

Primary Care Commissioning Committee

Date: 26th January 2021

Time: 9:30am

Location: Microsoft Teams

Agenda Number :	5
Title:	Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) January 2021
Purpose: approval	
Key Points for Discussion:	
<p>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:</p> <ul style="list-style-type: none"> • The amendments and additions to the CRR specifically relating to the Committee's remit since its last review • Consideration of new risks added and whether these fall within the Committees remit • Review of those risks recommended for closure to ensure the Committee is assured that the risk score has been sufficiently reduced • The principal objectives and risks reported on the GBAF specifically relating to the Committee's remit 	
Recommendations:	<ul style="list-style-type: none"> • 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 discussed at the monthly Quality Committee, Strategic Finance

	Committee and Commissioning Executive meetings.												
Management of Declared Interest:	The Governing Body and each Committee receives a register of its members declared interests as a standing item. There are no declared risks relating the CRR and the GBAF and the risks reported.												
Risk and Assurance:	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												
Financial / Resource Implications:	<p>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.</p> <table border="1"> <thead> <tr> <th>Score</th> <th>Impact</th> </tr> </thead> <tbody> <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> </tbody> </table>	Score	Impact	1	small loss/risk of claim remote	2	Loss of 0.1% to 0.25% of budget (£1m to £3.5m)	3	Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)	4	Loss of 0.5% to 1% of budget (£7m to £14m)	5	Loss of > 1% of budget (£14m+)
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5	Loss of > 1% of budget (£14m+)												
Legal, Policy and Regulatory Requirements:	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												
How does this reduce Health Inequalities:	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.												
How does this impact on Equality & diversity	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.												
Patient and Public Involvement:	Not applicable to this report												
Communications and Engagement:	The Corporate Risk Register and Governing Body Assurance Framework are shared monthly with Risk Leads, Risk Administrators and Directors for updating. The Governing Body Assurance Framework and Corporate Risk Register are public documents available on the CCG website												
Author(s):	Sarah Carr, Corporate Secretary												
Sponsoring Director	Sarah Truelove, Chief Financial Officer												

Agenda item:5

Report title: Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) January 2021

1. Background

The Governing Body Assurance Framework (GBAF) identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body and Primary Care Commissioning Committee that risks are managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The Corporate Risk Register (CRR) is a mechanism for reporting to the Governing Body, its Committees and the Primary Care Commissioning Committee, risks that have been scored above 15 using the CCG scoring matrix. Through review and scrutiny of the reported risks, and the mitigations, in place and planned, to reduce these risks, the Governing Body, its Committees, and the Primary Care Commissioning Committee ensure suitable oversight of key risks.

2. Corporate Risk Register

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

ref	risk description	current risk score	Date added
BNSSG Commissioning 11	Cancer patients are at risk of potential harm if there are delays in the cancer pathway. There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	4x5 =20	1.04.20
BNSSG Commissioning 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.	4x5 =20	1.05.20
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	4x5 =20	1.05.20

	<p>which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines.</p> <p>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.</p>		
BNSSG Commissioning 36	<p>As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis.</p> <p>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.</p>	4x5 =20	18.02.20 added to the CRR

3. 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 October review of the CRR by the Governing Body three risks have been added to the CRR and were approved by the Governing Body.

The Quality Committee confirmed it would keep risks commissioning 41 (pathology tests) and commissioning 42 (cancer and health inequalities) under review. The Clinical Executive Commissioning also confirmed it would review risk commissioning 41 (pathology). The Transformation CYP risk was added after the December committee reviews. Committees will be asked in January to confirm whether the risk comes within their remits.

ref	risk description	current risk score	Committee
BNSSG Commissioning 41	As a result of delays in supply of critical tests to pathology laboratories in the regional network and subsequent delay of emergency supplies, there is a risk that routine tests in Primary Care are delayed for an undetermined period of time. This may result in delays to advice and guidance provided by Secondary Care and creation of a backlog of routine tests requiring management by Primary Care.	4x4 = 16	Quality Committee Clinical Executive
BNSSG Commissioning	EU Exit (Brexit) D20 (December 2020) EU transition <ul style="list-style-type: none"> • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; 		EPRR Oversight Delivery

18	<ul style="list-style-type: none"> • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access. 	3x5=15	Group
BNSSG Commiss ioning 42	There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.	4x4=16	Quality Committee
Transfor mation CYP	The EOI for the mental health support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed.	4x4=16	TBC

A further risk has been added since the Governing Body review.

ref	risk description	current risk score	Current Committee
BNSSG Commissi oning 12	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Infectious disease outbreak including high consequence infectious diseases. (VHF Ebola / SARS / MERS/Coronavirus)	4x4=16	TBC

Risks where the risk score has been reduced to below the threshold of the CRR are given below. In each case the committee with oversight confirmed that it had been assured regarding the review and revision of the risk score. The Governing Body considered the committees' assurances and confirmed it was satisfied that the risks were sufficiently reduced to enable them to be removed from the CRR.

ref	risk description	current risk score	Committee
BNSSG QD 023	As a result of a lack of trained LeDeR reviewers there is a risk that potential learning is not identified in a timely manner and reputational damage from having a high number of unallocated LD cases.	3x3 = 9	Quality Committee

	<p>Oct 2020: There is no shortage of reviewers and no backlog from 2019. Additional monies have funded paid reviewers to clear additional Covid reviews by 31st December.</p> <p>Recommend to reduce risk for completing the reviews in the required timescale to 9, but continue close monitoring should there be a need to escalate any reduction in LeDeR reviewers or capacity.</p>		
BNSSG QD 044	<p>Patients are at risk of potential harm through contracting Clostridium Difficile</p> <p>Oct 2020: Deep dive approach reviewed by Quality Committee in September. Further report to Quality Committee pending, agenda item for October meeting.</p>	3x4 = 12	Quality Committee
BNSSG QD 045	<p>Patients are at risk of potential harm through contracting E-Coli</p> <p>Oct 2020: A range of interventions were trialled by system providers during 2019/20. At the BNSSG HCAI in September, it was agreed that all providers would review and feedback on success and areas for further focus at the December meeting</p>	3x4 = 12	Quality Committee
BNSSG QD 046	<p>Patients are at risk of potential harm through other HCAI.</p> <p>Oct 2020 Secondary care providers have been asked to share findings and actions from MSSA cases. Currently BNSSG CCG benchmark well for other bacteraemia, this is being reviewed further.</p>	3x4 = 12	Quality Committee
Commissioning Directorate 3	<p>If we do not deliver the full required savings from the control centres within the commissioning directorate there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.</p> <p>Oct-20: Risk closed as it is reported through the FICS register (ref F21-01) and is monitored and reviewed regularly by the CCGs finance directorate.</p>	4x4=16	Clinical Executive
Medical Directorate - Clinical Effectiveness MO21	<p>As a result of COVID 19 position there is a risk that there will be an increased spend on medication during this period.</p> <p>October 20: This is now an issue & continue to monitor and feed into regular finance report. Recommend combining this risk with overall budget position & recommend to close this particular risk.</p>	5x3=15	not confirmed
Transformation	<p>There is a risk that the Transformation programme required to mitigate UEC activity returning to pre COVID levels does not fully deliver resulting in difficulty in maintaining social distancing in ED queueing, and operational pressure in the</p>	3x4=12	not confirmed

