



Meeting of ICB Board

Date: Thursday 3 July 2025

Time: 12:45 - 15:35

Location: Virtual, via Microsoft Teams

Agenda Number:	6.1								
Title:	Corporate Risk Register and ICS Strategic Risk Register								
Confidential Papers	Commercially Sensitive	No							
	Legally Sensitive	No							
	Contains Patient Identifiable data	No							
	Financially Sensitive	No							
	Time Sensitive – not for public release at this time	No							
	Other (Please state)	No							

Purpose: Decision/Discussion/For Information

Key Points for Discussion:

Corporate Risk Register

The CRR is collated from directorate risk registers and include risks scoring 15 and above. ICB executives sign off directorate risk registers before the CRR is compiled. The latest version of the CRR is annexed to this report. The CRR was reviewed by the Audit and Risk Committee (ARC) at its meeting on 19 June.

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

ICS Strategic Risk Register

The ICS strategic risk register (SRR) is overseen by the System Executive Group (SEG). ICB executives have been identified as risk owners and contributed updates to the register. The version annexed to this report has been approved by SEG and ARC for review by ICB Board.





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 The Directorate Risk Registers contributing to the CRR.
Previously Considered By and feedback:	The Directorate Risk Registers contributing to the CRR have been reviewed by ICB Directors. SEG has reviewed the ICS SRR before submission to ARC at the meeting on 13 June. ARC reviewed both risk registers on 19 June
Management of Declared Interest:	Not applicable to this report.
Risk and Assurance:	The management of our CRR is described in our Risk Management Framework, which also reflects the role of the SEG.
Patient and Public Involvement:	Not applicable to this report.
Financial / Resource Implications:	The CRR and SRR will be subject to ongoing review by ICB Executive Leadership Team in advance of future submissions.
Legal, Procurement, Policy and Regulatory Requirements:	The ICB is expected to have arrangements in place for the identification and mitigation of risk. This report supports the execution of these arrangements which are governed by the Risk Management Framework.
How does this impact on health inequalities, equality and diversity and population health?	No health inequalities issues arising as a result of this report, and there is no impact upon people with protected characteristics.
ICS Green Plan and the Carbon Net Zero target?	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:	Shane Devlin, Chief Executive Officer





Annexes

Annex 1 – Corporate Risk Register

Annex 2- ICS Strategic Risk Register





Annex 1 – Executive assurance to support management actions associated with internal audit report on risk management

The table below sets out the confirmation received from executives about the activities associated with the internal audit report

				D	irectora	te		
#	Activity	СМО	CNO	OCCE	B&P	P&D	T&D	СРО
1	Controls listed on directorate risk registers are suitably detailed and inform the reader of exactly how they operating to reduce the associated risk	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Up to date sources of assurance are listed including detail of the relevant oversight committee; and if there are currently no sources of assurance, these are recorded in the 'actions to be taken' section to identify/implement a source of assurance moving forward	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Risk owners have examined their risks and completed any missing fields to ensure all data is up to date and accurate	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Approval of the May Corporate Risk register being a reflection of risks scoring 15 form your directorate risk register.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Confirmation that committee chairs have been briefed on risks affecting committee business and agendas are set accordingly.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Risk leads were briefed at their meeting on 24 April on the activities required by the internal audit.





The actions required by the internal audit report are:

Ref	Action	Priority	Responsible Owner(s)	Date
1	For both the ICB Corporate and ICS Strategic Risk Registers, each risk owner will review their risks and ensure that the controls listed are suitably detailed and inform the reader of exactly how they are operating to reduce the associated risk. For the Corporate Risk Register which is produced by the Corporate team using directorate risk registers, this action can be satisfied by checking that directorate risk registers contain all relevant information – note Management Action below for more detail. At the June 2025 meeting, the results will be presented to the Audit and Risk Committee for approval	Medium	Risk owners with oversight from the Chief of Staff	20 June 2025
2	to ensure accountability and timely action. Risk owners will examine their risks on both the ICB Corporate and ICS Strategic Risk Registers and ensure that either: up-to-date and accurate sources of assurance are listed, including detail of the relevant oversight committee; or if there are currently no relevant sources of assurance, this will be recorded in the 'actions to be taken' section to identify / implement a source of assurance moving forward. At the June 2025 meeting, the results will be presented to the Audit and Risk Committee for approval to ensure accountability and timely action.	Medium	Risk owners with oversight from the Chief of Staff	20 June 2025
3	Risk owners will examine their risks on each Directorate Risk Register and complete any missing fields to ensure all data is up-to-date and accurate. At the June 2025 meeting, the results will be presented to the Audit and Risk Committee for approval to ensure accountability and timely action.	Medium	Risk owners with oversight from the Chief of Staff	20 June 2025
4	Directorate Leads will nominate an appointed deputy to complete a reconciliation exercise between the ICB Corporate Risk Register and their respective directorate risk registers prior to finalisation of future Audit and Risk Committee papers.	Medium	Chief of Staff	30 April 2025
Ref	Action	Priority	Responsible Owner(s)	Date
	Once completed, email approval will be required by Directorate Leads to confirm the accuracy of the Corporate Risk Register to be reported to the next Audit and Risk Committee. The Chief of Staff will communicate this responsibility to Directorate Leads. The record of approval will be included in the risk paper presented to the Audit and Risk Committee by the Chief of Staff allowing for transparency of completion.			
5	ICB Executives will ensure that committee chairs are briefed on the risks associated with the committees' business and meeting agendas are set accordingly. Executives will also ensure that reports to committees note the associated risks.	Medium	Sub-committee Chairs with oversight from Executives	30 June 2025
	The Risk Management Framework will be adjusted to reflect this executive responsibility.		Chief of Staff	





