

BNSSG CCG Primary Care Commissioning Committee Meeting

Date: Tuesday 27th July 2021

Time: 9:30am

Location: Virtual meeting. Details within the calendar invite

Agenda Number :	5
Title:	Governing Body Assurance Framework and Corporate Risk Register (CRR) June 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 risks rated at 20 and above on the CRR • New risks added to the CRR since the last review by the Governing Body and Primary Care Commissioning Committee • The risks recommended to Governing Body for removal and the confirmation of the relevant committees that they are assured that the actions have been sufficient to reduce the risk score • Risks that committees have recommended remain on the CRR 	
Recommendations:	<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 Committee receives a register of its members declared interests as a standing item. There are no declared interests relating the CRR and no risks regarding the management of declared interests												
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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4	Loss of 0.5% to 1% of budget (£7m to £14m)												
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 with Risk Leads, Risk Administrators and Directors for monthly updating. The Corporate Risk Register is a public document 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) June 2021

1. Background

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

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

1. Corporate Risk Register

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

ref	risk description	current risk score	Date added	Cross ref to GBAF
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	4x5 =20	1.05.20	PO4

	the crisis team's ability to respond.			
BNSSG Commissioning 10	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	4x5 =20	1.05.20	PO1

2. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the April review of the CRR by the Governing Body and PCCC below risks have been added to the CRR.

ref	risk description	current risk score	Current Committee	Cross reference GBAF
UC01	UEC Programme - If there is insufficient community urgent care capacity across BNSSG, the NHS 111 First transformation programme will not have the impact anticipated	4x4=16	Clinical Executive	PO9
UC02	UEC Programme - ED booking for NHS 111 is currently switched off in BNSSG due to walk in activity pressures. This results in the BNSSG system being non-compliant with a national requirement and associated reputational risk.	4x4=16	Clinical Executive	P09
Commissioning: 22	Due to AWP having a number of patients placed out of trust (OOT) there is a risk in ensuring patients get equitable care when placed out of area and, due to the bed base being outside existing contractual obligations there is also a financial risk to the CCG.	4x4=16	Clinical Executive	PO4
Transformation Comms 3	Communications Team If we do not have a clear, agreed work plan in place, there is a risk that the volume of work will not be sustainable for the team. This could result	4x4=16	tbc	PO8

	in not being able to meet the organisations key objectives and priorities, a risk that efforts are not focused in the right place, or that the stress on the team leads to sickness and absence. Key large programmes currently being managed alongside day to day activity include operational plan, organisational priorities, restoration and recovery of services, ongoing covid and mass vaccination and move to ICS and ICP development.			
Trans-formation Comms 4	Communications Team If we do not have allocated comms support for the transition of staff to the ICS, there is a risk of employee disengagement and a lack of workforce preparedness. There is also a risk that the team do not have capacity to deliver a well planned strategy leading to stress, overwhelm and staff sickness.	4x4=16		PO8
Commissioning Directorate: Risk Ref - tbc	As a result of delays in the breast 2WW pathway There is a risk that patients will have later diagnosis of cancer. Which may result in patients coming to harm and requiring more extensive treatment and worse outcomes and psychological distress.	5x4=20	Clinical Executive Quality Committee	tbc
Trans-formation Comms 5	Communications Team RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a current resource gap with a number of planned and unplanned absence sacross internal, external and insights teams. These gaps are impacting on team capacity and ability to deliver planned work which will result in possible impact on output and deliverablesand possibly leading to stress and further staff sickness if not addressed.	5x4=20	tbc	PO8
Trans-formation Comms 6	Communications Team RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Due us not being able to secure a secondment extension for the Internal communications manager there is a significant risk on the impact of the deliverable of key internal communications work resulting in increased pressures across the team, lack of resrouces and skill at the right level	5x4=20	tbc	PO8

	to deliver the complexity of work that needs to be undertaken. This will impact on wider workforce with Internal communication playing a key role in supporting staff and keeping them informed.			
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The risk score for the risk below was reduced in April 2021 to below the threshold of the CRR. The risk was reviewed at the Clinical Executive meeting at the beginning of May 2021 and it was agreed that the risk score would not be reduced until the business case was agreed.

ref	risk description	current risk score	Current Committee	Cross reference GBAF
Transformation	<p>As a result of:</p> <ul style="list-style-type: none"> • CCG late take-up of the 2019/20 NHSE Wave-2 IPS funding • AWP's agreement to deliver but subsequent non-prioritisation of the service • the COVID-19 crisis <p>there is now a risk that we do not establish the new IPS service, which may result in:</p> <ul style="list-style-type: none"> • People in secondary MH services not receiving evidence-based support into paid employment • Our (already reduced) two year NHSE funding and the opportunity it presented being lost • Failure to meet the national requirements for rapid IPS further investment and expansion through the LTP. <p>A business case is in development to address issues with ongoing discussions regarding finances</p>	5x3=15	Clinical Executive	PO4

The risk score for the risk below was reduced in May 2021 to below the threshold of the CRR. The risk was reviewed at the Clinical Executive meeting at the beginning of June 2021 and it was agreed that the risk score would not be reduced given current performance. The risk will continue to be reported on the CRR

ref	risk description	current risk score	Committee	Cross ref GBAF
Transformation	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	3x4=12	Clinical Executive	PO1

	for surgery			
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Risks to be recommended to the Primary Care Committee and the Governing Body for closure are detailed 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 is asked to consider whether it is assured that the actions have reduced the risk score in each case. Risks below the threshold of the CRR continue to be monitored on Directorate Registers.