	<p>bed bases of our acute trusts</p> <p>Sept 20 Transformation programme has been refreshed for phase 3 planning. Working with new Deputy Director of Performance and Planning to ensure the programme is robust beyond the P3 planning trajectory and picks up all LTP priorities.</p>		
FICS F21-01	<p>If we do not deliver the full required savings from the control centres within the BNSSG System there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.</p> <p>Reviewed Nov - Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes</p>	3x4=12	SFC
FICS F21-01	<p>As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.</p> <p>Nov 2020- Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes. Risk is a duplicate of F21-01 above and therefore recommend risk is removed</p>	-	SFC
BNSSG Commissioning 41	<p>As a result of delays in supply of critical tests to pathology laboratories in the regional network and subsequent delay of emergency supplies, there is a risk that routine tests in Primary Care are delayed for an undetermined period of time. This may result in delays to advice and guidance provided by Secondary Care and creation of a backlog of routine tests requiring management by Primary Care.</p> <p>Dec 2020 - Normal supply chain resumed, Primary Care able to resume routine tests. Backlog to be monitored.</p>	3x3=9	Quality Committee Clinical Executive
Transformation TR Coms	<p>COVID-19 - risk that communications capacity to handle Corona comms has a negative impact on other projects and areas of delivery. Additional risk of team capacity affected by the impact of the virus itself (i.e. staff sickness).</p> <p>Dec 2020: Mitigating actions now in place:</p> <ul style="list-style-type: none"> • SBAR for mass vaccination comms support approved • New work request and prioritisation process implemented within the comms and engagement team • System comms delivery unit and strategic comms group working effectively 	2x4=8	-

	Risk level recommended to come down as a consequence of these.		
Transformation	<p>As a result of the COVID-19 pandemic</p> <p>There is a risk that the cancer transformational elements of the Long Term Plan will not be achieved</p> <p>Which may result in the aims of the LTP not being delivered</p> <p>Earlier Diagnosis</p> <p>Faster Diagnosis</p> <p>Timely and Appropriate Treatment</p> <p>Personalised Care for Cancer</p> <p>Dec 2020 RDS - System agreement reached for phased implementation of the new pathway between January and May, in line with new CT capacity. GP comms sent to highlight the decreased in lung 2WW referrals. Request for funding for dermatoscopes in primary care and for remote monitoring submitted to Cancer Alliance</p> <p>Risk Score revised and reduced</p>	3x4=12	-

Since the Governing Body review in January the risk below has been reviewed and the risk score reduced. The risk will be recommended to the Governing Body for closure. No sub committee was assigned to review this risk. The risk will continue to be monitored through the DRR.

ref	risk description	current risk score	Committee
BNSSG Commissioning 18	<p>EU Exit (Brexit) D20 (December 2020) EU transition</p> <ul style="list-style-type: none"> • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access. <p>Deal signed on 24/12/2020. EU transition complete at 2300 hours on 31/12/2021. To monitor supplies as the expectation is there will be some delays moving forwards.</p> <p>Risk Score revised and reduced</p>	3x4=12	-

4. Governing Body Assurance Framework

Each committee should review the principal objectives and risks assigned to it to ensure that the information provided is line with the committee's expectations and challenge should be provided to ensure actions are being completed as expected. The Executive team carries out a monthly

review of the GBAF. The GBAF at appendix 2 was received at the January Governing Body meeting. The table below summaries the principal objectives and risks assigned to the Primary Care Commissioning Committee for review and scrutiny. The Committee is invited to consider whether other objectives on the GBAF fall within its remit:

Objective	Risk for oversight
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
Integrated Care Partnerships: To develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved
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	As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving ‘leading’ on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.

Appendices

Appendix 1 Corporate Risk Register

Appendix 2 Governing Body Assurance Framework

BNSSG CCG Corporate Risk Register 2020-21 Jan 21 V2

The Corporate Risk Register identifies the high level risks (15+) within the CCG. It sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact.

The Corporate Risk Register is received by the Governing Body 6 Monthly, by the Audit Governance and Risk committee Quarterly and by the executives bi-monthly.

Risk is assessed by multiplying the impact/severity of a risk materialising by the likelihood/probability of it materialising using the risk assessment matrix set out in the CCG Risk Management Strategy.

Risks are also mapped against the CCG risk appetite and accepted risk limits to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite and risk limit is given. It is for the Governing Body to decide if these risk limits are appropriate for each individual risk

