reduced to 15. Previous updates noted in management actions in place. 21/12/2023 Sarah Tim James Section 1. The control of the contro Due to The change in the procurement legislation to commission healthcare services (PSR) and a high number of high value complex procurements which need to be undertaken across the ICB over the next 12 to 24 months. utation of contractual and procurement options in progress. stratification of upcoming procurements to be undertaken in partneratilip with Acute, Mental Health and LD Contracts seam. sing from previous procurements in progress. Exploration of contractual and procurement options to commence. Procurement update paper prepared for FED - this provides oversight of the number of tive procurements and the number of pipeline p the number of contract modifications and or the move of contracts to the new realisms standard contract templates. met Policy and SoPs is place to suport ICB staff to undertake commissioning of services within their the emblishment of the Bronzesment (hears) of these. Dec paper being drafted to inform Dec discussion on the impact of the PSR and the significant amount of live pro-PSR and PCR sioned stopping or being delivered without a contract in place. DISR-CON-13-2405 2604/2004 Sarah Susanna McMallen / Halena Fuller / 4 4 4 Janey Falco November - Discussion to be held at Execs so the impact of the PSR on current capacity and the in procurement / financial risk System Risk -0104/25 recurrent exit run-rate adverse to plan.
There is a risk that the level of planned in provenent in 2016/25 in the underlying financial deficit of the system is not delivered. In order to maintain the agreed readium-term francial improvement trajectory.
This would result in a higher than planned recurrent swipe, target in future years, and could impact th plan and reduce the level of fleshibly the system has to invest in agreed priorities. DRR-FRN06-2425 0500/2024 Sarah Rob Ayerst **5** 4 Mar-25 Sup-24 This is a system risk and not ICB - Recommend removal from CRR The forecast includes the delivery of £6.206m savings in-year (£6.2m FHS). Whilst opportunity exists to achieve a that the reported overspend can be militgated in-year. DSS-59-24-265 Thumbs Matt Backer 5 3 Morthly meetings, with CND descionate to mostlar progress of savings, spend and forecast. The savings plans suggests a recurring impact of up to 62-bits per aroum, with an anticipate of 62-bits of forecast per 7-bits covered pp is 60 lins to active frencial trainince, which will contrivue to a pursuast.

In a part of 45-bits CREditions; and productivity groups for CNC forece and operational inside.

It excells for meetings a statistizate with CND described involver many. u . . 1. Development of additional recovery actions to be agreed as
 2. Process reapping to be completed
 3. Resource requirements to be considered August 2004 - The underlying FoT is reporting an overspend of 62 25m (July, 65 dim), largely due to increasing costs of FMC as we continue to see greath in patients on the case/and (July) per quarter compounded; The budge holders have been asked to present options to the securities for decision making, including those that were not

