

Meeting of ICB Board

Date: Thursday 5 March 2026

Time: 12.30pm

Location: Bristol Citadel Community Church and Family Centre, 6 Ashley Road, St Paul's Bristol, BS6 5NL

Agenda Number:	6.3
Title:	Corporate Risk Register and ICS Strategic Risk Register
Purpose: /Discussion	
Key Points for Discussion:	
<p><u>Corporate Risk Register</u></p> <p>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 and includes a summary table of the 16 risks listed. There are two additions to the CRR and six risks that are recommended for removal from the CRR as the scores have reduced.</p> <p>One risk noted on the CRR relates to the impact of the NHS reforms on ICB performance. This risk is underpinned by a register of risks which is overseen by the Joint Transition Committee as part of its regular meetings. These risks are viewed by the Transition Working Group chaired by the CEO.</p> <p><u>ICS Strategic Risk Register</u></p> <p>The strategic system risk register is overseen by the System Executive Group (SEG). ICB executives have been identified as risk owners. Updates to the risk register have been made by risk owners. SEG reviewed the risk register on 12 December. Updates , approved by the ICB CEO, have subsequently been made.</p>	
Recommendations:	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Review the Corporate Risk Register and the ICS Strategic Risk Register • Note the that the Corporate Risk Register and the ICS Strategic Risk Register will be presented to the Board in March 2026 when it next meets in Open session. • Note the Transition risk register reported to the JTC.

Previously Considered By and feedback:	The Audit and Risk Committee reviewed versions of both risk registers at its meeting on 13 February 2026. There was discussion about an emerging risk which has been removed and is for discussion between Executives in advance of the production of revised risk registers.
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 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 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 3 – Transition Risk Register reported to the Joint Transition Committee

BNSSG ICB Corporate Risk Register Summary

Directorate	Risk Title	Current score	Movement of risk	Recommendation
Chief Medical and Chief Nursing	GP Collective Action	12	Down	Risk Score decreased remove from Corporate Risk Register
	PHM Data Sharing Agreement affecting immunisation data	12	Down	Risk Score decreased remove from Corporate Risk Register
	Specialised Supported Housing Capacity	8	Down	Risk Score decreased remove from Corporate Risk Register
Intelligence, Transformation and Digital Directorate	Cyber Security	15	No movement	None
	Top 3 IG risks	16	No movement	None
People	Employee Relations linked to Shaping Our Future	20	No movement	None
	Oliver McGowan Mandatory Training Long Term Sustainable Plan	4	Down	Risk Score decreased remove from Corporate Risk Register
	Organisational Change 25-26	20	No movement	None
Business, Strategy and Planning	Central Weston Development	1	Down	Risk Score decreased remove from Corporate Risk Register
	ADHD and Autism Variable Activity	16	No movement	None
	Acute Trusts forecast position	6	Down	Risk Score decreased remove from Corporate Risk Register
Performance and Delivery	Procurement Activity	15	No movement	None
	Recruitment and retention of LP Teams	16	New Risk on CRR	None
	Capacity within the LP Teams	16	New Risk on CRR	None
Office of the Chair and Chief Executive	Impact of NHS Reforms on ICB Performance	15	No movement	None
	Neurodiversity P3 Waiting List	16	No movement	None

GP Collective Action

Chief Medical and Chief Nursing Directorate		Risk Reference: CMO 48	Exec Lead: Jo Medhurst				Entered on register: 20/01/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	4	3	12	6	↓	February 26
Risk Description								
<u>GP Collective Action</u>								
<p>Due to GP Collective Action there are a number of risks that are emerging. GP's/LMC requesting a change in prescribing process requiring providers to issue the first prescription for all new medicines regardless of traffic light status and urgency, resulting in</p> <ul style="list-style-type: none"> - a risk that patients may get further delays in receiving medication and potentially leading to harm and - a financial risk that more resource will be needed to fund new infrastructure to enable this. 								
<u>Risk Score Decreased - Recommend removal from CRR</u>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>Trusts have mitigations in place to provide medication if GP ask for trust to give initial supply.</p> <p>GPCA group established with colleagues across the ICS and LMC meeting two weekly. GPCA pharmacy group established with pharmacy representation across the system - individuals providers escalating within their own provider arms- trusts have internal escalation process</p>								
Actions To Be taken								
<p>May 25 - Going to proactively do some scenario mapping of potential future pathways.</p> <p>April 25 - Reduce Risk Slightly</p> <p>January 2025 - DC updated risk description 31.12.24 - reviewed by CNO/CMO SLT - risk description to be reviewed 23/12/2024 - Risk Added</p>								
Comment on Progress								
<p>February 26 score lowered as mitigations are in part managing the situation, but risk remains high. October 25 & December - Risk continues and discussions ongoing.</p> <p>September 2025 - Risk continues. Bridging the interface (GIRFT) and recommendations from red tape challenge have been shared and will be discussed. Still awaiting red tape challenge full document due September.</p>								

July 2025 - 30/6/25: Risk continues, no further national update.

June 2025 - work on-going on phase 1+2 actions in addition phase 3 actions have been shared, trusts have mitigations in place to provide medication if GP ask for trust to give initial supply

April 2025 - work on-going on phase 1+2 actions, trusts have mitigations in place to provide medication if GP ask for trust to give initial supply.

March 2025 - work on-going to recognise levels of risks and put mitigations in place. QIA updated to add impact on children's prescribing. Specialist medicine monitoring LES updated to include medicines that notice had been given around shared care

February 2025 - GPCA prescribing issues working group meets fortnightly with system colleagues to review. QIA written with system partners and shared at SQG on 21/1/25 and will be shared at OQPC 30/1. Update going to ICB Executive Team 5/2/25

ICB/System Risk or Both: Both	Oversight Committee: Outcomes, Quality & Performance Committee	Risk Lead: Debbie Campbell	Risk Open or Closed?: Open
--------------------------------------	---	--------------------------------------	-----------------------------------

Chief Medical and Chief Nursing Directorate		<u>PHM Data Sharing Agreement affecting immunisation data</u>						
		Risk Reference: CMO – PHM1	Exec Lead: Jo Medhurst				Entered on register: 10/12/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	3	15	4	3	12	9	↓	February 26
Risk Description								
<u>PHM Data Sharing Agreement affecting immunisation data</u>								
If there is inconsistent sign up to the PHM DSA by GPs then we will have incomplete immunisation data. This will result in an inability to understand differences in uptake which will make it difficult to make informed decisions and take action to reduce inequalities and improve population coverage to prevent outbreaks.								
<u>Risk Score Decreased - Recommend removal from CRR</u>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
Risk monitored through Integrated Immunisation Strategic Oversight Board and then through Outcomes, Quality and performance Committee and SHIPPH								
Actions To Be taken								
10/12/24 - Head of Population Health Management at the ICB preparing SBAR for discussion around next steps with PHM DSA. Use other data where possible, eg CHIS, although this will not give us data across all age immunisations								
Comment on Progress								
February 26: Score reduced based on sign up and there are some other ways we can get data. Future work will need to come with a data sharing request as part of payment/participation.								
January 2026 - 58 practices now signed up. Excluding Mendip - this is the current picture: All practices signed up within: Woodspring; Weston & Worle. 1 outstanding for Bristol North and West; 2 outstanding Inner City & East; 5 outstanding South Bristol; 4 outstanding South Gloucestershire								
November - 36 practices have signed up. Comms issued to practices again								
October 25 - 07/10/25 - UPDATE REQUESTED								
September 25 - Approx. 30 practices signed up.								

July 25 - There is an item going into the GP Bulletin which the LMC and One Care have supported around GPs signing the PHM DSA so once we know the uptake of that we can review the risk again.

