

Meeting of Primary Care Commissioning Committee

Date: Tuesday 28th January 2020

Time: 9.00am

Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda Number :	5
Title:	Governing Body Assurance Framework and Corporate Risk Register
Purpose: Discussion and approval	
Key Points for Discussion:	
<ul style="list-style-type: none"> • The introduction of the finance moderation process • The update on the Risk Leads and Administrators meeting and the next steps • The risks added and removed from the Corporate Risk Register between September and December 2019 • The revised Governing Body Assurance Framework, specifically those risks which have been reduced to their risk target score and the addition of a new principal risk related to the System Financial Recovery Plan 	
Recommendations:	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • review the Corporate Risk Register and note the addition of risks relating to primary care commissioning • identify further high level risks for inclusion on the Corporate Risk Register • review and comment on the Governing Body Assurance Framework
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, and at the Audit, Governance and Risk Committee meetings
Management of Declared Interest:	The Committees and Governing Body receive a register of the members declared interests as a standing item. There are no material declared risks relating the Corporate Risk Register and the Governing Body Assurance Framework and the risks reported.
Risk and Assurance:	The Corporate Risk Register shown at appendix 1 shows the current position of the high-level risks faced by the organisation.

Financial / Resource Implications:	As part of the Risk Management Strategy the risk register and the Governing Body Assurance Framework are used to identify the impact of risks including financial risks
Legal, Policy and Regulatory Requirements:	There are no legal implications arising from this report.
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 / Clinical Lead / Lay Member:	Sarah Truelove, Chief Financial Officer

Agenda item: 5

Report title: Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) – Oct- Dec 2019

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 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) provides assurance to the Commissioning Executive, Audit, Governance and Risk Committee, Strategic Finance Committee and the Governing Body that any 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.

2. Risk Management Update

A moderation stage has been added to the review of Directorate Risk Registers (DRRs). To ensure consistency in reporting financial risks across the CCG financial risks reported on DRRs are reviewed corporately and an impact risk score, as described below is applied. If the risk score is reduced, the risk is not added to the CRR and the Directorate is informed. The DRR is not amended to ensure that teams continued to focus on the management of financial risks. The budget baseline applied is the CCG overall resource allocation.

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+)

Each Directorate has a nominated Risk Lead and a Risk Administrator. A bi-monthly meeting for these roles, led by the Corporate Secretary and attended by the Associate Director for Corporate Services, has been established. This meeting provides an opportunity for:

- The review of risk areas by directorate
- Discussion of areas where risks overlap directorates
- Sharing feedback on processes

As result of the discussions at the October and December meetings, the Risk Leads meeting in February will focus on primary care, as this area has overlap across all directorates. To continue to raise the profile of risk management across the CCG further information about DRRs and the CRR will be placed in the Voice (internal newsletter) and a 'Lunch and Learn' session on the CCG's risk management framework will be held in the new year. This is in addition to awareness raising sessions by the Corporate Secretary at directorate team meetings.

The Audit, Governance and Risk Committee discussed the CRR and GBAF at its December meeting and agreed that a seminar focused on the documents and the wider Risk Management Framework would be organised for the Governing Body. The Internal Auditors were invited to present this seminar session.

3. Corporate Risk Register

Risks added to the CRR since its review by the Audit, Governance and Risk Committee in September 2019 are detailed below. The two most recent risks added are duplicates. The Directorates are working together to ensure one risk is presented to the January Governing Body meeting. **Risks added to the CRR are highlighted in red text on register.** **Updates to the CRR made since its review in September are highlighted in blue on the register.**

Risks added	description
Finance Directorate	As a result of continued pressures in the current 19/20 financial year there is a risk that delivery of the 2020/21 financial plan will be compromised through the need to recover in-year overspends. This could lead to a higher savings requirement and additional regulatory scrutiny from NHSE/I
Nursing and Quality Directorate QD036	There is a risk that there will be an overspend, forecasted to be in the region of £11 million, on the Adult CHC budget which will have an impact on the CCG financial position
Nursing and Quality Directorate QD043	Risk to patient safety due to staff shortages and changes to the model of care at Horizon Health Centre
Commissioning Directorate 32	Pier Health Group are a provider for two APMS contracts that are facing significant staffing concerns in WSM. Due to the challenges faced with GP retention and recruitment, and rising locum costs the Group intend to move to an Advanced Nurse Practitioner model. There is a risk that without the correct structure, governance and leadership in place and if ANPs do not possess the correct competencies that this may impact on patient care.
North Somerset Area Team 22	As a result of: Pier Health Group Ltd's difficulty in recruiting key clinical staff and administrative support, the organisation is making slower than anticipated progress in implementing transformational change of services and infrastructure to provide improved GP services from Graham Road and Horizon GP practices. There is a risk that: Quality and access to primary care services may be severely compromised and high numbers of patients may de-register and seek primary care services at neighbouring Weston practices Which may result in: List dispersal, affecting the stability of primary and urgent care providers delivering services in WW&V locality and the ability to progress with locality development (ICP) plans

There are three risks reported on the Corporate Risk Register that relate to Pier Health Group. The Quality, Commissioning and North Somerset Area Teams are working together to ensure a

consistency of approach and that actions are aligned. Further work is required to refine the risk descriptions reported on the CRR.

Risks recommended to the Governing Body for closure are detailed below. These risks will be removed from the CRR following review by the Governing Body and, as appropriate, the Primary Care Commissioning Committee. The risks will continue to be monitored through the DRRs.

Risks removed	description
Commissioning Directorate: 2	If we are unable to work with key stakeholders to commission a sustainable solution for Weston Hospital the consultation will fail
Commissioning Directorate: 18	National EU Exit (Brexit)
Commissioning Directorate: 22	Due to AWP having a number of patients placed out of trust (OOT) as of May 2019 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.
Commissioning Directorate: 28	Due to long standing issues with recruitment of respiratory consultants at Weston, there is a significant risk to service delivery whilst waiting times are reduced within agreed timeframes.
Finance: F20.01	If we are unable to agree a process to gain agreement to a single budget across BNSSG for 2019/20 we will not deliver a genuine single plan.
Primary Care: MDPCC 20	If PCN's are not resilient, they will be unable to deliver Primary Care plans that support system wide transformation. The risk score has been reviewed and is now under the threshold of 15.

Using the new moderation process, the following risks have been reviewed and a lower risk score calculated for the CRR. The Governing Body is asked to agree to these risks being removed from the register. These risks will continue to be monitored through the DRRs.

Risks removed	description
Medical Directorate Clinical Effectiveness MO13:	Due to NHSE confirming that CCGs will make freestyle libre available to patients, there is a risk of financial impact to CCGs due to the uncertainty of the criteria to be adopted and the funding allocated to the CCG from NHSE. There is a risk that funding allocated by NHSE will not be sufficient to fund the number of patients that will meet the criteria
Medical Directorate Clinical Effectiveness MO15:	There is a risk of overspend on the allocated drugs budget. The overall impact of the risk is difficult to predict due to the category M changes not being fully forecasted into 19/20 budget and it being unknown if NCSO will be greater than the 18/19 impact

4. Governing Body Assurance Framework

The 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 that risks are being 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. Each risk reported on the GBAF

is reported to a specific committee. Each committee reviews its specific risks at its meetings to ensure that the information provided is in line with the committee's expectations. All changes to the GBAF are indicated in blue text. The GBAF is updated by Directors throughout each month and the current version is attached. Following the review of principal risks in November and December the risk scores for the risks below have been revised to either the target risk score or below. These risks will continue to be reported on the GBAF:

Principal Objective PO2.1: Long-term plan response: Developing the system with our providers
Principal Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions

Principal Objective PO7: Financial sustainability: System Financial Recovery Plan
Principal Risk: If we are unable to agree a financial plan for the system 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.

Principal Objective PO8: Implement a solution for Weston Hospital within BNSSG
Principal Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from consultation

A new principal risk was approved and added to the GBAF by the Governing Body at its January 2020 meeting:

Principal Objective PO7: Financial sustainability: System Financial Recovery Plan
Principal Risk: If we are unable to deliver the agreed financial plan for the system for 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population

5. Financial resource implications

As part of the Risk Management Strategy the CRR and the GBAF are used to report financial risks

6. Legal implications

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

7. Risk implications

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

8. 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.

