Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Primary Care Commissioning Committee Meeting

Date: Tuesday 25th January 2022
Time: 9:30am
Location: Virtual meeting. Details within the calendar invite

Agenda Number :	6
Title:	Governing Body Assurance Framework and Corporate Risk Register (CRR) January 2022
Purpose: approval	
Key Points for Discussion:	
The Primary Care Commissioning Committee oversees and seeks assurances risk relating to Primary Care. This includes risks concerning contracting, planning and strategy, financial planning and management and primary care quality, workforce, premises, and IT. The Committee is responsible for reviewing those risks that are relevant to its business and ensuring that appropriate and effective mitigating actions are in place. Risks assigned to the Committee for review are indicated on both the CRR and the GBAF. The key discussion points are: • The risks rated at 20 and above on the CRR • New risks added to the CRR since the last review by the Governing Body and Primary Care Commissioning Committee. A number of new risks relate to Primary Care • The risks recommended to Governing Body for removal and the confirmation of the relevant committees that they are assured that the actions have been sufficient to reduce the risk score • Risks that committees have recommended remain on the CRR	
Recommendations:	• review and ensure that appropriate and effective mitigations are in place for risks reported on the CRR and GBAF and specifically those areas relating to the Committee's remit • Review those risks recommended for closure to ensure the Committee is assured that the risk score has been sufficiently reduced • consider whether the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) are an accurate reflection of the risks brought to the committee's attention • consider whether other objectives and risks reported on the GBAF fall within the committee's remit
Previously Considered By and feedback :	The Corporate Risk Register and the Governing Body Assurance Framework are reviewed monthly by Directors and received and

<table>
<tr><td></td><td>discussed at the monthly Quality Committee, Strategic Finance Committee and Commissioning Executive meetings</td></tr>
<tr><td>Management of Declared Interest:</td><td>The Committee receives a register of its members declared interests as a standing item. There are no declared interests relating the CRR and no risks regarding the management of declared interests</td></tr>
<tr><td>Risk and Assurance:</td><td>The CRR and the GBAF show the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix and the principal risks to the CCG's principal objectives</td></tr>
<tr><td>Financial / Resource Implications:</td><td>As part of the Risk Management Framework the CRR and the GBAF are used to identify the impact of risks including financial risks. A moderation stage is used to ensure consistency in reporting financial risks across the CCG. Financial risks reported on Directorate Risk registers are reviewed corporately and an impact risk score is applied. If the risk score is reduced the risk is not added to the CRR and the Directorate is informed. The budget baseline applied is the CCG overall resource allocation.
<table>
<tr><th>Score</th><th>Impact</th></tr>
<tr><td>1</td><td>small loss/risk of claim remote</td></tr>
<tr><td>2</td><td>Loss of 0.1% to 0.25% of budget (£1m to £3.5m)</td></tr>
<tr><td>3</td><td>Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)</td></tr>
<tr><td>4</td><td>Loss of 0.5% to 1% of budget (£7m to £14m)</td></tr>
<tr><td>5</td><td>Loss of > 1% of budget (£14m+)</td></tr>
</table></td></tr>
<tr><td>Legal, Policy and Regulatory Requirements:</td><td>The CRR and GBAF are mechanisms for reporting risk and do not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the documents</td></tr>
<tr><td>How does this reduce Health Inequalities:</td><td>No health inequalities issues arise from this report. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to Health Inequalities that are over the risk scoring threshold of 15 and above or related to a principal objective these will be reported.</td></tr>
<tr><td>How does this impact on Equality & diversity</td><td>No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to inequalities that are over the risk-scoring threshold of 15 and above or related to a principal objective these will be reported.</td></tr>
<tr><td>Patient and Public Involvement:</td><td>Not applicable to this report</td></tr>
<tr><td>Communications and Engagement:</td><td>The Corporate Risk Register and Governing Body Assurance Framework are shared with Risk Leads, Risk Administrators and Directors for monthly updating. The Corporate Risk Register is a public document available on the CCG website</td></tr>
<tr><td>Author(s):</td><td>Sarah Carr, Corporate Secretary</td></tr>
<tr><td>Sponsoring Director</td><td>Sarah Truelove, Chief Financial Officer</td></tr>
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Agenda item: 6

Report title: Corporate Risk Register (CRR) January 2022

1. Background

The Corporate Risk Register (CRR) provides assurance to the Governing Body that high level risks are addressed and that the actions taken are appropriate. Where a risk is linked to one or more of the CCGs principal objectives this is identified on the register. The Governing Body is responsible for ensuring that the CCG has properly identified risks and has appropriate controls in place to manage risk. The Governing Body approves the addition and removal of risks from the CRR. The CRR is presented on the new template agreed as part of the Risk Management Framework.

Directorate Risk Registers are reviewed and updated monthly. These feed into the CRR, which is discussed by the Executive as a standing item once a month. Each committee also reviews the CRR. The committees are reminded of their responsibility to review, scrutinise and challenge the management of risks specific to their remit. Committees are asked to consider whether they have a reviewing role in relation to any new risks added to the register; committees are also asked to assure themselves that risks recommended for removal have been appropriately reviewed and risks scores are revised appropriately. The Audit, Governance and Risk Committee receives the CRR as part of its responsibility to satisfy itself that systems and processes are in place and working. The Executive team has identified executive risk leads for specific areas. Executive risk leads review risks alongside director leads to ensure complete coverage of issues and avoid potential duplications.

1. Corporate Risk Register

Those risks rated at 20 and above on the CRR are highlighted below:

ref	risk description	current risk score	most recent update	Cross ref to GBAF
Commissioning Directorate: 5	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	**4x5 =20**	Dec-21	P01
Commissioning Directorate: 7	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers	**4x5 =20**	Jan-22	PO4

	of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.			
BNSSG Commissioning 10	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	**4x5 =20**	Jan-22	PO1
Nurse and Quality	This risk replaces Nurse and Quality: Risk Ref - BNSSGQD021 As a result of lack of flow and pressure within the system, there is a risk that patients will suffer harm due to ambulances being unable to attend calls within the required timeframe.	Jan-22	08.10.2021	PO1

2. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the September review of the CRR by PCCC the below risks have been added; two of these risks sit within the Committee's remit and are highlighted. It is proposed that a paper on the E-referral risk is presented to the March meeting of the PCCC.

ref	risk description	current risk score	Current Commi-tte	Cross reference GBAF
Organisa-tional Transition to ICB	There is a risk that the management of the closure of the CCG and establishment of the ICB will not deliver an effective transition and therefore hamper the ICB's ability to deliver its purpose from 1 April 2022.	**2x4=8** risk score reduced see below	SFC	PO8
Organisa-tional	There is a risk that service delivery may be negatively impacted if the workforce becomes de-	**3x4=12** risk	SFC	PO8

Transition to ICB	stabilised in some areas due to concerns over transition and any subsequent re-structuring. Lower moral may impact productivity, retention may be affected and the CCG / new ICB may be unable to fill critical vacancies during the change period.	score reduced see below		
Nurse and Quality	As a result of lack of flow and pressure within the system, there is a risk that patients will suffer harm due to ambulances being unable to attend calls within the required timeframe.	**4x5=20**	Quality	PO1
Nurse and Quality	There is a risk that as a result of reducing capacity in both domiciliary and residential care provision that we will be unable to sustain care delivery to vulnerable and complex patients (including those who are at the End of Life stage of disease progression) at home which may result in avoidable hospital admission or that needs will not be met safely or in the place of their choice at end of life.	**4x4=20**	Quality	PO1
Nurse and Quality	As a result of not being able to successfully recruit to the Designated Clinical Officer for SEND, there is a risk that the CCG will not be able to assure the content of agreed Education Health and Care plans (EHCP)which may lead to inaccurate information being recorded in the health components of the EHCP and as a consequence be at risk of Tribunal or Judicial review.	**4x4=16**	Quality	-
Primary Care Development - Access PCC40	There is a risk that the current national shortage of blood bottles will impact the delivery of routine blood tests in primary care and cause a backlog of long term condition reviews that will need to be delayed. If the duration of this continues to be longer, this could potentially impact patient care and practice finances adversely.	**4x4=16** risk score reduced see below	PCCC	PO1
Medical - RSS05	There is a risk that any future updates of the NHS Digital e-Referral System (e-RS) may cause loss of functionality of the BNSSG Referral Service database, specifically its ability to import referrals into the database for onward management. Loss of the database results in the need for extra workarounds which impacts: - the (routine and urgent) referral turnaround	**5x3=15**	PCCC	-

	times, possibly creating a referral bottleneck and backlog in the RS; - the patients' waits and pathways (slightly reduced currently, due to the increased WL times in secondary care due to the pandemic) - secondary care activity and operational management of referrals and patients. There is also a reputational risk to the RS and risk of increased numbers of patients contacting Primary care to query the status of the referral.			
Transformation - Mental Health and Learning Disabilities	Risk achieving the national transformation on CYP services, Access Rates and Eating Disorder. 1: Eating Disorder demand is growing nationally and is impacting on service performance and meeting the national waiting time targets. 2: There are ongoing data quality issues around new CYP investment activity which puts at risk BNSSG meeting the 35% min CYP Access standard. As a result the CCG is not meeting the access standard. This needs to be resolved in order we can understand the true coverage of our services, ensure data flows, assure NHSEI and achieve the LTP requirement.	**5x3=15**	-	PO4

Risks recommended for closure and agreed at the January Governing Body are detailed below. One of these risks is within the remit of the Committee and is highlighted below. Risks below the threshold of the CRR continue to be monitored on Directorate Registers.

ref	risk description	current risk score	Committee	Cross ref GBAF
Nurse and Quality: Risk Ref - BNSSG QD021	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times Rationale for closure This risk no longer reflects the quality element issues within the system; closure of this risk is recommended as a new risk has been opened to reflect the current patient safety and quality risk.	-	Quality	-
Transfor	As a result of COVID 19 and the fact that routine	**4x4=16**	Clinical	PO1

mation: Risk Ref - MSK	MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery Rationale for closure Peter Brindle and James Gold have agreed that this risk should be on the Commissioning Risk Register rather than the Transformation Risk Register as it relates to performance, so this risk will be closed		Executive	
Transformation - Urgent Care: Risk Ref UC 02	UEC Programme - ED booking for NHS 111 is currently switched off in BNSSG due to walk in activity pressures. This results in the BNSSG system being non-compliant with a national requirement and associated reputational risk. Rationale for closure No reason has been provided	**4x3=12**	Clinical Executive	PO9
Transformation - Communications 3	If we do not have a clear, agreed work plan in place there is a risk that the volume of work will not be sustainable for the team. This could result in not being able to meet the organisations key objectives and priorities, a risk that efforts are not focused in the right place, or that the stress on the team leads to sickness and absence. Key large programmes currently being managed alongside day to day activity include operational plan, organisational priorities, restoration and recovery of services, ongoing covid and mass vaccination and move to ICS and ICP development. Rationale for closure November 21 - Continues to be limited work and projects that can be stood down but are reviewing what can possibly be outsourced. Work plan is updated at weekly assurance meeting and this includes agree work requests and allocation of projects across the team.	**4x3=12**	SFC	
Transformation - Communications 4	If we do not have allocated comms support for the transition of staff to the ICS there is a risk of employee disengagement and a lack of workforce preparedness. There is also a risk that the team do not have capacity to deliver a well planned strategy leading to stress, overwhelm and staff sickness.	**1x4=4**	SFC	

	rationale for closure: Post recruited to			
Transformation - Integrated Care	if people at risk of type 2 diabetes are not diagnosed in the primary care setting there is a risk that they will not be offered and encouraged to take up preventative service resulting in poor health and health outcomes Rationale for closure November 21 - Detailed implementation plan to be developed together with primary care colleagues	**4x3=12**	Quality Clinical Executive	
Org Transition to ICB	There is a risk that the management of the closure of the CCG and establishment of the ICB will not deliver an effective transition and therefore hamper the ICB's ability to deliver its purpose from 1 April 2022. Rationale for closure Executive led working group, with subject matter expert workstream leads, planning and managing the delivery of transition work. National guidance and due diligence checklists are being used. Regular Operational Readiness return are made to the Regional team. Progress reports are made to the Governing Body, SFC and Audit, Risk and Governance Committees.	**2x4=8**	SFC	PO8
Org Transition to ICB	There is a risk that service delivery may be negatively impacted if the workforce becomes de-stabilised in some areas due to concerns over transition and any subsequent re-structuring. Lower moral may impact productivity, retention may be affected and the CCG / new ICB may be unable to fill critical vacancies during the change period. rationale for closure People plan in place with a series of actions to support transition. Regular communication and engagement taking place with staff and teams. Information on the Hub. The national "Employment commitment" provides some assurance to staff below board level. A vacancy control panel is in place to consider the filling of essential vacancies to ensure business continuity.	**3x4=12**	SFC	PO8
Primary Care Development - Access PCC40	There is a risk that the current national shortage of blood bottles will impact the delivery of routine blood tests in primary care and cause a backlog of long term condition reviews that will need to be delayed. If the duration of this continues to be	**3x4=12**	PCCC	PO1

	longer, this could potentially impact patient care and practice finances adversely. Rationale for closure Communication to practices about the lifting of restrictions and the need to follow best practice guidance and recover position over 8 weeks. Continue to monitor local system supplies noting that some restrictions are still being reported by practices. Monitor impact on QoF achievement locally.			