24/02/2025- Updated requested

ICB/System Risk or Both: ICB	Oversight Committee: SHIPPH	Risk Lead: DCMO	Risk Open or Closed?: Open
-------------------------------------	---------------------------------------	------------------------	-----------------------------------

Chief Medical and Chief Nursing Directorate		<u>Specialised Supported Housing Capacity</u>						
		Risk Reference: CNO2	Exec Lead: Rosi Shepherd				Entered on register: 27/12/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	2	4	8	4	↓	January 26
Risk Description								
<u>Specialised Supported Housing Capacity</u>								
If sufficient capacity of specialised supported housing (SSH) is unavailable in BNSSG to support people with Learning Disabilities and/or Autism there is a risk that a. people detained in hospital under the Mental Health Act will be delayed in returning to the community and b. people eligible for CHC in the community will be living in inappropriate placements, resulting in poorer outcomes and higher costs to the ICS.								
<u>Risk Score Decreased - Recommend removal from CRR</u>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<ol style="list-style-type: none"> 1. Joint working between the Funded Care Team, BCC and NSC social care housing teams, with a SSH registered provider to support the purchase and development of housing for 2 specific CHC-funded individuals. 2. Identification through the LDA transformation exercise from Oct23-May24 that housing is a critical issue or this group of people. 3. Early identification of potential CHC housing issues via the Care Assurance Panel 4. Successful in sourcing NHSE capital funding in 2024 to support renovation of a property supporting one CHC LD service user, that will be adapted to support a second CHC LD case in 2025. 5. Oldland Common development, led by BCC LDA housing team will partly address this issue, but is insufficient to meet the full demand. 6. Some areas of significant savings have been identified and are currently going through internal governance 								
Actions To Be taken								
<ol style="list-style-type: none"> 1. Funded Care Team to ensure that the CHC demand for LDA housing is captured within the LDA ODG risk register. 2. Funded Care Team to review the current cohort affected by the lack of SSH provision - identifying by LA and type of SSH need. 3. Ongoing work with an SSH registered providers to be used as a test case for future model. 4. Funded Care Team to engage with NSC to support their housing strategy refresh. 5. Funded Care Team to request in the LDA Operational Delivery Group that the scope of the existing ODG risk register housing item to be broadened to include CHC/LA-funded people within the community with SSH needs that are not currently being met. 								
Comment on Progress								

January 26 - Oldland Common procurement is complete, with the care provider now part of admission planning to the unit. Fortnightly mobilisation meetings with system partners taking place. Risk score reviewed - new score = 8

November 25 - Oldland common delays remain significant - BCC procurement process underway and ICB identifying patients in the meantime. . A full time line has been requested from BCC as high level time line suggests residents will not move until Q4 at the earliest. No change in score.

October 25 - Individuals identified for Oldland Common with a plan to open soon. ToR for AT panel created. First date for panel set. Proposal to include oversight of broader cohort of LDA individuals and link with DSR development.

September 2025 - establishing membership at oversight board has been challenged by annual leave over the summer - action revised in month

July 25 -Significant Financial risk remains for BNSSG ICB with limited control. Proposal to set up Ensurance transformation oversight board will be actioned in July 2025.

May 25 - Level of control to mitigate this risk does not sit within BNSSG ICB. There are extended delays to the opening Oldland Common which will impact the ability to deliver the planned savings for 20205/2026. ICB continue to request updates on the delayed time line. The Odland Common development delivers 6 homes and id not sufficient for the whole of this caseload. BNSSG ICB does not have timeframes for remained of the housing development plans. Despite in no change in risk score this month the impact of system finances could be significant.

April 2025 - Risk remains unchanged due to a lack of a BNSSG system approach. Some success with individual cases A20:B20

March 2025 - Procurement process remains open within BCC.

27/12/24 - New risk - that replaces risk 'CNO/CMO 10' and 'CNO2' in the corporate register.

ICB/System Risk or Both: Both	Oversight Committee: Outcomes, Quality & Performance Committee	Risk Lead: Rosi Shepherd	Risk Open or Closed?: Open
--------------------------------------	---	---------------------------------	-----------------------------------

Intelligence, Transformation and Digital Directorate		<u>Cyber Security</u>						
		Risk Reference: DIG03	Exec Lead: Seb Habibi				Entered on register: 01/04/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	3	5	15	8	↔	February 26
Risk Description								
<u>Cyber Security</u>								
There is risk that without significant focus on Cyber Security measures the ICB are open to cyber attack.								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
February 26 - Ongoing oversight of Cybersecurity risk management by a subgroup of the Digital Delivery Board - Assurance on supplier credentials embedded in procurement and contract management processes, as part of evidencing compliance with NHS DTAC requirements -ICS cyber security strategy agreed by Board along with next steps for development of business case 3/12/25 ICS cyber security strategy agreed by Board along with next steps for development of business case September 2025 - Plans for c£227k of improvements approved by BNSSG Cyber Group and NHSE July 25 - Draft ICS cyber security strategy approved by Digital Delivery Board and assured by ICB FED committee in June 2025 June 25 - Evidence shared with internal auditors to support self-assessment of cyber security elements of the Data Security and Protection Toolkit - ICS Cyber Strategy has been circulated to Digital Delivery Board members for approval by 16/06/25 June 25 - ICS Cyber Strategy to go to the Next DDB for Approval before going to Board March 25 - Digital Delivery Board received a report in February recommending that the draft cyber security strategy be put forward for Board approval in April/May 03/03/25 Assurance on completion of 2023/24 DSPT audit actions to be provided to ICB Audit and Risk Committee on 10/03/25								

03/03/25 Cyber security training has been booked for ICB Digital Lead
Our cyber risks are monitored as part of the Data Protection toolkit

Systemwide cyber strategy has been developed and approved by Digital Delivery Board and submitted to NHSE (Oct 2024)

Our cyber risks are monitored as part of the Data Protection toolkit
Internal Audit plans are focused on monitoring our progress
Our cyber security plans include social engineering and Technical components.
The ICB is fully compliant with DTAC
Improved training plans are in development
System wide ICS cyber group plans are being developed
Given the constantly changing nature of cyber risk the plan remains under constant review for improvements in light of new learning

Actions To Be taken

February 26 - Development of a business case to create an ICS Cyber Security Operations Centre as agreed by Board as part of cyber security strategy.

3/12/25 Development of a business case to create an ICS Cyber Security Operations Centre as agreed by Board as part of cyber security strategy.

Oversight of Cybersecurity risk management by a subgroup of the Digital Delivery Board.
Further assurance through the annual self-assessment and audit of compliance with Data Security and Protection Toolkit standards.

Comment on Progress

February 26 - ICS cyber security strategy agreed by Board

3/12/25 ICS cyber security strategy agreed by Board

September 2025 - c£227k revenue bid approved by NHS England

July 25 - Business case being developed for approval of the strategy and investment requirements at the November ICB Board
09/06/25 Now aiming to secure Digital Delivery Board approval of the ICS Cyber Strategy by 16/06/25 and to provide assurance to the ICB FED Committee on 26/06/25

June 25 - 20/05/25 ICS Cyber Strategy to go to the Next DDB for Approval before going to Board
16/05/25 Cyber Checklist sent to procurement to add to any procurements where digital is a factor

November 24 - . Draft cyber security strategy has been developed and was submitted to NHS England in October. BNSSG Digital Delivery Board reviewed the draft strategy on 04.11.24 and confirmed support for the proposed direction towards establishment of a Cybersecurity Operations Centre for BNSSG and for further work by the cyber security subgroup to develop the strategy

August 24 Update - 160K from NHS E allocated to develop cybersecurity strategy has not yet been received. Formally flagged to NHS this is critical investment for our system. Initial draft of system cyber strategy will be produced on October 2024 and considered by ICB Board in due course. ICB Board Development session was held in June 2023. Next Board Development Session is in planning for early 2025. ICB Cyber Panel continues to formalise the work of the previous BNSSG Cyber Group and tracks system partner compliance.