9. How does this impact on Equality and 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.

10. Consultation and Communication including Public Involvement

There are no PPI requirements

Appendices

Appendix 1 Corporate Risk Register

Appendix 2 Governing Body Assurance Framework

BNSSG CCG Corporate Risk Register 2019/20 January PCCC V1

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				Target date for completion of actions	Risk open or closed (if closed specify date)	Last reviewed
											Initial Risk (LxI)	Current Risk (LxI)	Movement of current risk	Residual (Target) Risk (LxI)			
Nursing & Quality Commissioning Directorate	BNSSG QD 001 11	N/A	13.04.18	Cancer patients are at risk of potential harm if there are delays in the cancer pathway	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	January 2019: GP Clinical lead is working with providers to develop a consistent approach to harm review across BNSSG. Reviewed at monthly STP Cancer steering group which also feeds into the acute care collaboration Dec 19 - , final provider outcome status still awaited from NHSE Due Jan 2020 6-Dec-2019: 2ww skin is an improving position but there is still significant concern for this pathway in terms of sustainability. There are proposals which are being worked up currently and funding has been approved by the alliance for getting the work started for teledermatology/ dermatoscope in primary care. Actions are also in place to reduce the backlog in urology and this clearance work is on track. There are concerns over pathways at Weston particularly in colorectal and the mitigating actions are being discussed as part of the access performance group.	Monitoring of position continuing	Quality Committee Commissioning Leadership Team / Commissioning Executive & STP Steering Group (ACC)	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	15 (3x5)	↔	10 (2x5)	Mar-20	Open	Jan-20
see above				see above	see above	There are concerns over pathways at Weston particularly in colorectal and the mitigating actions are being discussed as part of the access performance group. Nov: Remedial actions are on track for NBT in urology. The system concerns over skin remain and there is a pilot project being proposed to the alliance to help with pathway developments including rolling out of the use of teledermatology for 2wwOct: 2ww; skin continues to the main issue. Audit at NBT completed. Super clinics being set up internally to improve and recommendations from the audit for potential telederm for cancer being worked up in to a plan. Actions are in place to improve 62 days and 31 days for urology at NBT and are on track for improvement Q4. Weston and NBT breast/ urology mergers discussions are still ongoing. Qual update: Review of QGIS data has been uploaded and feedback has been returned to providers.	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above
Commissioning Directorate	2	PO8	10.08.18	If we are unable to work with key stakeholders to commission a sustainable solution for Weston Hospital the consultation will fail	Ongoing engagement with Weston through Whole System Operational Group. Ensure there is commissioning involvement in the development of the Healthy Weston approach. Public Consultation has been launched. Commissioning Directorate working to identify and support gaps in service with other providers. Consultation completed risk score has been amended to reflect the GBAF score and recommended risk is removed from the Risk Register. The risk will continue to be monitored through the GBAF	To be reviewed at CLT monthly	This risk is detailed on the GBAF at P02 This is scored at 2x4 on the GBAF page	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Helena Fuller	25 (5x5)	8 (2x4)	↓	4x4=16	Jul-19	closed	Nov-19

Commissioning Directorate	3	PO7	10.08.18	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.	Commission sufficient Primary Care capacity	To be reviewed at commissioning business meeting monthly. Sept 2019: reviewed, no changes. Nov 2019: reviewed, no changes. Dec 2019: reviewed, no changes	This risk is linked to the risk PO7 on the GBAF which contains more detail on the management of financial recovery	Commissioning Business Meeting /Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Claire Thompson	25 (5x5)	20 (4x5)	↔	4x4=16	Mar-20	Open	Jan-20
Commissioning Directorate	5	PO5	10.08.18	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	<ul style="list-style-type: none"> 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 October: Single performance recovery plan developed; mentioned Through AEDB & UCOB. System summit for actions to support WAHT recovery. 	<p>Nov 2019: Learning from system critical incident to be embedded in processes to manager winter risks.</p> <p>Oct 2019 see actions</p> <p>Sept 2019: reviewed, no changes. Sept 2019: reviewed, no changes.</p> <p>Single urgent care performance plan developed for 2019/20.</p> <p>August: gold escalation in place with CEO oversight of immediate actions and recovery. Weekly WSOGs for each locality with multi-disciplinary attendance to operationally manage pressures</p>	This risk is linked to the risk PO5 on the GBAF which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Claire Thompson	20 (5x4)	16 (4x4)	↔	2x5=10	Sep-19	Open	Nov-19
Commissioning Directorate	7	PO6	10.08.18	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.	<p>Effective contract management processes with the current provider.</p> <p>Joint working with BSW on contract requirements</p> <p>Joint Planning and delivery of the Estates Project and CCG leading consultation</p> <p>Joint Technology improvement plan</p> <p>AWPs transformation programme</p> <p>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</p> <p>CCG investment in Mental Health Investment Standard</p> <p>CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW</p> <p>Support provided to AWP for winter pressures</p>	<p>December 2019: Long Term Plan will see strong investment into MH services. The number of people in out of area beds has continued to rise and AWP have declared Opel 4 this week. Board to Boards continue to be held to build positive relationships. 2nd crisis pathway event held and positively received. Bids for MH winter funding have been submitted. BSW have confirmed they will remain within the multi-lateral contract for 20/21</p> <p>Nov: The mental health review finding continue to be finalised with plans to go to GB in December/Jan for discussion. The number of people in out of area beds remains a challenge.</p> <p>The MH Long Term Plan is being finalised. The second crisis pathway will take place in November. AWP have commenced recruitment of the crisis workers.</p>	<p>This risk is linked to the risk PO6 on the GBAF which contains more detail on Mental Health services</p> <p>Define the lead indicators including patient reported measures and reports from primary care localities.</p> <p>Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.</p>	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Emma Moody	20 (4x5)	20 (4x5)	↔	4x4=16	Nov-19	Open	Nov-19
see above				see above	see above	Oct: The MH review has reached final sign off and has been well received by Commissioning Exec, Governing Body and SFC and will move forward for final sign off with recommendations about the future. The MH strategy is in its final stages and is anticipated to be ready for sign off in November. The number of people in out of area beds remains around 25 across the AWP foot print and there is continued focus on delivering the action plan. The MH Long Term Plan is in development, with the system working to prioritise the work streams. The first of 3 crisis offer workshops have taken place and had excellent participation from across the system. This includes, the entry point to crisis at 111, the community offer, crisis alternatives and wat is provided in hospitals to support people in crisis. BNSSG has also been successful in securing funding for the expansion of the crisis service, with 6 new roles anticipated to be in place by December	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above

Commissioning Directorate	10	N/A	29.11.18	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.	<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	<p>Dec 2019: There are continued risks in T&O for NBT in particular but also at Weston and UHB. There are a number of actions being taken though the T&O recovery group to manage this in the shorter term. UHB and NBT have met to start pulling together a shared IMAS model for T&O which will also need to include Weston. This can be used to inform on actions required for next year as well as the LTP for MSK services. There are also issues in dental and Clinical Genetics at UHB which have been picked up with specialist commissioning to address.</p>	There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/ and the CCG and providers are awaiting a response.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	15 (3x5)	↔	1x1=1	Sep-19	Open	Dec-19
see above				see above	see above	<p>Nov: Trusts have completed new trajectories which shows NBT not achieving zero 52 weeks at the end of the year, due to ongoing T&O breaches and to an extent patients choosing to book after their 52 week date. UHB are still reducing and this is likely to reach zero at the end of the year. Weston data issues will mean that during the validation period there will be some 52 week breaches appearing and then they will be taken off which may make the profile appear unusual until the validation exercise is complete. The Trust will be issued a CPN for 52 weeks and the CCG will work with it to understand the genuine breaches against the ones that are appearing as a result of the validation process. T&O is also the biggest risk for breaches in Weston.</p>	see above	see above	see above	see above	see above	see above	see above	see above	see above	Dec-19	
Commissioning Directorate	18	N/A	20.12.18	National EU Exit (Brexit) <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. 	EPRR colleagues progressing the National requirements for local SW EU Exit plans (Local and regional NHSE and NHSI teams in place)	<p>Dec 2019: Awaiting General Election results but to maintain planning for a no deal exit on 31 January 2020.</p> <p>Nov 2019: EU granted extension to article 50 until Jan 31st 2020. Current political situation pending a general election with manifesto not yet published . No Deal EU Exit remains a possibility however current risk for nov / dec reduced</p> <p>Oct 2019: regional and system exercise in September , Health partners assurance process completed end Sept . System no red flags, still an unstable positron risk remains the same .</p> <p>Sept 2019: Agreed to increase risk due to seasonal pressures and reduced capacity with domiciliary care. Political instability heightens the risk, at</p>	Awaiting political decision making through on-going parliamentary voting "no deal" 23:00 on October 31st.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda / John Wintle	16 (4x4)	4x4=12	↓	TBC	Oct-19	closed	Dec-19
Commissioning Directorate	21	N/A	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	<p>Dec: The new model was accepted by Commissioning Exec with the caveat that if change was not seen within 12 months, then the CCG would proceed to serve notice. Project group for the new model instigated, with agreed trajectories for improvement being put in place. Non-recurrent funding for the waiting list, will be considered as part of the contracting round.</p> <p>November: A paper is being presented at Commissioning Exec with a new model that will significantly impact on waiting list and improve patient experience.</p> <p>Oct: The trust have agreed to a model with reduced wait times and are working up a trajectory on recovery if the model is implemented. Paper to go to commissioning exec on 10/10/2019 for approval to implement the model if agreed.</p> <p>September: A letter has been sent to AWP, requesting a review of the clinical model following commissioning exec not supporting the proposed SOLID model. The CCG are waiting on a response.</p>	Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed. See Nov actions to mitigate gaps	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jul-19	OPEN	Dec-19