3. Governing Body Assurance Framework

Following the Governing Body seminar in April 2021, the Executive Team reviewed and updated the principal objectives and risks reported on the Governing Body Assurance Framework. The Governing Body reviewed and approved the adoption of the Governing Body Assurance Framework 2021/22 at its June meeting. The objectives map to those reported on the 2020/21.

The committee is asked to consider and review the principal objectives and risks assigned to it to ensure that the information provided is line with the committee's expectations. Challenge should be provided to ensure actions are being completed as expected.

Objective	**Risk for oversight**	**risk score and trend**
Covid: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework	As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	**3x5=15** 
Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.	**3x4 =12** 

Appendices

Appendix 1 Corporate Risk Register
Appendix 2 GBAF

Appendix 1

Bristol North Somerset and South Gloucestershire Clinical Commissioning Group Corporate Risk Register Nov 2022 v3

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

The Corporate Risk Register features risks assessed as over the risk threshold (15) to the delivery of the CCG's strategic objectives, statutory duties and plans. It sets out the controls (actions) that have been put in place to manage the risks and planned actions to further reduce the risks and an assessment of current performance. The Corporate Risk Register is received by the Governing Body quarterly and reviewed by Committees monthly.
Risk is assessed by multiplying the likelihood of a risk materialising by the impact of it materialising using the risk assessment matrix set out in the CCG Risk Management Framework
Risks are mapped against the CCG risk appetite to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite is given.