Directorate or Project	Risk Ref	Principle Objective Ref	Date Logged	Description of Risk <i>As a result of ... There is a risk that ... Which may result in ...</i>	Mitigating Actions	Progress on Actions	Gaps in Mitigating Actions	Committee Responsible for Reviewing	Director	Risk Owner (for Updates)	Risk Rating				Risk open or closed (If closed specify date)	Last reviewed	
											Initial Risk (LxI)	Current Risk (LxI)	Movement of current risk	Residual (Target) Risk (LxI)			Target date for completion of actions
Commissioning Directorate	11	N/A	13.04.18	Cancer patients are at risk of potential harm if there are delays in the cancer pathway There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	Clinical validation of waiting lists completed by providers and reviewed by the CCG Quality team monthly Where providers identify potential harm CCGs require evidence of mitigating actions Contractual systems in place to monitor and manage performance through APG and ICQPM's Hospital focussed improvement programmes Monthly breach meetings with providers 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	Dec 2020: P1 and P2 activity is still prioritised and patients are still prioritised for suspected cancer. There is ongoing review of the possibility of mutual aid being sought if needed but this has not been activated as yet. Nov-2020: The acute trust have undertaken a route to diagnosis audit to identify if there has been an increase in emergency presentations as a result of Covid. Both trust have not noted in significant increase in emergency presentations but have identify a decrease in lung diagnosis. Any further work on this by the trusts has been delayed due to operational pressures.	Monitoring of position continuing The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will be closely monitored.	Quality Committee Commissioning Leadership Team / Commissioning Executive & STP Steering Group (ACC)	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	20 (4x5)	↔	10 (2x5)	Mar-20	Open	Dec-20
As above	As above	As above	As above	As above	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 have been started at pace- including increase use of teledermatology 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.	09-Oct-2020: Definition of harm is being reviewed by the quality team who will feed back to the cancer STP in November. Cancer patients waiting >104 days from referral to treatment is deemed as a never event, and the numbers have been of national focus. There are also known delays to cancer pathways due to fewer TWW referrals, diagnostics, PCI procedures and patient choice, as well as suspension of screening programmes. There are mitigating & remedial actions in place to address these issues which are showing positive results.	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above
Commissioning Directorate	5	N/A	10.08.18 01.04.19 1.05.20	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	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	Nov -20; operational pressures as a consequence of COVID has significantly impacted on the operational performance within the A&E's within the system. significant amount of work is being undertaken to try and manage the consequences of the additional demand. additionally phase 4 planning is about to begin which will aim to get the demand and capacity balance right. Oct-20: Work on flow and performance improvement continues daily via the ICC cell structure/Bronze and the weekly WSOGs at each acute site. The WWV Urgent Care Network is in place and meets monthly, a similar UC Network is being considered for the other localities. The Winter Operating Model has been developed and surge plans are being prepared in readiness for Winter 20/21. Provider summaries have been obtained and will be incorporated into the overall BNSSG system plan together with the Phase 3 priorities	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	Commissioning Leadership Team / Commissioning Executive/ Quality Committee	Lisa Manson	Niall Prosser	20 (5x4)	16 (4x4)	↔	2x5=10	Nov-20	Open	Dec-20
			as above	as above	as above	08-Sep-20: BNSSG System Wide Phase 3/Surge Plans continue to be developed. Task & Finish groups have been established to address any particular areas of concern around flow including ambulance handover delays. Additional focus on flow continues daily via the ICC cell structure/Bronze and the weekly WSOGs at each acute site.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above

Commissioning Directorate	7	PO4	10.08.18 01.04.19 1.05.20	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.	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	January 2021: Discharge funding awarded at £825k to support over winter. Community mental health programme discovery phase concluding, with submission to NHSE this month. The new face to face offer from the Sanctuary to support the crisis pathway should open this month. Very low numbers of adults placed out of area now, however numbers in PICU continue to be challenging. Recruitment is underway for the dementia and PD services, as part of the Wave 3/Covid business case. Street and Control traige are being remodelling and the new MH ambulance service will start in January. December 2020: The funding for winter has been secured and plans are being implemented at pace. Additional funding to support bed flow and discharges has just been announced which will arrive in December. Initial submission for the CMHF has been made to NHSE. System governance structure for the transformation of mental health services has been finalised. November: The number of adult acute patients	<input type="checkbox"/> This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services <input type="checkbox"/> Define the lead indicators including patient reported measures and reports from primary care localities. <input type="checkbox"/> Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Emma Moody	20 (4x5)	20 (4x5)	↔	4x4=16	Jun-20	Open	Jan-21
as above	as above	as above	as above	as above	as above	November: The number of adult acute patients out of area has reduced with the opening of Cherry Ward. PICU continues to be a challenged area. Additional winter funding has been requested to support the following: Bed co-ordination and discharge support, additional capacity in the crisis service, additional AMHP sessions, specialist alcohol support in Weston, physical health support to Callington Road. In addition a bid is being submitted to gain additional crisis support into the community and the plans for the Community Mental Health Framework are underway. As we move into a second wave of COVID services are constant being reviewed to understand if they can continue. The ward configuration has been amended to support the Covid pathway.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	10	N/A	29.11.18 01.04.19 1.05.20	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.	<input type="checkbox"/> Contractual systems in place to monitor and manage performance through APG and ICQPM's <input type="checkbox"/> Hospital focussed improvement programmes <input type="checkbox"/> Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working <input type="checkbox"/> Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) <input type="checkbox"/> 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.	Dec 2020: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released- this does provide an opportunity that is being explored to ensure maximal capacity is commissioned to support the trusts recovery but there is also a risk that due to private backlogs that the IS may be offering less than before- this is being worked through in readiness for new contracts at the end of December. 12-Nov-2020: 52 week waits continue to increase and are projected to continue increasing, specialties specifically effected by long waits are: T&O, Dental, Ophthalmology, Gynaecology. Programmes are in place to support specialties with long waits, clinical validation continues.	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. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, likely to still be a significant short fall for routine activity.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	20 (4x5)	↔	1x1=1	Mar-20	Open	Dec-20
as above	as above	as above	as above	as above	as above	09-Oct-2020: With the certainty of increased 52 week waits, there is a regional and national focus on 78 week waits and a weekly return has been requested which we are submitting as a system, There is also exception reporting for any patients waiting over 2 years. New P5 and P^ categories have been introduced to recognise the impact on patient choice on long waiting patients. The trusts have also been asked to complete a clinical validation process of their whole lists by the end of November, There is also work within the planned care programme on how best to pro-actively support patients who are waiting longer for treatment. We also continue to transfer patients to the IS to prevent long waiters where appropriate.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above