Commissioning Directorate	22	N/A	07.05.19	Due to AWP having a number of patients placed out of trust (OOT) as of May 2019 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.	Work streams identified are as follows: - A Multi Agency Discharge Event on May 16 MADE event showing community resilience the issue. Commission meeting on 07/06 - Introduction of stranded process that has been successful in improving flow in acute hospitals - Defining metrics for determining OPEL status - Ongoing joint working to code and expedite DTOCs - Joining organisational work plans and data diagnostics to create system wide actions - Ongoing observation of acute bed management processes, with community team to begin - CCG Quality team review of all OOTs on 13.3.19 to review the quality and suitability of placements • Joint action plan agreed across BNSSG. • Weekly WSOG now up and running. The risk score has been reviewed and reduced to 12. it is recommended that the risk is removed from the Corporate Risk Register. The risk will continue to be monitored through the Directorate Risk Register	Oct:De-escalated following WSOG Sept 2019. AWP in Opel 3 and number of escalation beds reduced. September: Reduced to Opel 3 on 01/09/2019 monitoring still continuing. Aug:The CCG have analysed winter to winter activity (Nov-Jan 17/18 and Nov-Jan 18/19) and found that despite same yearly commissioned bed base (212 in 17/18 and 215 in 18/19), decreasing admissions (361 against 327), for the most part decreasing length of stay (acute – 33 to 26, later life – 62 to 62, PICU – 24 to 34, rehab – 194 to 144) and days spent on a DTOC code (1875 against 1146), the position of AWP has been held at OPEL and edged towards OPEL4 over recent weeks. Workstreams identified such as the MADE event and stranded review process should help improve patient flow. This will help identify and remove system wide blockages early in a patient journey and hence allow patients to move efficiency and gain bed days in the process. Ongoing escalation from both AWP and CCG with NHSE will help expedite the appropriate discharge of a high impact user. OPEL metrics will help consistent system declarations and thus draw on system wide support when appropriate. Ongoing organisational focus on	N/A	MDT MH	Lisa Manson	Julie Kell	4x4=16	3x4=12	↓	1x1=1	Aug-19	Closed	Oct-19
Commissioning Directorate	24	N/A	06.06.19	There is a risk that due to poor data quality at Weston Area Health Trust that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.	September: An information breach notice has been issued CCG is attending the RTT board CCG is working with IST and trust to review and ensure actions in the IST report are followed up	6-Dec-2019: The known pathways in the system have now been validated and there is a programme of work that is now being undertaken on the "unknown" records, this also includes a clear process on harm review. The timetable for this has been delayed and the action plan will be monitored through the access performance group. Nov: Validation work is being completed by the trust and it is anticipated that this will be completed in the coming months. There is recognition that the data in the coming months will not therefore be accurate as they continue to validate and correct the issue. They have opted to stay on reporting but with the system and region understanding the issues with the accuracy of the data for RTT. Oct: There has been a meeting with UHB/ Weston/ NHSI and IST on the RTT data quality plan. A plan is being worked up for validation of the records. There is ongoing discussion with the trust on the possibility of coming off national reporting. Sept: An information breach notice has been issued to the trust. The CCG has received a copy of the	Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHB as part of the due diligence process for RTT in particular. The trust are yet to share the report with the CCG. There is further financial risk due to previously unknown risk of 52 week breaches in the trust.	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x4=16	20 (5x4)	↔	1x1=1	31/10/2019	OPEN	Dec-19
Commissioning Directorate	28		08.08.19	Due to long standing issues with recruitment of respiratory consultants at Weston, there is a significant risk to service delivery whilst waiting times are reduced within agreed timeframes.	• The CCG are working urgently with the trust and regulators on the 7 point checklist and reviewing the risks and impacts of available options • Further mitigations will be added once an approach to the situation has been agreed The risk score has been reviewed and reduced to 12. it is recommended that the risk is removed from the Corporate Risk Register. The risk will continue to be monitored through the Directorate Risk Register	Oct: locum consultant now in post for 12 months and harm reviews and validation commenced which has reduced the wait profile significantly September 2019: • Wait times are reducing and the risk of 52 week breaches has significantly reduced. • Concern remains over long waiting urgent and how the trust are validating the risk profile of long waiters. • The referral service are still awaiting UBRN numbers for patients to support the validation process, despite chasing.	This will be confirmed once options have been reviewed RTT governance and systems create risk as described above. Sustainability of the service without additional substantive resource.	Commissioning Executive	Lisa Manson	Gemma Artz	4x5=20	4x3=12	↓	1x1=1	Nov-19	Closed	Oct-19
Commissioning Directorate	32		12.11.19	Pier Health Group are a provider for two APMS contracts that are facing significant staffing concerns in WSM. Due to the challenges faced with GP retention and recruitment, and rising locum costs the Group intend to move to an Advanced Nurse Practitioner model. There is a risk that without the correct structure, governance and leadership in place and if ANPs do not possess the correct competencies that this may impact on patient care.	The Board to Board meetings with Pier Health will continue on a monthly basis, with assurances sought on the current performance across the two sites. Assurances will be sought to inform the content of each meeting, and to monitor progress.	January 2020 Pier Health Service Recovery Group meeting weekly to track progress of operational issues and assess where provision of CCG resources can be used to support A response to CCG letter outlining core contractual performance requirements has been received and discussed at the December transition board. A Quality and Safeguard visit is planned for early December 2019. PHG are coming in to meet finance contract leads to discuss operational running costs from January noting a forecast deficit position from January 2020 linked almost wholly to a lack of GP substantive workforce	Any 2020 funding is still yet to be agreed. Area Team have agreed wider PHG clinical staffs will support the practice in the immediate future. The CCG will continue to work closely to support clinical workforce issues and find a substantive solution.	Primary Care Commissioning Committee	Lisa Manson	David Moss	3 x 4 = 12	4x4=16	↑	1 x 1 = 1	31/12/2019	Open	Jan-20

Finance Directorate	F20.01	PO7	10.06.19	If we are unable to agree a process to gain agreement to a single budget across BNSSG for 2019/20 we can't deliver a genuine single plan	For 2019/20 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries Engagement with providers through the control centre process to identify and implement system savings. Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings Currently reviewing the ICQPM's Terms of Reference which includes monitoring and delivery of agreed system savings The risk score has been reviewed and reduced to 1x5 =5. It is recommended that the risk is removed from the Corporate Risk Register.	Nov 2019 2019/20 plan agreed with NHSE/ summer 2019 and system has worked together to develop and submit a local response to the NHS Long Term Plan System Financial Recovery Plan developed, actions approved by HT Partnership Board 24 June and supported by Heathier Together PMO approach. Development and delivery underway. External consultant was commissioned to facilitate a Risk Sharing Arrangement for Urgent & Emergency Care activity in 2019/20. Risk share on urgent care now agreed. Work ongoing to develop system wide Performance Management Framework.	This risk is linked to the risk PO7 on the GBAF which contains more detail on the working in partnership	Governing Body	Sarah Truelove	Jon Lund	20 (5x4)	5 (1x5)	↓	3x4=12	Mar-20	Closed	Nov-19
Finance Directorate	F20-09		20.11.19	As a result of continued pressures in the current 19/20 financial year there is a risk that delivery of the 2020/21 financial plan will be compromised through the need to recover in-year overspends. This could lead to a higher savings requirement and additional regulatory scrutiny from NHSE/I	-Maintain internal comms messages across directorates about in-year position and areas of budgetary pressure. - Ensure financial controls are fully enacted and responsibilities of budget holders understood. - Continue to work with providers to fully understand expected activity levels for remaining months of this year and therefore their expected outturns. - Long term financial model developed which takes into account current risk assessed FOT. - Ensure we maximise delivery of the System financial Recovery Plan projects along with the internal CCG efficiency projects.	Messages need to be more frequent and visible, for example: providing key updates at weekly stand up, ensure the financial position is understood at key committee meetings, seek to include messages on the office display screens. Paper on budgetary responsibility written and reviewed by SFC and Turnaround Steering Group. To now ensure the key messages are shared within directorates. Month 6 savings position shared with acute providers (particularly giving detail on those projects directly impacting their activity). Piece of review work now underway to ensure we are fully capturing all savings in the context of the overall contractual positions. Five Year Plan financial model developed. Now working to confirm the maturity of the different projects and programmes which have been identified to support delivery of efficiency savings requirements. SFRP update given to HT Exec Group on 21st November 2019 with a key ask to consider how chief execs can leverage support to key projects.		Strategic Finance Committee	Sarah Truelove	Jon Lund/Rob Moors	20 (4x5)	20 (4x5)	↔	10 (2x5)	Mar-20	Open	Nov-19
Finance Directorate	P20.01		18.06.19	As a result of slippages in control centre projects, there is a risk that the identified savings plans of £35.1m will not be achieved which may result in the overall financial position of the CCG being compromised.	• Control Centre Deep Dives will continue to explore potential reasons for delay and further opportunities. • Review of slippage reasons carried out by PMO to identify and address common areas resulting in reduced savings delivery. • Non recurrent savings opportunities also being reviewed. • Delivery overseen at a system level for key initiatives which form part of the SFRP • Confidence Intervals forecasts now built in to replace arbitrary RAG ratings for projects.	Deep dives continuing focusing on key projects. RAG update underway. Reasons for under-delivery last year understood. Links between Control Centre and SFRP savings understood but significant development on owning challenges at system level to be completed. Current forecast savings delivery of £30.7m is below £41.4m requirement therefore risk remains live and significant. Jan 20 Current forecast savings delivery of £27.6m is below £41.4m requirement therefore risk remains live and significant.		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Jul-19	Open	Jan-20
Finance Directorate	P20.02		18.06.19	As a result of the significant savings target that is required in 2019/20 (total £41m CCG savings plan) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.	• Control Centres are reviewing new areas to be scoped as potential development for 19/20. This forms part of the wider system work to identify additional key actions to take. • Focus placed on 'at-scale' changes which have a significant impact.	Nov:Some mitigations now supporting the overall position. Oct:Current forecast savings delivery of £30.7m is below £41.4m requirement therefore risk remains live and significant. Jan 20 Current forecast savings delivery of £27.6m is below £41.4m requirement therefore risk remains live and significant.		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Mar-20	Open	Jan-20
Finance Directorate	P20.04		18.06.19	As a result of the need to resubmit our operational plan on 23rd May (which included additional system savings of £9.9m) there is a risk that the CCG will continue to hold all of the risk around delivery of these which may result in not being able to achieve our deficit budget of £12m.	• Lead NHS organisations identified for each of the additional savings plans meaning accountability for delivery is shared • Understanding that these will need to be varied into contracts. This also links to a wider challenge of developing a risk share for the UC system.	Jan 20: risk unchanged Nov The SFRP projects are understood at a system level via Partnership Board and SDOG, with regular progress reporting in place. Forecast delivery is below plan however some of this reduced impact in acute care is offset by lower than expected activity levels in other areas. Work continues to maximise delivery by year end. Outline business cases in development. 4 now completed and approved by SDOG to move to next		Internally via TSG and SFC. As a system via SDOG and Partnership Board	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Mar-20	Open	Jan-20