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	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	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Commissioning Directorate: Risk Ref - 5	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	PO1	10.08.18 01.04.19 1.05.20	Lisa Manson	Greg Penlington	4	5	20	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	4	5	20	(2x5)=10	↔	Clinical Executive Committee, Quality Committee	December 2021: System winter programme approved by HT Exec Group and managed via various programme boards. Includes plans for D2A, frailty urgent care, reducing minors attendances in ED, domiciliary care workforce, ambulance handover delays. This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care October: Single performance recovery plan developed; managed Through AEDB & UCOB. May 2020 =-System summit for actions to support WAHT recovery. 04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place.	December 2021: System winter programme for 21/22 approved by HT Exec Group and managed via various programme boards. Includes plans for D2A, frailty urgent care, reducing minors attendances in ED, domiciliary care workforce, ambulance handover delays. However system flow continues to be impacted by covid bed occupancy and poor flow through complex community pathways due to workforce shortages in community and domiciliary care providers. Lower acuity presentations across all settings remain above pre-covid levels which impacts on ED crowding and the efficiency of service front doors including 999 and 111. Gold command will receive and update on winter programme impacts w/c 6 December and the system will propose further actions to mitigate gaps. As part of this Clinical Cabinet is undertaking a risk assessment of all services and will make recommendations on what may be paused to release workforce to support urgent and emergency care. September 2021 - Urgent Care Performance Remains challenged. Prioritised Actions across the System to improve alternative health care options for Minors, part of the Further Faster Campaign in 111 Services. Review of out of hospital services to support the timely discharge of patients. March 2021 no change			Open	Mar-21	Dec-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 7	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	PO4 or PO6?	10.08.18 01.04.19 1.05.20	Lisa Manson	Emma Moody	4	5	20	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	4	5	20	(3x3) = 9	↔	Commissioning Leadership Team / Clinical Executive	This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services □Define the lead indicators including patient reported measures and reports from primary care localities. □Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	**Janaury 2022: OOA position is holding currently - work continues to develop all the workstreams and remains a top priority for AWP. This work is joining up with BSW. Winter plans have been agreed and are moving to mobilisation. With the new Covid surge, work and resources are being redirected to focus on what can be accelerated to support the demand. This includes workstreams within the CMHF, including the use of 111 and early phasing of the Integrated Personalised Care Teams.** December 2021: OOA position continue to improve and work is moving at pace to deliver a sustained transformation. The control/street/ambulance work has had a considerable impact on the emergency support and has reduced the number of people being conveyed in crisis. Winter pressure funding has been received and plans are being worked up at pace to support. ICPs are working on their response to the CMHF and have confirmed plans for inyear funding. October 2021: Additional short term funding has been provided to support additional AMHPs and social work and we continue to moonitore performance at the weekly MH WSOG meeting. We are refining our OOA action plan and the numbers have started to reduce after a peak in the summer. To support this, PICU bed modelling has commenced and we have brought in additional capacity to focus on the delivery of the trajectory - looking at flow and driving the work on bed management and Right Care initially. The CMHF continues to move forward with ICP plans underway for delivery, with implementation from April 2022.			Open	Aug-21	Jan-22
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above			As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref 10	As a result of COVID, routine services and elective activity being paused/delayed and recovery impacted by IPC requirements and early, sustained winter pressures compromising elective capacity – workforce, beds, theatres. There is a risk that more patients will be waiting longer than 52 weeks. Which may result in potential harm for patients, worse outcomes and poorer patient experience. Oct 2021: Moved from Transformation RR: As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	PO1	29.11.18 01.04.19 1.05.20	Lisa Manson	Caroline Dawe	4	5	20	**December 2021: Elective Recovery Operation Group meeting weekly (CCG, Provider Trusts and NHSE/I) to scrutinise 104ww breaches as of current week, tips and forcasting to year end. Planning and mitigations identified - e.g. Region supporting identifying opportunities for IS/MA out of area.** Contractual systems in place to monitor and manage performance through APG and Hospital focussed improvement programmes Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) Ongoing monitoring of patient harm through existing CCG quality governance NEW ACTIONS: - Independent sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent and cancer surgery but then long waiting patients would be prioritised. - Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through the crisis period. - Weekly review of 104w breaches with Planned Care Group	5	4	20	(2x5) = 10	↔	Commissioning Leadership Team / Clinical Executive	**Janaury 2022- BNSSG Trusts havd been identified for participation in a Theatre Productivity exercise from Feb-March. A numbre of TIF bids have been approved and planning for implementation is underway - financial plan for Outpatients Waiting List validation to be submitted in Jan. C.400 ENT patients on the ASI list identified for transfer into the IS work commenced late December and will be supported by additional Agency staff from Jan 4th and will be scaled up to other specialities such as general surgery.A significant amount of work has taken place and is ongoing with the IS to increase and optimise the transfer of suitable patients. Currently waiting on contract from Spire to support the transfer of peadiatrics from UHBW. Work is underway to facilitate staffing for the Knightstone 12 bedded unit at Weston and various other activity across both Trusts is underway to protect green beds and or source Mutual Aid from eslewhere for the longest waiting patients,** December 2021 - as part of the H2 planning round a large number of TIF bids and bids against a NR revenue fund have been submitted for consideration in October/November- these are across System, some CCG led and others Trust. We await the outcome of these Bids. We anticipate benefit realisation from Accelerator schemes across H2. Activity in underway locally and at Region level to identify opportunities to utilise IS and/or Mutal Aid intra SW and outwith the Region. September 2021. Accelerator Programme in place to address long waiters and clinically urgent elective cases. Independent Sector action plan in place to optimise access. Revised elective plan being developed currently. There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response.	**January 2022 - The 104ww is current tracking worse than the submitted plans for H2 across both Trusts, but this is because of the assumptions built into the planning. Both Trusts are working extremely hard to tackle their 104 ww cohorts and are performaing better than expected given the planning assumptions - i.e. NBT planning was based on the assumption of 2 green wards, they have only had 1 and are performing better than was predicted for 1 green ward. Work continues to secure Mutual Aid with Liverpool for Thoracic patients and all other MA/IS potential opportunities identified by ourselves intrenally and Region have been fully explored and exhausted, Liverpool, have had to put a pause on arrangements given the latest wave of COVID that has restricted their activity to P2 and our patientsare ll P4/3. This will be picked up again later in January.** December 2021 - H2 planning round is due to close. Significant stretch ambition has been applied to plans to progress towards the expectations of the elimination of 104ww breaches, hold of >52ww at Sept 21 levels, and stabilisation of the waiting lists. The increased stretch incurs increased risk. The rate limiting factors are workforce and the availability of elective inpatient beds. These are exacerbated by pressures elsewhere in the system. There has been a significant push to utilise the IS locally, which is underway, but the IS are too experiencing workforce capacity issues and the Trusts have near exhausted the patients on their lists that remain within the eligibility critera for transfer. Activity is however, now underway to incentivise eligible patients who have previously declined to reconsider transfer to the IS and similarly packages to support transfer out of area are in development. It shoudl be noted that IS are now reporting longer waiting lists in some areas, with some potential breaches at year end - this is currently being looked into. We await the outcome of several bids (TIF and other) that will support receovery of the waiting lists. November 2021: OOA position continue to improve and work is moving at pace to deliver a sustained transformation. The control/street/ambulance work has had a considerable impact on the emergency support and has reduced the number of people being conveyed in crisis. Winter pressure funding has been received and plans are being worked up at pace to support. ICPs are working on their response to the CMHF and have confirmed plans for inyear funding.	There is uncertainty on a regional plan for how the fines will be monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, there is significant short fall for routine activity.		Open	Aug-21	Jan-22
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 11	As a result of delays in cancer pathways due to the Covid pandemic due to reduced referrals, reduced access to some investigations and issues of balancing the risk for patients who are shielding There is a risk that patients will present at a later stage of cancer Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival	PO1	13.04.2018	Lisa Manson	Caroline Dawe	5	4	20	**January 2022 - Cancer at NBT is a focus/area of concern noted by Region and as such weekly calls are taking place between NBT and Region. All CCG/Trust meetings continue with additional touch points with the Cancer Managers and the CCG to keep fully informed of any emerging issues. A peper describing the exact action and activity across the areas of concern and standards more generally is bing prepared for POG on 7th Feb. Working closely with Peter Brindle and colleagues in Transformation and across** December 21 - Cancer is a themed focus on the third week of the month of the Elective Reocery Operation Group meeting (CCG, Provider Trusts and NHSE/I). A fortnightly working group meet with representatives from across the system and this feeds into the STP/ICS Cancer Board monthly, as are the same representatives in attendance at the monthly SWAG CA group. Performance is discussed/scrutinised at each of these. Contractual systems in place to monitor and manage performance Hospital focussed improvement programmes Fortnightly review meetings with providers at the Cancer Cell Partnership engagement in STP-wide cancer system working Engagement with SWAG Cancer Alliance Monthly review of cancer performance indicators Ongoing monitoring of patient harm through existing CCG quality governance Oversight of funding for projects associated with Alliance national support fund - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermaotlogy to support cancer	4	4	16	(2x5) = 10	↔	Commissioning Leadership Team, Commissioning Executive, Quality Committee	**Janaury 2022 - work has been ongoing around improvements to the colorectal pathway. Recruitment across administration/tracking clinical and managerial rolesis underway. Several posts recruited to - although some have a training need, particularly in the tracking roles, which will delay impact. Other recruitment continues. Insourcing and outsourcing of activity, particularly Breast and skin continues. The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will need to be very closely monitored.** The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will need to be very closely monitored. NEW ACTIONS: - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments are being used extensively- including increase use of teledermaotlogy to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery. - ongoing monitoring of patient harm through existing CCG quality governance - mutual aid agreement in place with SWAG Cancer Alliance Trusts	**Janaury 2022 - recruitment has been a major focus over the last few months, many roles have been successfully recruited to, although some have a training need. The have been concerns noted in gaps that will occur between new roles starting, for eg. Skin consultant in UHBW will not be in post throughour Dec, which will impact on 2ww performance, Concerns remain around breast in NBT where referral volume/demand continuesto be high, which combined wth backlog continues to outstrip capacity. Current 2ww is averaging 27-30 days WLI will be introduced in January after Insourcing arrangement was unsuccessful in December, NB. Insourcing for skin has been very successful and continues.** December 2021 - Risks remain in breast pathway, although improvements have been seen. Colorectal and skin are concern areas regards demand and lung remains a concern as referrals are slow to recover. Cancer diagnostic pathways are being impacted by pressures from across the system in addition to cancer related demands, which remain compromised by workforce capacity limitations and IPC requirements. Areas of concern remain endoscopy and we have recently been informed that an ISP procured to deliver NOUS is unable to deliver as per agreed commitment. Issues around tracking will be addressed through recent recruitment activity at NBT (7 of 8 posts filled - but each have a training requirement so impact will not be immediate). 31 day performances are exceeded targets for chemo and radiography and while surgery has been impacted and compromised by UEC pressures and COVID has improved (Sept validated data set) to within 0.2% of the same period in 2019/20. October 2021: Biobank extension has been agreed to March 2022 to support MRI recovery. UHBW and NBT have insourced an endoscopy provider to support endoscopy backlog who started in August 2021.			Open	Aug-21	Jan-22
Commissioning Directorate: Risk Ref - 21	Due to long waits for adult ADHD services in AWP there is a risk to patient experience which may result In a detrimental impact on their wellbeing. There is a further risk that for patients waiting over 52 weeks the CCG and AWP could incur 52 week breach fines	PO5	05.04.19	Lisa Manson	Emma Gennard / Emma Moody	4	4	16	- The CCG have requested data on the number of patients waiting over 18 weeks so that a review can be undertaken - Key actions include updating booking processes and reviewing the waiting list. - A contract performance notice has been issued a joint investigation has started.	4	4	16	(1x1) = 1	↔	Clinical Executive Committee	Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed. November A paper is being presented at Commissioning Exec with a new model that will significantly impact on waiting list and improve patient experience. The new model was accepted by Commissioning Exec with the caveat that if change was not seen within 12 months, then the CCG would proceed to serve notice. Project group for the new model instigated, with agreed trajectories for improvement being put in place. Recurrent funding for the waiting list approved as part of this new model. Need to establish a framework for management of requests for assessments by other providers under right to choose	**Janaury 2022: The waiting list for ADHD continues to grow and increasing numbers of people are exercising their Right to Choose and are receiving a diagnosis from private providers who hold an NHS contract, across the Country. The updated position statement on ADHD will be delivered in January to Clinical Executive.** December 2021: CCG Interim Project Manager is working on drafting a position paper for the Clinical Executive for consideration in December 2021, taking account of all the above stated issues, current position, waiting list initiatives, key risks and mitigation options. This will include consideration of current provider and possible options with existing right to choose providers. Oct 2021 : Half of all practices are now signed up to the LES. A significant number of people are now using the Choice policy and are accessing their diagnosis via private providers. The waiting list locally remains significantly challenged. Work is underway to review the pathway in light of the changing pattern of referrals and the workforce challenges that remain within the existing service. Aug 2021: The AWP ADHD CPN remains in place, with the waiting list for assessment and diagnosis remaining at circa 3 years.			Open	Apr-21	Jan-22
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	**As Above**	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 22	Due to AWP having a number of patients placed out of trust (OOT) there is a risk in ensuring patients get equitable care when placed out of area and, due to the bed base being outside existing contractual obligations there is also a financial risk to the CCG.	PO4	07.05.2019	Lisa Manson	Julie Kell	4	4	16	Work streams identified are as follows: • A Multi Agency Discharge Event on May 16 MADE event showing community resilience the issue. Commissioning meeting on 07/06 • Introduction of stranded process that has been successful in improving flow in acute hospitals • Defining metrics for determining OPEL status • Ongoing joint working to code and expedite DTOCs • Joining organisational work plans and data diagnostics to create system wide actions • Ongoing observation of acute bed management processes, with community team to begin • CCG Quality team review of all OOTs on 13.3.19 to review the quality and suitability of placements • Joint action plan agreed across BNSSG. • Weekly WSOG now up and running Dec 2019: Numbers reduced but pressure still on system	4	4	16	(1x1) = 1	↔	Clinical Executive Committee		**Janaury 2022: Winter funds allocated to support seasonal pressures. Flow challenged on wards by Covid outbreaks** December 21: Sustained rise in OAPs. Trajectory submitted to NHSE to reach 0 OAPs by April 22 to be delivered by Right Care programme by AWP. 24.9.21 Activity has remained high in August and early Sept 21. AWP Right Care work programme is is implementation, exceptional WSOGs focussed on flow held and a completion of bed capacity modelling on PICU beds. Extra capacity in MH team focussing on refreshing OAP recovery plan brought in. 01.06.21 There has been a recent increase in OAPs in May. A NHSE assurance return has been completed in May, with a deep dive held on the current transformational projects at MH WSOG. AWP held a desktop review in May and are refreshing an OAP action plan.			Open	Jul-21	Jan-22
Commissioning Directorate: Risk Ref - 24	There is a risk that due to poor data quality at Weston hospital that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.	PO9	06.06.2019	Lisa Manson	Dani Sapsford	4	4	16	An information breach notice has been issued CCG are attending the RTT board CCG are working with IST and trust to review and ensure actions in the IST report are followed up Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHBW as part of the due diligence process for RTT in particular. The trust are yet to share the report with the CCG. There is further financial risk due to previously unknown risk of 52 week breaches in the trust.	4	4	16	(1x1) = 1	↔	Clinical Executive Committee	Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHB as part of the due diligence process for RTT in particular. September 2021 - Weston site of UHBW has transferred to Medway and now operates the same system as the Bristol site. The trust are yet to share the report with the CCG. There is further financial risk due to previously unknown risk of 52 week breaches in the trust.	**Janaury 2022 - Work is ongoing. UHBW have a prototype in development for a new internal dashboard that integrates Weston data** Nov 2021: CCG requested latest action plan from UHBW - received 17.11.21 and under review. September 2021 - Weston site of UHBW has transferred to Medway and now operates the same system as the Bristol site. July 2021: There is an action plan in place within UHBW which has been shared with the CCG and system partners. This will need to be monitored through the planned care system performance group.			Open	Aug-21	Jan-22
Commissioning Directorate: Risk Ref - 36	As a result of long waits for diagnostic tests and failure to meet the DMO1 standard for endoscopy, CT and MRI : DMO1 (diagnostic operational standard) - less than 1% of patients should wait 6 weeks or more for a diagnostic test. There is an risk of potential harm to patients as a result of delayed diagnostics. Which may result in a later diagnosis of their condition and the commencement of appropriate treatment There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues.	PO1	18.02.2020	Lisa Manson	Caroline Dawe	4	3	12	**January 2022 - Ongoing focussed work by the Trusts to address data quality issues within the diagnostics data sets - due to complete end Jan 2022. Work continues to source IS opportunities for diagnostics. Discussions underway with GP Care and St Jospehs. Established arrangements with local IS continues.** NEW ACTIONS: • December 2021 - Diagnostics is a themed focus in the weekly rotations of the Elective Reocery Operation Group meeting (CCG, Provider Trusts and NHSE/I) and performance/ implications for elective recovery will be scrutinised therein. • Insourcing and outsourcing activity has been secured - eg. Biobank MRI contract extended to March 22. NEW ACTIONS: The diagnostics advisory group are working on how best to use the available capacity to reduce the risk of harm to patients and to make sure that the most valuable diagnostics tests are available. The independent sector will be providing additional capacity to help with the significant backlog that has been created in endoscopy as a result of the Covid risks for the procedure. Routine work has currently stopped, but a plan is to go to clinical cabinet on how best to restart referrals to diagnostics from primary care. There are remedial action plans agreed for UHBW and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing.	4	4	16		↔	Clinical Executive Commissioning Leadership Team	**Janaury 2022- DQ work continues, 2-weekly meetings with Region; IS oportunities being sought.** December 2021 - additional capacity is being explored through insourcing and outsourcing activity. NB: recently secured NOUS capacity has been compromised as ISP can no longer fulfill commitement as expected. Alternatives are being scoped. There are workforce issues and space issues related to endoscopy that need to be addressed in the medium and long term which may be a limiting factor with capacity in the short term recovery. September 2021 - Revised IPC guidance expected, which is expected to increase The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	**Janaury 2022 - work continues on the data quality and sourcing IS support where possible. New IS opportunities, as identified by the 100mile scoping exercise are being explored. Close scrutint remains around endoscopy.** December 2021 - Workforce capacity and IPC limitations persist with impacts on diagnostic recovery, with knowck on implications across the RTT pathways and cancer wait time and FDS standards. IS capacity has been sought to support recovery, but concerns remain with endoscopy and recently NOUS recovery has been compromised by a procured IS provider delaring inability to fulfill commitment, Diagnostics performance has been challenging and additional capacity is being explored and secured through insourcing and outsourcing activity across the modalities. For example Biobank MRI outsourcing contract has been extended until March 2022 and a outsourcing of endoscopy, that has led to work on a shared PTL across the system to ensure most optimal and equitable use of available capacity. Diagnostic clinical prioritisation programme is progressing with diagnostic imaging modalities being reported according to the nationally defined categories. July 2021: The risk remains across all modalities and there is now ongoing work on clinical validation of lists and increased capacity for diagnostics through schemes such as the endoscopy insoutcing and ongoing use of the UK Biobank facility for MRI. June 2021: DMO1 (diagnostic operational standard) - less than 1% of patients should wait 6 weeks or more for a diagnostic test as this was previously unclear, and has been added to the risk description.			Open	Aug-21	Jan-22