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BNSSG ICS Strategic Risk Register Bristol, North Somerse and South Gloucestership 23.5.25 The reforms required of ICBs and the publication of t Blueprint are likely to affect the established relationships and 13.6.25 Develop OD plan as part of ICB clustering arrangement ICS PARTNERSHIP & RELATIONSHIPS
The BNSSG population requires Conclude review of HCIGs lays have taken place to support development of working arrangements orking practices across the ICS. The probability of the risk The BNSSG population requires responsive, accessible and quality services which are best provided though ICS organisations working together. This depends on the strength of the relationship and the 23.5.25 Maintain transparent communication with stakeholders about the developments associated with the intention for BNSSG and Gloucestershire ICBs to cluster, for which Board support in principle has been given. 26.11.24 SD: System partners regularly attend committee meetings both as members and also to on individuals organisations as a result of the NHSE Planning Guidance and the considerable stretch targets that need to be achieved. - System planning spiral values of committee meetings 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 agreement of priorities. There is a risk that the population will not be best served if relationships decline and organisations make decisions without due regard for the consequences on the partnership. This risk may be exacerbated by changes required by Government to the NHS or Local Government. SEG EG 2 2 No Seek .11.23 Down SEG Board Open 3.2.25: population healt and healthcare 3.2.25:
Continue with SEG meetings and awaydays
Board seminars
Reinvigorate HWB Board engagement
Review effectiveness of ICP 3 2 25 Temporary response structures are set up when neede address system related issues eg Gold calls. Local Authority, VCSE and other sectors drive agenda items at ICB Board to 13..06.25 Appoint ICB Winter Director 11.06.25: Introduction of a Neighbourhood Health model underpinned by 11.06.25: Discharge Improvement Programme mobilised and model anticipates impact on community LOS from July. Anticipatory Care funding. Proposals in development via the Community First Neighbourhood model subject to procurement and therefore SYSTEM FLOW & RISK OF HARM nable to impact until Q3/4. Winter surge planning within local authorities supported by winter contingency funding: with focus on 'Home First' surge rather than beds. 25.2.25: Despite considerable system wide action and Poor health and care outcomes will be experienced by our patients, PEM and POM established with escalation to Gold. mmitment we have not managed to reduce the NCTR by an whose admission may have been preventable, but if admission happens they may be unable to be treated in the correct health and 55m investment made over the last 24 months. 25.2.25:Creation of a Community First joint group between acute and major amount. We will now bring together leaders from acro happens they may be unable to be treated in the correct health and neare settings and/or have no criteria to reside in our hospitals if the ICS does not efficiently manage the flow of patients in order that they receive services in the correct settings. Additionally, this will adversely impact the financial resources available to the ICB to deliver other priorities identified for patient care. Community First ODG chaired by Hugh Evans, BCC (replaces D2A Board).