Medical Directorate - Clinical Effectiveness	MO13	PO7	15.01.19	Due to NHSE confirming that CCGs will make freestyle libre available to patients, there is a risk of financial impact to CCGs due to the uncertainty of the criteria to be adopted and the funding allocated to the CCG from NHSE. There is a risk that funding allocated by NHSE will not be sufficient to fund the number of patients that will meet the criteria	Currently scoping potential uptake using previous RMOC criteria. We are working with trusts to ensure a consistent approach to initiation and review. Score on Directorate Risk Register is 4x4=16; application of Finance moderation process reduces risk score to: (LxI) 4x1=4 (1=small loss) therefore risk to be removed from CRR - monitoring to be continued through Directorate	26/09/19 Spend to July 19 £124k - increase usage 200 items up on Jun 19, not at steady state. 29/08/19: Usage has increased in Jun to 40k. 05/08/19 - May (24k) usage has increased 4 times the amount compared to April (7k). Will continue to monitor. 02/07/19 - only April ePACT data available so too early to predict financial risk Information from trusts suggests that a much larger cohort than the suggested NHSE 20%, meet the	We need to try to calculate the financial impact so this is factored into 19/20 budgets. £593,000 to fund 20% of patients however it is anticipated a much greater percentage of patients will be eligible.		Peter Brindle	Sasha Beresford	4x3=12	16 (4x4)	↔			Open	Oct-19
Medical Directorate - Clinical Effectiveness	MO14	N/A	07.02.19	As a result of the EU exit, there is a system wide risk depending on the outcome of the negotiations of the terms and conditions, which may result in national Medication & medical device supply issues. There is also a risk of panic among patients that they may not be able to get hold of their medicines following the exit, which may result in the stock piling medicines, which may cause or worsen stock supply issues. It may also result in some patients trying to obtain medicines privately, which will also impact on medicines supply.	Nationally: Department of Health and Social Care (DHSC) has been leading contingency planning. Work is well advanced across all sectors of the medicines supply chain to ensure continuity of supply of medicines in preparation for a 'no deal' EU exit. This includes industry developing a six week stock level of prescription only medicines and pharmacy medicines to ensure supply for patients is maintained across the NHS. This work also includes ensuring supplies of vaccines and unlicensed medicines. National operational guidance and a serious shortage protocol are in place if required. The message to all is that Medication should not be stockpiled locally. It is known from the management of normal medicines shortages, instances of individual organisations stockpiling can risk additional pressure on the availability of medicines for other patients locally and in other areas of the country. Locally: Maintaining the usual restrictions on re-ordering repeat medicines and preventing excessively early re-ordering. Produced comms to practices/pharmacies etc. that Medication should not be stockpiled locally.	07/01/2020: Awaiting national update. 03/12/19 no change 02/10/19: National messages continue to be the same as previously released. 29/08/19: Local EU exit event planned. Awaiting further updates from NHSE. July 19 - national briefing issued and plans to start being mobilising again for preparation for Oct 31st Exit May 19: national plans continue to progress, with assurance stock levels for most drugs are as planned. Regular meetings with Regional lead and SW EU Exit leads in place. BNSSG CCG EPRR EU exit team are in place and are working with providers. National mitigating plans are progressing around medicines and a regional group with representation from all stakeholders is in place.		Peter Brindle	Debbie Campbell	20 (4x5)	16 (4x4)	↔	TBC	Mar-20	Open	Jan-20	
Medical Directorate - Clinical Effectiveness	MO15	PO7	07.05.19	There is a risk of overspend on the allocated drugs budget. The overall impact of the risk is difficult to predict due to the category M changes not being fully forecasted into 19/20 budget and it being unknown if NCSO will be greater than the 18/19 impact	Category M changes will be monitored on a monthly basis. Review drugs on the NCSO list and highlight to prescribers any alternatives where possible. Continue with savings plans to mitigate impact on total spend. Monthly review of position. Ongoing discussion with NHSE. Score on Directorate Risk Register is 5x4=20; application of Finance moderation process reduces risk score to: (LxI) 5x2=4 (2 = Loss of 0.1% to 0.25% of budget £1m to £3.5m) therefore risk to be removed from CRR - monitoring to be continued through Directorate	02/10/19: known Category M price increases are being factored in to forecast end of year position suggesting approx. £2million overspend. Rebates look to increase overspend position by 150k (see risk MO16) 29/08/19: Month 3 spend was 197k less than previous years month 3. Aug 19 - Month 2 approx. 200k increase to previous year. 02/07/19 - Month 1 ePACT data shows savings are in line with mth 1 planned savings Monthly monitoring accounts for additional costs continues and raised to region	Often there are no alternatives available. Uncertainty and volatility still exists. This risk will be carried forward into 19/20	Peter Brindle	Debbie Campbell	5x4=20	5x4=20	↔	TBC		Open	Oct-19	
Medical Directorate Primary Care Commissioning	MDPCC12	N/A	13.08.18	Issues related to GP Practice sustainability may limit access to primary care services Due to issues related to GP practice sustainability there is a risk that access to primary care services and capacity for transformational change to ensure future sustainability may be affected	Primary Care Strategy Primary Care Commissioning Committee responsible for developing and improving General Practice. Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. 07.03.19 Investment in new contract and NHS Long Term Plan from April 2019.	Dec 19: Practices assessed as at potential resilience risk through resilience dashboard are approached to invited to become part of resilience programme which includes identifying resilience support needs and support to implement an improvement plan and where appropriate. Where there are geographical clusters of practices facing resilience challenges a locality or PCN approach is taken to the resilience programme i.e. Weston and Worle and South Bristol. MoUs in place with practices which take part in the General Practice Resilience Programme. Also see MDPCC18, MDPCC22 and MDPCC23. Nov: Practices assessed as at potential resilience risk through resilience dashboard have been approached to identify resilience support needs and where appropriate invited to become part of resilience programme. MoUs in place with practices which take part in the General Practice Resilience Programme. Also see MDPCC21.	There is a range of work required by the CCG, practices, NHSE nationally and local stakeholders including One Care Ltd., Community Education Provider Network (CEPN) and Avon LMC to support the sustainability of practices in BNSSG. The STP workstream will draw together local stakeholders to develop concerted action.	Primary Care Commissioning Committee (PCCC)	Martin Jones	Jenny Bowker	16 (4x4)	16 (4x4)	↔	8 (2x4)	Mar-20	Open	Dec-19