ref	risk description	current risk score	Comm ittee	Cross ref GBAF
Commissioning: -12	<p>Infectious disease outbreak including high consequence infectious diseases. (VHF Ebola / SARS / MERS/Coronavirus)</p> <p>Reasons for reduction in score: Local Outbreak Management Plans led by DPH and Health Protection Boards. All processes in place. Rates remain low with small fluctuations as the Road Map opens. Outbreaks in Education and Care Homes are low. Health figures are low with a caveat on Weston Hospital outbreak.</p> <p>Lateral Flow tests available for public use now to monitor surge in positive cases. Vaccination rates increasing which reduce transmission</p>	4x3=12	Clinical Executive	PO1

The below risk was approved or removal at the July Governing Body. Following this meeting there was a discussion at the Clinical Executive about the Urgent Care Risks reported on the Risk Register and it was agreed that these risks would be revisited and reviewed.

ref	risk description	current risk score	Comm ittee	Cross ref GBAF
Transformation UC01	<p>UEC Programme - If there is insufficient community urgent care capacity across BNSSG, the NHS 111 First transformation programme will not have the impact anticipated</p> <p>reasons for reduction in score: UCSG agreed (5/5/21) to establish a programme of work led by COG and 111 Clinical Leads Group to review the front door model and required capacity and make recommendations about adjustments needed to ensure the right capacity is in the right place in time for winter. Additional funding agreed for Sirona to increase capacity for 2021/22 whilst broader changes to UEC system bed</p>	1x4=4	Clinical Executive	PO9



	in (e.g. rollout of system CAS).			
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3. Governing Body Assurance Framework

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

Each objective continues to be assigned to a committee/s for oversight. The revised GBAF is presented to the Committee. Each committee will 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 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	risk score and trend
Covid: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework	As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	2x5=10 
Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.	3x4 =12 

Appendices

Appendix 1 Corporate Risk Register

Appendix 2 GBAF

Bristol North Somerset and South Gloucestershire Clinical Commissioning Group Corporate Risk Register June 2021



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

Table with columns: Risk ID, Risk Description, Likelihood, Impact, Risk Score, Current Controls, Actions to be taken, Comment on progress, Review Date, Responsible Person, Status, and Review Date. Contains 11 risk entries (Risk Ref: 5, 7, 10, 11, 21, 22) with detailed descriptions and management actions.