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	BNSS	G ICS Stra	ategic Ris	isk Register																				
Directorate	Team	Risk Reference	System/ICB Risk?	Risk Description Due to (cause) There is a risk that (risk event) Resulting in (effect/impact)	Principle Objective ref	Date entered on register	Risk Lead (Exec)	Risk Buddy	likelihood Unmitigated	Impact Unmitigated risk score	Management actions already in place to mitigate risk (current controls)	Current likelihood Current impact	Current risk rating	Target risk score	Movement of current risk score	Management Group	Assurance Committee	Other Directorates?	Actions to be taken (as these are completed they should be moved to actions in place)	Comment on progress	Will ICB action alone mitigate risk	Risk appetite	completion	Last reviewed
SEG	SEG		System and will ma	S PARTNERSHIP & RELATIONSHIPS he BNSSG population requires responsive, accessible and uality services which are best provided though ICS organisations orking together. This depends on the strength of the relationship of the agreement of priorities. There is a risk that the population ill not be best served if relationships decline and organisations ake decisions without due regard for the consequences on the artnership. This risk may be exacerbated by changes required y Government to the NHS or Local Government.	Improve outcomes in population health and healthcare	27.11.23	Shane Devlin		2 5	10	SEG meetings established SEG awaydays have taken place to support development of working arrangements 26.11.24 SD: System partners regularly attend committee meetings both as members and also to present updates to ensure deeper understanding of their organisational positions Operational planning is developed through a multi organisational approach governed by system planning principles. This ensures a greater collaborative understanding across all partners	2 5	10		Up	SEG			3.2.25: Continue with SEG meetings and awaydays Board seminars Reimvigorate HVB Board engagement Review effectiveness of ICP Local Authority, VCSE and other sectors drive agenda items at ICB Board to ensure systemwide coverage of issues.	20.2.25 Probability of the risk increased to reflect the demands on individual organisations as a result of the NHSF Planning Guidance and the considerable stretch targets that need to be achieved. 3.2.25 Temporary response structures are set up when needed to address system related issues eg Gold calls.	No (Open Op	en	20.2.25
SEG	SEG		System hos in a Adv	order that they receive services in the correct settings. dditionally, this will adversely impact the financial resources vailable to the ICB to deliver other priorities identified for patient	outcomes in	12.12.24	Dave Jarrett		4 4	16	PEM and POM established with escalation to Gold £55m investment made over the last 24 months D2A Board chaired by Hugh Evans, BCC	4 4	16		None	SEG	OQP		25.225.Creation of a Community First joint group between acute and community HCIG to manage improvement in this area 3.225. Continuation of current arrangements including escalation. Formulate community neighbourhood health system. Shift of resources from acute to non-acute to support new models of care.	25.2.25: Despite considerable system wide action and commitment we have not managed to reduce the NCTR by any major amount. We will now bring together leaders from across the system into a new Operational Delivery Group (ODG) called community first. This group is reviewing the effectiveness of the investments made to date with the authority to stop any current activities that are not having a positive impact on flow and can reinvest the resource to ensure progress.	No C	autio Opi	en	25.2.25
SEG	SEG		System in s	ACKLING HEALTH INEQUALITIES we don't understand and act on the insights that describe how ealth inequalities and poor outcomes have occurred and onsequently drive improvements, then the wellbeing and health of e overarching population is likely to deteriorate. This will result stalling or worsening of the population's life expectancy and eople living longer in ill health affecting individuals and the ystem and will have a disproportionately negative affect on the sost vulnerable people living in BNSSG. In the long term, it will spact on BNSSG's economic productivity	2. Tackle inequalities in outcomes, experience, and access	29.11.24	Jo Medhurst		4 4	16	Agreement of a co-produced strategy that tries to address this, and which is led by partners (ICP) 25.91.1.24 IM. System-wide dataset available to provide some of the insight Locality Partnership insights are guiding their work Working with people with lived experience in some of the system's improvement work Hearing and valuing insights provided by the VCSE Alliance	3 3	9		Down	SEG	SHIPPH		29.11.24 JM: Requirement for HCIGs to include actions on addressing health and healthcare inequalities in their content of the BNSSG Joint Forward Plan Assurance of implementation of actions to reduce health and healthcare inequalities being sought be the ICB Strategic Health Inequalities, Prevention and Population Health Committee Developing an easy to understand picture of achieving the BNSSG Population Health / ICS outcomes framework	25.2.25 Deep Dive into CVD conducted by SHIPPH and approval of Equality Objective developed in line with the Public Sector Equality Duty. SHIPPH updated about the involvement in the ICB of the Independent Advisory Group.	No (Open Ope	en Ap	or-25 25.22
SEG	SEG		System System pat	IORKFORCE & CAPACITY FOR CHANGE ur population will not be well served with health and care ervices which we have set out in our strategy that we want to eliver if we do not effectively manage workforce pressures, right ze our organisations with high quality staff, and reskill and upskill ur existing workforce across health and social care. The level of form and the change necessary to improve services for our eliants may be impacted by the capacity of staff required to tagge in, support and deliver programmes due to competing emands and commitments.		13.11.24	Jo Hicks		4 5	20	ICB People Committee established with Terms of Reference included in the Governance Handbook Subsidiary ICS workstreams to deliver outputs NHS People Plan Workforce features in JFP development	3 4	12		None	SEG	People		12.11.24 JH: ICS People Committee workforce report monitoring system performance against plan on monthly basis e.g., tumover rates Merging of system recruitment group & retention group. People Promise exemplar programme activity to be used across organisations. Sharing of workforce over establishment across organisations to be scoped.	3.2.25: Adherence with National Workforce Plan.	No (Open Ope	en	3.2.25
SEG	SEG		As and to I cha ine Too ava and		3. Enhance productivity and value for money	27.11.23	Sarah Truelove		4 5	20	FED committee involvement in the oversight of system finances Deep dives into partner organisations' finance scheduled Established system DoFs group in operation with agreed principles	4 5	20		Up	SEG	FED		Prioritisation tool in development HCIGs to determine key objectives/deliverables 19.11.24 ST: HC2040 to develop strategic intentions which will then inform future iterations of the MTFP to ensure we can take a controlled shift of resources in line with the 3 shifts.	25:2.25 We have yet to complete the planning process for 25/26 and therefore do not yet have a balanced plan. All system partners will work together over the next weeks to bring this together. 3.2.25: Delivery of Operational plan 25/26.	No (Open Ope	en	25.2.25