



Meeting name:	WY ICB Board
Agenda item no.	7
Meeting date:	24 September 2024
Report title:	Board Assurance Framework (BAF) Update
Report presented by:	Laura Ellis, WY ICB Director of Corporate Affairs
Report approved by:	Laura Ellis, WY ICB Director of Corporate Affairs
Report prepared by:	Laura Ellis, WY ICB Director of Corporate Affairs

Purpose and Action											
Assurance ⊠	Decision □	Action ⊠	Information \square								
	(approve/recommend/	(review/consider/comment/									
	support/ratify)	discuss/escalate									
Provious considerations:											

Previous considerations:

West Yorkshire ICB Board - June 2024

West Yorkshire ICB Finance Investment and Performance Committee / Quality Committee – 3 September 2024

Executive summary and points for discussion:

Effective risk management processes are crucial to ensuring that the ICB's strategic priorities are delivered and compliant with all legislation, regulatory frameworks, and risk management standards is maintained.

The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meeting its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks.

An extract of the overarching BAF West Yorkshire and Place heatmaps is appended, to ensure the Board is mindful of its role on management of several principal risks. To assist, the Board's main agenda items have been mapped to the principal risks.

Which purpose(s) of an Integrated Care System does this report align with?

- □ Tackle inequalities in access, experience and outcomes.
- Support broader social and economic development

Recommendation(s)

To **ENSURE** that the Framework is referenced and used throughout the Board's discussions.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

This report details the Board Assurance Framework.

Appendices

Appendix 1 – Board Agenda Links to Principal Risks

Appendix 2 - WY ICB Board Assurance Framework Heatmaps

Acronyms and Abbreviations Explained

BAF – Board Assurance Framework

ICB - Integrated Care Board

What are the implications for?

Residents and Communities	None directly arising from this report.
Quality and Safety	None directly arising from this report.
Equality, Diversity and Inclusion	None directly arising from this report.
Finances and Use of Resources	None directly arising from this report.
Regulation and Legal Requirements	None directly arising from this report.
Conflicts of Interest	None directly arising from this report.
Data Protection	None directly arising from this report.
Transformation and Innovation	None directly arising from this report.
Environmental and Climate Change	None directly arising from this report.
Future Decisions and Policy Making	None directly arising from this report.
Citizen and Stakeholder Engagement	None directly arising from this report.

1. Introduction

- 1.1 The ICB, as a publicly accountable organisation, needs to make many informed, transparent and complex decisions and manage the risks associated with these decisions. The ICB, therefore, needs to ensure that it has a sound system of internal control working across the organisation.
- 1.2 The ICB recognises that the principles of good governance must be underpinned by an effective risk management system designed to ensure the proactive identification, assessment and mitigation of risks to ensure that the ICB achieves its strategic priorities and, in doing so, maintains the safety of its staff, patients, and members of the public.
- 1.3 Effective risk management processes are central to providing the ICB with assurance that all required activities are taking place to ensure the delivery of the ICB's strategic priorities and compliance with all legislation, regulatory frameworks and risk management standards.

1.4 Board Assurance Framework (BAF)

- 1.4.1 The BAF provides the ICB with a method for the effective and focused management of the principal risks and assurances to meet its objectives. By using the BAF, the ICB can be confident that the systems, policies, and people in place are operating in a way that is effective in delivering objectives and minimising risks.
- 1.4.2 As part of the Annual Report and Accounts, the Chief Executive is required to prepare an Annual Governance Statement. To do this, the ICB must demonstrate that it has been appropriately informed through assurances about all relevant risks and that conclusions have been drawn from evidence. The ICB also needs to show that it has systematically identified its objectives and managed the principal risks to achieving them. The BAF provides a structure to support this process.

1.5 Board Agenda – links to the BAF

- 1.5.1 Following the internal audit review of the BAF during 2023/24, it was concluded that there needed to be a more overt link between Board and Committee discussions and the Principal Risks facing the ICB. The BAF is therefore being shared as part of the Board's agenda to ensure that links can be made throughout the meeting, and appropriate assurance gained. The Board's Finance Investment and Performance Committee and Quality Committee undertook a similar discussion at their meetings, and assurance highlighted through their AAA reports.
- 1.5.2 To support the Board, an overview of potential links between agenda items and principal risks on the BAF is set out at Appendix 1.