MSJ#	Risk Description (if caused then risk event) resulting in effect/impact	Priority/Status	Reported on/Phase	Date/Item	Manager	Progress/Performance	Target/Performance	Score	Management actions already in place to mitigate risk (current controls)	Progress/Status	Performance	Target/Performance	Score	Notes/Comments	Actions to be taken (if these are completed they should be moved to actions in place)	Comment on progress	Next Update	Reported on/Phase	Priority/Status	Reported on/Phase	Target/Performance	Score		
Transformation - Risk Ref - IPS (Individual Placement and Support) Model - Health Employment	As a result of CCG late take-up of the 2019/20 NHE Wave-2 IPS funding • AWP's agreement to deliver but subsequent non-prioritisation of the service • The COVID-19 crisis There is now a risk that we do not establish the new IPS service, which may result in: • People in secondary MH services not receiving evidence-based support into paid employment • Our (already reduced) two year NHE funding and the opportunity it presented being lost • Failure to meet the national requirements for rapid IPS further investment and expansion through the LTP.	PO4	27.05.2020	Deborah El-Sayed	Victoria Biazard	4	3	12	01.04.2021 - Discussions ongoing with MH contracting team on approach and possible finances. Expected imminently. 08.03.2021 - IPS now live & taking referrals & working to support. Business case developed to repurpose existing employment support going through system currently which may resolve this. 08.02.2021 Richmond fellowship staff now appointed. AWP manager is out to advert. Risk re: coverage still live due to funding decision which is still awaited. 13.01.2021 - AWP leading the implementation with Richmond Fellowship. New trajectory proposed for recruitment of staff, taking referrals and people starting paid work from Feb 2021 to June 21. Risks: The new service will not provide full BNSSG coverage (in the Bristol Recovery service) without further investment in 21/22 as existing IPS capacity across BNSSG has reduced from 2.4WTE to 1WTE since the Wave 2 bid and LTP plans were submitted.	5	3	15	(2x3) = 6	↔	May 21 - Current Richmond / BMH employment service moving toward total IPS model from Sep 21, to be integrated with the new IPS service - to form one single IOS service offer. This will provide a consistent offer over all MH Team types in BNSSG. AWP IPS manager in place. The NHE expectation is for a steep trajectory of CCG investment in IPS over the next five years. BNSSG have not budgeted such investment in for this and it remains at the 21/22 (lower than required) level. Business case in development to address	June 21 - No change 01.04.2021 - Discussions ongoing with MH contracting team on approach and possible finances. Expected imminently. 08.03.2021 - IPS now live & taking referrals & working to support. Business case developed to repurpose existing employment support going through system currently which may resolve this. 08.02.2021 Richmond fellowship staff now appointed, AWP manager is out to advert. Risk re: coverage still live due to funding decision which is still awaited.								
Transformation - Planned Care - Risk Ref - COVID-19 Impact	As a result of COVID-19, there is a risk that delivery of the Long Term Plan deliverables and goals will not be achieved, and impacts cannot be measured, which may result in increasing delays, poor experience and poor value care.	PO1	22.05.2020	Evelyn Barber (Planned Care) and Peter Brindle (Cancer)	Andy Newton	5	3	15	July 21 - BNSSG is still working hard to achieve 120% of activity by the end of July 2021. Plans are being implemented at speed. June 21 - BNSSG has become a national Accelerator site and is working to try and achieve 120% of activity (by value) by the end of July 2021. Governance structures are in place and plans are being implemented at speed. May 21 - MSK, Outpatients, Diagnostics and Cancer Programmes all in place focusing on recovery. March 21 - 21/22 planning is focused on elective care recovery. Embedding transformation of elective care services will be central to development of 21/22 plans. For planned care, this will include recovery of routine care in line with planned care strategy. Where possible, services should be recovered in ways which further the objectives of the long term plan. Where this is not possible, plans should be revised and updated to reflect the unavoidable service changes. Phase 3 recovery has included investment in additional capacity across planned care specialist and diagnostic for recovery to near pre-COVID activity levels. Planning for 21/22 will now include capacity and demand work to reduce the backlog. The planned care board has established a work programme to deliver the high level principles.	5	3	15	(3x4) = 12	↔	July 21 - Accelerator work continuing to be implemented to increase activity and reduce length of stay. The first patient will use the Orthopaedic Supported Discharge pathway on the 14th of July. June 21 - Accelerator Command and Control system is in place to manage the work to reach 120% activity value by July 2021. Lots of projects being implemented to increase capacity, such as weekend and evening working, supported discharge, waiting list validation, Patient Initiated Follow Ups etc. May 21 - Elective Care Recovery Command and Control system being set up to manage the work to reach 120% activity value by July 2021. Lots of projects will be put in place to increase capacity, such as weekend and evening working, waiting list validation, Patient Initiated Follow Ups etc. The impact of some of the unavoidable service changes is not yet known (for example, capacity constraints and backlog clearing of routine elective waiting lists). Capacity constraints will lead to longer waiting lists and increasing numbers of patients waiting. This is being monitored by the performance and oversight group and the Planned Care Board, with mitigating actions being developed.	July 21 - Work is continuing to happen at speed to try to meet the 120% target June 21 - Work is happening at speed with additional funding and support from NHS England/Improvement May 21 - Work is happening at speed, with support from NHS England The Planned Care Strategic Plan and 5 year plan objectives and 2021 deliverables are being used to shape planning across planned care services. System capacity and recovery plans have been developed as part of phase 3 recovery and 21/22 planning, and mitigations developed.								
Transformation - Planned Care - Risk Ref - Cancer	As a result of patients not presenting to services early There is a risk that patients will present at a later stage of cancer Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival Long Term Plan target = 75% of cancers are diagnosed at stage 1 and 2 by 2028. In 2017 of those cancers which were staged 56% were stage 1 and 2	PO1	04.02.2021	Peter Brindle	Andy Newton	4	4	16	This risk has been transferred from the Cancer Programme Board risk register A CCG plan will need to be developed in collaboration with the Cancer Alliance and the STP Acute Care Collaboration steering group in order to deliver priorities for cancer identified in the long term plan Targeted communications / national media campaigns to highlight need to present to their GP early	4	4	16	(3x4) = 12	↔	June 21 - Helena Fuller and Rachel Anthwal are providing support to Margaret Kemp while Andy Newton is on sick July 21 - Paper sent to Helena Fuller recommending direct aware to C the Signs with mitigation against a legal challenge including a 30 days stand still period after publication of award. CCG support for Prostate Cancer UK: Men's Health Week campaign 14 - 20th June and the Roy Castle Lung Foundation Spot the Difference campaign June 21 - Further work undertaken by Margaret Kemp and Glenda Beard on procurement approach and meeting took place this with Helena Fuller on 3rd June to discuss next steps May 21 - Discussion with Helena Fuller and Mike Pingleton raised concerns over direct aware due to the number of GP practices within BNSSG using Ardens. MK to undertake further work on procurement approach and feed back to Helena. April 21 - Proceeding with procurement options for GP support tool 02.02.21 Paper to go to the Commissioning Execs February / March to update on proposed pilot of GP Support tool funded by the Cancer Alliance	July 21 - Meeting held on the 17th June. Further work has been undertaken on the reverse care pathway following a meeting with clinicians from UHBW and NBT. Key questions and comparator groups identify which will now be used to integrate the System Wide data set. Inequalities in terms of access / take up of smoking cessation also to be looked at and prescribing data by practice. Initial SWAG meeting held on the 23rd June to discuss the Alliance wide approach to Target Health Lung Checks (THLC). June 21 - Meeting held on the 20th May. Lewis Peake to arrange meeting with identified clinical staff from UHBW and NBT to gain understanding of the reverse pathway for lung cancer and to identify the questions that will need to be answered. Exploring the use of SWAG CA Service development funding for 21/22 for clinical analysts for UHBW, NBT and primary care to identify where the inequalities exist and how to target / approach them. 28.04.21 Second meeting of the cancer health inequality group held on Friday 16th April and a meeting with Bristol public health colleagues to discuss the reverse pathway approach to lung cancer on the 22nd April. In terms of the lung cancer health inequality it was agreed that clinical input was needed and the Cancer Lead nurses at UHBW and NBT are exploring who can support this work. Phase 2 targeted lung health check pilot locations to be announced which could support the inequalities work. It has been suggested that there is a case for a SWAG wide approach targeting pockets of high prevalence. 31.03.21 First meeting of BNSSG cancer inequalities group held on the 4th March 05.02.21 Targeted communications have been developed as part of a wider communications plan encouraging								
Transformation - Urgent Care - Risk Ref UC 01	UEC Programme - If there is insufficient community urgent care capacity across BNSSG, the NHS 111 First Transformation programme will not have the impact anticipated	PO9	08.05.21	Lisa Manson	Kate Lavington	4	4	16	Key areas of risk (MUUTC capacity) being managed through contract route by commissioning team.	1	4	4	(2x4) = 8	↓	UCSG agreed (5/5/21) to establish a programme of work led by COG and 111 Clinical Leads Group to review the front door model and required capacity and make recommendations about adjustments needed to ensure the right capacity is in the right place in time for winter. Additional funding agreed for Sirona to increase capacity for 2021/22 whilst broader changes to UEC system bed in (e.g. rollout of system CAS).									
Transformation - Urgent Care - Risk Ref UC 02	UEC Programme - ED booking for NHS 111 is currently switched off in BNSSG due to walk in activity pressures. This results in the BNSSG system being non compliant with a national requirement and associated reputational risk.	PO9	06.05.21	Deborah El-Sayed	Kate Lavington	4	4	16	SBAR agreed summarising the position in BNSSG. Regular reviews with ED clinical and managerial leads during April. NHEI kept informed at all stages. Clinical consensus is unanimous that the safety risks of switching on the slots outweigh the potential benefits for the system. 111 First Programme Group endorsed this on 30/4/21. UCSG briefed 5/5/21.	4	4	16	(2x2) = 4	↔	Triggers have been proposed for the restoration of ED Booking and will be regularly reviewed to switch the slots on as quickly as possible. Progress being made. Additional investment agreed for Sirona - minor injuries SOP reinstated. System CAS development being accelerated (to replicate outcomes of successful pilot) - business case for use of non recurrent monies developed which, if approved, should enable ED booking to be switched back on as a result of increased system confidence in 111 outcomes. Progress being made - minor injuries SOP being reinstated and system CAS development being accelerated.									
Transformation - Communications 3	If we do not have a clear, agreed work plan in place there is a risk that the volume of work will not be sustainable for the team. This could result in not being able to meet the organisations key objectives and priorities, a risk that efforts are not focused in the right place, or that the stress on the team leads to sickness and absence. Key large programmes currently being managed alongside day to day activity include operational plan, organisational priorities, restoration and recovery of services, ongoing covid and mass vaccination and move to ICS and ICP development.	PO7	10.05.21	Deborah El-Sayed	Michelle Smith, Rebecca March and Alex Ward Booth	5	4	20	Priorities plan is in place, this is regularly reviewed at the senior leadership meetings. This has been shared with the Exec lead and they are sighted and aware of pressures and the plans in place to manage those.	4	4	16	(3x3) = 9	↔	Continue to review the priorities plan at the weekly senior leadership team meeting and update accordingly. Update Exec Lead on any changes or emerging pressures as things change.	Senior leadership team continue to review workplan on a weekly basis to ensure that projects are progressing and regularly identifying where work needs to be paused or additional resource is required.								