Medical Directorate Primary Care Commissioning	MDPCC 20	PO3.1: Primary Care: Developing Primary Care Networks	23.07.19	If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	<ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Monthly Primary Care Provider Meetings Implementation of Primary Care Strategy Primary Care Network development plan GP resilience tool to be launched Internal Communications plan to be further built on and implemented Wider stakeholder engagement plans to be developed Links with Urgent Care Strategy/UTC's Locality Development Plans Healthy Weston model of care development supporting PCN development Communication Strategy GP resilience tool to be applied to support PCNs in partnership with Clinical Directors 	<p>Risk score has been reviewed as a result of PCN development and revised to 3x4=12 therefore risk will be removed after next GB review</p> <p>Oct PCN Clinical Director and Locality Provider Leads meeting held on 2nd October to agree next steps for PCN OD. Working group will develop the OD offer</p> <p>Sept Launch of PCN OD approach at 10th September membership meeting. PCNs requested to complete maturity self assessment matrix. 2nd October PCN Clinical Director and Locality Provider Leads meeting to agree next steps for PCN OD.</p> <p>PCN's agreed for BNSSG area and initial meeting with PCN clinical directors held</p>	No current gaps in mitigating actions have been identified at present, however this will be kept under review.	PCCC/ Commissioning Exec	Martin Jones	Jenny Bowker	5x4=20	12(3x4)	↓	3x4=12	Open	Oct-19	
Medical Directorate Primary Care Commissioning	MDPCC2	PO3.2: Primary Care: Supporting Primary Care Resilience	11.09.19	There is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	<ul style="list-style-type: none"> Internal Communications plan to be further built on and implemented Contracting in Primary Care, visiting Practices to offer advice access to support functions Support Practice Managers, improvement of skills/support change Resilience Dashboard and Triangle/Self-Assessment Tool Primary Care Workforce Strategy Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal. Delivery plan for Primary Care Strategy to be developed for implementation from early 2020. PCN Organisational Development Plan to be produced 	<p>Jan 2020 No Change</p> <p>Dec No change</p> <p>Nov no change</p> <ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Drafting and testing of Primary Care Strategy from September to November 2019. Monthly Primary Care Provider Meetings Primary Care Network development plan GP resilience tool to be launched PCN's agreed for BNSSG area and initial meeting with clinical directors held Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. Primary Care Networks launched 1st July 2019 Active CCG resilience programme to support practices including Care Navigation, Releasing Time For Care, Individual practice resilience support and locality resilience programmes in Weston & Worle and South Bristol. Resilience dashboard in place and regularly reviewed to identify practices that may be vulnerable and in need of more support 	<ul style="list-style-type: none"> Assurance regarding the PCN's to be developed for the Primary Care Commissioning Committee and Integrated Care Steering Group 	PCCC	Martin Jones	Jenny Bowker	5x4=20	16 (4x4)	↔	9(3x3)	Mar-20	Open	Jan-20
Nursing & Quality	BNSSG QD 002	PO1	13.04.18	Patients are at risk of potential harm through contracting HCAs	<p>Quality dashboard reviewed at monthly quality and governance committee</p> <p>Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee</p> <p>Detailed analysis of CCG apportioned individual MRSA cases and GP review of primary care C Diff cases</p> <p>Bi-monthly BNSSG HCAI meeting with partner organisations to monitor and support HCAI improvements.</p> <p>Separate Task and finish groups established for MRSA, C diff and E.coli infections</p> <p>close joint working in place with Public Health colleagues</p> <p>regular quality assurance visits undertaken by CCG Quality team</p>	<p>Jan 2020 No Change</p> <p>Dec 19: risk unchanged</p> <p>Oct/Nov: E.coli task and finish group meeting re-established and reviewing actions. Shared learning SW learning event on 7th November.</p> <p>Sept 19: HCAI group reviewed purpose and membership in August. HCAI policy to be drafted</p> <p>Aug 19: HCAI group to be reinvigorated and work plan updated. Next meeting taking place on 13 August 2019.</p> <p>July 19: Single PIR tool developed for use by all three acute providers. Final consultation in progress. HCAI annual report completed and presented at Quality Committee in July.</p> <p>June 19: no change to current risk status</p>	none identified currently; monitoring of position continuing	Quality Committee	Jan-Baptiste-Grant Julie Thallon	Cecily-Cook-Rosi Shepherd	20 (4x5)	15 (3x5)	↔	5 (1x5)	Mar-20	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	<p>Urgent care Strategy in place</p> <p>A&E Delivery Board reviews performance on monthly basis</p> <p>Processes in place to manage demand across system including:</p> <p>Daily system escalation calls</p> <p>Handover SOP in place with acute Trusts</p> <p>NHS 111 Clinical validation of Category 3 calls</p> <p>Monitoring of patients safety and experience through Incidents, Complaints and Feedback</p>	<p>January 2020 - SWASFT have advised that their risk scoring has increased however the local risk remains unchanged. A request to discuss the SOP with SWASFT</p> <p>Dec Risk remains unchanged</p> <p>Oct/Nov: Risk remains unchanged</p> <p>Sept 19: Risk remains unchanged.</p> <p>Aug 19 - SWASFT risk score reduced to 20. CCG score remains unchanged. Launch of new SOP for health professional booking of ambulances. Next QSG planned for October</p> <p>June 19: Risk remains unchanged. Still pending</p>	none identified currently; monitoring of position continuing	Quality Committee	Jan-Baptiste-Grant Julie Thallon	Cecily-Cook-Rosi Shepherd	16 (4x4)	4x4 = 16	↔	8 (2x4)	Mar-20	Open	Jan-20
Nursing & Quality	BNSSG QD 030	N/A	15.04.19	As a result of staff capacity issues within the CAHMS service at WAHT as identified in the recent CQC report (https://www.cqc.org.uk/provider/RA3/inspection-summary#overall) there is a risk to patient safety and the quality of the service offered to young people.	<p>All posts have been advertised. The Trust has sought agency staff to cover vacancies.</p> <p>An interim manager has been appointed to provide improved leadership. The exec team are undertaking twice weekly visits to the unit.</p>	<p>January 2020 - Assurance visit has taken place and report being formulated.</p> <p>Dec 19: Visit planned in January 2020.</p> <p>Awaiting outcome of CQC visit undertaken in Sept. Due diligence process being undertaken of the services.</p> <p>Oct/Nov: Risk remains unchanged</p> <p>Sept 19: risk remains unchanged. Assurance visit planned for Oct 19.</p> <p>Aug 19 - Trust action plan received and being monitored through the Quality Sub Group. Further assurance visit to take place in October 2019</p>	none identified currently; monitoring of position continuing	Quality Committee	Jan-Baptiste-Grant Julie Thallon	Cecily-Cook-Rosi Shepherd	16 (4x4)	4x4 = 16	↔	8 (2x4)	Mar-20	open	Jan-20

Nursing & Quality	BNSSG QD036	N/A	17.10.19	There is a risk that there will be an overspend, forecasted to be in the region of £11 million, on the Adult CHC budget which will have an impact on the CCG financial position	Reviewing all high cost cases. Fortnightly Adult commissioning panel reviewing cases. Pro-active high cost case reviews. Working with finance and BI for trend analysis. Monthly reporting to strategic finance committee"	January 2020: Risk remains unchanged Dec 19: Risk remains as identified Oct new risk	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality - CHC lead	16 (4x4)	16 (4x4)	↔	3x4=12	Mar-20	open	Jan-20
Nursing & Quality	BNSSG QD43	n/a	10.12.19	Risk to patient safety due to staff shortages and changes to the model of care at Horizon Health Centre	Monthly meetings are being held with the provider and CCG. Practice are appointing a new manager and a new management structure. New telephony system planned. Improvement schemes such as Push Dr and Ask my GP to be implemented. Recruitment ongoing for further GP sessions. Pier Health GPs ad BNSSG Clinical Leads to provide support and cover. A senior Nurse working across both sites to provide leadership.	Jan 2020: continued support to the practice from the quality, resilience and contracting team. Weekly meetings with partners. Risk remains the same. Dec 19: New Risk Quality assurance visit scheduled 18/12/19	no gaps identified.	PCCC	Director of Nursing & Quality & North Somerset Area Director	Associate Director of Quality & Head of Locality Development North Somerset	16 (4x4)	16 (4x4)	↔	8 (2x4)	Mar-20	open	Jan-20
North Somerset Area Team	NS22	n/a	20/12019	As a result of: Pier Health Group Ltd's difficulty in recruiting key clinical staff and administrative support, the organisation is making slower than anticipated progress in implementing transformational change of services and infrastructure to provide improved GP services from Graham Road and Horizon GP practices. There is a risk that: Quality and access to primary care services may be severely compromised and high numbers of patients may de-register and seek primary care services at neighbouring Weston practices	A Recovery Plan has been developed, with weekly monitoring meetings being set up. The plan includes the following elements: a. clinical and non clinical workforce recruitment b. Internal and external comms c. Contractual support (e.g. merging of EMIS systems) d. Clinical quality e. Financial sustainability f. Operational resilience (e.g. introduction of Push Doctor) g. Risk management h. Safeguarding		no gaps identified.	PCCC	Director of Nursing & Quality & North Somerset Area Director	Associate Director of Quality & Head of Locality Development North Somerset	4 x 5 = 20	16 (4x4)		2 x 5 = 10	Mar-20	open	Jan-20

BNSSG CCGs Governing Body Assurance Framework (Jan V1 2019/20)