June 24 - £160k allocated to develop cybersecurity strategy under leadership of a system cybersecurity group, chaired by Phil Wade (NBT)
 ICB Board Development session is planned for June 2023
 ICB Cyber Panel has commenced April 2023 building on and formalising the work of the previous BNSSG Cyber Group

ICB/System Risk or Both: ICB	Oversight Committee: Digital Delivery Board	Risk Lead: Chris Borman	Risk Open or Closed?: Open
-------------------------------------	--	--	-----------------------------------

Directorate Intelligence, Transformation and Digital Directorate		<u>Top 3 IG risks</u>						
		Risk Reference: IG23	Exec Lead: Deborah El-Sayed				Entered on register: 14/11/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	4	4	16		↔	December 25
Risk Description								
<u>Top 3 IG Risks</u>								
To meet the requirements of the DSP Toolkit, the Top 3 IG risks need to be included in the organisational corporate risk register on an ongoing basis. The current position is:								
1. Cyber threat								
2. Future resource reductions (ICB & CSU related)								
3. IG aspects of contract management being maintained								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
This risk has been added and scored as a 16 to present the position on the corporate risk register only. Any individual risks are managed elsewhere and responses overseen by the ICB IG Group								
Actions To Be taken								
Not Applicable								
Comment on Progress								
Not Applicable								
ICB/System Risk or Both: ICB		Oversight Committee: IG Group		Risk Lead: Kerrie Darvill			Risk Open or Closed?: Open	

People Directorate		Employee Relations linked to Shaping Our Future						
		Risk Reference: PEP1	Exec Lead: Jo Hicks				Entered on register: 10/05/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	5	25	5	4	20	8	↔	January 26
Risk Description								
Employee Relations linked to Shaping Our Future								
Following Organisational Change (SoF) and the loss / change of certain posts there is a potential for ongoing employee relations issues.								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>Sept - 25 - Await update from legal team on final agreed hearing date and length. Oct 25 Still awaiting update June 2025 - Bring together all related paperwork and correspondence.</p> <p>May 2025 Response to 2 x ET claims (to be held together) completed, information received stating initial hearing between June 25 and January 26. Contacted potential management witnesses to ascertain date availability. Will update at next People Committee Will respond to any further correspondence as received. Initial response to ET claim to be completed by 10 March 2025.</p> <p>April 25 - Retained updated likelihood due to 2 additional claims being received and dropping of initial claim.</p> <p>March 25 - Updated current likelihood due to receipt of ET claim (x1)</p> <p>Full process followed in line with policy and appropriate governance and oversight of relevant exec members. Await final appeal outcome as this will dictate next steps. 14/08 All appeals undertaken decision upheld. 07/10/24 Will need to remain on risk register until mid Feb 25. 25/11/24 Responded to any further correspondence received.</p> <p>Regular meeting instigated with the Strategic Development Forum(Senior leaders) to develop a plan for the approach to be taken. ICB organisation development plan in development with a communication plan alongside. Appeals processes to be completed. Remuneration committee convened and reviewed cases with proposed outcomes. Final Appeal processes to be held 26 & 29 July. Awaiting Outcome. Outcomes implemented. Where applicable responding in timely and appropriate way to ongoing correspondence.</p> <p>Regular meetings with staff members. Undertaking due process actions including appropriate appeals processes to be completed. Obtaining legal advice.</p>								
Actions To Be taken								
<p>Jan 26 - awaiting confirmation of new dates. Oct 25 - Await update from legal team on final agreed hearing date and length.</p>								

July 2025 - Bring together all related paperwork and correspondence.
March 25 - Initial response to ET claim to be completed by 10 March 2025

February 25 - Will respond to any further correspondence as received

Await outcome of final appeals process. Next steps dependant on this.

All appeal cases held with independent appeals panel. No cases upheld therefore action undertaken in line with remuneration committee recommendations.

Comment on Progress

December- Jan dates for ET cancelled - awaiting new case dates to be allocated. Amended proposed closure date to end 2026 based on this.

October 2025 - in discussion with legal team re dates and hearing length. Both legal teams would prefer a 4 to 5 day hearing which may mean the hearing is now held towards end 2026.

September 2025 - continued to complete requests for information from legal team

July 25 - Claim received with ET provisional dates of 21-23 January 2026. Legal team request for both cases to be heard together as per original request - awaiting outcome. Contacted all internal witnesses etc with provisional dates and to collate all correspondence etc as required by legal team.

April 25 - Two additional claims received - response drafted by deadline of 27 March 2025. Await update. Target completion date changed based on ET process requirements.

March 25 - One ET claim received requiring initial response by 10 March 2025. Meeting held with legal representation to ensure appropriate response within timeline requirements

January 2025 - Remains a risk until mid-February 2025

December 24 - Responded to any further correspondence received.

November 24 - Full process followed in line with policy and appropriate governance and oversight of relevant exec members. Await final appeal outcome as this will dictate next steps. 14/08 All appeals undertaken decision upheld. 07/10/24 Will need to remain on risk register until mid Feb 25.

October 24 - Await outcome of final appeals process. Next steps dependant on this.

Remuneration Committee to be held on 13/06/2024 to agree next steps on cases at final decision stage.

Ongoing work with People Directorate to support individual staff members as required.

Full process followed in line with policy and appropriate governance and oversight of relevant exec members. Await final appeal outcome as this will dictate next steps.

ICB/System Risk or Both: ICB

Oversight Committee: People Committee

Risk Lead: Sam Hill

Risk Open or Closed?: Open

People Directorate		<u>Oliver McGowan Mandatory Training Long Term Sustainable Plan</u>						
		Risk Reference: PEP3	Exec Lead: Jo Hicks				Entered on register: 19/09/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	2	2	4	4	↓	November 25
Risk Description								
<u>Oliver McGowan Mandatory Training Long Term Sustainable Plan</u>								
<p>If system partners do not progress their long term plans at pace, there is a risk in house teams will not be established before the project end date of 31st March 2026. This will result in poor training compliance and potential reputational damage for our region which has historical involvement with Oliver's story.</p> <p>There is a significant risk that system partners will not progress their long-term plans swiftly enough to establish either in-house teams or secure an external training provider before the project end date of 31 March 2026. Failure to do so may result in poor training compliance and reputational damage for our system, which has a historical connection to Oliver's story. There is an additional risk of losing the expertise and skills of an award winning team who have been responsible for system delivery for the past two years.</p> <p><u>Risk Score Decreased - Recommend removal from CRR</u></p>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<ul style="list-style-type: none"> •Monthly Steering Group meetings with system leads. •Regular (at least monthly) meetings with Bristol Hospitals Group (BHG) to address risks, unblock issues, and share data. <ul style="list-style-type: none"> •An Options Paper outlining delivery models and associated costs has been developed in collaboration with BHG. •A Memorandum of Agreement (MoA) is in place for 2025/26 delivery, requiring NHS system partners to implement a long-term sustainable plan effective from 1 April 2026. •A series of LD / Autism focussed support sessions planned for Oct 2025 – March 2026, including support to complete job applications, interview practice, linking with job coaches and specialised services. •A recruitment pack was shared with system partners, including best practice for hiring experts with lived experience. •NHSE-hosted recruitment webinars were circulated. •Two ICB experts with lived experience were successfully recruited by AWP and will continue to deliver training for the ICB alongside their new roles. <p>Letter to Senior Leads in Provider Organisations highlighting deadline of 31 August 2025 for a decision to be made. Provider MoA for 25/26 delivery including agreements required for long term sustainable plan. Escalate to CMOs as needed Recruitment pack shared with system partners - highlighting learning and best practice during recruitment of experts with lived experience. Recruitment</p>								