Commissioning Directorate	21	PO5	05.04.19	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	A contract performance notice has been issued a joint investigation has started. Key actions include updating booking processes and reviewing the waiting list. The CCG have requested data on the number of patients waiting over 18 weeks so that a review can be undertaken	January 2021: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered in early January 2021 - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP for approval in early 2021 by clinical executive, with support of CCG, to establish the future design for the service in response to historical challenges.	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. Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed.	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jun-20	OPEN	Jan-21
as above	as above	as above	as above	as above	as above	December 2020: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered on 4th December - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP, with support of CCG, to establish the future design for the service in response to historical challenges. November 2020: A final report has been produced to capture key learnings from the co-design process around the LES documentation to inform on the final design of documentation and the group have supported in the development of a webinar to encourage further uptake to the LES. The working group are now supporting AWP directly in the implementation of the waiting list initiative plans, including development of a scorecard to evaluate progress against key outcomes for patients. The group will also support the development of a service specification to ensure this is developed in line with the needs of	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	14	n/a	01.05.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident	<ul style="list-style-type: none"> Robust Influenza Pandemic Plans/ Business Continuity Plans in place in all acute and community providers. Part of annual training and exercising calendars for Local Resilience Forum and all NHS organisations Avon and Somerset Local Health Resilience Forum (LHRP) strategic framework in place and exercised through table top exercises. Avon and Somerset LHRP/LRF operational plan out for consultation. NHS England South West North leading on development of operational response plans for Antiviral Collection Points. To be reviewed at EPRR oversight delivery group Pandemic flu plan in place 	January 2021: Further National Lockdown (3) to support the NHS who is overwhelmed. Covid outbreaks continue to be monitored and escalated. Vaccination programme in progress December 2020 - no further update. November 2020 - wave 2 in progress with impacts on the system. Case rates and hospital admissions are rising. Health Protection Committees reviewing impacts on the Tier levels locally. October 2020 - Phase 3 planning and surge for second wave in progress. Local lockdown and restrictions in place according to figures per 100,000 population. no further change to risk	Feb 2020: All Pandemic Flu planning is 2013. Should be for review as EU Exit date closes and national teams revert to business as usual. Mar 2020: Draft Plans in place with additional SOPs for Local Coordination Centre April 2020 : Evolving incident response with reviewed Governance of command and Control arrangements in line with EPRR framework. Recovery and system reset planning on Horizon scanning with engagement of LRF recovery plans.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda / John Wintle	4x4=16	16 (4x4)	↔	2x4=8	Mar-20	OPEN	Jan-21
commissioning Directorate	36	n/a	18.02.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis. 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.	There are remedial action plans agreed for UHB 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. Referrals are triaged and urgent and 2ww wait referrals are prioritised. 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	Jan 2021: The Biobank contract is signed and providing additional MRI capacity. The A&A projects are still ongoing. Endoscopy activity is back in line with BAU levels but more needs to be done to fully understand and clear the backlog (this should be aided by the 5 additional admin staff that have been approved). 2 key actions for the additional capacity include opening of a second room at SBCH (once the new stack arrives on site this room can open) and additional capacity commissioned from Prime Endoscopy. Dec 2020: The Biobank contract is signed which will bring on additional MRI capacity from December 7th. The A&A projects are still ongoing, including recruitment of additional radiography staff and ordering of a new CT scanner for UHBW. Endoscopy activity is back in line with BAU levels but more needs to be done to clear the backlog. 2 key actions for the additional capacity include opening of a second room at SBCH and additional capacity being commissioned with Prime Endoscopy. 12-Nov-2020: Endoscopy activity is greater than	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. The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	20 (4x5)	↔	tbc	31/03/2021	OPEN	Jan-21

as above	as above	as above	as above	as above	as above	12-Nov-2020: Endoscopy activity is greater than this time last year. However, performance is an issue due to the historical backlog. Additional Prime capacity has started and will continue to increase until all rooms are open 7 days a week. The Biobank contract for MRI is aiming to come into play from the end of November. CT activity has recovered. The adapt and adopt programmes continue.	as above	as above	as above	as above		as above	as above	as above	as above	as above	as above
commissioning Directorate	18	n/a	20.12.18	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR EU Exit (Brexit) D20 (December 2020) EU transition • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access.	• EPPR colleagues progressing the National requirements for local SW EU Exit plans (Local and regional NHSE and NHSI teams in place)	January 2021: Deal signed on 24/12/2020. EU transition complete at 2300 hours on 31/12/2021. To monitor supplies as the expectation is there will be some delays moving forwards. December 2020: talks are underway but no deal at present; all organisations to plan for no deal and 60-80% of supplies entering the UK	December 2020: talks remain in progress. Weekly webinar with Keith Willets and weekly LRF SCG agenda. First assurance has been completed. Risk increased as only 15 working days to exit. Deal signed 24/12/2020.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda	4x4=16	3x4+12	↓	5x2=10	31/12/2020	OPEN	Jan-21
commissioning Directorate	42	n/a	27.11.20	There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.	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			Cancer Steering Group Quality Committee	Peter Brindle	Andy Newton/ Gemma Artz	4x4=16	4x4=16			31/3/2021	NEW RISK	Dec-20
commissioning Directorate	12	n/a	19/12/2018	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Infectious disease outbreak including high consequence infectious diseases. (VHF Ebola / SARS / MERS/Coronavirus)	• Robust Outbreak Plans / Business Continuity Plans in place across health system. • Outbreak planning is part of winter plans and surge; training and exercising for Local • Resilience Forum and all NHS Organisations • CCG Governing Body receives report on Emergency Preparedness, Response and Resilience preparedness annually. 01-Sep-2020 - Local Outbreak Management Plans and surveillance database in place for local monitoring and implementation of lockdown plans October 2020 - NHSEI Communicable Disease Framework v4 for all health premises to manage outbreaks.	January 2021 - System dealing with major outbreak at Weston General Hospital requiring mutual aid from BRI site, NBT & Somerset Partnership Trust. Case rates are rising, hospital admissions & critical care are rising. National lockdown (3) declared for 6 January 2021. Covid-19 vaccination programme in progress - aim to complete by mid February. December 2020 - Hospital admissions have peaked within BNSSG during wave 2. Numbers appear to have plateaued. Outbreaks continue to be reported in schools, care homes, hospitals & primary care.	January 2021: All outbreak reporting through OKTA (NHS Foundry). CCG IPC have recently recruited additional staff to support outbreak management processes. Linked to System Command & Control. December 2020: Outbreak Framework in place and available on NHS Foundry. CCG IPC colleagues leading on this work. Risk increased to 3x4 as numbers increasing within Covid and impacting on health & social care flow as beds are closed.	EPRR Oversight Delivery Group/ committee to be confirmed	Lisa Manson	Janette Midda	4x5=20	4x4=16	↑	2x4=8	31/03/2021	OPEN	Jan-20
Nursing & Quality	BNSSG QD 021	N/A	6.12.18	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times	Urgent care Strategy in place A&E Delivery Board reviews performance on monthly basis 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 patients safety and experience through Incidents, Complaints and Feedback	Dec 20 risk remains unchanged Nov 2020: SWAST Risk score for Call Stack Risk is reviewed by all cluster CCG's. BNSSG CCG score remains at 16. Actions to mitigate risk discussed with performance colleagues. SWAST escalation with Ambulance Joint Consultation Committee in progress. Oct 2020: Chief Nurses discussion with co-ordinating commissioner being held to understand the risk and harm. Sept 2020: ongoing close liaison with Dorset CCG as co-ordinating commissioner and harm review being scoped to be undertaken by BNSSG CCG Nursing And Quality team	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	4x4 = 16	↔	8 (2x4)	Mar-20	Open	Dec-20
Nursing & Quality	BNSSGQD043	n/a	05/05/202	Patients have an enhanced risk of potential harm through contracting MRSA Bacteraemia due to the high numbers in the local area.	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.	Jan 2021: There has been a 25% reduction in cases within BNSSG compared to 2019/20. Funding has been agreed by DPH for Bristol for Chlorhexidine wipes, roll out plan and evaluation plan being developed. Dec 2020: Chlorhexidine wipes meeting has been held, business case is now being drafted Nov 2020: Year to date reduction in assigned cases when compared with 2019/20, from 22 to 15. Meeting now arranged to discuss metrics for Chlorhexidine wipes business case. Case reviews progressing.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	15 (3x5)	↔	10 (2x5)	Mar-21	Open	Jan-20