IS2/2/1	Risk Description (if cause then risk event) resulting in effect/impact	priority/initial status	reported on	(last) last full	assigned	progress percentage	total percentage	Score you score per portfolio	management actions already in place to mitigate risk (current controls)	planning status	completion	Project status	score per portfolio	score you score per portfolio	status	actions to be taken (as these are completed they should be moved to actions in place)	Comment on progress	next update when update (DD:YY) is	update type	priority/date etc	completion date/next action	priority date
Transformation - Communications 4	If we do not have allocated comms support for the transition of staff to the ICS there is a risk of employee disengagement and a lack of workforce preparedness. There is also a risk that the team do not have capacity to deliver a well planned strategy leading to stress, overwhelm and staff sickness.	Red	10.06.21	Sarah Trustlove	Michelle Smith	0%	4	20	management actions already in place to mitigate risk (current controls)	4	4	16	(2x2) = 4	↔	Senior Leadership Team, Strategic Finance Committee	Scoping and identifying the resource that would be required for internal communications support to ensure a successful transition to ICS. Ensuring that staff are engaged in the process and supported in the new organisation.	Met with Sarah Trustlove to discuss timelines. Will continue to meet as plan evolve and we hear move about key timelines. Comms to scope additional support that may be required based on exiting workforce and capacity.		Open	Oct-21	Jan-21	
Transformation - Communications 5	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a current resource gap with a number of planned and unplanned absence across internal, external and insights teams. These gaps are impacting on team capacity and ability to deliver planned work which will result in possible impact on output and deliverables and possibly leading to stress and further staff sickness if not addressed.	Red	09.07.21	Deborah El-Sayed	Michelle Smith	5%	4	20	Have secured funding to recruit temporary agency resource to support during the summer.	5	4	20	(2x2) = 4	New Risk	Senior Leadership team	Review the team work plan and deliverables and assess if targets are realistic and if this will have any impact on hard deadlines.			Open	Jul-21	Jul-21	
Transformation - Communications 6	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Due to us not being able to secure a secondment extension for the internal communications manager there is a significant risk on the impact of the deliverable of key internal communications work resulting in increased pressures across the team, lack of resources and skill at the right level to deliver the complexity of work that needs to be undertaken. This will impact on wider workforce with internal communication playing a key role in supporting staff and keeping them informed.	Red	09.07.21	Deborah El-Sayed	Michelle Smith	5%	4	20	This will be discussed at the People Plan Steering group.	5	4	20	(2x1) = 2	New Risk	Senior Leadership team	Review work plan alongside resource and review gaps and what can be paused. Contact agency support to try and get additional support into the team.			Open	Jul-21	Jul-21	