<p>webinars hosted by NHSE circulated.</p> <p>Details of private training providers offering Oliver's Training at a reasonable cost shared with all system partners.</p> <p>Introductions made between social care partners and AWP who may have potential to offer bookable training spaces during 25/26 at a reduced rate.</p> <p>Regular meetings with system leads to highlight the risks of delaying.</p> <p>Regular Comms to system partners around current ICB offer to support and train the development of in house teams during 25/26.</p>			
<p>Actions To Be taken</p>			
<p>Attendance at various comms events (social care board meetings, practice manager meetings etc) to discuss long term training plans and support available.</p> <p>Pilot of a Tier 2 session delivered by a Private Provider to BNSSG NHS workforce to assess quality.</p>			
<p>Comment on Progress</p>			
<p>November 25 - Business Case presented to ICB Execs with proposal to retain team within BNSSG Training Hub until 31 March 2027 - agreed / signed off during meeting. Consideration of Tier 1 Regional Hub procurement opportunity.</p>			
<p>25/02/25: Formal project plan, Risks & Issues, Milestones etc to be presented to PPB and CMOs on a regular basis 'Host' organisation for experts with lived experience has been requested by social care partners (now identified), ICB has used this service to hire co-trainers with good outcomes.</p> <p>Previous discussions with NBT/UHBW/ Sirona collaborative to take majority of team including Project Manager - plans broke down prior to conclusion. ICB agreed to extend contracts until 31 March 2026 with emphasis placed on moving towards a long term sustainable plan during 25/26. Some system partners have attended Training Facilitator Course and / or Lead Trainer Course.</p>			
<p>ICB/System Risk or Both: Both</p>	<p>Oversight Committee: People Committee</p>	<p>Risk Lead: Becky Benson</p>	<p>Risk Open or Closed?: Open</p>

Directorate: People		<u>Organisational Change 25-26</u>						
		Risk Reference: PEP5	Exec Lead: Jo Hicks				Entered on register: 31/03/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	4	4	16	12	↔	January 26
Risk Description								
<u>Organisational Change 25-26</u> The impact on staff following announcement of additional 50% ICB cuts is likely to result in increased absence, increased stress, increased turnover and high level of exit from the organisation. Staff productivity and morale will be significantly impacted during change process.								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>Stood up communication with staff via HWGNFY for transparency re situation. Staff wellbeing plan being created to support staff throughout process. Initial wellbeing interventions put in place through access to NHS Elect, EAP etc. Information included on the Hub so accessible to all staff.</p> <p>June 25 Continue to iterate offering inc culturally appropriate therapeutic support and DSN peer support groups.</p> <p>Completion of staff wellbeing plan with activity booked and communicated to staff. This will be iterated throughout the coming months. Will be reviewed via People Committee throughout process.</p> <p>Leadership support sessions being developed. Exec & ELT support offer in place.</p>								
Actions To Be taken								
<p>Jan 26 - Pensions support offering being arranged by Glos. Jan open webinar (national) being advertised. Line Mgt sessions continue to be offered.</p> <p>December 25 - Updating pensions support offering</p>								
Comment on Progress								
October 25 - Continue to iterate wellbeing offer however the extended timelines have increased the likelihood of these impacts								
ICB/System Risk or Both: ICB		Oversight Committee:		Risk Lead: Sam Hill			Risk Open or Closed?: Open	

Business, Strategy and Planning		<u>Central Weston Development</u>						
		Risk Reference: BSP-EST-2425-001		Exec Lead: Matt Backler			Entered on register: 21/12/2023	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	1	1	1		↓	October 2025
Risk Description								
<u>Central Weston Development</u>								
<u>Due to:</u> Changes in the National Team of NHS PS, there has been a change of personnel that are seeking to renegotiate a deal already agreed by the NHS PS local team.								
<u>There is a risk that:</u> Delays in sign off will occur								
<u>Resulting in:</u> Loss of capital resource which has to be spent before 31/3/24, and further inflation being incurred in the scheme								
<u>Risk Score Decreased - Recommend removal from CRR</u>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>1 Working closely with Jo Fox, National Deputy Director of Primary Care Estates at NHSE</p> <p>2 Engaging with NHS PS and escalating to the NHS PS Board</p> <p>3 Working with the developer and investor to consider alternative lease holders</p> <p>Dec 23 - New</p> <p>Jan 24 - Changes to commercial structure from proposal to ICB to take head-lease as well as delays with contractor securing final tendered prices mean NHSE Regional finance team have paused business case review process. This has increased risk of allocated funding being able to be drawn down this year. As mitigation, NHSE/DHSC have agreed to move the STP funding allocated this year to next year. A risk remains around the £1.5 CDEL allocation for Sirona this year. The ICB team are working with system partners to identify whether it can be exchanged for an allocation next year.</p> <p>Feb 24 - As per Jan, work continues. No change to risk.</p> <p>April 24 - ICB Board has approved proposal to take head-lease on building.</p> <p>- Business case documents re-submitted to NHSE Regional Team</p> <p>May 2024 - Business case due for NHSE national approval committee on 6th May, after which it will go to DHSC for approval. Final agreement of CDEL implication on IFRS16 lease yet to be confirmed.</p> <p>June 2024 - Business case now approved by DHSC and capital funding made available for transaction. NHSE national approval for ICB to take headlease still required. this is contingent on ICB providing letter to confirm system will underwrite risk of IFRS16/CDEL requirement.</p> <p>July 2024 - NHSE national approval for ICB to take headlease now confirmed. Final stages of lease negotiations under way. Expectation is to sign contracts in September 2024.</p>								
Actions To Be taken								

Final agreement of contracts now in progress with a view to all parties signing in September. Nature of the overall deal having multiple parties and in turn multiple contracts mean there is still an element of risk final agreements may not be in place in September.

Comment on Progress

October 25 - All parties have now completed on their respective contracts and the project is now confirmed and is progressing into the construction phase. This means this risk has now been closed.

July 25 - Finalisation of contractual agreements between investor, developer and contractor have taken longer than anticipated and it was necessary to provide a further extension. agreements are now close though and it is anticipated they will be completed during July, enabling construction to begin and risk to be removed.

April 25 - Significant progress made, but another 6 weeks needed before risk resolved completely. The ICB signed an Agreement for the Lease before financial year end, and this has protected the funding via an accrual into this year. This is a big step forward. However, the developer and Investor still have steps to go through to finally agree terms of the funding agreement and review of the construction contract. Therefore, the level of risk on this project is now reducing and all contracts should be agreed and the risk closed by the end of May 25.

March 2025 - Recent months have been challenging, with both contractor, and investor withdrawing and needing to be replaced. Their withdrawals were not related to one another, but both did relate to pressures on cost/investment related to current market conditions and delays making delivering project no longer working for them. New contractor now in place and a new investor is now on board. There remains a risk with the inventor as time to now agree terms and transfer funding is very tight. All parties are working towards a solution that would enable funding to be secured from NHSE and allow time for final legal details to still be worked through.

September 24 - Significant progress made on mitigations for this risk and to bring the project forward for delivery. Final stages of contract negotiations now well progressed. Risk score reduced to 15

August 2024 - Significant progress made on mitigations for this risk and to bring the project forward for delivery. Final stages of contract negotiations now well progressed. Risk score reduced to 15. Previous updates noted in management actions in place.