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	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	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	**As Above**	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Nurse and Quality: Risk Ref BNSSGQD043	If the number of patients within BNSSG contracting MRSA remains above national benchmarking there is an increased risk in higher mortality rates, poorer outcomes, increased hospital admissions. Patients have an enhanced risk of potential harm through contracting MRSA Bacteraemia due to the high numbers in the local area.	N/A	05.05.2020	Director of Nursing & Quality	Lead Quality and HCAI Manager	4	5	**20**	1. Quarterly system HCAI group 2. Continue partnership working and the development of initiatives through the React Project. 3. Chlorhexidine project roll out and implementation 4. The HCAI Quality Schedule, aligning with the NHS contract, specifies the requirement of contracted providers to screen specific patient cohorts for MRSA and to provide decolonisation treatment where applicable. Ongoing review of all monthly cases - plan to review and close all 2019/20 cases. Share findings with system partners through the Quarterly HCAI group to identify further specific actions to minimise risk further. Capture and share current provider improvement projects across the system. Continue partnership working and the development of initiatives through the Design Council project, noting the high incidence of Persons Who Inject Drugs in our local data set. Undertake assurance exercises in line with the HCAI quality schedule. Detailed analysis of individual MRSA cases, with whole system approach pre and post diagnosis. Bi-Monthly BNSSG Healthcare Acquired Infection meeting with partner organisations to monitor and support MRSA improvements. Separate MRSA task and finish group established. Work ongoing with the design council to assist with the reduction of MRSA.	3	5	**15**	**(2x5) = 10**	↔	Quality Committee	1. Re-establish case review process. 2. Identify themes and trends to support a system wide action plan. 3. Evaluation of Chlorhexiding project supported by Bristol University. 4. Gain access to UHBW and NBT electronic records in order to facilitate case reviews remotely.	**Janaury 2022** **Year to date, twenty two cases have been assigned to BNSSG CCG, equalling our position for the same period in 2020/21, but significantly below our 2019/20 pre-pandemic position.** **The review of the CCG assigned community onset MRSA bacteraemia cases have not been undertaken due to multiple factors including competing pressures and access to patient care records. Access to patient records has been re-discussed with UHBW.** December 21 - • During quarter two, eight cases of MRSA bacteraemia were assigned to BNSSG CCG, the year to date position as at 31st October now totals 19. A minor reduction is noted when compared to 2020/21 (19/20) and a significant reduction when compared to 2019/20 (19/26). • MRSA case review remains suspended for 2021/22, as resources have been focused on CDI and we are in discussion with providers to enable remote access of patient case records. Case reviews remain suspended pending access to care records in secondary care, which has been escalated. November 21 - • The number of cases assigned continues to demonstrate an improved position when compared to 2019/20 (18/22). • During quarter 3 of 2021/22, the CCG will work collaboratively with system partners, to begin drafting the evaluation of the Chlorhexidine project, to assess the effectiveness and impact of this intervention. Case reviews remain suspended pending access to care records in secondary care, which is being escalated.			Open	Feb-22	**Jan-22**
Nurse and Quality: Risk Ref BNSSGQD044	If the number of patients within BNSSG contracting Clostridium Difficile remains above benchmarked figures there is an increased risk in higher mortality rates, poorer outcomes and increased hospital admissions.	N/A	05.05.20	Director of Nursing & Quality	Lead Quality and HCAI Manager	4	4	**16**	1. Quarterly system HCAI group 2. Clindamycin prescribing processes strengthened to mitigate risks has been shared with Primary Care for implementation. 3. NHS E Cdif collaborative within BNSSG attendance being established June 2021.	4	4	**16**	**8**	↔	Quality Committee	1. Discussions with Acute Trusts to agree hospital onset case review process. 2. CDI Community Review tool in final stages of development.	**Janaury 2022** **In November 2021, 11 cases were assigned to BNSSG CCG, this is the lowest level of monthly assigned cases since February 2020. The CCG has contacted the Infection, Prevention and Control Leads at both UHBW and NBT, who confirm that there has been no issues with the data upload for November 2021.** **The CDI work stream collaborative hosted by NHSE/I has continued to meet meeting fortnightly during November, to agree a core dataset, which is undergoing testing with by system partners. It is anticipated that some variation may exist in the final proformas and the CCG with work with partners to better understand this variation and the associated added value.** **The CCG presented their review of the quarter one 2021/22 CDI Community Onset cases to system partners on 24th November 2021. Skin infections were the most frequent indication for antibiotics and amoxicillin was the most frequently prescribed antibiotic.** **System providers have begun to feedback and provide a narrative against each of the eleven improvement metrics in the CDI action plan and a further meeting is scheduled for January 2022.** December 2021 • BNSSG assigned case activity has stabilised with 26 cases assigned to BNSSG CCG in October, but remains above pre-pandemic levels. • Both UHBW and NBT presented an overview of their assigned cases on 17th September 2021. Antibiotic prescribing was deemed appropriate against local guidelines in the majority of cases. A CDI system improvement action plan has been developed and providers have been asked to complete a narrative against each of the 11 improvements metrics to capture their current status, with an associated Red/Amber/Green rating. CDI Community onset cases for Quarter one have been reviewed by CCG colleagues and was presented to system partners in November.				Feb-22	**Jan-22**
Nurse and Quality	As a result of lack of flow and pressure within the system, there is a risk that patients will suffer harm due to ambulances being unable to attend calls within the required timeframe.		08/10/2021	Director of Nursing & Quality	Head of Clinical Governance & Patient Safety	5	5	**25**	1. Urgent Care Strategy in place. 2. A&E Delivery Board reviews performance on a monthly basis. 3. Processes in place to manage demand across system including, Daily system escalation calls, Handover SOP in place with Acute Trusts, NHS 111 Clinical Validation of Category 3 calls, Monitoring of patient safety and experience through Incidents, Complaints and Feedback. 4. Ongoing close liaison with Dorset CCG as co-ordinating commissioner 5. Dorset CCG working patient safety data strategy to identify potential harms. 6. System wide process agreed for the management of harm incidents and identification of learning 7. Attendance at weekly triage/scoping meetings which are coordinated by Dorset CCG for identified harm incidents.	4	5	**20**	**10**	↔	Quality Committee	To work with SWASFT to ensure that all incidents resulting in harm to BNSSG residents are recognised and investigated in a timely manner and that the idenitifed learning is implemented system wide.	**Janaury 2022 -Risk reviewed and no changes** December 2021 - Scoping meetings continue to take place when incidents which have caused harm to patients as a result of delayed access are reported. October 2021 - Oversight of swasft system risks continues to be coordinated via Dorset CCG, with weekly SI scoping meetings taking place. Sept 2021 - weekly meetings attended with System providers and SWASFT				Apr-22	**Jan-22**
Nurse and Quality	There is a risk that as a result of reducing capacity in both domiciliary and residential care provision that we will be unable to sustain care delivery to vulnerable and complex patients (including those who are at the End of Life stage of disease progression) at home which may result in avoidable hospital admission or that needs will not be met safely or in the place of their choice at end of life .		08.10.2021	Director of Nursing & Quality	Associate Director of Nursing & Quality	5	4	**20**	Level of prioritisation in place	4	4	**16**	**12**	↔	Quality Committee	Briefing paper detailing risks and mitigations further and options for discussion to be taken to Quality Committee	**January 2022 - No change** December - Risk reviewed and no change this month October: Briefing paper to Care Provider cell on 18th October outlining a prioritisation approach and focus on admission avoidance which was favourably received	December 2021 - Scoping meetings continue to take place when incidents which have caused harm to patients as a result of delayed access are reported. October 2021 - Oversight of swasft system risks continues to be coordinated via Dorset CCG, with weekly SI scoping meetings taking place. Sept 2021 - weekly meetings attended with System providers and SWASFT			Apr-22	**Jan-22**
Nurse and Quality	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of not being able to sucessfully recruit to the Designated Clinical Officer for SEND, there is a risk that the CCG will not be able to assure the content of agreed Education Health and Care plans (EHCP)which may lead to inaccurate information being recorded in the Health components of the EHCP and as a consequence be at risk of Tribunal or Judicial review.		08.12.2021	Director of Quality and Nursing	Head of Quality Learning disability, Autism and Mental Health	4	4	**16**	1. Head of Quality Learning Disability, Autism and Mental Health providing some interim support 2. Nursing agency contacted to provide interim support	4	4	**16**	**4**	↔	Quality Committee	1.Identify appropriate interim DCO resource 2. Review resource required to ensure that the CCG can deliver it's statutory responsibilities in relation to SEND	**Janaury 2022 - Interim resource identified due to commence 10th January 2022. Resource review commenced to establish future substantive staffing requirements** December 21 - New Risk				Apr-22	**Jan-22**
Transformation- Planned Care: Risk Ref - COVID-19 Impact	As a result of COVID19, there is a risk that delivery of the Long Term Plan deliverables and goals will not be achieved, and impacts cannot be measured, which may result in increasing delays, poor experience and poor value care.	PO1	22.05.2020	**Maria Kane / Paula Clarke (Planned Care)**	**Andy Newton / Elizabeth Williams**	5	3	**15**	**Janaury 2022 - An Elective Recovery Strategy is being developed to address how we can create 30% more capacity with existing resources. This is likely to involve completely new ways of working, such as shorter appointments, no follow ups, new criteria etc.** December 21 - Almost all Targetted Investment Funding bids have been successful and the system is now implementing them at pace. The Elective Recovery Operational Gropup is meeting weekly to monitor progress particulalry 52 and 104 week waiters. 24 November 21 - The Targetted Investment Funding bids have been successful and are being implemented. The Elective Recovery Programme Board has met twice and is providing strategic leadership for elective recovery. The Elective Recovery Operational Group continues to meet weekly to ensure no one is waiting over 104 weeks by end of March 2022 November 21 - Further work has been done to the Targeted Investment Funding (TIF) bids, some have been expanded and new bids have been included as the rules and the amount of capital funding has increased. An additonal £100m revenue funding is available, although the bidding process has not been published as yet. A monthly Elective Recovery Programme Board has been established and has met once. It will provide the strategic leadership for elective recovery, supported by a weekly Elective Recovery Operational Group	5	3	**15**	**(3x4) = 12**	↔	Elective Recovery Programme Board and Elective Recovery Operational Group and STP Cancer Board and Cancer Cell, Diagnostic and Outpatient Cells BNSSG CCG Quality Committee BNSSG Clin Executive	**Janaury 2022- New Elective Recovery Strategy to be agreed by the Elective Recovery Board and implemented across those specialities with the longest waits** December 21 - 6 day work has started in inpatient Orthopaedics in NBT November 21 - The system will implement the schemes that receive the TIF funding, many will be implemented by March 2022, some will take longer. The Elective Recovery Programme Board will lead the work to change the operating model including a move to routine elective operating 6 days a week (elective procedures and outpatients).	**Janaury 2022 - Andy Newton is back as Head of Planned Cae and he will lead this work in conjunction with the Elective Recovery Programme Board and the Elective Recovery Operational Group** December 21 - System working is going well and implementation is happening at pace. November 21- Agreeing and amending the TIF bids has been alot of work, in very short timeframes. There has been an openness and a willing to share information and work as a system which is very positive			Open	Mar-22	**Jan-22**
Transformation - Planned Care: Risk Ref - Cancer Transformation	As a result of there being a wide range of factors influencing patient decisions to present to services with symptoms of suspected cancer, some of which are outside the influence of public services There is a risk that a significant number of patients continue to be diagnosed with stage 3 or 4 of cancer and that BNSSG doesn't achieve the earlier diagnosis target Which may result in patients requiring more extensive treatment and not having the best chance of survival. Target: Long Term Plan target = 75% of cancers are diagnosed at stage 1 and 2 by 2028. In 2017 of those cancers which were staged 56% were stage 1 and 2	PO1	04.02.2021	Peter Brindle	Andy Newton	4	4	**16**	This risk has been transferred from the Cancer Programme Board risk register A CCG plan will need to developed in collaboration with the Cancer Alliance and the STP Acute Care Collaboration steering group in order to deliver priorities for cancer identified in the long term plan Targeted communications / national media campaigns to highlight need to present to their GP early	4	4	**16**	**(3x4) = 12**	↔	BNSSG STP Cancer Programme Board Quality Committee BNSSG Clinical Executive	June 21 - Helena Fuller and Rachel Anthwal are providing support to Margaret Kemp while Andy Newton is off sick	**Janaury 2022 - GP education programme costings being reviewed by Dr Glenda Beard and to be submitted to SWAG CA for sign off.** December 21 - Risk description updated 30th November 2021. The Cancer Programme board held on the 4th November considered the four options contained within the SBAR and it was agreed not to carry on with a procurement exercise due to concerns about the up take for this tool and value for money it would offer as so many practices were now using Ardens to safety net and support the earlier diagnosis of cancer. Some of the funding available will be used to support GP education in terms of training to use the decision support tools already in use as well as an increased educational offer. November 21- SBAR being taken to Cancer Programme Board on 4th November to discuss the options available following the query received to teh direct award for a digital support tool. If procurement in necessary then go live of a tool will not likely to be until Q1 22/23.			Open	**Mar-22**	**Jan-22**