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

Governing Body Assurance Framework risk tracker

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

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend
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	2x5=10	2x4 =8	
Principal Objective PO2: Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.	Committees: Healthier Together Partnership Board Governing Body, Strategic Finance Committee				
Principal Risk: As a result of the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed.	Julia Ross/ Sarah Truelove	4x4= 16	3x4 =12	2x4=8	
Principal Objective PO3: Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all	Committees: Governing Body, Primary Care Commissioning Committee,, Strategic Finance Committee, Healthier Together Partnership Board (external) , Integrated Care Steering Group (external) Integrated Care Partnerships Oversight Group (system wide)				

Principal Risk: The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.	Deborah El-Sayed	4x4= 16	3x4=12	2x4=8	
Principal Objective PO4: Mental Health To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing	Committees: Clinical Executive, Quality Committee, Strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards				
Principal Risk: As a result of COVID 19 there is a risk that demand for MH services will increase by which may result in a poorer access and outcomes for people, increased level of Mental Health crisis and further spend on aspects of services like out of area placements and S117	Deborah El-Sayed	5x4= 20	4x4= 16	3x4 =12	
Principal Objective PO5: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG	Committees: Quality Committee				
Principal Risk: 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, Strategic Finance Committee, Quality Committee				
Principal Risk: There is a risk that capacity and demand in the CHC service are not aligned, due to increased demand, complexity of cases and capacity and process issues within the team. This has the potential to result in delayed access to the right care for patients, financial pressures for the CCG and non-compliance against national framework standards.	Rosi Shepherd	3x4=12	3x4=12	2x4 = 8	

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

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

(PO1) Objective: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework				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: 18/06/21	
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	Rationale for current score: The changes that have been made to the ICC mean that a dedicated team have now taken on the management of the incident allowing the remaining management capacity to focus on other CCG priorities. This has reduced the likelihood to 2.	
Initial	5x5=25				
Current	2x5=10				
Target risk	2x4=8				
Committee with oversight of risk Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee				Rationale for target risk: The target risk aimed to reduce the impact of this risk, the current approach has reduced the likelihood of this risk occurring but not the impact currently.	
Controls: (What are we currently doing about this risk?) Vaccine programme Outbreak management plans in place in each of the three LA areas to manage cases of COVID and minimise the spread. Data group meeting weekly to review the UoB model to ensure services can get notice of changing levels of the disease in our system to enable a more proactive response. ICC resource reviewed to keep to a minimum to deal with the response. ICC in place for the system to oversee the response with ability to escalate issues and the system response when needed. H1 plans developed to ensure services are organised to mitigate risks and capacity is in place to ensure progress can be made on system goals. Financial resource available to support this response. Agreement across the system to the priorities in the H1 response. Surge plan in place and tested during second wave. Further plan developed and enacted with leadership from clinical cabinet.				Assurances: 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 <ul style="list-style-type: none"> ● NHSE/I provided positive feedback at surge meeting of management of COVID escalation within BNSSG ● GB can see progress being made on other areas of business within the CCG. 	
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps) Winter plan including planning for a further wave under development				Gaps in Assurance: (What additional assurances should we seek?)	

(PO2) Objective: Integrated Care Systems: 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 the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed				Date Last Reviewed: 12/06/21
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score 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. An initial development session for the MOU confirmed significant alignment on the vision for the ICS across the executive group. The level of ambiguity nationally could drive a misalignment of expectation about the way system working which could destabilise the partnership.
Initial	4X4 =16			
Current	2x4=8			
Target risk	2x4=8			
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 have 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. Planning and Oversight Group in place weekly with strong engagement across the system. Strong regulatory input from the Regional Team. Regular reporting to the HT Exec Group on Performance, Finance and Transformation Reporting of the system financial position to SFC 				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 Inclusion in the Queen's Speech the intention to bring legislation to establish a statutory ICS

- System Performance and Oversight is managing the implementation of the phase 3 plan, with performance reporting in place fortnightly.
- Clear plan coming together to enable the MOU and supporting work streams to be agreed by the Partnership Board in July 2021.
- Interim Chair in place until September 2021.
- Running a second and third wave of the system leadership programme (Peloton)

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

- Facilitating a process of co-production for our ICS development plan, MOU, Performance management framework, financial management framework, OD plan, Quality and improvement framework, outcomes framework and Comms and engagement strategy.
- Recruiting to an enhanced role for an independent Chair. To be in place by October (but this is subject to National guidance)

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

- Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar.