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	Gaps in controls/ assurance
Principal Objective PO1: Quality Governance and system						
Principal Risk: There is a risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee	Julie Thallon	5x4=20	4x4= 16	2x4 =8		yes
Principal Objective PO2.1: Long-term plan response: Developing the system with our providers						
Principal Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions	Julia Ross/ Sarah Truelove	5x4=20	2x3=6	2x3=6		yes
Principal Objective PO2.2: Long Term Plan Response and Financial Sustainability: Value Programme						
Principal Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Peter Brindle/ Sarah Truelove	5x4=20	5x4=20	3x4 =12		yes
Principal Objective PO3.1: Primary Care: Developing Primary Care Networks						
Principal Risk: If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Martin Jones	5x4=20	3x4 =12	2x4 =8		yes
Principal Objective PO3.2: Primary Care: Supporting Primary Care Resilience						
Principal Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Martin Jones	5x4=20	4x4= 16	3x3 =12		yes
Principal Objective PO4: Locality Development into delivery; Frailty, Mental Health, Urgent care						

Principal Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not have the necessary building blocks in place for delivery of the system wide transformation required	David Jarret/ Justine Rawlings/ Colin Bradbury	5x4= 20	3x4 =12	3x3=9		yes
Principal Objective PO5: Same Day Emergency Care: Delivering the Urgent and Emergency Model of Care						
Principal Risk: Non-delivery of the model will lead to clinical risk and increasing cost to the system	Peter Brindle	5x4= 20	4x4= 16	3x4 =12		yes
Principal Objective PO6: Mental Health: Ensure AWP Resilience						
Principal Risk: 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.	Deborah El-Sayed	5x4= 20	5x4= 20	3x3=9		yes
Principal Objective PO7: Financial sustainability: System Financial Recovery Plan						
Principal Risk: If we are unable to agree a financial plan for the system 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Sarah Truelove	4x5= 20	1x5=5	3x4 =12		No
Principal Objective PO7.2: Financial sustainability: System Financial Recovery Plan						
Principal Risk: If we are unable to deliver the agreed financial plan for the system for 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Sarah Truelove	4x5= 20	4x5=20	3x4 =12		yes
Principal Objective PO8: Implement a solution for Weston Hospital within BNSSG						
Principal Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from consultation	Colin Bradbury	4x4= 16	1x3=3	1x3=3		No

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				

Objective: Quality: governance and systems	Director Lead: Julie Thallon
Risk: There is a risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee	Date Last Reviewed: 13/01/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 Target Risk Score: 2x4=8	Rationale for current score: The permanent post of Director of Nursing and Quality has now been recruited to and is now in post. remains vacant with an active recruitment process underway. An interim Director is in post. Deputy Director retired 8th November. A seconded Associate Director of Nursing post is supporting interim Director. An experienced former Director remains in place to support the transition for the newly appointed Director. Capacity issues within team have improved. Quarterly work plan update provides assurance on quality work achievements. Risk remains at 16 while the re-structure is concluded
Committee with oversight of risk Commissioning Executive Quality Committee	Rationale for target risk: The full implementation of the Quality Directorate Staffing Capacity Review will significantly mitigate and reduce the risk score however some issues impacting on the team are multifactorial and outside of the scope of the CCG
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Staffing capacity review in progress, benchmarked against other CCGs • Monthly team meetings established • Quality Team engaging with partners, sharing information and learning through networks and specific subject focused groups • Directorate outcomes in development • Quality Strategy in development • Regular reporting on quality performance to Quality Committee • Exception reporting of issues to Quality Committee • Committee has completed annual effectiveness review, • Committee considers effectiveness at the close of each meeting • Clinical leads engaged in the prioritisation of complaints • Secondment from NHSE of a senior nurse lead for 6 months. • Review of internal and external directorate role and effectiveness underway — outcome and recommendations for development will be shared with Executive Team in November • Externally led development programme for individuals, teams and whole directorate underway 	Assurances: <ul style="list-style-type: none"> • Staff survey ‘snap shots’ to be reviewed and performance to be shared with the Executive team quarterly and with the Governing Body six monthly • Annual staff survey (Q4 2019/20) • 360 stakeholder survey 2019/20 (February 2020) • 2018/19 Committee Effectiveness Review • 2018/19 Committee review of Terms of Reference • 2019/20 Committee Effectiveness Review to be completed q4 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Ongoing quality staff barometer, to ensure morale remains static or improves.

- **Interim Director of Quality remaining in post to support transition for new Director and to oversee the structure review and implementation**

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

- ~~Staffing capacity review to be finalised and implemented in Q3 2019/20~~
- Quality Strategy to be reviewed by Quality Committee and presented to Governing Body: Quality Priorities for 2019/20 identified and submitted to Governing Body
- Directorate outcomes and Quality Strategy to be implemented
- Matrix working to be strengthened across CCG to improve links between quality functions across the organisation
- ~~Appraisals with senior quality team members completed; across all team by end of Q2 2019~~
- Close monitoring of sickness absences and attrition to indicate staff are feeling supported.
- Development of quality measures for key priority areas eg primary care
- Joint working with Primary Care Team to embed quality measure into Primary Care strategy
- Three all day organisational development sessions planned for Q3 **and Q4** for whole directorate.
- ~~Interim Director of Nursing commenced 16 October 2019~~
- Vacancies and interim posts continue to be held with team
- Initial, interim re-allocation of responsibilities in light of senior member of staff retirement
- **Finalise the directorate structure review and undertake any consultation and recruitment**

<p>Objective: Long-term plan response: Developing the system with our providers</p>	<p>Director Lead: Julia Ross/Sarah Truelove</p>
<p>Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions</p>	<p>Date Last Reviewed: CLOSED</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 2x3=6 Target risk: 2x3=6</p>	<p>Rationale for current score:</p> <ul style="list-style-type: none"> • Long Term Plan agreed across BNSSG system and submitted • Discussions regarding detailed finance and activity ongoing • System now moving to developing implementation plan and delivery
<p>Committee with oversight of risk Healthier Together Partnership Board Governing Body</p>	<p>Rationale for target risk:</p> <ul style="list-style-type: none"> • If we are unable to reduce the likelihood, then in the long term it 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. • If we are unable to agree a system plan, however, we could work to ensure robust organisational plans are in place which take account of population need and this may reduce the potential impact.
<p>Controls: (<i>What are we currently doing about this risk?</i>)</p> <ul style="list-style-type: none"> • Working extensively with CEOs, DoFs and other senior leaders across the system to find shared purpose and common ground. • Establishing a formal Partnership Board to bring non-executive influence to bear. • Strong regulatory input from the new Regional Team. • Focusing on development of the long term plan, establishing a system steering group to oversee progress and seconded someone from NBT to provide programme leadership to deliver the plan. • 2019/20 revised plan submitted to Regional team, including a Financial Recovery Plan to bring the financial position to an agreed £10 million deficit • Partnership Board noted the Financial Recovery Plan and approved the ongoing governance for delivery • Partnership Board signed off communications and engagement plan, including for staff, to describe vision and ambition of Healthier Together. Disseminate through multiple channels including each constituent organisation and practice. 	<p>Assurances:</p> <ul style="list-style-type: none"> • Regional Team focus driving renewed alignment for delivery across the acute sector, mental health and CCG. • Previous success to align specialised services across BNSSG. • Healthier Together Partnership Board, Executive Group and LTP Steering Group. • Long Term Plan agreed and submitted <p>Gaps in Assurance: (<i>What additional assurances should we seek?</i>)</p> <ul style="list-style-type: none"> • Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar. • Long Term Plan • Robust single performance framework to enable mutual holding to account for delivery.

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

- Internal Communications plan to be further built on and implemented
- Establish single performance management framework, underpinned by a common version of the truth, with meaningful aligned incentives and 'sticks' to enable peer review and mutual holding to account across the system.
- Develop long term plan and formal work programme to deliver it.
- Ensure organisational plans reflect the requirements of the long term plan.
- OD work being commissioned to support better collaboration at all leadership levels across BNSSG organisations.
- Away session on 6/7th June to strengthen collaboration across the system. Completed
- Facilitator appointed to support system in developing risk share arrangements

Objective: Long Term Plan Response and Financial Sustainability: Value Programme	Director Lead: Peter Brindle/Sarah Truelove
Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Date Last Reviewed: 16/01/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current:5x4=20 Target Risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> We are in the early stages of the programme of work This is a significant cultural change programme which will take time to develop and realise measurable results.
Committee with oversight of risk Strategic Finance Committee Commissioning Exec and Governing Body Clinical Cabinet	Rationale for target risk: Significant system impact will be unlikely within year. Evidence from elsewhere suggests this approach takes time to build a critical mass.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> Value Strategic Group established and reports to the Medical Director – Clinical Effectiveness and to CCG Executive Team a set of system wide Value Based Healthcare high level goals for established with objectives with identified leads, actions plans and timescales Cohort 1 of Value Leaders to champion approach across system trained Run a session with existing value leaders and Healthier Together Partnership Board on 19th December 2019 - Session stood down due to multiple apologies from Partnership Board. Will attend the next Partnership Board that has sufficient chief executive and chair attendance. The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> Provide ongoing Support and encourage existing value leaders to develop and deliver projects Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans 	Assurances: <ul style="list-style-type: none"> Reports to Governing Body and Clinical Cabinet Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Regular updates on progress and gaps in support to be brought to Governing Body and Healthier Together Executive Group and Partnership Board Developing an evaluation plan for the Value Based Healthcare programme