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	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	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Transformation Planned Care : Risk Ref -	As a result of the Covid-19 pandemic There is a risk of increasing health inequalities in patients with cancer of at risk if cancer because of potential differences in delayed diagnosis Which may result in poorer outcomes across different population groups Our understanding of this risk is still developing as local and national data is gathered and analysed	PO1		Peter Brindle	Andy Newton	4	4	16	1. A review of the data is required to understand the current situation and expand on the risk and identify mitigating actions. 2. Work is underway using the PHM data set to target work on specific populations where adverse outcome is most likely – current focus on lung referrals	4	4	16	(3x4) = 12	↔	ACC Clinical Executive Quality Committee	Improved information required on cancer outcomes and performance by different population groups	**Janaury 2022 - Risk reviewed no update** December 21 - Work on the Lung cancer reverse care pathway now being undertaken by Sam Creaving (GP working the Clinical Effectiveness team). Desk top review of cancer health inequalities being progressed and feedback to be provided on 22nd January 2022 meeting. November 21 - Cancer Health Inequality meeting held on the 28th October and process agreed by which the new deliverables will be agreed. SWAG are progressing with recruitment to the clinical director role for THLC. October 21 - Outcome of bid has been received and bid was approved. Go live date is still April 22. SWAG Alliance to meet internally to take forward.			Open	Mar-22	Jan-22
Transformation - Mental Health and Learning Disabilities	**RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR** **Risk achieving the national transformation on CYP services, Access Rates and Eating Disorder.** **1: Eating Disorder demand is growing nationally and is impacting on service performance and meeting the national waiting time targets.** **2: There are ongoing data quality issues around new CYP investment activity which puts at risk BNSSG meeting the 35% min CYP Access standard. As a result the CCG is not meeting the access standard. This needs to be resolved in order we can understand the true coverage of our services, ensure data flows, assure NHSEI and achieve the LTP requirement.**	**CYP**	**19/05/2020**	**Deborah El Sayed**	**Neil Turney**	**4**	**3**	12	**06/01/2022 - CYP Mental Health Support Team (MHST) activity modelling has been revised upwards (increased to 500 contacts per team) after discussion and agreement with clinical lead. This information has been fed to BI who have developed a latest trajectory. There is still a small gap and CCG Contracts lead is now taking forward with provider to resolve data quality. No update on ED targets.** **13.10.21 AWP, BI, Transformation leads met in Oct 21 to create a plan to map trajectory and input all additional activity generated through funding.** **05.11.2021 - Work continuing with AWP, BI, Commissioning and Transformation - all new service lines activity now mapped into recovery trajectory for access rate. This includes MHST data which will have large impact** **Eating Disorder Summit arranged and took place 4th Nov 2021 for emergency actions to be developed to support over winter for adults and children.** **07/12/2021 - Eating Disorder - a local trajectory showing our expected recovery to compliance has been shared with NHSEI which shows we do not expect to be compliant until Qtr. 2. 2023/24. Work on access target remains ongoing with follow up action required for MHST numbers**	**5**	**3**	**15**	**3**	**New Risk**	**Contracts / Commissioning Team & Mental Health Cell, via CYP subgroup**	**06/01/2022 - CCG Contracts lead, CCG BI and AWP BI resolving VCSE data quality issues to refresh trajectory again once true activity established.** **Nov / Dec CCG BI to arrange another Access Meeting to confirm recovery trajectory is in place and all data is flowing.** **07/12021 - MHST clinical meeting booked to discuss impact of MHST on access and min activity expectations. Outcome of this will feed into the BI, Commissioning Discussion on overall access expectations**	**06/01/2022 - Progress being made but remains an active issue so risk scored back up to 15 until resolved - however the ownership of risk sits with BI and commissioning as the required transformation actions have been completed.** **05/11/2021 Focus now on ensuring we have trajectory for next year and impact of our new CYP commissioned services.** **Eating disorder targets not being met and NSHEI notified of this formally via commissioning.** **Emergency Eating Disorders Plan (agreed at Eating Disorders Summit) to be presented to November MH, LD, A Steering Group for endorsement of new provision to mitigate increased risks.**	**CCG**		**Open**	**Dec-21**	**Jan-22**
Primary Care Development - Access PCC26	There is a risk that Primary Care capacity is not sufficient to meet routine and on the day demand following overwhelming demand due to the mass vaccination programme, restoration of routine activity and shift of activity from secondary care including phlebotomy, advice and guidance and urgent care. This may result in a reduction in Primary Care services.	N/A	07/04/20 Revised: 04/11/20 30/06/21 29/07/21	David Jarrett	Jenny Bowker	4	3	12	**Janaury 2022: Confirm the SDUC and remote consultation WAF schemes. Develop reporting arrangements for the WAF.** December 21: Develop business cases to support implementation of the Winter Access Plan and ongoing programme governance. 01/09: MOU for the Covid Expansion Fund has been developed and issued to practices. Phase 3 planning Capacity modelling OPEL reporting Resourcing Primary Care Capacity Tool in development to feed into system wide capacity planning. Primary Care OPEL reporting in development. Primary Care Covid response escalation plan in development.	**4**	**4**	16	(4x2) = 8	↔	Primary Care Commissioning Committee (PCCC)	**Janaury 2022 : Communications to be issued to practices reminding them of practice continuity plans as well as PCN and locality escalation plans in preparation for anticipated Omicron surge and impact on practice staffing. Extraordinary Clinical Cabinet being convened 22/12/21 to agree system approach to business continuity as part of planning for Omicron surge.** December 21 - Develop and agree the local plan for prioritisation. Confirm the SDUC and remote consultation WAF schemes. Develop reporting arrangaments fot the WAF. November 21- Develop business cases to support implementation of the Winter Access Plan and ongoing programme governance.	**Janaury 2022: SDUC and Remote Consultation Schemes confirmed. Other schemes are being mobilised. Clear communications issued to support practices and patients to understand the current priority focus on the booster programme, as well as access to urgent care within general practice.** **BMA guidance on prioritisation of workload has now been published and is being shared with all our practices.** December 21: Winter Access Scheme has been approved and we are now mobilising the schemes. Local plan in development to support prioritisation of QOF and practice workload in response to national letter setting out support for PCNs and the MAss Vaccination Programme. November 21 - Winter access scheme in development for approval by ICS and PCCC. As these are implemented these may adjust the risk score.			Open	Jan-22	Jan-22
Primary Care Development - Workforce PCC39	There is a risk of reducing workforce availability due to staff leave and retention following continued pressure of workload in Primary Care.	N/A	25/05/21	David Jarrett	Jenny Bowker	4	4	16	December 21 - Project manager hosted by Sirona is scoping the development of a community and primary care and social care bank with specification developed within 6 months. Next steps are to develop an implementation plan to support bank development within Primary Care. One Care surveyed general practice to test appetite to pilot a primary care bank as a stepping stone towards the bigger shared bank approach. Covid Capacity expansion fund support for workforce to continue until September. Monthly updates given at the Community, Primary Care and Social Care Workforce Group. Flexibility of ARRS to continue to support mass vaccination promoted. Bid submitted to NHSE to develop a wellbeing offer for primary care professionals has been supported and BNSSG is a pilot site. Fellowship and mentor schemes up and running. 2020/21 GP retention schemes now live.	**4**	**4**	16	(3x4) = 12	↔	Primary Care Operational Group (PCOG)	December 21 - OneCare to develop Implementation Plan to support the development of a dedicated Primary Care Workforce Bank. November 21 - Implementation Plan to support the development of a dedicated Primary Care Workforce Bank. 12/08/21 - Exploring locum pool with fixed rates. Retention programme in development through the Training Hub including a wide range of initatives supporting GPs throughout their career and the MDT. Staff bank developing dedicated staff resources to work with PCNs and develop longer term relationships to support vaccination. One Care survey to general practice to test appetite to pilot a primary care bank as a stepping stone towards the bigger shared bank approach. Project manager hosted by Sirona is scoping the development of a community and primary care and social care bank with specification developed within 6 months. Next steps are to develop an implementation plan to support bank development within Primary Care.	**Janaury 22: Winter Access Schemes launched for SDUC, remote consultation and CNS scheme. There is a lack of clarity about funding and progress with development of the staff bank initiative. OneCare have been asked to provide an updated report to the January Workforce Group and will be asked to provide updates through the OneCare contract meeting.** **We are maintaining the risk at 16 due to the anticipated impact of staff absence as Covid case rates rise again.** December 21: Winter Access Scheme plans are being mobilised. Funding confirmed to support the Primary Care bank. November 21: Winter access scheme has a focus on supporting workforce through development of the staff bank supporting digitisation of locums, use of third party remote consultation providers and developing solutions at scale e.g. Prescribing Hubs, pooled home visiting teams.			Open	Mar-22	Jan-22
Medical - RSS05	There is a risk that any future updates of the NHS Digital e-Referral System (e-RS) may cause loss of functionality of the BNSSG Referral Service database, specifically its ability to import referrals into the database for onward management. Loss of the database results in the need for extra workarounds which impacts: - the (routine and urgent) referral turnaround times, possibly creating a referral bottleneck and backlog in the RS; - the patients' waits and pathways (slightly reduced currently, due to the increased WL times in secondary care due to the pandemic) - secondary care activity and operational management of referrals and patients. There is also a reputational risk to the RS and risk of increased numbers of patients contacting Primary care to query the status of the referral.		30.11.2021	Peter Brindle	Jagi Sawhney	4	3	12	**Janaury 2022: Previous 3rd Dec ugrade continues to impact the referral import. workaround in place but lacking resilence and also timesconsuming. Long -term work around being sought.** NHS Digital notifies stakeholders of the upcoming planned updates which are reviewed by the RS management team and the CSU IM&T support for impact assessment. Where issues are caused, the RS and the CSU work closely to seek resolution - manual imports from 96 GP practices may be required. Manual workarounds are open to human error and cause delays, the teams therefore prioritise urgent referrals and work through routine referrals as quickly as possible to check for urgent or 2ww referrals which may have been raised as an incorrect priority. Requested that the CSU IM&T team are provided with access to the E-RS testing site to enable better anticipation of issues instigated by updates - request historically declined. If issues persist ensure: - Escalation to CSI IM&T manager if timely resolution (within SLA) is not established. - Escalation and regular comms to RS Strategic Lead, Clinical Lead, Planned Care colleagues, as well as Primary and Secondary Care colleagues as appropriate. - Escalation to Jane Schofield for support.	5	3	15	(2x2) 4	↔		> To continue to monitor performance after each e-Referral System upgrade. > Contact NHS Digital e-RS colleagues to request support and access to e-RS testing site. > RS management team and CSU IM&T to debrief from November e-RS upgrade and incident, to ensure that learning and actions are agreed and undertaken. Action on hold as December update has caused further problems. > Review future use and provision of database to RS operational function.	**Janaury 2022: The last e-RS update on 3rd Dec continues to impact the resilience of the BAU import function. The RS team continues to work with the CSU IM&T team to help resolve long-term. Issues have been escalated to NHS Digital colleagues on 17th Dec, however further work discussions needed. Management to review how other referral services are being impacted or working around these problems for possible learning. Initial contact has been made, to be progress over January.** December 2021: e-RS updates from 6th and 7th Nov took 4 weeks to resolve - significantly outside the 2 day SLA with the CSU. However resolution did not return the service the BAU - and was only adequate enough to reduce the manual imports. Resolution found not resilient and take far longer than usual BAU process (pre Nov upgrade). A further e-RS update w/c 3rd December has further impacted the imports and the temporary workarounds - resolution still not found. 2 day backlog created. The December upgrade has increased the risk as it has impacted the previous workarounds and the NHS Digital notification only stated letter changes, not system updates which have negatively impacted the imports yet again - twice within a month.			Open		Jan-22