Transformation	MSK	PO1	28.05.20	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	<ul style="list-style-type: none"> * The use of the national contract with the Independent Sector to try to restart Ortho surgery and to use the IS Physios to see patients * Sanchit Mahendale has agreed to be the clinical lead to implement a single T&O directorate for BNSSG which would enable the most efficient use of resources to reduce waiting times * We plan to introduce more support at the start of the pathway to prevent the need for surgery later on, such as ESCAPE-pain courses, shared decision making, First Contact Practitioners working in Primary Care Networks, Health Optimisation, community based pain management * We are working closely with the Regional Getting it Right First Time (GIRFT) team to learn from other areas to create more capacity within the system to manage the number of people waiting. 	<p>21st December 2020:</p> <ul style="list-style-type: none"> * Ortho surgery is happening but still at lower levels than preCOVID * Only Sirona are providing virtual ESCAPE-pain courses, although the acute trusts are planning to run virtual courses in the new year * Sirona have signed a contract with the South Glouc PCNs and North and West Bristol PCNs to provide their FCP's and they have recruited 16PCN's. Other PCNs have also recruited FCPs and the Training Hub is interviewing for the FCP Fellowship role in January to create a network to ensure they are integrated in to the MSK pathways. The Health Optimisation pilot in South Glos went live at the start of November. 	* Gyms are not in a position to run ESCAPE-pain courses and we still haven't secured funding for these local gym based courses. * We have not been able to move forward on implementing an integrated pain service or an integrated physiotherapy service as approximately 30% of the acute and Sirona outpatient physiotherapists have been redeployed onto the wards and into the community to support hospital discharge. We plan to start work on these two deliverables in April 2021	MSK Programme Board	Medical Director	Elizabeth Williams	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-22	Open	Dec-20
as above	as above	as above	as above	as above	as above	<ul style="list-style-type: none"> *There is Shared Decision Making training organised for January to April and to date over 130 people have signed up for one of the training dates. We are procuring a company to work with us on a BNSSG Shared Decision Making Tool for the hip and knee pathways in the new year *We have secured funding for the roll out of the getUBetter self-management app and have 6 Primary Care Networks ready to go live in January and plans for the remaining PCNs to have gone live by the end of March, alongside the MSK staff in NBT, UHBW and Sirona. We are also working on a roll out in the 280 Care Homes. *The Joint school app is being promoted to the people waiting for a joint replacement at both NBT and Weston. *We have approval for the draft clinical model for one T&O service for BNSSG and we have started stage 2 of the project to do the detailed work on finance, BI, workforce and contracting. 	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Transformation		PO1	09.06.20	As a result of COVID-19 there is a risk that some transformation programmes will be delayed, with the result that we will not meet our 5 year plan objectives in some areas	The Directorate is working closely with the Healthier Together Team and System COVID response to accelerate transformation change as part of COVID19 recovery planning. This will be undertaken alongside a review of 5 year plan objectives, priorities and deliverables	Ongoing as part of Recovery Planning					(4x4) 16	(4 x 4) 16	-			Jun-20	
Transformation	CYP	PO4 PO6	25/05/2020	<p>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</p> <p>The EOI for the mental health support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received. There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed.</p>	Once the detail of the EOI outcome is known, a formal, transparent process for agreeing which areas should be phased in by when. Criteria are likely to include operational readiness and local needs analysis.	<p>Dec.2020 - Risk has become an issue with formal notification of risks to delivery in North Somerset. As a result ongoing conversations taking place between Victoria Bleazard, Emma Moody, Matthew Page and Lisa Manson to agree ways forward and position.</p> <p>Oct.2020 Good progress being made to confirm the location of teams, and our new Project Manager is due to join in early November.</p> <p>Sept Criteria for schools allocation agreed at August commissioning exec.</p>	Decision still needs be made and communicated to partners especially with North Somerset LA.	Mental Health Cell, via CYP subgroup - committee to be confirmed	Director of Transformation	Victoria Bleazard	(4 x 3) 12	(4 x 4) 16	↑	-	Dec-20	open	Dec-20


BNSSG CCGs Governing Body Assurance Framework 2020/19 (Dec 2020)

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
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	3x4 =12	↓
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 not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance, financial and population health outcomes in line with the system aims	Julia Ross/ Sarah Truelove	4x4= 16	2x4 =8	2x4=8	↓
Principal Objective PO3: Integrated Care Partnerships: To develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all model of care at locality and neighbourhood level	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: Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved.	Deborah El- Sayed	4x4= 16	3x4 =12	2x4=8	↓