Discharge Improvement Programme in place modelled to support achievement of 15% acute NCTR and hence delivery of UEC performance trajectories within the BNSSG 25/26 SEG 23.22.5. Ceasion in a Community risk joint group between acute a community HCIG to manage improvement in this area 3.2.25. Continuation of current arrangements including escalation. Formulate community neighbourhood health system. 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 SEG SEG OQP Shift of resources from acute to non-acute to support new models of care. current activities that are not having a positive impact on flow nd can reinvest the resource to ensure progress 29.05.25 The Independent Advisory Group has been paused. Work on CVD and the ICB equality objective have clear work programmes through the system's Long Term Conditions Operational Delivery Group (LTC ODG) The ICB Blueprint describes understanding local context using population need and population data which will be designed across Q3 and Q4 2025/26 as a core function of the model ICB. We are clear that there is a different approach Agreement of a co-produced strategy was a partners (ICP) by partners (ICP) 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 im eement of a co-produced strategy that tries to address this, and which is led TACKLING HEALTH INEQUALITIES TACKLING HEALTH INEQUALITIES
If we don't understand and act on the insights that describe how
health inequalities and poor outcomes have occurred and
consequently drive improvements, then the wellbeing and health of
the overarching population is likely to deteriorate. This will result in
sm stalling or worsening of the population's life expectancy and people
living longer in ill health affecting individuals and the system and will
have a disproportionately negative affect on the most vulnerable
people living in BNSSG. In the long term, it will impact on BNSSG's
economic productivity needed for health inequalities and healthcare inequalities and over the next 6 2. Tackle 25.02.25 Deep Dive into CVD conducted by SHIPPH and nonths we will need to define how the ICS will drive improvement for both 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. Working with people with lived experience in some of the system's improvement work Hearing and valuing insights provided by the VCSE Alliance 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 SEG SEG SEG SHIPPH Mar-26 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 WORKFORCE & CAPACITY FOR CHANGE
Our population will not be well served with health and care service
which we have set out in our strategy that we want to deliver if we
do not effectively manage workforce pressures, right size our
organisations with high quality staff, and reskill and upskill our 06.06.25 JH: - 25/26 Workforce Plan submitted alongside system operational plan, existing monitoring arrangement continue with monthly oversight of key metrics reported through the ICB People Sub Committee this will continue 12.11.24 JH: CB People Committee established with Terms of Reference included in the Governance Handbook Subsidiary ICS workstreams to deliver outputs NHS People Plan 13.11.24 against plan on monthly basis e.g. turnover rates
Merging of system recruitment group & retention group. SEG SEG outcomes in regardless of ICB change impacts as a requirement of delivery organisations with nign quality start, and reskill and upskill our existing workforce across health and social care. The level of reform and the change necessary to improve services for our patients may be impacted by the capacity of staff required to engage in, support and deliver programmes due to competing demands and commitments. None SEG People for this financial year. Quarter 1 figures expected end of July 25 and healthcare eople Promise exemplar programme activity to be used across organisations 3.2.25: Adherence with National Workforce Plan. Orkforce features in IEP development 11.06.25 Balance plan for 25/26 achieved and significant progress on increasing maturity of savings schemes. At month 2 broadly on plan with a small variance against plan at UHBW. Clear actions in place to recover. Significant additional capital confirmed for 25/26 to address critical risk issues in line with FINANCIAL MANAGEMENT & INVESTMENT
As a result of the available funding, the current underlying deficit and the current application of the funding which is not always able to be spent on priorities, the ICS risks not being able to deliver the change rmance and Recovery Board in place to allow visibility and shared ownership of 13.06.25 Identify interim senior leadership to support ongoing system tionships. ritisation tool in development 27.11.23 spent of priorities, in the CS issist into being able to delive the chait to improve prevention, population health and reduce health inequalities which affects value for money and the Healthier Together 2040 agenda. Additionally, the limited capital funding available across the ICS will restrict the development of physical and digital infrastructure, service developments and the strategic priorities identified for patient services. Deep dives into partner organisations' finance scheduled Established system Dofs group in operation with agreed principles Capital Board in place to ensure clarify of priorities and proactive management of in year capital resource to ensure maximise opportunities and value. our identified priorities. HCIGs to determine key objectives/deliverables
HT2040 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.

MTFP refresh to be completed tollowing CSX.
25,225 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 HCIGs to determine key objectives/deliverable SEG SEG 3 5 FED No Seek Down SEG Open value for money bring this together.
3.2.25: Delivery of Operational plan 25/26. IMPACT OF NHS REFORMS ON ICS PERFORMANCE
The national requirement for ICBs to reduce running costs necessitating clustering/imerging with others, and the resulting organisational changes informed by the Blueprint for ICBs and the absence of information regarding changes in NHSE/DHSC are likely into adversely impact the performance of BNSSG ICB in fulfilling its statutory duties for the BNSSG population and the ICS it convenes. The risk may be increased by the lack of clarity provided by NHSE, and the differing pace of working/decision making. The consequence will be a reduction in autonomy and an increased regulatory support input from NHSE. stershire ICB with the intention to /merge which is support by NHSE Regional team. oint working with Gloucestershire to propose new ICB structure to serve wider geographical area whilst meeting the costs savings target.

Continued engagement in CEO meetings with Regional NHSE team to seek direction and clarify split in ICB responsibilities and activities that will be provided by NHSE or providers. 13.6.25 SEG SEG None SEG Board lishment of joint Transition Committee to oversee relevant workstream No Seek Open