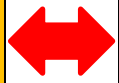
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCGs Governing Body Assurance Framework 2021-22 (Jan 22 V1)

Governing Body Assurance Framework risk tracker

The Governing Body Assurance Framework identifies the BNSSG CCGs' principal, strategic objectives and the principal risks to their delivery. Controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set out. Where there are gaps in controls or assurances these are described and the actions planned to mitigate these gaps are explained. The table below gives an overall summary of the Governing Body Assurance Framework. The detailed framework is at page 4

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend against last review
Principal Objective PO1: **COVID 19 This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework**	**Committees:** Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee				
Principal Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	Julia Ross/ Sarah Truelove	**5x5= 25**	**3x5=15**	**2x4 =8**	⇔
Principal Objective PO2: **Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.**	**Committees:** Healthier Together Partnership Board Governing Body, Strategic Finance Committee				
Principal Risk: As a result of the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed.	Julia Ross/ Sarah Truelove	**4x4= 16**	**3x4 =12**	**2x4=8**	⇔
Principal Objective PO3: Integrated Care Partnerships: **To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all**	**Committees:** Governing Body, Primary Care Commissioning Committee,, Strategic Finance Committee, Healthier Together Partnership Board (external) , Integrated Care Steering Group (external) Integrated Care Partnerships Oversight Group (system wide)				

Principal Risk: The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.	Deborah El-Sayed	**4x4= 16**	**3x4=12**	**2x4=8**	
Principal Objective PO4:Mental Health To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing	**Committees:** Clinical Executive, Quality Committee, Strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards				
Principal Risk: As a result of COVID 19 there is a risk that demand for MH services will increase ~~by~~ which may result in a poorer access and outcomes for people, increased level of Mental Health crisis and further spend on aspects of services like out of area placements and S117	Deborah El-Sayed	**5x4= 20**	**4x4= 16**	**3x4 =12**	
Principal Objective PO5: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG	**Committees:** Quality Committee				
Principal Risk: People with learning disabilities may lack access to Annual Physical Health Checks and ongoing support, which will result in premature mortality and a widening of health inequalities. People with learning disabilities and/or autism may be admitted to specialist inpatient settings which will reduce their life chances.	Rosi Shepherd	**4x4= 16**	**4x4= 16**	**3x3 =9**	
Principal Objective PO6: Children's Services: **To improve the commissioning of services for children**	**Committees:** Clinical Executive, Quality Committee and Strategic Finance Committee				
Principal Risk: Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the services children receive and potentially impacting on their life	Lisa Manson	**4x4= 16**	**3x4 =12**	**2x4=8**	
Principal Objective PO7: Funded Care: **Delivery of an integrated, efficient, Funded Care service achieving the "leading" level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction**	**Committees:** Governing Body, Strategic Finance Committee, Quality Committee				
Principal Risk: There is a risk that capacity and demand in the CHC service are not aligned, due to increased demand, complexity of cases and capacity and process issues within the team. This has the potential to result in delayed access to the right care for patients, financial pressures for the CCG and non-compliance against national framework standards.	Rosi Shepherd	**3x4=12**	**3x4=12**	**2x4 = 8**	

Principal Objective PO8: People Plan Developing the CCG's People Plan	**Committees:** Governing Body, Strategic Finance Committee				
Principal Risk: There is a risk that the progress made in developing the culture and staff experience within the CCG may be disrupted and lost as we transition to becoming an ICS resulting in falling staff satisfaction and increased turnover.	**Julie Bacon**	**4x4= 16**	**3x4=12**	**2x4 = 8**	⇔
Principal Objective PO9: Financial Sustainability: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.	**Committees:** Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, System Delivery Oversight Group				
Principal Risk: As a result of the current culture driven by Payment by Results there is a risk that there will be a continuing focus on activity rather than value which may result in failure to deliver improved population health and financial sustainability for the CCG and the system.	Sarah Truelove Peter Brindle	**5x4= 20**	**3x4=12**	**2x4 =8**	↓

The CCG risk scoring matrix as set out in the Risk Management Framework is:

Risk Assessment scoring matrix

likelihood of happening	Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
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

Impact

Governing Body Assurance Framework

<table>
<tr><td colspan="4">(PO1) Objective: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework</td><td>Director Lead: Julia Ross/Sarah Truelove</td></tr>
<tr><td colspan="4">Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework</td><td>Date Last Reviewed:
24/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
ongoing pressures across the system driven by an underlying level of Covid and reduced availability of workforce has meant that increasing staff time is taken up with managing the escalation issues</td></tr>
<tr><td>Initial</td><td>5x5=25</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x5=15</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee</td><td>Rationale for target risk:
The target risk aimed to reduce the impact of this risk, the current approach has reduced the likelihood of this risk occurring but not the impact currently.</td></tr>
<tr><td colspan="4" rowspan="2">Controls: (What are we currently doing about this risk?)
Vaccine programme
Outbreak management plans in place in each of the three LA areas to manage cases of COVID and minimise the spread.
Data group meeting weekly to review the UoB model to ensure services can get notice of changing levels of the disease in our system to enable a more proactive response.
ICC resource reviewed to keep to a minimum to deal with the response.
ICC in place for the system to oversee the response with ability to escalate issues and the system response when needed.
H1 plans developed to ensure services are organised to mitigate risks and capacity is in place to ensure progress can be made on system goals.
Financial resource available to support this response.
Agreement across the system to the priorities in the H1 response.
Surge plan in place and tested during second wave.
Further plan developed and enacted with leadership from clinical cabinet.
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
<s>Winter plan including planning for a further wave under development
further elective recovery options are being explored across the system to provide separation of elective to protect capacity for long waiters
options to strengthen the domiciliary care market under development</s></td><td>Assurances:
Governing Body receives regular updates on recovery including information on:
○ Number of cases in our population compared to the national picture
○ Actual activity against our local model to give confidence in the future predictions
○ H2 plans are being delivered <s>or exceeded</s> in most cases
• NHSE/I provided positive feedback at surge meeting of management of COVID escalation within BNSSG
• GB can see progress being made on other areas of business within the CCG.</td></tr>
<tr><td>Gaps in Assurance: (What additional assurances should we seek?)</td></tr>
</table>

Scenario testing being completed **Programme resource being brought in to ensure clear oversight of all contributing projects and tracking of impact** **System Gold re-established weekly to oversee the response**	

<table>
<tr><td colspan="4">(PO2) Objective: Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.</td><td>Director Lead: Julia Ross/Sarah Truelove</td></tr>
<tr><td colspan="4">Risk: As a result of the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed</td><td>Date Last Reviewed:
24/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
• The Partnership Board <s>are on track to sign off</s> has signed off the MoU for the system with over all sovereign organisations having had chance to review and comment
• The legislation is going through the Parliamentary process to establish a statutory Integrated Care Body for the NHS with a duty to collaborate with wider partners in the Partnership Board arrangement</td></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>2x4=8</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Healthier Together Partnership Board, Governing Body, Strategic Finance Committee</td><td>Rationale for target risk:
• If we are unable to reduce the likelihood, then in the long term the lack of system focus will have a material impact on our ability to achieve a sustainable system that meets the needs of the population.
• It also risks reversing all progress we have made in improving the reputation of BNSSG and reduce the credibility of the CCG as a system leader.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• Formal Partnership Board and Executive Group in place.
• Planning and Oversight Group in place weekly with strong engagement across the system.
• Strong regulatory input from the Regional Team.
• Regular reporting to the HT Exec Group on Performance, Finance and Transformation
• Reporting of the system financial position to SFC
• System Performance and Oversight is managing the implementation of the H2 plan, with performance reporting in place fortnightly.
• <s>Clear plan coming together to enable the MOU and supporting work streams to be agreed by the Partnership Board in July 2021.</s></td><td>Assurances:
• Long Term Plan agreed with NHSE/I
• BNSSG recognised as an ICS
• H1 plan accepted by NHSE/I
• NHSE/I November Board paper ‘Integrating care: Next steps to building strong and effective Integrated Care Systems in England’ set clear intent for system working
• legislation to establish a statutory ICS is progressing through Parliamentary process
• Agreed H2 plan submitted for the system
• Financial framework for 22/23 onwards has a key objective of supporting system working</td></tr>
</table>

• ~~Interim Chair in place until September 2021.~~ • Running a second and third wave of the system leadership programme (Peloton) • MOU ~~developed and out for review by sovereign Boards to allow Partnership to approve the MOU at their meeting in November~~.in **place across the Partnership** • Recruitment of an ICB Chair **designate** complete • **Recruitment of an ICB Chief Executive designate complete.** • **Composition of the Integrated Care Board agreed for 22/23** **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Facilitating a process of co-production for our ICS development plan, MOU, Performance management framework, financial management framework, OD plan, Quality and improvement framework, outcomes framework and Comms and engagement strategy. • Recruiting to ~~a CEO for the Integrated Care Body~~ **Independent NEDs** • **Recruiting to the statutory Executive Director roles** • **Partnership Board development programme working to strengthen the MOU for 22/23** • **Constitution and functions map of the ICB in development for submission in December**	**Gaps in Assurance:** *(What additional assurances should we seek?)* • Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar.