Principal Objective PO4: 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 up to 30% 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	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: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future	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 care children receive and impacting on their life course	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, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee				
Principal Risk: As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving 'leading' on the maturity framework, a poor service for the individuals and inequalities in the way we support our population	Rosi Shepherd	5x3= 15	3x3= 9	2x3 = 6	
Principal Objective PO8: People Plan Developing the CCG's People Plan	Committees: Governing Body,				
Principal Risk: There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.	Dave Jarrett Sarah Truelove Julia Ross	4x4= 16	1x4=4	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	4x4= 16	3x4 =12	
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The CCG risk scoring matrix as set out in the Risk Management Framework is:


Risk Assessment scoring matrix

likelihood of happening	Almost certain = 5	5	10	15	20	25
	likely = 4	4	8	12	16	20
	possible = 3	3	6	9	12	15
	unlikely = 2	2	4	6	8	10
	Rare = 1	1	2	3	4	5
		Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
		Impact				

Governing Body Assurance Framework


Objective: <i>This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework</i>	Director Lead: Julia Ross/Sarah Truelove
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	Date Last Reviewed: December 2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x5=25 (this was initial risk score on CRR) Current: 3x5=15 to be reviewed re covid management Target risk: 3x4=12 Trend 	Rationale for current score: <ul style="list-style-type: none"> The infection numbers are increasing significantly across the country and therefore as people spend more time in enclosed spaces the risk of further increase in BNSSG is high. As services become overwhelmed with COVID cases there is a risk that further management resource will be taken up in managing the response. Current delivery of strategic objectives has reduced risk score to likelihood 3
Committee with oversight of risk Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee	Rationale for target risk: <ul style="list-style-type: none"> Further work is being completed to see if we can further separate COVID and non-COVID work. This would reduce the impact of further surges in COVID demand.
Controls: (<i>What are we currently doing about this risk?</i>) 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. Phase 3 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 phase 3 response. Surge plan in place and tested during second wave. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) January plan in development to address expected third wave.	Assurances: <ul style="list-style-type: none"> Governing Body receives regular updates on recovery including information on: <ul style="list-style-type: none"> Number of cases in our population compared to the national picture Actual activity against our local model to give confidence in the future predictions Phase 3 plans are being delivered or exceeded in most cases NHSE/I provided positive feedback at surge meeting of management of COVID escalation within BNSSG Gaps in Assurance: (<i>What additional assurances should we seek?</i>)

Integrated Care Systems

Objective: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.	Director Lead: Julia Ross/Sarah Truelove
Risk: As a result of not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance, financial and population health outcomes in line with the system aims.	Date Last Reviewed: December 2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 4x4=16 Current: 2x4=8 Target risk: 2x4=8 Trend 	Rationale for current score: <ul style="list-style-type: none"> The partnership Board recently gave commitment to development of the ICS development plan and the survey carried out demonstrated a high level of shared commitment.
Committee with oversight of risk Healthier Together Partnership Board Governing Body Strategic Finance Committee	Rationale for target risk: <ul style="list-style-type: none"> 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've made in improving the reputation of BNSSG and reduce the credibility of the CCG as a system leader.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> Formal Partnership Board and Executive Group in place. Relaunching SDOG to lock in beneficial impact in ways of working that have been achieved through COVID. 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. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> 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. Process to be set out by November. 	Assurances: <ul style="list-style-type: none"> Long Term Plan agreed with NHSE/I BNSSG recognised as an ICS Phase 3 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 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar.

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| <ul style="list-style-type: none">• Recruiting to an enhanced role for an independent Chair. To be in place by April.• System dashboard in development, first draft to be complete by end October.• Running a second wave of the system leadership programme (Peloton) and scoping a third. | |
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Integrated Care Partnerships

<p>2020/21 Objective: to develop Integrated Care Partnerships to establish personalised preventive and proactive model of care at a locality and neighbourhood level. Underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all model of care at locality and neighbourhood level</p>	<p>Director Lead: Julia Ross, Sarah Truelove, Lisa Manson, David Jarrett, Colin Bradbury, Martin Jones Deborah El-Sayed</p>
<p>Principal Risk: There is a risk that engagement across the system is insufficient to sustain current levels of understanding, shared purpose and joint ownership resulting in failure to implement ICPs Without all system partners having strong engagement, understanding, shared purpose and commitment to developing ICPs, there is a risk that improvements in health outcomes and the benefits of ICPS are not achieved .</p>	<p>Date Last Reviewed: December 2020</p>
<p>Risk Rating Initial: 4x4=16 Current: 3x4 = 12 Target Risk Score: 2x4=8 trend</p> 	<p>Rationale for current score: As systems partners address Phase 3 recovery challenges, address winter pressures, further COVID 19 peaks, and remain responsive to their regulators there is a risk on the capacity of leaders and their teams being able to maintain engagement with the ICP exploratory agenda. The risk score has reduced to reflect the start of the discovery phase programme and establishment of a system oversight group chaired by the Chief Executive of Bristol City Council. There has been significant engagement, contribution and enthusiasm for the discovery work so far</p>
<p>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)</p>	<p>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.</p>
<p>Controls: <i>(What controls are in place to manage this risk?)</i></p> <ul style="list-style-type: none"> • 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). 	<p>Assurances:</p> <ul style="list-style-type: none"> • 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 (Dec 2020) • Internal Audit Delegated Commissioning (Feb 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.
- ~~PCN Organisational Development Programme focussed on integration of services~~
- ~~Structured Organisational Development for Integrated Locality Groups~~
- 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**


Mitigating Actions:

- Consideration of the local and **ICS**-wide governance arrangements that will enable ICPs.
- ~~Establishment of ICP Oversight Board with representation from across system~~
- ICP reporting to be developed for PCCC
- ICP maturity framework to be developed as part of the discovery work programme
- **Developing model of care through system wide co-production events**
- **Learning Connections now established with Christchurch New Zealand, Greater Manchester LCOs. New connections being made with ChenMed (US) and Clalit (Israel)**
- **Presentation to HT Partnership Board January 2021**
- **Developing OD approach specifically for system CEOs to consider ICP development**

Gaps in Assurance:

- Locality development risk log to come to PCCC
- ICP maturity framework reporting to PCCC