ICB/System Risk or Both: ICB

Oversight Committee: Finance, Estates and Digital Committee

Risk Lead: Tim James

Risk Open or Closed?: Closed

Business, Strategy and Planning		<u>ADHD and Autism variable activity</u>						
		Risk Reference: BSP-FIN-2526-06		Exec Lead: Matt Backler			Entered on register: 04/04/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	4	4	16	6	↔	April 2025
Risk Description								
<u>ADHD and Autism variable activity</u>								
Due to lack of clarity over the national mechanisms to control activity, providers planning to material increase activity and lack of clear data with which to monitor and hold to account There is a risk that activity is above planned levels (gross value of estimated at c£3.0m) Resulting in the ADHD and Autism service financial position (and ultimately the ICB) overspending in 25/26								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<ol style="list-style-type: none"> 1. ERF working group established to review guidance and implementation 2. Expected allocations communicated to providers 3. Indicative Activity Plans set in 								
Actions To Be taken								
<ol style="list-style-type: none"> 1. Guidance to be reviewed on publication 2. Following guidance, further letter to be issued to providers 3. Task and finish group to be established to develop commissioning and data strategy 4. Key providers to be accredited and moved onto a contract held by the ICB 5. Resource implications to be considered 								
Comment on Progress								
February 26 - Ongoing programme to address this area, however spend continues to be materially above budget.								
ICB/System Risk or Both: ICB		Oversight Committee: Finance, Estates and Digital Committee			Risk Lead: Matt Backler		Risk Open or Closed?: Open	

Directorate: Business, Strategy and Planning		Risk Reference: BSP-FIN-2526-009	Exec Lead: Matt Backler				Entered on register: 07/10/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	2	3	6	6	↓	January 26
Risk Description								
<p>Acute Trusts are currently signalling a significant overspend in their forecast position The main drivers for this are - overperformance in Elective activity compared to planned activity limits and - NCTR patients We may not be able to deliver a balanced system financial position at year end.</p> <p><u>Risk Score Decreased - Recommend removal from CRR</u></p>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>Finance actions at Acute meetings - Acute Finance Oversight Group, Deputies Group and System Directors of Finance Group;</p> <p>Operational actions at System meetings - Elective Recovery ODG; Acute HCIG</p> <p>ICB Internal meeting - Elective SDU;</p> <p>Regular review through monthly forecasting cycle</p>								
Actions To Be taken								
1. Ongoing monitoring of position and regular discussion with Trust								
Comment on Progress								
<p>Within appetite Gap is around £7.6m as per last PRB, expectation is that this can be closed</p>								
ICB/System Risk or Both:		Oversight Committee:		Risk Lead: Padma Ramaman		Risk Open or Closed?: Open		

Performance and Delivery		Procurement Activity						
		Risk Reference: BSP-CON-2425-004	Exec Lead: Dave Jarrett				Entered on register: 26/04/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	4	4	16	3	↔	February 26
Risk Description								
<u>Procurement Activity</u>								
<p>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</p> <p>There is a risk that The ICB will see a number of contracts not being renewed and or commissioned. The ICB could also experience an increase in failed procurements (including the accreditation process) or procurements/commissioning of services not meeting the needs of the population.</p> <p>Resulting in Increased exposure to legal and financial risk to the ICB should the procurements not be completed in a timely manner in accordance with the PCR and PSR. Current services commissioned stopping or being delivered without a contract in place.</p>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<p>Paper drafted and discussed with Execs around the impact the PSR has had and continues to have on ICB capacity</p> <p>SBAR drafted and discussed with Execs linked to two complex procurements - CCHP and CMHF</p> <p>Exploration of contractual and procurement options in progress.</p> <p>Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team.</p> <p>Learning from previous procurements in progress. Exploration of contractual and procurement options to commence.</p> <p>Procurement Policy and SoPs in place to support ICB staff to undertake commissioning of services within their own directorate. This includes the establishment of the Procurement Oversight Group</p>								
Actions To Be taken								

Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team. - Ongoing as per procurement.

Development of robust contract and procurement approach to support securing of sustainable quality services for the populations served.

Procurement update paper prepared for FED - this provides oversight of the number of live procurements and the number of pipeline procurements. This doesn't include the number of contract modifications and or the move of contracts to the new national standard contract templates.

Exec paper being drafted to inform Exec discussion on the impact of the PSR and the significant amount of live procurements and pipeline procurements across the ICB - PSR and PCR

Following exec discussion next steps and actions taken

1. Risk based approach to be taken and mapped out – including defining what the ICB means as complex and therefore setting a range, as well as detailing any potential consequences

2. Mapping support offered by Debs – Helena to link in with Seb

3. Understanding of what other ICBs are doing in regard to PSR

4. Team of teams approach being clear as to areas of responsibility and accountability for each element of commissioning

5. PoG to oversee risk-based approach and risks / consequences – this will be reviewed and included in all procurements and contract award notifications

6. Execs to review the current workplan within their directorates – Live and pipeline procurements and confirm that this reflects the current position and or if there are any areas that need to be added.

7. Workshops arranged in the new year to:

* to review, re-define and lock down the problem statement

* to review / define what we mean by complex procurement – i.e. criteria, scoring

* to map out the current process, identify the value added and then start to map out a new operating model that adheres to legislation. including stakeholder mapping

Comment on Progress

February 26 - No further updates - resources are being allocated in areas of high complexity.

January 2026 - no further updates until transition is completed and dependant on resources the risk can then be reviewed.

December 25 - currently reviewing work plan to prioritise further, meaning potential further increase in non-compliant requests

November 25 - Team and Directorate priorities discussed. POG continues to see increase in non-compliant requests - non-compliant requests form being used as well as the complexity framework and all non-compliant requests being logged on a register.

October 25 - no further updates

September 2025 - POG submitted second report to FED for assurance and progress. Key areas highlighted were:

- procurement policy is now published on the website

- updated SOPs, taking into consideration the change in legislation around Procurement Act and the Data Security Protection toolkit

- procurement workplan - June report, noting the split across active, pending, completed
 - Accreditation process for RTC providers
 - Learnings from the non-compliant request form and complexity framework to make informed decisions
 - Submission of PSR Annual report at end of September noting for the period 01.01.24 – 31.03.25, awarded a total of 44 contracts across the ICB, totalling £1.25 billion – taken from the PSR annual submission
- Scoring remains 16 noting the current position re the number of complex procurements and the up and coming ICB changes

July 25 - TRANSFER to P&D DRR

July 25 - POG has seen an increase in non-compliant requests and therefore to support staff a Non-compliant request form has been drafted which includes the use of the complexity framework. Second report from POG will be submitted and reviewed in the July FED meeting. Scoring remains 16 noting the current position re the number of complex procurements and the up and coming ICB changes

June 2025 - POG continually reviews and prioritises on going active and pipeline work plan. Assigned resources to the procurements within the pipeline that have not had active engagement / dialogue will be considered for re-assignment.

Procurement Complexity Framework has been drafted that currently defines 10 defining characteristics. POG reviewed the framework in May and we will be looking to use this framework to assign necessary resources and skills

May 2025 - Following the ICB responding to the need to reduce costs by a further 50%, each directorate has drafted a list of must do's. This list will prioritise available capacity into required and necessary areas, such as securing services. Currently finalising discovery phase to present to ET. Design phase has started, but due to re-structure, design phase has been paused until we know the required functions - the output from the work done will however, support / inform the direction of travel

April 25 - 25/3/25 Feedback from HR on two of the roles and grading confirmed. The third is expected first week in April.

Since the announcement about ICB establishment reduction, confirmation is needed as to either securing these roles to support commissioning or how we continue securing these services on the ground whilst ICB work through key functions and resources. Mapping the commissioning process remains on track.