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| <ul style="list-style-type: none">• 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 included in the Healthier Together Five Year Plan• Continue to strengthen relationships with ABU HB• Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes• Evaluation plan for Value Based Healthcare in Healthier Together is in development• Train cohort 2 Value Leaders by April 2020• Run a session with existing value leaders and Healthier Together Partnership Board on 19th December 2019 to embed and reinforce commitment of senior leadership - Stood down as above• Value Leaders are working with the Digital Outpatient Working Group on the development of the outcomes IT platform service specification• Planning a 'round table' style event to be held in February 2020 to explore payment/incentive models to maximise value – Attending DOF meeting to discuss further and agree next steps• Working with the stroke programme to identify a localised outcomes set which will help the programme to respond to the case for change and be used to consider contracting in a different way (bundled payment)• Developing a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value adding activity | |
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Objective: Primary Care: Developing Primary Care Networks	Director Lead: Martin Jones
Risk: If PCNs are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Date Last Reviewed: 04/12/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4=12 target risk score: 2x4= 8	Rationale for current score: PCNs are established across BNSSG
Committee with oversight of risk Primary Care Commissioning Committee (PCCC) Commissioning Executive	Rationale for target risk: Practice resilience will impact on the resilience of PCNs. Target risk has been reached and new target has been set
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Engagement plan for Primary Care Strategy • Monthly Primary Care Provider Meetings • Implementation of Primary Care Strategy • Primary Care Network development plan • PCNs agreed for BNSSG area and initial meeting with PCN clinical directors held • Launch of PCN OD approach at 10th September membership meeting. • PCNs requested to complete maturity self-assessment matrix and return to CCG by 18th October • PCN Clinical Director and Locality Provider Leads meeting held on 2nd October to agree next steps for PCN OD • Working group will develop the OD offer and all PCN self-assessment matrices have been received. • First PCN OD/Leadership Working Group meeting held via teleconference on 21st November 2019 with representation from PCNs, Area Team, and Primary Care Development Team • Directory of OD/Leadership offers has been compiled • Promotion of national and regional commissioned offers to PCNs (Time For Care, NHS SW Leadership coaching) through the PCN bulletin • Population Health Management workshop for PCNs and localities to be developed for Quarter 4 • Primary Care Commissioning Committee seminar in February 2020 to focus on additional roles and workforce planning 	Assurances: <ul style="list-style-type: none"> • Primary Care Strategy and updates to Governing Body • Workforce Group reports to key bodies including PCCC and to GB via committee structure • STP Workforce Strategy Group • Evaluation of GP resilience tool • Internal Audit of Primary Care Commissioning and governance planned for 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Develop a PCN programme board across internal and external stakeholder to align activities to ensure delivery • Integrated Care Steering Group strategy to define the role of PCNs within our localities and contribution to our system

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

- Internal Communications plan to be further built on and implemented
- Wider stakeholder engagement plans to be developed
- Links with Urgent Care Strategy/UTCs
- Locality Development Plans
- Healthy Weston model of care development supporting PCN development
- Communication Strategy
- GP resilience tool to be applied to support PCNs
- PCN Organisational Development Plan to be produced in partnership with Clinical Directors

Objective: Primary Care: Supporting Primary Care Resilience	Director Lead: Martin Jones
Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Date Last Reviewed: 09/12/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4=16 Target Risk Score: 3x3=9	Rationale for current score: Actions developed to support GP practice resilience as part of the GP Five Year Forward View are in place. Further support for practices is planned and will continue to be implemented.
Committee with oversight of risk Primary Care Commissioning Committee (PCCC)	Rationale for risk target: Actions to support practices are in place and being developed however the risks to practice resilience are multifactorial and mitigations for some issues are outside of the influence of CCG
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Drafting and testing of Primary Care Strategy from September to November 2019. Monthly Primary Care Provider Meetings Primary Care Network development plan GP resilience tool to be launched PCN's agreed for BNSSG area and initial meeting with clinical directors held Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. Primary Care Networks launched 1st July 2019 Active CCG resilience programme to support practices including Care Navigation, Releasing Time For Care, Individual practice resilience support and locality resilience programmes in Weston & Worle and South Bristol. Resilience dashboard in place and regularly reviewed to identify practices that may be vulnerable and in need of more support. Triangle/Self-Assessment Tool now established developed 	Assurances: <ul style="list-style-type: none"> STP GP Resilience and Transformation Group and STP Community and Primary Care Workforce Group Reports through STP governance to Healthier Together Partnership Board Evaluation of GP resilience tool will be reported to Primary Care Commissioning Committee Quarterly reports from PCCC to Governing Body Internal Audit of Primary Care Commissioning and governance planned for 2019/20
Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> Internal Communications plan to be further built on and implemented Contracting in Primary Care, visiting Practices to offer advice access to support functions 	Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Assurance regarding the PCN's to be developed for the Primary Care Commissioning Committee and Integrated Care Steering Group Regular workforce reports to be developed for PCCC

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| <ul style="list-style-type: none">• Support Practice Managers, improvement of skills/support change• Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal.• Delivery plan for Primary Care Strategy to be developed for implementation from early 2020.• PCN Organisational Development Plan to be produced | |
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Objective: Locality Development into delivery: Frailty, Mental Health, Urgent care	Director Lead: David Jarret, Justine Rawlings; Colin Bradbury
Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not have the necessary building blocks in place for delivery of the system wide transformation required	Date Last Reviewed: 02/12/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4 12 Target: 3x3 = 9	Rationale for current score: Pace of delivery to meet system requirements needs to be maintained Consistency of delivery across BNSSG required and not all localities are at the same stage of development There are workforce constraints that may impact developing models The development is in part dependent on the pace of delivery of the community services mobilisation Recurrent funding not yet available to support locality infrastructure requirements
Committee with oversight of risk Commissioning executive Primary Care Commissioning Committee	Rationale for target risk: Delivery into development so model in infancy and still subject to “buy in”
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Continuation of locality provider leads group • Locality provider forums chaired by ADs • Frailty programme board and Community SDUC programme boards report to the Integrated Care Steering Group (ICSG) • ICSG • A&E Delivery board (urgent care) • Coordination by Area Teams • LLG support to LPVs • Clinical reference group established reporting to clinical operations group • Adult Community Health Services contract awarded and mobilisation in progress • Locality Plans developed as part of Long Term Plan response • Quarterly meeting of PCN Directors established Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> • Area team support to be increased to providers • MH BNSSG level coordination • Close working with [primary care development on PCNB development and primary care resilience/workforce etc 	Assurances: <ul style="list-style-type: none"> • Community executive and governing body reporting • ICSG reporting • Internal Audit of Locality Development planned for 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Currently no business cases in place for locality delivery of services which would demonstrate capacity and capability

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| <ul style="list-style-type: none">• SDUC in community governance established• ICP roadmap to be developed | |
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Objective: Delivering the Urgent and Emergency Model of Care:	Director Lead: Peter Brindle
Risk: Non-delivery of the model will lead to clinical risk and increasing cost to the system	Date Last Reviewed: 17/01/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4 x 4 = 16 Target risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> - Blended tariff process - Activity trends over recent years - Experience of opening new urgent care facilities leading to supply induced demand ie MIUs - Workforce constraints - Urgent Care system performance
Committee with oversight of risk Urgent Care Oversight Board (UCOB) A&E Delivery Board Clinical Oversight Group UEC Transformation Group Commissioning Executive	Rationale for target risk: Longstanding local and national issue. Clinical support to model of care which requires implementation and testing
Controls: <ul style="list-style-type: none"> • BNSSG UEC governance structure reviewed and agreed to improve system ownership of challenges and transformation programme • UEC Transformation Group to replace UEC Design Group launched with representation from across the system to oversee delivery of BNSSG Long Term Plan UEC programme • LTP programme for UEC services developed, reflecting system work on model of care • Work streams of Triage, Assessment and Routing, Developing Localities to Support Urgent Need, and Clinical Governance and Risk progressing plans. • Reporting to UCOB with new Dashboard in use. • Follow-up model of care event held in June. Mitigating Actions: <ul style="list-style-type: none"> • Work underway with system partners to develop implementation plan for local response to Long Term Plan Mobilisation plan for roll out of new community services model of care, including locality hubs • Fully resourced programme plans to be developed • Financial modelling to be developed • Contractual levers to be developed to facilitate flow of funds to deliver model 	Assurances: <ul style="list-style-type: none"> • Monthly performance reports to the Governing Body and highlight reports to system-level groups on progress in implementing model of care Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Greater level of system ownership of the challenge • Shift in patient and financial flow