<p>(PO3) Objective: Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all</p>		<p>Director Lead: Deborah El-Sayed</p>		
<p>Risk: The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline. NB: This deadline is critical given the national policy direction, the need to transition community MH services and the importance of delivering integrated care for the population</p>		<p>Date Last Reviewed: 21/05/21</p>		
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	<p>Rationale for current score: We have co-produced the discovery products with the system and significant number of engagement events and discussion sessions have been conducted. There is significant support from all system partners.</p> <p>Key decisions such as the footprints for ICPs have been agreed by Healthier Together Partnership Board. The ICP discovery programme will complete an end stage report summarising learning and developments to Healthier Together Executive Group on 3rd June. The report summarise the tangible decisions required in the design phase of ICPs and how learning will be applied.</p> <p>A programme of enabling work streams has been established to create the conditions required to support ICPs to be successful. The programme will bring grip to manage the critical path between now and April 2022, escalating risks and issues for resolution.</p> <p>Whilst partners are well engaged and enthusiastic about developing ICPs, two key risks have been highlighted: (a) the pace and timeframe to be ready to take on community mental health from April 2022 and the capacity available; (b) more detail is required on the financial envelope and resources available to support</p>
Initial	4X4 =16			
Current	3x4=12			
Target risk	2x4=8			

<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 are we currently doing about 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). • A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (FAQs and engagement in scope here) – the discovery programme • A monthly communication to all partners setting out learning, observations and conclusions drawn from the discovery oversight group. • CCG Clinical Leadership review refocuses localities as collective of PCNs • Community Mental Health Framework sufficiently developed to enable focussed development and engagement • Detailed planning and inter dependency mapping for all ICP workstreams <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"> • Consideration of the local and ICS-wide governance arrangements that will enable ICPs. • ICP reporting to be developed for PCCC • ICP maturity framework has been co-produced and is being developed with locality and system partners to ensure it reflects the pathway and supports delivery actions that localities are keen to get on with • Developing model of care through system wide co-production events has concluded a draft that will now be developed further by a Clinical and Professional reference group (ToR being drawn up) • Learning Connections now established with Alaska, Christchurch New Zealand, Greater Manchester LCOs. Currently drawing up dates for webinars through late March and April as part of the OD programme • Learning partnerships are being drawn up with other systems to 	<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 (June 2021) • Internal Audit Delegated Commissioning (June 2021) <p>Gaps in Assurance: <i>(What additional assurances should we seek?)</i></p>

support pace, learning and an evolving adapt and adopt model.

- Presentation to HT Partnership Board March 11th (footprints decision point)
- **Developing Partnership Agreements:** HT Exec ICP development session 26th March - subsequent session to be planning for April (CMH ICP Partners: Partnership agreement Working Session followed by a Wider stakeholders working session)

(PO4) Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing				Director Lead: Deborah El-Sayed	
Risk: As a result of COVID 19 there is a risk that demand for MH services will increase which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117				Date Last Reviewed: 21/05/21	
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	Rationale for current score: Increased demand for mental health services following COVID can be seen in IAPT referrals and particularly in CAMHS services, which are at times leaving services overwhelmed.	
Initial	5X4=20				
Current	4x4=16				
Target risk	3x4=12				
Committee with oversight of risk Clinical Executive , Quality Committee, strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards				Rationale for target risk: The workforce challenges in mental health services means there is not an easy solution to increasing capacity within the services and therefore it is felt unlikely we will be able to reduce the likelihood below 3 during this year.	
Controls: <i>(What are we currently doing about this risk?)</i> <ul style="list-style-type: none"> • New investment has been identified through spending review (e.g. IAPT, IPS, physical health checks for SMI, EIP). • Target Operating Model for integrated community mental health service being finalised. • 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 / POG forums and Contract management frameworks • H1 planning has reset the key deliverables and expectations for achievement this will be monitored as part of POG • Performance is being monitored via a range of committees as detailed above. • MH ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems– The MH ED programme has now driven a series of improvements from Street Triage increases to additional Sanctuary service in Gloucester house providing an alternative to ED for people in MH distress 				Assurances: <ul style="list-style-type: none"> • Whole System Operational Group • Finance Overview Group (system-wide) • Improved access and reduction in waiting time / lists for services • Reductions in OOA placements and S 117 • Lived experience feedback and surveys • Internal Audit Out of Area Placements (Dec 2020) • Programme portfolio delivery impact reports 	
				Gaps in Assurance: <i>(What additional assurances should we seek?)</i>	

- New steering groups for Community MH services are now in place these are co-chaired by experts by experience

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 services available via 111 first are now increasing to include the sanctuary service, and a connected approach to telephone support
- MH services have now been profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services
- The elemental social prescribing platform will be available in Feb 2021 this will enable direct access to MH and wellbeing support services
- IPS service is now live and taking referrals
- NHS Benchmarking project has commenced and will help support measurement

(PO5) Objective: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG				Director Lead: Rosi Shepherd
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				Date Last Reviewed: 16/06/21
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	Rationale for current score: <ul style="list-style-type: none"> • Goal of 67% of people with learning disabilities receiving Annual Health Checks and Health Action Plans has been achieved (69%). • 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
Initial	4X4 =16			
Current	4x4=16			
Target risk	3x3=9			
Committee with oversight of risk Quality Committee				Rationale for target risk: The target risk score reflects the long term nature of this programme of activity to reduce the risk
Controls: <i>(What are we currently doing about this risk?)</i> <ul style="list-style-type: none"> • BNSSG system wide Learning Disability and Autism programme board established with wide membership, supported by Learning Disability and Autism SROs. • CCG Learning Disability & Autism Delivery Plan is regularly monitored through CCG LD&A delivery group • Regular performance reports to committees and governing body covering: Assuring Transforming Care performance indicators (reducing levels of inpatient placements), Adult Autism Assessment waiting times, Special Educational Needs and Disability (SEND), Annual Health Check and Health Action Plan delivery (Target 67% by end of Q4) • 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 				Assurances: The sources of assurances available relating to this objective are <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 • CQC/Ofsted Joint Inspection Reports and written statements of action • Assuring Transforming Care Programme cohort reporting to NHSE and Learning Disability and Autism Programme Board • Comprehensive Quality Assurance processes relating to individual CCG commissioned placements for people with Learning Disability and Autism is in place through full implementation of commissioner oversight visits