March 25 - Four workshops held with the commissioning process being mapped.... outputs have been

- * Problem statement draft / confirmed

- * what is meant to happen and what is currently happening has been drafted

We have potential causes and hypothesis

- * challenges have been drafted

- * Discovery and design process has been built around the 3 horizons model - Understanding H1, Defining H3 and Ideating H2

- * principles identified as to what the re-designed commissioning process will aim to do

- * Defining what we mean by complex commissioning/procurement started and being formed

- * mapped all complex procurements / current and pipeline - identifying ICB resource pinch points

- * drafted options to ensure and support deliverability

- * secured recurrent funding from 25/26 for ICB hub and spoke resourcing team model

- * JD's / PS's drafted and currently with HR for grading

December - Discussion held at Execs - areas considered are

1. Risk based approach to all our procurements, contract awards and commissioning decisions, noting that as an ICB we would need to understand the consequences of those risks taken – i.e. challenge, service specification reviews to meet the needs of the population etc
2. Annual contract award from for contracts under process A and B to move from annual to biannual – noting new providers accredited will remain annual with heightened contract management until assurance of service delivery is provided
3. Additional resources maybe needed for those large scale, complex procurements for example when the community service procurement was run...there was a dedicated team of 8. I'm also aware that when BSW ran their recent community procurement, they had a dedicated team
4. Capitalising on the leadership across the ICB – team of teams with other teams taking the lead – driving a teams of teams approach of specification drafting, market / public engagement, financial budgeting, quality assurance requirements in QIA and EHIA drafting.
5. Outsourcing procurement – this is currently provided by the CSU and is noteworthy that they are also struggling with capacity

January 25

- 6. Reviewed current Primary care staffing and together with staff turnover, funds have been identified to secure an 8a in the primary care contracting team
7. .Workshops arranged in the new year - please see actions to be taken for details
8. Discussions being held to support ICB staff in commissioning resources

November - Discussion to be held at Execs re the impact of the PSR on current capacity and the impact this could have on commissioned services including the procurement / financial risk

October - Contracting team - awareness session prepared and delivered at a HWGNFY takeover

September - Procurement Policy shared, Procurement and contracting and grant SoPs drafted and in place. Please note policy and sops will need to be update in January / February due to the procurement act 2023 coming into play - New PCR.

22/08/24: APMS Procurement live as of 13/08/24

August 24: APMS procurement in progress. Support from ICB teams following restructure has reduced and is now largely 'self service' or 'advice and guidance'. Contracts team ability to simultaneously deliver procurement and fulfil statutory functions currently significantly compromised. Procurement support in ICB unsustainable, escalation has been made to exec leads.

June - Procurement Oversight Group established

June 24: procurement timeline developed and being presented to Procurement Oversight Group on 25/06/24. High volume of complex procurements to undertake. Primary care vacancy still live. Prioritisation of statutory functions for primary care in place & active.

Apr 24 - Transferred from Primary & Integrated Care DRR - PCC 58

30/04/24: Procurement timeline in development across, Children's, Community, Primary Care, Acute and Mental Health Contracts teams in order to articulate resource requirements including contracts team capacity and capacity requirements for other teams in the directorate and within the ICB.

ICB/System Risk or Both: ICB	Oversight Committee: Finance, Estates and Digital Committee	Risk Lead: Susanna McMullen / Helena Fuller / Jenny Falco	Risk Open or Closed?: Open
-------------------------------------	--	--	-----------------------------------

Performance and Delivery		Recruitment and retention of LP Teams						
		Risk Reference: LPC11	Exec Lead: Dave Jarrett				Entered on register: 29/01/25	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	3	12	4	4	16	4	NEW RISK	Feb 26
Risk Description								
<u>NEW RISK REPORTED ON CRR</u>								
<u>Recruitment and retention of LP Teams</u>								
As a result of the reduction in capacity, increase in workload and lack of strategic direction from the System for LPs, there is a risk that LP team staff no longer enjoy their roles and / or burn out. This may result in difficulty retaining experienced staff and recruiting new staff, which in turn could negatively impact the commitment and retention of Partners in the Localities.								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
<ul style="list-style-type: none"> • LP Teams meet 6-weekly to discuss priorities, risks and challenges. The LP Teams 'Start, Slow, Stop, Shift' list is regularly updated. Capacity and workload on the agenda for Performance & Delivery Directorate away day in February to increase visibility of the risk. • VCP for B7 Mobilisation Manager approved and advert live to provide programme support to LP Teams. JP and KC shortlisting 30/01 for interviews 03/02. 								
Actions To Be taken								
28/11/25 KC: Nadia Holland recruited to 6-month fixed-term South Bristol Locality Development Manager role (to cover Pip Martin's maternity leave).								
Comment on Progress								
28/01/26 KC & JP: Risk score remains at 16. One Weston LDM has resigned. Voluntary Redundancy process launched at ICB and therefore increased risk of losing staff. Compulsory redundancy expected in Q2/3 2026/27.								
27/10/25 KC: Risk score increased from 12 to 14 in light of the most recent announcements re NHS Changes and the announcement of an in-year Voluntary Redundancy scheme for ICBs. Assumption that recruitment freeze will be put back in place as per Organisational Change policy.								
27/10/25 KC: Slight reduction in the risk score due to the delayed national timelines. ICB Execs have confirmed that we can recruit fixed-term contracts until 31st March 2026 where we have vacancies. However, we continue to hold multiple vacancies across LP Teams and recruitment challenges associated with organisational change remain an issue.								
26/09/25: The risk has increased due to the recent announcement that consultation for ICB organisational change is unlikely to happen in this financial year (due to lack of identification of funds for redundancy at a national level). No official timeline for change is available which increases the uncertainty for ICB staff and the fragility of ICB teams. Increased sickness occurring amongst teams.								

20-Aug-25 JP: A number of vacancies across the LPs (NS and SG) with expected recruitment challenges associated with organisational change. To be reviewed at LP Collaborative 17-09-25.

ICB/System Risk or Both: ICB

Oversight Committee:
ICB Extended Leadership Team

Risk Lead: Locality Directors

Risk Open or Closed?: Open

Performance and Delivery		Capacity within the LP Teams							
		Risk Reference: LPC14	Exec Lead: Dave Jarrett			Entered on register: 28/09/25			
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review	
4	4	16	4	4	16	6	NEW RISK	Feb 26	

Risk Description

NEW RISK REPORTED ON CRR

Capacity within the LP Teams

The LP Teams are currently underresourced as a result of:

- a) The 2024/25 30% staffing cuts
- b) The shift of procurement and contracting work to LP Teams
- c) Medium/long-term sickness within the team
- d) Vacancies being held due to the forthcoming NHS Changes and 50% reduction of ICB staff

If the already reduced LP Teams are expected to take on the additional workload of the national NNHIP, Local BNSSG Neighbourhood Programme, HWBB Neighbourhood Plans; actively participate in HT2040 without reprioritising existing work, then there is a risk that morale and wellbeing within the LP Teams will be negatively impacted resulting in increased stress levels, reduced staff satisfaction, potentially greater sickness absence, higher turnover of staff all of which jeopardises delivery of the LP portfolio.

Management Actions Already in Place to Mitigate Risk (Current Controls)

- Dave Jarrett and LDs meeting with national team Friday 26th September 2025 to understand resource requirements.
- ICB Executive Team working with WS Partners to identify options for Place Coach in the temporary absence of NS Locality Director and WS Locality Development Manager.
- LP Collaborative reviewing priorities for the next 6-12 months to focus on MUST Dos and identify work that can be slowed, paused or stopped during this period.
- Consider temporary recruitment of vacancies (authorised until 31st March 2026)
- Draw on existing ICB Administrative colleagues who earn overtime to support minute taking and logging of actions.
- Kate Lavington from ICB Transformation Team seconded to Woodspring 3 days per week to support NNHIP. NS SPO Amber Fraher providing administrative support.
- Isobel Clements re-directed to Woodspring 2-3 days per week to provide LDM cover for NNHIP in Nathalie's absence.
- Joe Poole and Pip Martin currently assigned to South Bristol NNHIP.

Actions To Be taken

Comment on Progress

28/01/26 KC & JP: NNHIP requirements clearer but have been mitigated by shifting Locality resource away from existing work in other areas. Resignation of One Weston LDM further reducing LP Teams capacity. Long-term sick also impacting capacity across the teams.

27/10/25 KC: Clarity of NNHIP requirements not yet clear from the national team. Kate Lavington from ICB Transformation Team seconded to Woodspring 3 days per week to support NNHIP. Isobel Clements re-directed to Woodspring 2-3 days per week to provide LDM cover for NNHIP in Nathalie's absence. Joe Poole and Pip Martin currently assigned to South Bristol NNHIP. Risk remains high particularly in light of the extended timeframe for NHS Changes from 6 months to 3 years. LP Teams likely to be in extended period of uncertainty and having to hold vacancies for significantly longer than expected.