2. Next Steps

2.1 The BAF is currently going through its quarterly refresh, and the Board's discussions will be used to ensure assurances are captured and any gaps identified.

3. Recommendations

To **ENSURE** that the Framework is referenced and used throughout the Board's discussions.

4. Appendices

Appendix 1 – Links between Agenda items and BAF Principal Risks

Appendix 2 - WY ICB Board Assurance Framework

Appendix 1 - Board Agenda – key item links to the BAF

Agenda Item	Principal Risk	Risk Appetite	Target Score	Current Score	Place Sco					
Focus on Healthcare Inequalities	1.1 There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	BDC Cald Kirk Leeds Wake	16 16 16 16 16	20 20 20 20 20 20			
	1.2 There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	12	BDC Cald Kirk Leeds Wake	9 9 12 12 9	12 9 16 16 12			
	1.3 There is a risk that we ration services due to insufficient resources in a way that does not reduce (or exacerbates) health inequalities.	Open	8	8	BDC Cald Kirk Leeds Wake	8 8 8 8	8 12 8 8			
	1.4 There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	BDC Cald Kirk Leeds Wake	8 8 8 8	12 12 12 12 12			
Chair's Report	2.2 There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	4	12	BDC Cald Kirk Leeds Wake	4 4 4 4 4	6 6 12 12 12			
	4.1 There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	BDC Cald Kirk Leeds Wake	8 8 8 8	12 12 12 12 12			

	10T				DD0	0	40
	4.2 There is a risk that we are unable to				BDC	8	12
	achieve our ambitions on equality				Cald	8	12
	diversity and inclusion due to ingrained	Bold	8	12	Kirk	8	12
	attitudes that persist in society and across our health and care				Leeds	4	9
	across our health and care organisations.				Wake	8	12
Chief	2.3 There is a risk that we are unable				BDC	2	4
Executive's	to measure and assess performance				Cald	6	6
Report	across the system in a timely and meaningful way, which impacts on our	Open	6	6	Kirk	8	8
	ability to respond quickly as issues				Leeds	6	9
	arise.				Wake	3	6
	3.1 There is a risk that we invest				BDC	4	9
	resources in a way which does not allow us to join up services nor maximise value for money. Open 4 Size Cald Kirk Leec Wak 3.2 There is a risk that we breach our BDC				Cald	4	12
		Open	4	9	Kirk	8	12
		Leeds	4	9			
					Wake	4	9
	3.2 There is a risk that we breach our statutory duties to operate within the resource envelope available by not delivering efficiency targets and/or controlling cost.	Cautious			BDC	6	20
					Cald	6	20
			6	20	Kirk	8	20
					Leeds	6	20
	Controlling Cost.				Wake	6	20
	3.3 There is a risk that ICB capacity and				BDC	4	12
	infrastructure is not sufficient nor				Cald	4	16
	targeted effectively towards key	Open	4	12	Kirk	2	12
	priorities	·			Leeds	4	16
					Wake	4	12
	4.1 There is a risk that partnership				BDC	8	12
	working on wider societal issues is				Cald	8	12
	deprioritised in order to meet current	Open	8	12	Kirk	8	12
	operational pressures.				Leeds	8	12
					Wake	8	12
	4.2 There is a risk that we are unable to	Bold	8	12	BDC	8	12
	achieve our ambitions on equality	Dolu	J	12	Cald	8	12

