Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Primary Care Commissioning Committee Meeting

Date: Tuesday 28th September 2021
Time: 9:30 – 11:45
Location: Virtual meeting. Details within the calendar invite

Agenda Number :	5
Title:	Governing Body Assurance Framework and Corporate Risk Register (CRR) September 2021
Purpose: approval	
Key Points for Discussion:	
The Primary Care Commissioning Committee oversees and seeks assurances risk relating to Primary Care. This includes risks concerning contracting, planning and strategy, financial planning and management and primary care quality, workforce, premises, and IT. The Committee is responsible for reviewing those risks that are relevant to its business and ensuring that appropriate and effective mitigating actions are in place. Risks assigned to the Committee for review are indicated on both the CRR and the GBAF. The key discussion points are: • The risks rated at 20 and above on the CRR • New risks added to the CRR since the last review by the Governing Body and Primary Care Commissioning Committee. A number of new risks relate to Primary Care • The risks recommended to Governing Body for removal and the confirmation of the relevant committees that they are assured that the actions have been sufficient to reduce the risk score • Risks that committees have recommended remain on the CRR	
Recommendations:	• review and ensure that appropriate and effective mitigations are in place for risks reported on the CRR and GBAF and specifically those areas relating to the Committee's remit • Review those risks recommended for closure to ensure the Committee is assured that the risk score has been sufficiently reduced • consider whether the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) are an accurate reflection of the risks brought to the committee's attention • consider whether other objectives and risks reported on the GBAF fall within the committee's remit
Previously Considered By and feedback :	The Corporate Risk Register and the Governing Body Assurance Framework are reviewed monthly by Directors and received and

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

Report title: Corporate Risk Register (CRR) June 2021

1. Background

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

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

1. Corporate Risk Register

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

ref	risk description	current risk score	Date added	Cross ref to GBAF
BNSSG Commissioning 7	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	**4x5 =20**	1.05.20	PO4
BNSSG	Risk of failure to recover 52 week wait	**4x5 =20**	1.05.20	PO1

Commissioning 10	performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.			
Nurse and Quality: Risk Ref - BNSSGQD021	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times **Aug 2021: Due to system pressures the risk has been increased. Population risk roundtable is being arranged.**	**4x5=20**	06.12.2018	N/A
Transformation - Communications 3	If we do not have a clear, agreed work plan in place there is a risk that the volume of work will not be sustainable for the team. This could result in not being able to meet the organisations key objectives and priorities, a risk that efforts are not focused in the right place, or that the stress on the team leads to sickness and absence. Key large programmes currently being managed alongside day to day activity include operational plan, organisational priorities, restoration and recovery of services, ongoing covid and mass vaccination and move to ICS and ICP development. **August 21 – Risk score increased - Reviewed work plan in context of current system pressures. Sharing with Director of Transformation and Chief Exec to flag the planned prioritisation of projects.** **Noted that there is limited work and projects that can be stood down but are reviewing what can possibly be**	**5x4=20**	10.05.21	PO8

	outsourced.			
Transformation - Communications 4	If we do not have allocated comms support for the transition of staff to the ICS there is a risk of employee disengagement and a lack of workforce preparedness. There is also a risk that the team do not have capacity to deliver a well planned strategy leading to stress, overwhelm and staff sickness. **August 21 - Have agreed to write a job specification to support this requirement. However, risk has increased as a result of internal comms band 7 leaving post recently.**	**5x4=20**	10.05.21	PO8

2. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the July review of the CRR by PCCC the below risks have been added. The Communications Team are currently reviewing all risks relating to the team with a focus on ensuring the risk score is appropriate. A number of new risks have been added that relate to the Primary Care Committee. These are at the end of the table.