Mental Health

<p>2020/21 Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing</p>	<p>Director Lead: Deborah El-Sayed</p>
<p>Risk: As a result of COVID 19 there is a risk that demand for MH services will increase by up to 30% which may result in 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</p>	<p>Date Last Reviewed: December 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 Target Risk Score = 3x4 =12 Trend</p> 	<p>Rationale for current score: The MH business Case has identified a series of 29 initiatives and schemes each designed to address a specific component of the expected demand and mitigate the risk of services being overwhelmed by the demand across the system. Each of the activities has now been established with specific go live dates however there has not been sufficient impact measurement to date to warrant a change to the risk rating and scores at this stage. Current figures on impact are showing the level of secondary care contacts with for adults are slightly above seasonal average; CAMHS is 40% increase; IAPT demand continues to increase and demand in primary Care is reported as being higher (still awaiting definitive figures) OOA figures are lower than in August but remain higher than the target trajectory of Zero by April 2021</p>
<p>Committee with oversight of risk</p> <ul style="list-style-type: none"> • CCG Clinical Executive • CCG Quality Committee • Strategic Finance Committee • PPIF • System - MH Oversight Board linked to Health and Well being boards 	<p>Rationale for target risk: The target risk score is 12 as it is expected that even with the mitigations identified as part of the business case that there will be unavoidable fluctuations in demand that we will need to address. The time for the impact of some of the programmes will be outside this financial year.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • LTP objectives/ Business Case benefits are being monitored via delivery assurance processes • Monitoring of level of MH crisis across the system via system wide dashboard currently being reinstated into WSOG / SDOG forums and Contract management frameworks • Phase 3 planning has reset the key deliverables and expectations for achievement this will be monitored as part of SDOG 	<p>Assurances: The sources of assurances available relating to this objective are reports on the following</p> <ul style="list-style-type: none"> • 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


- The system wide MH and Well Being strategy sets out the core priorities
- Performance is being monitored via a range of committees as detailed above

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
- 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 ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems–
The milestone plan for MHED has now been discussed and agreed with system COOs
- MH will be built into the design for 111 first to ensure people get the right support first time
- MH services are being profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services
- The elemental social prescribing platform will be available in Feb 2021 this will enable direct access to MH and wellbeing support services
- Increased use of street triage and co-location with ambulance service from Jan 2021
- Impact to be aligned with adjusted demand and capacity work
- Greater focus on CAMHS and in particular eating disorder services (linked to CMHF)

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


Learning Disability and Autism

<p>2020/21 Objective: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within Bristol, North Somerset and South Gloucestershire</p>	<p>Director Lead: Rosi Shepherd</p>
<p>Risk: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future</p>	<p>Date Last Reviewed: December 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 4 X 4 = 16 Current: 4x4 = 16 Target Risk Score: 3 x 4 = 12</p> 	<p>Rationale for current score: the risk score is based on...</p> <ul style="list-style-type: none"> • Current low performance of Annual Health Checks and Health Action Plans. • Number of people within the Transforming Care Programme place out of area remains above trajectory. • Robust approaches to ensure assurances regarding the quality of commissioned individual care packages in development. • Approaches to ensure implementation of learning from LeDeR reviews in development. • Identified need to increase levels of engagement and inclusion of people with Learning Disability and/or Autism, parents and carers and people from BAME community with of Learning Disability and Autism (LD&A) issues
<p>Committee with oversight of risk Quality Committee</p>	<p>Rationale for target risk: The target risk score reflects the long term nature of this programme of activity to reduce the risk</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • BNSSG system wide Learning Disability and Autism programme board established and new Learning Disability and Autism SROs appointed to lead programme board. • CCG Learning Disability and Autism delivery group established. • Learning Disability and Autism delivery plan, including delivery targets, in place and monitored through CCG group 	<p>Assurances: The sources of assurances available relating to this objective are</p> <ul style="list-style-type: none"> • 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


<ul style="list-style-type: none"> • Regular performance reports to committees and governing body covering: 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) • 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 <p>Mitigating Actions: <i>(what further actions are needed to reduce the risk and close any identified gaps)</i></p> <ul style="list-style-type: none"> • Development of a Comprehensive Quality Assurance Framework for individual placements made for people with LD&A in all residential settings including inpatients by end of Q3 • Development of agreed SOP for C(E)TR processes including Dynamic Support Register and thematic evaluation by end of Q4 • Full implementation of Commissioner Oversight guidance by end Q4 • Full implementation of Host Commissioner role for BNSSG by end of Q3 • EIA of TCP and CHC cohort of people with LD&A by end of Q4 • Development of LeDeR actions with specific themes to develop provider action plans by end of Q4 • Hosting learning events to raise awareness and share good practice 	<ul style="list-style-type: none"> • CQC/Ofsted Joint Inspection Reports and written statements of action • Transforming Care Programme cohort reporting to NHSE and Learning Disability and Autism programme board <p>Gaps in Assurance: 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. Comprehensive Quality Assurance processes relating to individual CCG commissioned placements made for people with Learning Disability and Autism</p>
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| <ul style="list-style-type: none">• Continued implementation of the Adult Autism Assessment Waiting List Initiative• Supporting Primary Care to improve annual health check uptake and increase the numbers of Health Action Plan resulting from Annual Health Check with evaluation of HAP delivery. Training and support for primary care practitioners in the completion of AHC and HAP development• Identification of lessons learnt from disproportionate impact of COVID 19 on people with LD&A and implications for other areas of inequality for example cancer screening and flu immunisation uptake• 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 future service development• SEND action plans in place with local authority partners
Work in progress to align CYP with LD&A workstreams for people with LD&A | |
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Children's

2020/21 Objective: To improve the commissioning of services for children	Director Lead: Lisa Manson
Risk: Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course	Date Last Reviewed: December 2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 4 x 4 =16 Current: 4x3 = 12 Target Risk Score: 2x4=8 Trend 	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.
Committee with oversight of risk Clinical Executive, Quality Committee and Strategic Finance Committee	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.
Controls: (<i>What controls are in place to manage this risk?</i>) <ul style="list-style-type: none"> • 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: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) set of five actions to address risk <ul style="list-style-type: none"> • 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 Dec 2020 • 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 	Assurances: The sources of assurances available relating to this objective are <ul style="list-style-type: none"> • 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: (<i>What additional assurances should we seek?</i>) Information sharing agreements between all partners, to ensure that we can monitor the outcomes and improvements in life course.