	diversity and inclusion due to ingrained				Kirk	8	12
	attitudes that persist in society and				Leeds	4	9
	across our health and care						
	organisations.				Wake	8	12
	4.3 There is a risk that threats to our				BDC		
	people and physical and digital				Cald		
	infrastructure e.g. from cyber attacks,	Averse	9	12	Kirk		
	terrorism and other major incidents,		ŭ		Leeds		
	prevents us from delivering our key functions and responsibilities.				Wake		
Famality	·					0	40
Equality Diversity and	4.2 There is a risk that we are unable to achieve our ambitions on equality				BDC Cald	8 8	12 12
Diversity and Inclusion Update	diversity and inclusion due to ingrained				Kirk	8	12
morasion opaate	attitudes that persist in society and	Bold	8	12	Leeds	4	9
	across our health and care						_
	organisations.				Wake	8	12
Delegation of	1.4 There is a risk that we fail to join up				BDC	8	12
Commissioning	services in our communities which means that we do not improve outcomes and reduce health	Open			Cald	8	12
Responsibilities			8	12	Kirk	8	12
for Specialised					Leeds	8	12
Services	inequalities.				Wake	8	12
ICB People	2.1 There is a risk that our inability to				BDC	6	12
Strategy	collectively recruit and retain staff				Cald	8	12
	across health and care impacts on the	Cautious	8	12	Kirk	8	8
	quality and safety of services.				Leeds	9	12
		I			Wake	8	12
Integrated	2.3 There is a risk that we are unable				BDC	2	4
Performance	to measure and assess performance				Cald	6	6
Report	across the system in a timely and meaningful way, which impacts on our	Open	6	6	Kirk	8	8
	ability to respond quickly as issues				Leeds	6	9
	arise.				Wake	3	6
	3.1 There is a risk that we invest				BDC	4	9
	resources in a way which does not	Open	4	9	Cald	4	12
					Kirk	8	12

	allow us to join up services nor				Leeds	4	9
	maximise value for money.				Wake	4	9
	3.2 There is a risk that we breach our				BDC	6	20
	statutory duties to operate within the				Cald	6	20
	resource envelope available by not	Cautious	6	20	Kirk	8	20
	delivering efficiency targets and/or controlling cost.				Leeds	6	20
					Wake	6	20
Winter Planning	2.2 There is a risk that as a system we				BDC	4	6
	fail to innovate, learn lessons and				Cald	4	6
	share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	4	12	Kirk	4	12
		·			Leeds	4	12
					Wake	4	12
Community	2.2 There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting	us to sulting Open			BDC	4	6
Dental Services					Cald	4	6
Commissioning Intentions			4	12	Kirk	4	12
intentions	in widening variations across our				Leeds	4	12
	footprint.				Wake	4	12
	1.4 There is a risk that we fail to join up				BDC	8	12
	services in our communities which				Cald	8	12
	means that we do not improve	Open	8	12	Kirk	8	12
	outcomes and reduce health				Leeds	8	12
	inequalities.				Wake	8	12
	3.1 There is a risk that we invest				BDC	4	9
	resources in a way which does not allow				Cald	4	12
	us to join up services nor maximise	Open	4	9	Kirk	8	12
	value for money.				Leeds	4	9
					Wake	4	9

Appendix 1 – Board Assurance Framework Summary and Heat Map

		West Yorkshire Integrated Care Board - Board Assurance Framework - Summary	Version: 1.4	Date: March 2024			
Mission		Strategic risk	Risk appetite	Target WY score	Current WY score	Lead director(s) / board lead	Lead committee / board
	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	Ian Holmes	ICB Board
(1) Reduce	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	12	Ian Holmes / Jonathan Webb	Finance, Investment and Performance Committee
inequalities	1.3	There is a risk that we ration services due to insufficient resources in a way that does not reduce (or exacerbates) heath inequalities.	Open	8	8	Ian Holmes / Jonathan Webb	ICB Board
	1.4	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	Ian Holmes	ICB Board (linked to place committees)
	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Cautious	8	12	Kate Sims	Transformation Committee
(2) Manage	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	4	12	James Thomas	Quality Committee
unwarranted variation in care	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	6	Anthony Kealy	Finance, Investment and Performance Committee
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	Jonathan Webb / James Thomas	Finance, Investment and Performance Committee.Transformation Committee for Digital
(0) 11	3.1	There is a risk that we invest resources in a way which does not allow us to join up services nor maximise value for money.	Open	4	9	Jonathan Webb	Finance, Investment and Performance Committee
(3) Use our collective resources wisely	3.2	There is a risk that we breach our statutory duties to operate within the resource envelope available by not delivering efficiency targets and/or controlling cost.	Cautious	6	20	Jonathan Webb	Finance, Investment and Performance Committee
	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	4	12	Rob Webster	ICB Board
	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	Ian Holmes	ICB Board
(4) Secure benefits of	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	Ian Holmes	Quality Committee
investing in health and care	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyberattacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Anthony Kealy / James Thomas	Transformation Committee
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs.	Open	12	16	Ian Holmes	Transformation Committee