<table>
<tr><td colspan="4">(PO3) Objective: Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all</td><td>Director Lead: Deborah El-Sayed</td></tr>
<tr><td colspan="4">Risk: The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.
NB: This deadline is critical given the national policy direction, the need to transition community MH services and the importance of delivering integrated care for the population</td><td>Date Last Reviewed:
25/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
~~The ICP programme has now moved from the discovery phase into design, develop and test. Based on the Discovery end of stage report, our agreed model of care and the Community Mental Health Target Operating Model, ICPs are now developing their partnerships and service models to deliver CMH services at a place level from April 2022.~~

~~The ICP programme, working with system partners, has established our critical milestones, support offer and approach to support ICPs to be successful. We have identified specific investment for key areas of risk such as and design capability, organisational development and digital capability.~~

~~The programme will be overseen by a system level delivery group of senior stakeholders, accountable to the Integrated Care Steering Group.~~

The ICP delivery is now being owned by newly appointed ICP delivery Directors. The target operating model responses are currently being reviewed which sets out each ICP plans for delivery and development

The CMH element of the programme is being overseen by the COO from AWP providing expert MH leadership in to the programme

The maturity of the ICPs will be more evident once the panel reviews of the TOM responses have been concluded</td></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
</table>

<table>
<tr><td></td><td></td><td></td><td></td><td>However, inherent risks that result from this level and complexity of change continue to exist. Two key risks continue to be highlighted: (a) the pace and timeframe to be ready to take on community mental health from April 2022 and the capacity available; (b) timeframes for securing support based on the resources / investment available.</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, PCCC, SFC , Healthier Together Partnership Board (external), Integrated Care Steering Group (ICSG external), Integrated Care Partnerships Oversight Group (system wide)</td><td>Rationale for target risk:
Through good governance, engagement and communications it is proposed these risks can be mitigated as the control workflows begin to deliver</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
A continued programme of work to prepare Primary Care Networks (PCNs) and localities to sit at the heart of ICPs.
Continued organisation development (OD) programmes for locality partners and PCNs and system wide (PCN and locality in progress system wide to initiate in January 2021).
A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (FAQs and engagement in scope here) – the discovery programme
A monthly communication to all partners setting out learning, observations and conclusions drawn from the discovery oversight group.
CCG Clinical Leadership review refocuses localities as collective of PCNs
Community Mental Health Framework sufficiently developed to enable focussed development and engagement
Detailed planning and inter dependency mapping for all ICP workstreams
Recruitment of an Expert Delivery partner
Recruitment of ICP delivery Directors
Panel review of TOM responses will define a bespoke support offer for each ICP
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
Consideration of the local and ICS-wide governance arrangements that will enable ICPs.
ICP reporting to be developed for PCCC</td><td>Assurances:
Internal Assurance provided through Primary Care locality/PCN maturity matrix reporting to PCCC
Internal assurance reporting on key performance milestones to ICP Oversight Board and to Governing Body
Internal Audit Locality Collaboration and Governance (June 2021)
Internal Audit Delegated Commissioning (June 2021)
Clinical Exec Review session Sept 2021
HT partnership Board Nov 2021
HWBB review sessions Nov 2021
Panel reviews for TOM response Nov 2021
Gaps in Assurance: (What additional assurances should we seek?)</td></tr>
</table>

• ICP maturity framework has been co-produced and is being developed with locality and system partners to ensure it reflects the pathway and supports delivery actions that localities are keen to get on with • Developing model of care through system wide co-production events has concluded a draft that will now be developed further by a Clinical and Professional reference group (ToR being drawn up) • Learning Connections now established with Alaska, Christchurch New Zealand, Greater Manchester LCOs. Currently drawing up dates for webinars through late March and April as part of the OD programme • Learning partnerships are being drawn up with other systems to support pace, learning and an evolving adapt and adopt model. • Developing Partnership Agreements: based on national guidance, local requirements and expert legal advice	

<table>
<tr><td colspan="4">(PO4) Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing</td><td>Director Lead: Deborah El-Sayed</td></tr>
<tr><td colspan="4">Risk: As a result of COVID 19 there is a risk that demand for MH services will increase which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117</td><td>Date Last Reviewed:
25/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
Increased demand for mental health services following COVID can be seen in IAPT referrals and particularly in CAMHS services, which are at times leaving services overwhelmed. The work that has been put in place to support IAPT via additional investment has brought recovery targets within KPI level and access rates and waiting lists are reducing. The evaluation of the COVID MH Business case has identified early benefits that give confidence that these projects should be continued:
Impact of street triage and ambulance co-location has provided better support for people in crisis.

Out of area placements for BNSSG remain high however these have been reduced over the last month

The rate of SMI health checks has increased from 12 % to 21% reflecting and important step change in this area

The development of CMH via ICPs is driving new models of care that we hope will be of benefit in future

Despite these changes the demand for MH services remains high and therefore has not change the risk score</td></tr>
<tr><td>Initial</td><td>5X4=20</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>4x4=16</td></tr>
<tr><td>Target risk</td><td>3x4=12</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Clinical Executive , Quality Committee, strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards</td><td>Rationale for target risk:
The workforce challenges in mental health services means there is not an easy solution to increasing capacity within the services and therefore it is felt unlikely we will be able to reduce the likelihood below 3 during this year.
We have secured funded for dedicated MH Workforce roles to support improvement in this area.</td></tr>
</table>

Controls: *(What are we currently doing about this risk?)*

- New investment has been identified through spending review (e.g. IAPT, IPS, physical health checks for SMI, EIP).
- New investment has been secured through non-recurrent funding (e.g. Right Care team to oversee enhanced bed management team)
- Target Operating Model for integrated community mental health service has been shared with ICPs, who are now responding and designing improvements – including through in-year funding
- Monitoring of level of MH crisis across the system via system wide dashboard currently being reinstated into WSOG / POG forums and Contract management frameworks
- H1 planning has reset the key deliverables and expectations for achievement this will be monitored as part of POG
- Performance is being monitored via a range of committees as detailed above.
- MH ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems– The MH ED programme has now driven a series of improvements from Street Triage increases to additional Sanctuary service in Gloucester house providing an alternative to ED for people in MH distress
- Steering groups for Community MH services are now in place these are co-chaired by experts by experience (e.g. Eating Disorders, PD, Community Rehabilitation).

Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)*

- Each of the MH programme portfolio projects are designed as mitigation actions for specific components linked to addressing the impact of the nature of the demand increases. Specific list available on request
- Continued review over locked rehab and Out of Area Placements.
- Each programme has a clear delivery impact and evaluation plan to ensure that we can be assured of the efficacy of the mitigation
- Need further insight into patient experience seeking patient experience measures to be factored into commissioning processes
- MH services available via 111 first are now increasing to include the sanctuary service, and a connected approach to telephone support

Assurances:

- Whole System Operational Group
- Finance Overview Group (system-wide)
- Improved access and reduction in waiting time / lists for services
- Reductions in OOA placements and S 117
- Lived experience feedback and surveys
- Internal Audit Out of Area Placements (Dec 2020)
- Programme portfolio delivery impact reports

Gaps in Assurance: *(What additional assurances should we seek?)*

• MH services have now been profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services • IPS service is now live and taking referrals • NHS Benchmarking project has commenced and will help support measurement	

<table>
<tr><td colspan="4">(PO5) Objective: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG</td><td>Director Lead: <s>Rosi Shepherd</s> Deborah El-Sayed</td></tr>
<tr><td colspan="4">Risk: Principal Risk:
People with learning disabilities may lack access to Annual Physical Health Checks and ongoing support, which will result in premature mortality and a widening of health inequalities. People with learning disabilities and/or autism may be admitted to specialist inpatient settings, which will reduce their life chances.</td><td>Date Last Reviewed:
8/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
• Goal of 67% of people with learning disabilities receiving Annual Health Checks and Health Action Plans has been achieved (69%).
• Implementing learning from LeDeR reviews.
• Increasing levels of engagement and inclusion of people with Learning Disability and/or Autism, parents and carers and people from underserved communities.

Reducing inpatient admissions
• Number of people within the Assuring Transformation Cohort placed out of area remains above trajectory.
• The new requirement to undertake “Safe and Well Reviews” will impact on the planned work to reduce inpatient admission. (The Joanna, Jon and Ben Safeguarding adults review).</td></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>4x4=16</td></tr>
<tr><td>Target risk</td><td>3x3=9</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Quality Committee</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• <s>BNSSG system wide Learning Disability and Autism programme board established with wide membership, supported by Learning Disability and Autism SROs.</s>
• Regular reporting on BNSSG 3 Year Delivery Plan to assess progress and escalate key risks via governance outlined above (see delivery Plan for detailed information regarding projects and milestones).
• <s>BNSSG 3 Year delivery Plan has been agreed, with leads identified and clear reporting established. This includes new investment in</s></td><td>Rationale for target risk:
The target risk score reflects the long term nature of this programme of activity to reduce the risk

Assurances:
The sources of assurances available relating to this objective are
• Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Learning Disabilities and Autism Programme Board and Governing Body
• Internal assurance provided through regular reporting on LeDeR to LeDeR Steering Group, Quality Committee and Governing Body
• LeDeR Internal Audit Report Feb 2020
• CQC/Ofsted Joint Inspection Reports and written statements of action</td></tr>
</table>

~~priority areas such as C(E)TRS, Autism Intensive Support service and provision of a 7-day Learning Disability Liaison Nurse Service~~ • ~~Regular performance reports to committees and governing body covering: Assuring Transforming Care performance indicators (reducing levels of inpatient placements), Adult Autism Assessment waiting times, Special Educational Needs and Disability (SEND), Annual Health Check and Health Action Plan delivery (Target 67% by end of Q4 70% by end of Q4 2021/22)~~ • Learning Disabilities Mortality Review (LeDeR) Steering Group and review process established with representation from across all providers, primary care, social care and NHSE regional leads • LeDeR process includes Clinical Case Review to identify all learning • LeDeR Service User Forum established • ~~Mechanisms to support integrated Education, Health and Care (EHC) needs assessment process in place~~ • ~~All contracts with providers include a learning disability schedule with Improvement Standards monitored through agreed IQPM processes~~ • ~~Business case approved for additional Care (Education) and Treatment review capacity with recruitment processes commence.~~ • ~~Discharge pilot for 5 individuals has commenced in partnership with Self directed futures~~ • ~~Robust approaches to ensure assurances regarding the quality of commissioned individual care packages in development.~~ • ~~Additional capacity for Designated Clinical Officer for SEND secured Care (Education) and Treatment review policy has been drafted and is progressing through CCG governance~~ • System wide co-production model in development • Strengthening BI capacity to improve understanding of need and our approach to evaluating impact • Discharge pilot for 5 individuals has commenced in partnership with Self Directed Futures • Developing robust approaches to ensure assurance for the quality of commissioned individual care packages. • We are exploring alternative models of care for individuals in inpatient setting to move to the community as a test and learn pilot • The CETR and CTR clinical reviewers are continuing to support individuals at risk of inpatient admission. • Successfully recruited additional clinical capacity to support the Care (Education) and Review process, further development of the Dynamic	• Assuring Transforming Care Programme cohort reporting to NHSE and Learning Disability and Autism Programme Board • Comprehensive Quality Assurance processes relating to individual CCG commissioned placements for people with Learning Disability and Autism is in place through full implementation of commissioner oversight visits and Learning Disability and Autism Host Commissioner function. **Gaps in Assurance:** *(What additional assurances should we seek?)* • BAME representation with specific experience of learning disability and autism issues on programme board, LD cells, operational working groups and LeDeR Steering Group to ensure the additional health inequalities experienced by BAME communities and people with learning disabilities are addressed in all workstreams.

support register and providing support to individuals, parents and relatives • South West Provider Collaborative Pathway panels have commenced to support the South West region in reducing admission and facilitating discharge from secure inpatient settings • Reviewing clinical capacity required to complete the Safe and Well reviews to ensure that the target date for delivery is achieved **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • ~~EIA of TCP and CHC cohort of people with LD&A (end *Q1)*~~ • ~~Development of LeDeR actions with specific themes to develop provider action plans (end Q4)~~ • ~~Hosting learning events to raise awareness and share good practice~~ • ~~Continued implementation of the Adult Autism Assessment Waiting List Initiative~~ • ~~Training and wider support for Primary Care to improve annual health check uptake and increase the numbers of Health Action Plans. Undertake evaluation of HAP delivery.~~ • ~~Identification of lessons learnt from disproportionate impact of COVID 19 on people with LD&A and implications for other areas of inequality, e.g. cancer screening / flu immunisation~~ • ~~Establish mechanisms for the inclusion of people with LD&A and parent / relatives of people with experience of supporting a person with LD&A in service development~~ • ~~SEND action plans in place with local authority partners~~ • ~~CCG Strategic SEND lead also taking lead for C&YP LD&A programme aligned and working in tandem with adults LD&A programme lead to strengthen capacity~~ • ~~Keyworker Team for C&YP with autism diagnosis under development aimed at reducing hospital admissions~~ • ~~£0.5m Autism diagnosis waiting list initiative underway~~ • ~~Workshops exploring how to shift system focus from diagnosis to a needs led approach~~ • LeDeR – Expression of Interest bid 10k received to support obesity & constipation project. • LeDeR - KPIs for case completion on target. • Workshops exploring how to shift children and young people system focus from diagnosis to a needs-led approach held and action plan under development	