28/09/25: NEW risk added

ICB/System Risk or Both: ICB

Oversight Committee:
BNSSG Community HCIG

Risk Lead: Locality Directors

Risk Open or Closed?: Open

Office of the Chair and Chief Executive Directorate		<u>Impact of NHS reforms on ICB Performance</u>						
		Risk Reference:	Exec Lead: Shane Devlin				Entered on register: 22/08/25	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	3	5	15	5		January 26
Risk Description								
<u>Impact of NHS reforms on ICB Performance</u>								
The national requirement for ICBs to reduce running costs necessitating clustering/merging with others, and the resulting organisational changes informed by the Blueprint for ICBs and the simultaneous changes in NHSE/DHSC and CSUs are likely to adversely impact the performance of BNSSG ICB in fulfilling its statutory duties for the BNSSG population. The risk may be increased by the lack of clarity provided to the ICB and the differing pace of working/decision making.								
<i>NB This overarching risk is underpinned by a risk register which is reported to the Joint Transition Committee</i>								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
BNSSG Chair and CEO engaged with NHSE in matters associated with NHS reforms. Model ICB Blueprint published by NHSE. Cluster Chair and CEO identified. Transition leads identified in Cluster ICBs CPOs and CFOs working across the cluster on joint approach to making changes.								
Actions To Be taken								
Joint Transition Committee TORs drafted for Board agreement in September which reflect the requirement in the Model ICB Blueprint including the identification and mitigation of risks. Establishment of joint Transition Committee to oversee relevant workstreams as a formal committee of the Board. Begin routine presentation of risk register to the Joint Transition Committee. Provide Joint Transition Committee updates to the Board (as part of routine committee reporting arrangements on open and closed agendas) Confirmation of cluster Chair and CEO								
Comment on Progress								
January 26 - Joint Exec Recruitment close to completion and Joint NED recruitment underway. Cluster governance structure drafted and supported by Joint Transition Committee with Constitutions approved by NHSE.. JTC briefed on progress of all workstreams. Target Operating Model for new ICB structure to inform consultation with staff is underway.. Regular communication to staff and wellbeing support remain in place.								
November 25 - Cluster CEO and Chair announced. JTC TORs agreed by Board and committee is now meeting and reviewing associated risks. Transition programme areas defined with SROs appointed following discussions with both ICB's executive teams. Mandates for each of the 8 workstreams to be produced and agreed through JTC. Work to initiate the Executive Team consultation underway including the necessary financial								

assurance required by NHSE. Meetings with NHSE continue to gain understanding and cohesion on the establishment of new organisations and the process for change. Minutes of JTC meeting are now being shared routinely with the Board along with communications to stakeholders.

14..8.25 Joint Transition Committee TORs drafted. Set to be agreed at BNSSG and G's Boards in September. NHSE Regional blueprint to be issued in September which will shape future ICB/ICS developments. Cluster Chair and CEO recommended appointments have been made.with CEO due to become Accountable Officer for the cluster from 1 Sept.

ICB/System Risk or Both: Both	Oversight Committee: Joint Transition Committee	Risk Lead: Helen Edelstyn	Risk Open or Closed?: Open
--------------------------------------	--	----------------------------------	-----------------------------------

Office of the Chair and Chief Executive Directorate		<u>Neurodiversity P3 Waiting List</u>						
		Risk Reference: OCCE-CO-2526-015	Exec Lead: Shane Devlin				Entered on register: 19/11/25	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	3	5	15	5	↔	December 25
Risk Description								
<u>Neurodiversity P3 Waiting list</u>								
Due to the backlog of assessments on neurodiversity P3 waiting list and the delay in introducing the needs led profiling tool and the recent introduction of IAPs around Right to Choose providers there is a risk that the ICB could face legal challenge and significant criticism about not taking our duty to provide sufficient services for this group of individuals. This will result in negative media and reputation amongst our local population and with key external stakeholders and could result in less trust with us as an organisation.								
Management Actions Already in Place to Mitigate Risk (Current Controls)								
Working closely with the transformation and children's team to co-ordinate on updates and information that should be shared with stakeholders. Commissioned the build of a digital neurodiversity hub. On behalf of operational and contract team seeking operational information and guidance about IAPs from NHSE.								
Actions To Be taken								
Ongoing briefing to stakeholders eg NS HOSC on 4 Feb, briefing on RTC assessment and IAPs. Comms plan in development for implementation following Board review of the Needs Led Model in March. Promotion plan for new Neurodiversity Hub in development. Following NLM review, communication to be issued to people awaiting assessment.								
Working closely with the transformation and children's team to co-ordinate on updates and information that should be shared with stakeholders. Commissioned the build of a digital neurodiversity hub. On behalf of operational and contract team seeking operational information and guidance about IAPs from NHSE. Communications to be sent to all on waiting list about current situation and support available								
Comment on Progress								
ICB/System Risk or Both: ICB		Oversight Committee: Executive Team		Risk Lead: Jen Bond			Risk Open or Closed?: Open	