<ul style="list-style-type: none"> • LeDeR process includes Clinical Case Review to identify all learning • LeDeR Service User Forum established • Mechanisms to support integrated Education, Health and Care (EHC) needs assessment process in place • All contracts with providers include a learning disability schedule with Improvement Standards monitored through agreed IQPM processes • Business case completed outlining requirements to increase capacity within the CCG to complete Care (Education) and Treatment reviews and Quality Oversight visits in line with NHSE policy and guidance • EIA of TCP and CHC cohort of people with LD&A completed to be shared at Quality Committee in July 2021 • Funding secured to implement pilot project to facilitate discharge of long stay individuals from locked rehabilitation placements <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"> • 3 year BNSSG LD&A Delivery Plan is in development (to be signed off by CCG and Healthier Together in June) • Development of agreed SOP Protocol for C(E)TR processes, including Dynamic Support Register and thematic evaluation (end Q2) • EIA of TCP and CHC cohort of people with LD&A (end Q1) • Development of LeDeR actions with specific themes to develop provider action plans (end Q4) • Hosting learning events to raise awareness and share good practice • Continued implementation of the Adult Autism Assessment Waiting List Initiative • Training and wider support for Primary Care to improve annual health check uptake and increase the numbers of Health Action Plans. Undertake evaluation of HAP delivery. • Identification of lessons learnt from disproportionate impact of COVID 19 on people with LD&A and implications for other areas of inequality, e.g. cancer screening / flu immunisation • Establish mechanisms for the inclusion of people with LD&A and parent / relatives of people with experience of supporting a person with LD&A in service development • SEND action plans in place with local authority partners • CCG Strategic SEND lead also taking lead for C&YP LD&A programme aligned and working in tandem with adults LD&A programme lead to strengthen capacity. 	<p>and Learning Disability and Autism Host Commissioner function.</p> <p>Gaps in Assurance: <i>(What additional assurances should we seek?)</i></p> <ul style="list-style-type: none"> • 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.
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- Business case to be completed for discharge facilitation project (by end July 2021)

(PO6) 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: 21/05/21	
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score 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.	
Initial	4X4 =16				
Current	3x4=12				
Target risk	2x4=8				
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 are we currently doing about 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 				Assurances: <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 	
Mitigating Actions: <i>(what further actions are needed to reduce the risk and close any identified gaps)</i> <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 due Feb 2021 • Joint work on market engagement – ongoing due Q4 • Closer working with NHS E/I on tier 4 CAMHS Due Q4 and commitment in place between all parties • Developing an information sharing agreement – ongoing • BNSSG involved with the framework for integrating care as the vanguard site for the South West. The framework is part of the NHS response to the Long Term Plan (LTP) commitment of investing in 				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.	

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

(PO7) Objective: Funded Care: Delivery of an integrated, efficient, Funded Care service achieving the “leading” level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction			Director Lead: Rosi Shepherd	
Risk: There is a risk that capacity and demand in the CHC service are not aligned, due to increased demand, complexity of cases and capacity and process issues within the team. This has the potential to result in delayed access to the right care for patients, financial pressures for the CCG and non-compliance against national framework standards.			Date Last Reviewed: 16/06/21	
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	Rationale for current score: The risk score is based on... Likelihood score based on the increased numbers of outstanding assessments/reviews (approx. 262 breached at 11.5.21), reduced capacity due to vacancies and sickness and the implementation of changed ways of working required to deliver consistent and effective processes across the team. Impact score is based on the financial risk posed by unknown demand, incorrect care packages to meet need and the ability to deliver against the standards set out in the national framework
Initial	3X4=12			
Current	3x4=12			
Target risk	2x4=8			
Committee with oversight of risk Quality Committee, Strategic Finance Committee			Rationale for target risk: The target risk score is to support the vision of BNSSG CCG delivering an outstanding service to the population we serve, being viewed as good system partners and achieving a high level of maturity against the national framework. Patients, families and carers will have confidence in the process resulting in a reduction in complaints.	
Controls: <i>(What are we currently doing about this risk?)</i> <ul style="list-style-type: none"> • Post dedicated to P3 to manage flow to support flow • Paper to request support from external agency to manage backlog is being developed. • Improved reporting data metrics developed – team and individual performance now able to be monitored across BNSSG • P3 surge bed initiative ended – staff returned to BAU • Transformation working groups established – looking at standardising processes across 3 localities 			Assurances: The sources of assurances available relating to this objective are <ul style="list-style-type: none"> • Internal assurance through monthly reporting through the Quality and Performance report to Quality Committee • Internal assurance through Finance reporting to Strategic Finance Committee • Update to be provided to the Audit, Risk and Governance Committee • External audit of CHC service – report expected June/July • Internal audit schedule compiled. Terms of References for individual 	