• System-wide workshop to develop Housing Plan for individuals who have Learning Disability and or Autism– mid November. • Parent Carer Forums have been commissioned until 2024 to deliver family peer to peer support and workshops for families involved in waiting for autism diagnosis • Co-production model in development. • Business Intelligence capacity being secured to support programme delivery	

<table>
<tr><td colspan="4">(PO6) Objective: To improve the commissioning of services for children</td><td>Director Lead: Lisa Manson</td></tr>
<tr><td colspan="4">Risk: Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the ~~care~~ services children receive and potentially impacting on their life ~~course~~</td><td>Date Last Reviewed:
25/11/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
Current commissioning arrangements do not put children at the centre of decision making which can impact on the outcomes, due to fragmented decision making.</td></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Clinical Executive, Quality Committee and Strategic Finance Committee</td><td>Rationale for target risk:
The intention is by developing integrated children's commissioning the outcomes for children will be optimised and the likelihood of the risk occurring will be reduced.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
CCG Operational Children's Board
Joint SEND Board
Single Children's Provider
Children's Improvement Boards with LAs established
CCG wide SEND Coordination meeting in place – reports to Children's Operational Board
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
identify key deliverables to address and reduce risk – January 2021
develop action plan with measurable outcomes and milestones January 2021
Complex Children's Review – ongoing - due Q4
Review of statutory services provided by CCHP – and an action plan to address gaps – due Feb 2021
Joint work on market engagement – ongoing due Q4
Closer working with NHS E/I on tier 4 CAMHS Due Q4 and commitment in place between all parties
Developing an information sharing agreement – ongoing
BNSSG involved with the framework for integrating care as the vanguard site for the South West. The framework is part of the NHS response to the Long Term Plan (LTP) commitment of investing in</td><td>Assurances:
Written Statement of Actions being removed in all 3 LA areas
Positive funded care audits
Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Commissioning Executive and Governing Body
Internal Audit Safeguarding (Dec 2020)
Internal Audit Continuing Health Care (April 2021)
SEND Reviews independently undertaken by OfSTED and CQC
Gaps in Assurance: (What additional assurances should we seek?)
Information sharing agreements between all partners, to ensure that we can monitor the outcomes and improvements in life course.</td></tr>
</table>

additional services for children and young people with complex needs in the community. The Framework will support the Children and Families work stream within Healthier Together as it cuts across a number of programmes such as joint commissioning and new models of care.	

<table>
<tr><td colspan="4">(PO7) Objective: Funded Care: Delivery of an integrated, efficient, Funded Care service achieving the “leading” level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction</td><td>Director Lead: Rosi Shepherd</td></tr>
<tr><td colspan="4">Risk: There is a risk that capacity and demand in the CHC service are not aligned, due to increased demand, complexity of cases and capacity and process issues within the team. This has the potential to result in delayed access to the right care for patients, financial pressures for the CCG and non-compliance against national framework standards.</td><td>Date Last Reviewed:
10/01/22</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
The risk score is based on...
Likelihood score based on the increased numbers of outstanding assessments/reviews (approx. 262 breached at 11.5.21), reduced capacity due to vacancies and sickness and the implementation of changed ways of working required to deliver consistent and effective processes across the team.

Impact score is based on the financial risk posed by unknown demand, incorrect care packages to meet need and the ability to deliver against the standards set out in the national framework</td></tr>
<tr><td>Initial</td><td>3X4=12</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Quality Committee, Strategic Finance Committee</td><td>Rationale for target risk:
The target risk score is to support the vision of BNSSG CCG delivering an outstanding service to the population we serve, being viewed as good system partners and achieving a high level of maturity against the national framework. Patients, families and carers will have confidence in the process resulting in a reduction in complaints.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• ~~Post dedicated to P3 to manage flow to support flow~~
• ~~Paper to request support from external agency to manage backlog is being developed.~~ External support in place to support assessments
• Improved reporting data metrics developed – team and individual performance now able to be monitored across BNSSG – New IT system mobilised and being embedded to help with data</td><td>Assurances:
The sources of assurances available relating to this objective are
• Internal assurance through monthly reporting through the Quality and Performance report to Quality Committee
• Internal assurance through Finance reporting to Strategic Finance Committee
• Update to be provided to the Audit, Risk and Governance Committee
• External audit of CHC service – report highlighted good progress in all areas</td></tr>
</table>

• Transformation working groups established – looking at standardising processes across 3 localities Mid-year review – all working groups mobilised. A successful mid-year review with team undertaken • Skill mix review of staff overseeing most complex cases as well as increasing the size of the team • DOLS-post now filled – new starter in post • **Improved** process to identify new individuals under a DOLS order • Proactive sickness monitoring taking place • A review of Fast Track patients in receipt of funding beyond 12 weeks converted a significant number of patients to CHC. This will be under review going forward. • Monthly Funded Care business meeting which reviews operational and financial performance **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Review against CHC maturity framework improvement across the domains • Benchmarking against other CHC teams in relation to individual activity/performance expectations – ongoing and work with regional teams underway • Improved understanding of the Fast Track position – more people are opting to be cared for at home	• • Internal audit schedule compiled. Terms of References for individual audits being developed. (reporting to monthly FNC Risk, Audit and Governance Group) • Quarterly reporting to regional/national teams indicated BNSSG is a mid-ranking performer • External review of BNSSG by Deloittes to assess against maturity framework – report anticipated in July. – positive feedback, all actions included in transformation programme. Deep dive to be presented at Quality Committee in Autumn • External review of business processes complete. Further assurance required on processes/compliance – action plan being created, monitored through RAG and Audit committee • Review against maturity Framework illustrates continued improvements • Work flow processes reviewed to improve 28-day national standard performance • **Gaps in Assurance:** *(What additional assurances should we seek?)* • No gaps identified • Repeat external audit of business processes in 6 months/1 year • Demand continues to increase along with an increase in acuity Challenged capacity in Domiciliary care and residential care a growing concern and not fully understood across the system. Paper presented to Care Provider cell describing the need for brokerage to prioritise admission avoidance cases

<table>
<tr><td colspan="4">(PO8) Objective: People Plan: Developing the CCG's People Plan
Delivery of activities focussed on the CCG's workforce under the following themes:
• We are compassionate and inclusive
• We are recognised and rewarded
• We each have a voice that counts
• We are safe and healthy
• We are always learning
• We work flexibly
• We are a team</td><td>Director Lead: <s>David Jarrett/Sarah Truelove</s> Julie Bacon</td></tr>
<tr><td colspan="4">Risk: There is a risk that the progress made in developing the culture and staff experience within the CCG may be disrupted and lost as we transition to becoming an ICS resulting in falling staff satisfaction and increased turnover.</td><td>Date Last Reviewed:
13/01/22</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td rowspan="4">Risk Appetite</td><td rowspan="4">Risk Score Trend</td><td rowspan="4">Rationale for current score:
Current temperature checks and workforce KPI are not showing significant concern. However, the change in CEO may have repercussions on workforce stability. Regular communication with staff about the ICB is taking place. It has been confirmed that the employment commitment will still apply to the new ICB establishment date of 1 July 2022
People Plan Steering Group will continue to review the principal risk as part of the development and delivery of the People Plan and will update the risk, identifying controls, actions, and assurances for future Governing Body meetings</td></tr>
<tr><td>Initial</td><td>4X4 =16</td></tr>
<tr><td>Current</td><td>3X4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, Strategic Finance Committee</td><td>Rationale for target risk:
Development of cohesive programme plan and the establishment of an Executive led steering group to drive delivery staff engagement wellbeing and change support is a key focus. longer term-alignment of the CCG / ICB people plan with the system people plan will create benefits</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• Executive Team oversight of the People Plan development and Delivery
• Appointment of Director of People and Transformation
• Individual workstreams in place with ad hoc separate reporting routes
• Regular communication and engagement about transition.</td><td>Assurances:
The sources of assurances available relating to this objective are:
• Internal source of assurance – ad hoc and subject specific reports to Governing Body
• Annual Staff survey
• Internal Audit of Appraisal Process</td></tr>
</table>

• Learning and Development Policy agreed and process established including Learning and Development Panel • Equalities policies • SFC terms of reference amended to include oversight of the workforce agenda • People Plan in place and action plan delivery proceeding **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)*	**Gaps in Assurance:** *(What additional assurances should we seek?)* • A Workforce KPI dashboard • Impact KPI's on the people plan

<table>
<tr><td colspan="4">(PO9) Objective: Financial Sustainability: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.</td><td>Director Lead: Sarah Truelove/Peter Brindle</td></tr>
<tr><td colspan="4">Risk: As a result of the current culture driven by Payment by Results there is a risk that there will be a continuing focus on activity rather than value which may result in failure to deliver improved population health and financial sustainability for the CCG and the system.</td><td>Date Last Reviewed:
12/01/22</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td rowspan="4">Risk Appetite</td><td rowspan="4">Risk Score Trend</td><td rowspan="4">Rationale for current score:
The draft financial framework for 22/23 does not reinstate PBR. There is still some ongoing debate with Government about the operation of Elective Recovery Funding in 22/23. The payment regime to providers remains very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach.</td></tr>
<tr><td>Initial</td><td>5X4=20</td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, Healthier Together Planning and Oversight Group, HT DOFs</td><td>Rationale for target risk:
Reducing the likelihood would represent significant progress, but cultural change takes time and it is important we do this work systematically.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
Single regulator working with the system
National proposed financial framework for 21/22 drives system working
Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the system operational plan including transformation plans
Reporting internally to Strategic Finance Committee on monthly CCG and system financial position
Planning and Oversight Group and DoFs providing oversight of system financial position.
Clinical Cabinet provides oversight and decision making regarding clinical models and pathways</td><td>Assurances:
Internal audit report on savings plans and PMO processes,
Monthly Governing Body reports
Quarterly NHSE Assurance Meetings.
Local response to NHS Long Term Plan agreed with NHSE/I
Phase 3 financial plan agreed across the system
H1 Financial plan approved by NHSE/I
H2 financial plan agreed across the system
National Team engaging with BNSSG DOFs group to develop and inform their thinking
Refreshed Medium Term financial plan signed off by the Partnership Board</td></tr>
</table>

• Long term financial model developed as part of LTP response. and refreshed to bring it up to date • The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle. • ICS financial framework is built around the value framework and gives commitment to costing and transparency to ensure PHM data can be used to support value based decision making. **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • ICP PHM development programme started, focussed on developing the intelligent model needed for the community mental health framework target operating model response, and capacity building within ICPs. Value and PHM being designed into wider ICP organisational development programme. • Incorporation of Value Based Health and Care principles into the BNSSG Long Term Plan refresh's planning, content and decision-making • Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans Value/Team as now core members of the ICP Board. • Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas where productivity has been most impacted by COVID – ongoing A shared, rapid evaluation process has been developed to learn from the pandemic-induced changes, focussed on supporting continuation of high value changes • Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes Business case complete and will be submitted as System Transformation Reserve bid. Pilot projects underway in North Bristol Trust focussed on shared decision-making in surgery and initiated for the new long Covid service with outcomes collection now happening in real time. Project has been signed off to proceed to procurement of a platform for the acute hospital trusts • Re-launch the Value Programme, including the finalised Value Framework and the accompanying 'value questions' which will report into the Population Health and Inequalities Steering Group	**Gaps in Assurance:** *(What additional assurances should we seek?)*

• Develop a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity. Bid for support for the work being made to the System Transformation Reserve has been successful . • Finance Staff Development plan in development across the system which will embed Value across all finance teams. • NEDs from provider organisations to attend SFC from December 2021.	