BNSSG ICS Strategic Risk Register										Bristol, North Somerset and South Gloucestershire Integrated Care Board															
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)	Unmitigated 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	Actions to be taken (as these are completed they should be moved to actions in place)	Comment on progress	ICB action plan	at appetite	risk status	next date for completion	last reviewed
SEG	SEG		System	ICS PARTNERSHIP & RELATIONSHIPS The BNSSG population requires responsive, accessible and quality services which are best provided through ICS organisations working together. This depends on the strength of the relationship and the 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.	1. Improve outcomes in population health and healthcare	27.11.23	Shane Deelin	3	5	15	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	3	3	9		None	SEG	Board	12.12.25 SEG noted the impact that the ICB clustering arrangements might have on the SEG arrangements. New risk opened 13.6.25 Develop OD plan as part of ICB clustering arrangements. Agree Leadership Compact Conclude review of HICGs 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. 3.2.25: Continue with SEG meetings and awaydays Board seminars Reinvigorate HWB Board engagement Review effectiveness of ICP Local Authority, VCSE and other sectors drive agenda items at ICB Board to ensure systemwide coverage of issues.	31.10.25 BNSSG Leadership Compact development deferred to December 2025. Communications with Stakeholders are issued following meetings of the Joint Transition Committee which is now established and attended by the new Cluster Chair and CEO. Engagement with NHSE and the Boards of the clustering ICBs to support the design of a new ICB is underway 11.9.25: The changes required by the national NHS reforms agenda, and the challenges associated with the interdependencies between changing organisations, financial implications and uncertainty result in this risk increasing to 9. 12.8.25: Activities associated with the Clustering of BNSSG and Gloucestershire continue including the arrangements for a future Joint Transition Committee to be established. The review of the HICGs has not been completed and will be considered as part of the cluster structure. The Leadership compact is due to be agreed by SEG on 11.9.25 23.5.25 The reforms required of ICBs and the publication of the Blueprint are likely to affect the established relationships and working practices across the ICS. The probability of the risk score has been increased. 20.2.25 Probability of the risk increased to reflect the demands on individuals organisations as a result of the NHSE 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	Seek	Open		12/12/2025
SEG	SEG		System	SYSTEM FLOW & RISK OF HARM Poor health and care outcomes will be experienced by our patients, whose admission may have been preventable, but if admission happens they may be unable to be treated in the correct health and care 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.	1. Improve outcomes in population health and healthcare	12.12.24	Diane Jarrett	4	4	16	PEM and POM established with escalation to Gold. £55m investment made over the last 24 months. 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 Operational Plan. 08.09.25: BNSSG Winter plan completed including appointment of system Winter Director. Winter surge funding proposals agreed with local authorities.	5	4	20		None	SEG	ODP	15.12.25 Risk increased to 20 by SEG as the risk described is happening as a result of the impact of flu, industrial action, and NCTR matters Establish UEC and Intermediate Care workstreams led by Hugh Edwards. This will include a deep dive into P3 length of stay, insights into process, workflow and structures in different organisations, Local Authority action plans and CHC activities. There will also be a review of community bed optimisation, and the use of learning from OPEL 4 situations 05.12.25: - D2A peer review to take place in January based on findings of first 'takt time' data within D2A which shows significant variation over the three Areas. This will be complemented by refreshed demand, capacity and productivity data, covering relevant workforce, to uncover any structural differences and allow for shared improvements. - Initial scoping of a wide-ranging community bed reconfiguration programme has been completed with approval in principle from SEG. Currently sourcing capacity from BNSSG organisations to undertake the programme over 26/27. - Business case in development for expanding Community Emergency Medicine Service to 7/7 and evenings to allow for robust and consistent 'call before convey' service. - Joint HCPE/SGQ session completed to review EIA and QIA approach to system winter plan. 08.09.25: Further joint work with LAs on P3 LOS as part of Discharge Improvement Group.	11.09.25 Simulation Exercise has taken place to test the resilience of our Winter Plan. Data indicates some improved performance in P1, and P2 categories of patients with further work required to understand whether the intended impact on hospitals will result from planned activities. 08.09.25: Discharge Improvement Programme has delivered circa 50% reduction in P1 delays and sustained improvement in P2 community LOS. P3 LOS remains off target and volatile and is subject to further work with LAs. 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	Seek	Open		15/12/2025
SEG	SEG		System	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 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	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) 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 Requirement for HICGs 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 by the ICB Strategic Health Inequalities, Prevention and Population Health Committee	3	4	12		Up	SEG	SHIPPH	5.9.25 JM: Working with the 3 DPHs the ICB has reviewed the national annual statement and prepared a report on healthcare outcomes. This will be sent to the relevant HICG and will have a section that describes what is being done of each of the nationally set priority areas to be completed by end of Q3 2025. This data will be used explicitly as part of the refreshed planning process 29.05.25 JM: 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 needed for health inequalities and healthcare inequalities and over the next 6 months we will need to define how the ICS will drive improvement for both within the new organisational construct of model ICB 29.11.24 JM: Requirement for HICGs 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 by 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.	01.12.25 The annual report 'Understanding Healthcare Inequalities in BNSSG 2025', has been completed and is publicly available on the Healthier Together website. The report includes a section that describes what the data shows which was produced by the CMO and the 3 DPHs. It has blank spaces for the HICGs to report back planned actions that address the disparities shown and updates are due by January 2026 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) 25.02.25 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	Seek	Open	Mar-26	12/12/2025
GSB	GSB		System	WORKFORCE & CAPACITY FOR CHANGE Our population will not be well served with health and care services 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 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.	1. Improve outcomes in population health and healthcare	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	4	4	16		None	SEG	People	01.12.25 JH: One Workforce group and Strategic Workforce Oversight Group monitoring impacts of ongoing IA on temporary staffing spend. System currently above temp staffing caps for 25/26, system mitigations including vacancy controls and ongoing rate card compliance activity. 19.08.25 JH: One Workforce group monitoring impacts of IA on temporary staffing spend and Direct Engagement activity increased. Review of nursing vacancies and placements across all system partners underway inline with 25/26 system operational plan and planning begun for 26/27 graduate guarantee cohorts. System redeployment protocol is active. 12.11.24 JH: ICS People Committee workforce report monitoring system performance against plan on monthly basis e.g. turnover 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.	01.12.25 Workforce plan monitoring continues and oversight remains assured for delivery, current above establishment plan, current org change at provider level underway to reach CIP and staffing reduction levels. Operation planning for 26/27 has begun to triangulate workforce reduction requirements and productivity pack opportunities. 19.08.25 JH: - Risk increased to 16 - Workforce plan monitoring continues and oversight remains assured for delivery in line with Q1 results. The scale of system change and workforce pressures are increasing with CSU closure announcement, Graduate Guarantee national requirements and Industrial action, mitigation activity is underway across the system through the One Workforce group. 06.06.25 JH: 25/26 Workforce Plan submitted alongside system operational plan, existing monitoring arrangements continue with monthly oversight of key metrics reported through the ICB People Sub Committee this will continue regardless of ICB change impacts as a requirement of delivery for this financial year. Quarter 1 figures expected end of July 25 3.2.25: Adherence with National Workforce Plan.	No	Seek	Open		01/12/2025
GSB	GSB			Impact of NHS reforms on BNSSG ICS strategic working arrangements The national requirement for ICBs to reduce running costs necessitating clustering/merging with others, and the resulting organisational changes informed by the Blueprint for ICBs will have an impact on the existing system working arrangements in BNSSG (and Gloucestershire) as the boundaries for the cluster will expand and include many other providers and/or stakeholders. As a result, the ability to convene system resources and to prioritise may be adversely affected which results in a lesser service for our population.	1. Improve outcomes in population health and healthcare	12.12.25	Shane Deelin	3	4	12	BNSSG SEG meetings take place Joint Transition Committee established by BNSSG and Glos Boards	3	4	12		None	SEG	Board	Continue BNSSG SEG meetings Develop OD Plan for the cluster Define cluster system working arrangements	12.12.25. New risk added		Seek	Open		15/12/2025

Directorate	Team	Risk Reference	System/ECB 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)	Unmitigated 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	Actions to be taken (as these are completed they should be moved to actions in place)	Comment on progress	ECB actions mitigating risk	Risk appetite	Risk status	Next date for completion	Risk reviewed

Risk appetite

For use when populating column Z on risk register

The following risk appetites were agreed by the Board in March 2025 for use in 25/26:

Domain	Previous Risk Appetite Statement and Level (shown in capitals)	Risk Appetite Statement 2025/26	Risk Appetite Level 2025/26
Finance How will we use our resources? Value for money	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of Value For Money with price not the overriding factor. OPEN	We will invest for the best possible return and accept the possibility of increased financial risk.	SEEK
Regulatory How will we be perceived by our regulators? Compliance	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully. OPEN	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks	SEEK
Quality How will we deliver safe services? Quality of services Outcomes	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes and appropriate controls are in place. CAUTIOUS	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation	OPEN
Reputational How will we be perceived by the public and our partners?	We are prepared to accept the possibility of some reputational risk as long as there is a potential for improved outcomes for our stakeholders. OPEN	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK
People How will we be perceived by our workforce?	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and development opportunities for staff. OPEN	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK

Risk Appetite Definitions:	
None	Totally risk averse, no risk taking will be considered.
Minimal	Ultra safe or traditional approaches only.
Cautious	Preference is for options with a low degree of risk.
Open	Options that provide adequate benefits to justify the risk.
Seek	Eager to innovative and challenge traditional approaches.
Significant	Highly adventurous and willing to taking high levels of risk, investing in new and untested delivery options.

The Good Governance Institute has produced Board guidance on risk appetite which includes the following matrix. The analysis that follows uses the suggested wording from this matrix

RISK APPETITE LEVEL	0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
TYPES	Avoidance of risk is a key organisational objective.	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential.	Preference for safe delivery options that have a low degree of residual risk and only a limited reward potential.	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk).	Confident in setting high levels of risk appetite because controls, forward scanning and responsive systems are robust.
FINANCIAL How will we use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
REGULATORY How will we be perceived by our regulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
QUALITY How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
REPUTATIONAL How will we be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
PEOPLE How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive change.

Risk Assessment scoring matrix						
Probability/Likelihood	Almost Certain = 5	5	10	15	20	25
	Likely = 4	4	8	12	16	20
	Possible = 3	3	6	9	12	15
	Unlikely = 2	2	4	6	8	10
	Rare = 1	1	2	3	4	5
	Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5	Impact/Consequence

Definition of System Risk

An ICS risk is a risk held in common between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation – for example many of the HCIG risks ICS risks will be managed through the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by ICS partners working together through shared accountability arrangements.

Risks marked as System Risks do not appear on our ICB Corporate Risk Register – they will be collated on separate System Risk Register