<ul style="list-style-type: none"> • Skill mix review of staff overseeing most complex cases as well as increasing the size of the team • DOLS post out to advert – the service has insufficient knowledge and skills in this area • Improved process to identify new individuals under a DOLS order • Proactive sickness monitoring taking place • A review of Fast Track patients in receipt of funding beyond 12 weeks converted a significant number of patients to CHC. This will be under review going forward. • Monthly Funded Care business meeting which reviews operational and financial performance <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"> • Review against CHC maturity framework – started but not yet complete • Benchmarking against other CHC teams in relation to individual activity/performance expectations • Improved understanding of the Fast Track position – more people are opting to be cared for at home 	<p>audits being developed. (reporting to monthly FNC Risk, Audit and Governance Group)</p> <ul style="list-style-type: none"> • Quarterly reporting to regional/national teams indicated BNSSG is a mid-ranking performer • External review of BNSSG by Deloitte to assess against maturity framework – report anticipated in July • DOLS post – successful recruitment • Review of block bed purchases for CHC/FT identified low bed utilisation. Next step to look at area of high demand where investment may be required <p>Gaps in Assurance: <i>(What additional assurances should we seek?)</i></p> <ul style="list-style-type: none"> • No gaps identified
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<p>(PO8) Objective: People Plan: Developing the CCG's People Plan Delivery of activities focussed on the CCG's workforce under the following themes:</p> <ul style="list-style-type: none"> • We are compassionate and inclusive • We are recognised and rewarded • We each have a voice that counts • We are safe and healthy • We are always learning • We work flexibly • We are a team 			<p>Director Lead: David Jarrett/Sarah Truelove</p>	
<p>Risk: There is a risk that the progress made in developing the culture and staff experience within the CCG may be disrupted and lost as we transition to becoming an ICS resulting in falling staff satisfaction and increased turnover.</p>			<p>Date Last Reviewed: 12/06/21</p>	
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	<p>Rationale for current score: Current temperature checks are not showing significant concern but as the transition path becomes clearer there remains a risk that this will change. People Plan Steering Group will continue to review the principal risk as part of the development and delivery of the People Plan and will update the risk, identifying controls, actions, and assurances for future Governing Body meetings</p>
Initial	4X4 =16			
Current	3X4=12			
Target risk	2x4=8			
<p>Committee with oversight of risk Governing Body, Strategic Finance Committee</p>			<p>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</p>	
<p>Controls: <i>(What are we currently doing about this risk?)</i></p> <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 • SFC terms of reference amended to include oversight of the workforce agenda 			<p>Assurances: The sources of assurances available relating to this objective are:</p> <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 	
<p>Mitigating Actions: <i>(what further actions are needed to reduce the risk and close any identified gaps)</i> Appoint a Director of Transition to give dedicated leadership to this work</p>			<p>Gaps in Assurance: <i>(What additional assurances should we seek?)</i></p> <ul style="list-style-type: none"> • NHSE/I oversight of People Plan to be confirmed 	

(PO9) Objective: Financial Sustainability: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.				Director Lead: Sarah Truelove/Peter Brindle
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.				Date Last Reviewed: 09/07/21
Risk Rating	Likelihood x impact	Risk Appetite	Risk Score Trend	Rationale for current score: The financial framework for H1 (the first half of 21/22) has been confirmed and the elective recovery fund (ERF) effectively incentivises a PBR culture. The payment regime to providers remains very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach. The ERF makes this message more complex and organisations and individuals are not completely familiar or committed to taking a value approach across the system.
Initial	5X4=20			
Current	4x4=16			
Target risk	2x4=8			
Committee with oversight of risk Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, Healthier Together Planning and Oversight Group, HT DOFs				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.
Controls: <i>(What are we currently doing about this risk?)</i> <ul style="list-style-type: none"> • Single regulator working with the system • National proposed financial framework for 21/22 drives system working • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the system operational plan including transformation plans • Reporting internally to Strategic Finance Committee on monthly CCG and system financial position • Planning and Oversight Group and DoFs providing oversight of system financial position. • Clinical Cabinet provides oversight and decision making regarding clinical models and pathways • 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. • ICS financial framework is built around the value framework and gives 				Assurances: <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 • H1 financial plan agreed across the system
				Gaps in Assurance: <i>(What additional assurances should we seek?)</i> <ul style="list-style-type: none"> • H1 plan yet to be agreed with NHSE/I

commitment to costing and transparency to ensure PHM data can be used to support value based decision making.

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

- Devise practical guides to 'doing' PHM and the Value approach. January 2021 Version one of the Value framework has been shared and is being used by the Community Mental Health Framework team, Learning Disabilities and Autism team, Integrated Care Partnership (ICP) model of care working group, Population Health, Prevention and Inequalities Steering Group and stroke reconfiguration programme. ICP PHM development programme started, focussed on developing the intelligent model needed for the community mental health framework target operating model response, and capacity building within ICPs. Value and PHM being designed into wider ICP organisational development programme.
- 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 Value/Team as now core members of the ICP Board. ~~NHSE/Wave II programme completed with publication of our system PHM roadmap due week of the 14th June 2021~~
- Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas where productivity has been most impacted by COVID – ongoing A shared, rapid evaluation process ~~being~~ **has been** developed to learn from the pandemic-induced changes, focussed on supporting continuation of high value changes
- Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes **Business case complete and will be submitted as System Transformation Reserve bid.** ~~date currently under review. Procurement due to be completed by summer 2021. Business case expected to be complete end of June 2021 followed by procurement process. Pilot projects underway in North Bristol Trust focussed on shared decision-making in surgery and initiated for the new long Covid service~~
- ~~Develop a readiness plan to support clinical teams and patients to think about outcomes so that the platform is used with a number of~~

~~clinical teams already engaged and ready to engage with the system platform.~~

- **Re-launch the Value Programme which will report into the Population Health, Prevention and Inequalities Steering Group**
- Develop a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity. **Bid for support for the work being made to the System Transformation Reserve will be submitted.** ~~Successful extended Clinical Cabinet workshop in early May triggered initial thinking and tested appetite for shared decision making as part of personalised care.~~