- Live system metrics

Objective: Mental Health: Ensure AWP Resilience	Director Lead: Deborah El-Sayed
Risk: 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.	Date Last Reviewed: 10/12/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 5x4 20 Target risk score: 3x3 = 9	Rationale for current score: <ul style="list-style-type: none"> • The last recent CQC inspection has highlighted that organisation remains as 'Requires Improvement' with some areas actually declining since the last assessment and some key risk areas not being addressed. The next CQC inspection is expected within the next 6 months. • There is an increase in demand for services particularly around out of area placements which continues to remain a significant challenge and capacity of the organisation remains stretched, particularly within the Bristol Locality
Committee with oversight of risk Quality Committee Commissioning Executive Governing Body	Rationale for target risk: <ul style="list-style-type: none"> • AWP is the core provider of secondary mental health care services for our population, and therefore resilience of the organisation and services is critical. • target risk score reflects the complexity of mental health services and the complexity of the provider's geographical footprint.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • The level of joint working with AWP has increased with teams across the CCG including the development of the Long Term Plan submission, a joint action plan to address the Out of Area challenge, joint work to address the front door challenges in Bristol and full collaborative working all STP work-streams • Focus on developing parity across BNSSG and working with BSW to reduce complexity for the provider where this is possible (depending on meeting the needs of the BNSSG population) • Increased level of monitoring and assurance through the Nursing and Quality Team • Exec to Exec meetings • Mental Health Strategy is being finalised, focusing on mental Health and Wellbeing of the population and where the system needs to prioritise • The CCG is undertaking a review of all mental health services. linking with the strategy, aiming to take a pathway approach with an improved cohesive offer to people using services 	Assurances: <ul style="list-style-type: none"> • Community executive and governing body reporting • Quality Committee reporting • Waiting list initiatives • Ongoing data and in depth BI analysis of impact • Internal Audit of Mental Health Commissioning planned for 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Request a governance review to assure there is a clear plan in place to make the transition

- The STP Mental Health Steering Group has been established to align transformation and performance and the terms of reference have been agreed, with the second meeting taking place in the New Year ~~with the first meeting planned for October~~
- AWP have an internal programme of work focussed on Bristol sustainability
- Weekly Whole Systems Operational Group in place to focus on Out of Area issues and Delayed Transfers of Care
- Ongoing project group to focus on the front door and how we can ensure that appropriate referrals are made and people are effectively treated,

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

- Negotiating with regulators around how we respond to the series of transformation initiatives so that we allow AWP to focus on core priorities
- Ensure that the mental health strategy is a core enabler for supporting AWP resilience: discussions are in progress with trust and regulators
- Bid for winter funding to support mental health pressures
- Working with AWP to agree the priorities of focus to ensure the best outcomes are delivered.
- Delivery of the Long Term Plan investments and associated service change.

Objective: Financial sustainability: System Financial Recovery Plan	Director Lead: Sarah Truelove
Risk: If we are unable to agree a financial plan for the system for 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Date Last Reviewed: CLOSED
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 1x5=5 Target: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> • 2019/20 position was agreed with NHSE • System has worked together to develop and submit local response to NHS Long Term Plan
Committee with oversight of risk System Delivery and Oversight Group Clinical Cabinet Strategic Finance Committee Commissioning Exec	Rationale for target risk: Partnership arrangements including developing a system performance management framework continue to develop.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • CEOs collectively leading the response to the regulator which has included commitment to deliver a £9.9m SFRP in addition to existing plans. • Single regulator working with the system, • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the 11-point System Financial Recovery Plan which is system-owned and reported through SDOG to Partnership Board. • Reporting internally to Strategic Finance Committee on monthly system financial position including delivery against savings requirements (both the SFRP and internal CCG efficiency plans). • System Delivery Oversight Group providing oversight. • Risk share on urgent care agreed. • Long term financial model developed. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> • Internal communications plan to be further built on and implemented to ensure aligned messages to all staff within partner organisations. • Further development of the PMO network across Healthier Together organisations. • Demonstration of ownership of plans at provider level. 	Assurances: <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • QIPP stage 3 carried out by NHS England, • Monthly Governing Body reports, • Quarterly NHSE Assurance Meetings. • 2019/20 position was agreed with NHSE • Local response to NHS Long Term Plan submitted Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> •

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| <ul style="list-style-type: none">• Share the financial position in a more detailed way with the Membership, so that they understand the whole system position. GB clinical leads to work with CFO to design Membership presentation.• Support development of consistent approach to reporting of the system financial position for every organisation.• Review programme approach to delivery including governance structures and methodologies used.• Review incentives available to support the system to embrace change.• Partnership Board to endorse performance management framework including agreeing how individuals will be held to account for delivery.• Consider financial controls across the system.• Ensure successes are shared to motivate staff and inspire future delivery.• Audit Chairs' network for sharing information to be established• The CCG is reviewing our financial management and budget holder roles and responsibilities to ensure that costs are managed in the most appropriate way• CCG self-assessing against NHSE/I checklists of opportunities to achieve financial position. | |
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Objective: Financial sustainability: System Financial Recovery Plan	Director Lead: Sarah Truelove
Risk: If we are unable to deliver the agreed financial plan, the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Date Last Reviewed: 20/11/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 3x4=12 Current: 5x5=25 Target: 2x4=8	Rationale for current score: CCG Overall Financial Position forecast £12.9m adverse to plan with a further £6.6m unmitigated risk leaving net risk-adjusted forecast £19.5m adverse to plan System Financial Recovery Plan, included in the above, contributes £3.4m forecast variance and £1.5m unmitigated risks leaving net risk adjusted £4.9m adverse to plan
Committee with oversight of risk System Delivery and Oversight Group Strategic Finance Committee Commissioning Exec	Rationale for target risk: In year Operating Plans will always be stretching and ambitious to drive forward the CCG and system's vision, therefore the impact on non-delivery will always be high; however robust planning, including us of contingencies & mitigations; together with effective partnership working should aim to minimise the likelihood of risks to delivery materialising
Controls: (What are we currently doing about this risk?) <ul style="list-style-type: none"> • Single regulator working with the system • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the 11-point System Financial Recovery Plan which is system-owned and reported through SDOG to Partnership Board. • Reporting internally to Strategic Finance Committee on monthly system financial position including delivery against savings requirements (both the SFRP and internal CCG efficiency plans). • System Delivery Oversight Group providing oversight. • Risk share on urgent care agreed. • Long term financial model developed. Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps) <ul style="list-style-type: none"> • Internal communications plan to be further built on and implemented to ensure aligned messages to all staff within partner organisations. • Further development of the PMO network across Healthier Together organisations. • Demonstration of ownership of plans at provider level. 	Assurances: <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • QIPP stage 3 carried out by NHS England, • Monthly Governing Body reports, • Quarterly NHSE Assurance Meetings. • 2019/20 was agreed with NHSE. System has worked together to develop and submit local response to the NHS Long Term Plan Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Clarity on gaps in resources to support new initiatives, • Lack of NED involvement, • System-level MOU to support joint working.

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| <ul style="list-style-type: none">• Share the financial position in a more detailed way with the Membership, so that they understand the whole system position. GB clinical leads to work with CFO to design Membership presentation.• Support development of consistent approach to reporting of the system financial position for every organisation.• Review programme approach to delivery including governance structures and methodologies used.• Review incentives available to support the system to embrace change.• Partnership Board to endorse performance management framework including agreeing how individuals will be held to account for delivery.• Consider financial controls across the system.• Ensure successes are shared to motivate staff and inspire future delivery.• Audit Chairs' network for sharing information to be established• The CCG has reviewed our financial management and budget holder roles and responsibilities to ensure that costs are managed in the most appropriate way• CCG self-assessing against NHSE/I checklists of opportunities to achieve financial position. | |
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Objective: Implement a solution for Weston Hospital within BNSSG	Director Lead: Colin Bradbury
Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from the Healthy Weston Programme.	Date Last Reviewed: CLOSED
Risk Rating (<i>Likelihood x impact</i>) Initial: 4x3 = 12 Previous: 2x4 = 8 Current: 1x3 = 3 Target risk score: 1x3 = 3	Rationale for current score: Reduced risk score from 8 to 3 following completion of consultation, approval of recommendations by Governing Body at October meeting and outcome of HOSP meeting on 15 th October to not refer the decision to the Secretary of State.
Committee with oversight of risk Healthy Weston Steering Group	Rationale for target risk: Confidence in proposals and reputation of CCG are important drivers to secure buy-in to Healthy Weston vision.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Communication and engagement plan has been updated to reflect the shift in programme towards the decision making process. • Continued proactive media briefing around publication of key documents and decision making. • Clear and transparent decision making process in place. • Proposals were received at October GB meeting and recommendations approved • HOSP meeting on 15th October agreed to a full review of the impact of changes at 12 months following implementation. It was agreed not to refer the decision to the Secretary of State. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)	Assurances: <ul style="list-style-type: none"> • Active governance structure in place for Healthy Weston that includes all key stakeholders. • System support for the proposed model out for consultation. • NHS England and SW Clinical Senate support for proposals consulted on. • Completion of DMBC with clear evidence of how the proposals meet the case for change and details of how the consultation process has supported the development of revised proposals. • Support for proposals received from NHSE and SW Clinical Senate at post-Stage 2 check in meeting • Support for proposals received from Somerset Council Scrutiny Committee. • HOSP meeting on 15th October agreed to a full review of the impact of changes at 12 months following implementation. It was agreed not to refer the decision to the Secretary of State. Gaps in Assurance: (<i>What additional assurances should we seek?</i>) see update to controls and assurances