Funded Care

<p>2020/21 Objective: 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</p>	<p>Director Lead: Rosi Shepherd</p>
<p>Risk 1 : As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving ‘leading’ on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.</p>	<p>Date Last Reviewed: December 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x3 = 15 Current: 3 x 3 = 9 Target Risk Score: 2 x 3 = 6</p> 	<p>Rationale for current score: The risk score is based on... Likelihood score reduced – automated reporting with aggregated data being developed The capacity within the BI team to support the development of a good data set is stretched resulting in the data not being accessible, accurate or available. Impact: Without sound data, the team will not realise the scale of the problem faced in some areas nor be able to assess the impact of decisions/changes they have made or plan capacity to meet demand</p>
<p>Committee with oversight of risk Quality Committee Strategic Finance Committee</p>	<p>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, are viewed as good partners to work alongside and achieve 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.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> Team data collection mechanism supports the development of plans to manage demand Aggregated data across BNSSG being collected – Feb 2021 KPI data included Move to enhanced automated reporting - May 2021 	<p>Assurances: The sources of assurances available relating to this objective are</p> <ul style="list-style-type: none"> Internal assurance through Monthly reporting quality committee Internal assurance through Finance reporting to Strategic Finance Committee What about the CHC maturity Framework mentioned above – how is this reported to the Governing Body

- **Additional grant funded BI support looking at pathways to support demand and capacity planning.**

- FNC Group established and monitors monthly activity, reporting to Quality Committee
- Team self audit schedule developed
- Team structures established
- Funded Care Policies adopted and in place
- Monthly finance reporting to Strategic Finance Committee with risks and mitigations highlighted

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

- Work force development plans submitted to NHSE to support delivery of deferred assessments
- First draft scenario modelling underway to manage demand and capacity
- Action plan is in production to respond to the CHC review

Gaps in Assurance:


- Audit Committee yet to receive the CHC review and action plan
- **Plan submitted for Dec meeting**

People Plan

2020/21 Objective: Developing the CCG's People Plan	Director Lead: Dave Jarrett / Sarah Truelove/Julia Ross
Risk: There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.	Date Last Reviewed: December 2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 4x4=16 Current: 1x4 = 4 Target Risk Score: 2x4=8 Trend	Rationale for current score: Establishment of People Plan Steering Group and programme plan has reduced risk score to below target risk score. Risk will continue to be monitored by People Plan Steering Group. People Plan Steering Group will continue to review the principal risk to the development and delivery of the People Plan and will update the risk, identifying controls, actions, and assurances for future Governing Body meetings
Committee with oversight of risk : Governing Body	Rationale for target risk: Development of cohesive programme plan and the establishment of an Executive led steering group to drive delivery and with staff engagement included as part of the process
Controls: (<i>What controls are in place to manage this risk?</i>) <ul style="list-style-type: none"> Executive Team oversight of the People Plan development and Delivery Individual workstreams in place with ad hoc separate reporting routes Learning and Development Policy agreed and process established including Learning and Development Panel Equalities policies Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> People Plan Steering Group to meet from 19/10/20 to be chaired by CEO with membership including executive team, corporate services, staff partnership forum, HR and internal communications 	Assurances: The sources of assurances available relating to this objective are: <ul style="list-style-type: none"> Internal source of assurance – ad hoc and subject specific reports to Governing Body Annual Staff survey Internal Audit of Appraisal Process Gaps in Assurance: (What additional assurances should we seek?) <ul style="list-style-type: none"> NHSE/I oversight of People Plan to be confirmed

- Development of a programme structure to shape the CCG's People Plan, with agreed the outputs and targets to measure success, manage risks and issues and govern delivery.
- Production of assessment of readiness and gap analysis to inform target setting and prioritisation of activities and resources.
- Alignment of the CCG People Plan with the BNSSG whole-system approach; ensuring that our actions are 'future-proofed' ahead of achieving ICS status. Identification of people and financial resources to deliver the People Plan (which will be required beyond the current year)
- Embed Staff Partnership Forum involvement in the People Plan development and Delivery
- Governing Body oversight workforce reporting cycle to be reviewed and revised and to include staff temperature check, turnover data, exit interview feedback, WRES/DES data, training compliance, appraisal completion
- New Inclusion Council being developed to drive inclusive culture and practices — this has been agreed by the Executive Team

Financial Sustainability

<p>2020/21 Objective: 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.</p>	<p>Director Lead: Sarah Truelove/ Peter Brindle</p>
<p>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.</p> <p>As a result of rapid and significant changes and continuing uncertainty in the way we pay our providers there is a risk that this is not understood and accepted across the system which may result in misaligned objectives between organisations in the system, which won't deliver optimum value for the population.</p>	<p>Date Last Reviewed: December 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 Target Risk Score: 3x4=12 Trend</p> 	<p>Rationale for current score: The financial framework for the remainder of 20/21 has only just been confirmed and the arrangements for 21/22 are not clear. The payment regime to providers is very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach. Organisations and individuals are not completely familiar or committed to this way of working.</p>
<p>Committee with oversight of risk Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, System Delivery Oversight Group</p>	<p>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.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • Single regulator working with the system • National proposed financial framework for the remainder of 20/21 drives system working 	<p>Assurances:</p> <ul style="list-style-type: none"> • 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

- Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the Phase 3 recovery including transformation plans
- Reporting internally to Strategic Finance Committee on monthly CCG and system financial position
- Planning Oversight Group and DoFs providing oversight of system financial position.
- Clinical Cabinet provides oversight and decision making regarding clinical models and pathways
- Long term financial model developed as part of LTP response.
- The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle.
- Cohort 1 of Value Leaders to champion approach across system trained

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

- ~~Identify a sustainable funding stream for the PHM dataset. April 2021~~
- ~~Identify sustainable resource to continue to develop the approach to Population Health Management including increasing the balance of BI resource deployed in this area April 2021~~
- Devise practical guides to 'doing' PHM and the Value approach. January 2021
- Update and engage DOFs across the system with work to date and the draft high level goals to gain their commitment to this work December 2020
- Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans
- ~~Review and finalise the set of system wide Value Based Healthcare high level goals that are in draft currently November 2020~~
- ~~Use Population Health Management data to identify opportunities to reallocate resources from low to high value activity~~
- 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
- ~~Continue to strengthen relationships with the Aneurin Bevan University Health Board value programme.~~

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

- Phase 3 plan yet to be agreed with NHSE/I

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| <ul style="list-style-type: none">• Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes data currently under review• Consider how make best use of Value Leaders and support their ongoing system leadership• Developing a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity – January 2021• Revise the governance structure for VBH, Population Health Management, Population Health and Health Inequalities November 2020. | |
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