	West Yorkshire Integrated Care Board - Board Assurance Framework - Heat map						Version 1.4 Date: March 2024								
Mission		Strategic risk		West Y	orkshire		Bradford District Calderdale and Craven		Kirklees Leeds		eds	Wakefield			
		Strategic risk	Risk appetite (All)	Target score (WYICB)	Current score (WYICB)	Target score (BD&C)	Current score (BD&C)	Target score (Cald'e)	Current score (Cald'e)	Target score (Kirk's)	Current score (Kirk's)	Target score (Leeds)	Current score (Leeds)	Target score (Wake'd)	Current score (Wake'd)
	1.1	There is a risk that our local priorities to narrow inequalities are not delivered due to the impact of wider economic social and political factors.	Bold	16	20	16	20	16	20	16	20	16	20	16	20
Reduce	1.2	There is a risk that operational pressures and priorities impact on our ability to target resources effectively towards improving outcomes and reducing inequalities for children and adults.	Open	9	12	9	12	9	9	12	16	12	16	9	12
inequalities	1.3	There is a risk that we ration services due to insufficient resources in a way that does not reduce (or exacerbates) heath inequalities.	Open	6	8	8	8	8	12	8	8	8	8	8	8
	1.4	There is a risk that we fail to join up services in our communities which means that we do not improve outcomes and reduce health inequalities.	Open	8	12	8	12	8	12	8	12	8	12	8	12
	2.1	There is a risk that our inability to collectively recruit and retain staff across health and care impacts on the quality and safety of services.	Cautious	8	12	6	12	8	12	8	8	9	12	8	12
Manage unwarranted	2.2	There is a risk that as a system we fail to innovate, learn lessons and share good practice that allows us to respond to service pressures resulting in widening variations across our footprint.	Open	4	12	4	6	4	6	4	12	4	12	4	12
variation in care	2.3	There is a risk that we are unable to measure and assess performance across the system in a timely and meaningful way, which impacts on our ability to respond quickly as issues arise.	Open	6	6	2	4	6	6	8	8	6	9	3	6
	2.4	There is a risk that our infrastructure (estates, facilities, digital) hinders our ability to deliver consistently high quality care.	Open	9	16	9	12	9	16	6	9	9	12	9	12
	3.1	There is a risk that we invest resources in a way which does not allow us to join up services nor maximise value for money.	Open	4	9	4	9	4	12	8	12	4	9	4	9
Use our collective resources wisely	3.2	There is a risk that we breach our statutory duties to operate within the resource envelope available by not delivering efficiency targets and/or controlling cost.	Cautious	6	20	6	20	6	20	8	20	6	20	6	20
resources wisely	3.3	There is a risk that ICB capacity and infrastructure is not sufficient nor targeted effectively towards key priorities.	Open	4	12	4	12	4	16	2	12	4	16	4	12
	4.1	There is a risk that partnership working on wider societal issues is deprioritised in order to meet current operational pressures.	Open	8	12	8	12	8	12	8	12	8	12	8	12
	4.2	There is a risk that we are unable to achieve our ambitions on equality diversity and inclusion due to ingrained attitudes that persist in society and across our health and care organisations.	Bold	8	12	8	12	8	12	8	12	4	9	8	12
Secure benefits of investing in health and care	4.3	There is a risk that threats to our people and physical and digital infrastructure, e.g. from cyber- attacks, terrorism and other major incidents, prevents us from delivering our key functions and responsibilities.	Averse	9	12	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required
	4.4	Due to climate change, there is a risk of increased demand for health and care services and disruption to the provision of services. This will result in health and care services that cannot effectively meet population needs	Open	12	16	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required	Not required