ref	risk description	current risk score	Committee	Cross reference GBAF
Trans-formation Comms 5	Communications Team RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a current resource gap with a number of planned and unplanned absences across internal, external and insights teams. These gaps are impacting on team capacity and ability to deliver planned work which will result in possible impact on output and deliverables and possibly leading to stress and further staff sickness if not addressed.	**5x4=20***	SFC	PO8
Trans-formation Comms 6	Communications Team RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR Due us not being able to secure a secondment extension for the Internal communications manager there is a significant risk on the impact of the deliverable of key internal communications	**5x4=20***	SFC	PO8

	work resulting in increased pressures across the team, lack of resources and skill at the right level to deliver the complexity of work that needs to be undertaken. This will impact on wider workforce with Internal communication playing a key role in supporting staff and keeping them informed.			
Nurse and Quality: BNSSGQD 044	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR If the number of patients within BNSSG contracting Clostridium Difficile remains above benchmarked figures there is an increased risk in higher mortality rates, poorer outcomes and increased hospital admissions.	**4x4=16**	Quality	-
Transformation - Communications 2	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR If we are unable to extend FTC contracts within the comms team then there is a risk that we will be unable to deliver our business critical work / CCG initiatives resulting in delays in delivery of core pieces of work, impacting on implementation and we will lose key knowledge within the team as those roles come to an end.	**4x4=16**	SFC	PO8
Primary Care Development - Access PCC26	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk that Primary Care capacity is not sufficient to meet routine and on the day demand following overwhelming demand due to the mass vaccination programme, restoration of routine activity and shift of activity from secondary care including phlebotomy, advice and guidance and urgent care. This may result in a reduction in Primary Care services.	**4x4=16**	PCCC	PO3
Primary Care Development - Workforce PCC39	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk of reducing workforce availability due to staff leave and retention following continued pressure of workload in Primary Care.	**4x4=16**	PCCC	PO3
Primary Care Development - Access PCC40	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk that the current national shortage of blood bottles will impact the delivery of routine blood tests in primary care and cause a backlog	**4x4=16**	PCCC	PO3

	of long term condition reviews that will need to be delayed. If the duration of this continues to be longer, this could potentially impact patient care and practice finances adversely.			
Bristol Area Team / BS25	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of a vacancy in a locality officer and Shadow ICP Board co-chair role (clinical) there is a risk that there will not be many expressions of interest to fill the role which could result in a gap in clinical leadership leading to slowed progress of the ICP and/or greater pressure being put on existing members	**4x4=16**	PCCC/ Governing Body	PO3

Risks to be recommended to the Primary Care Committee and the Governing Body for closure are detailed below. In each case the committee with oversight confirmed that it had been assured regarding the review and revision of the risk score. The Governing Body is asked to consider whether it is assured that the actions have reduced the risk score in each case. Risks below the threshold of the CRR continue to be monitored on Directorate Registers.

ref	**risk description**	**current risk score**	**Committee**	**Cross ref GBAF**
Commissioning Directorate: 45	As a result of delays in the breast 2WW pathway There is a risk that patients will have later diagnosis of cancer. Which may result in patients coming to harm and requiring more extensive treatment and worse outcomes and psychological distress. Rational for reduction of risk score: The backlog for patients waiting for a 2WW breast appointment has been reduced now to 18 from just over 700 in April and the average wait for 1st one stop appointment has dropped to within 14 days	**2x4=8**	clinical exec Quality	PO1
Transformation: Risk Ref Mental Health Employment	As a result of: • CCG late take-up of the 2019/20 NHSE Wave-2 IPS funding • AWP's agreement to deliver but subsequent non-prioritisation of the service • the COVID-19 crisis there is now a risk that we do not establish the new IPS service, which may result in: • People in secondary MH services not receiving	**4x3=12**	clinical exec	PO4

	evidence-based support into paid employment • Our (already reduced) two year NHSE funding and the opportunity it presented being lost • Failure to meet the national requirements for rapid IPS further investment and expansion through the LTP. Rational for reduction of risk score: Risk revised back to 12 following feedback from Clinical Exec. Full update to be given in Sep update once all project leads back from leave			
Trans-formation UC01	UEC Programme - If there is insufficient community urgent care capacity across BNSSG, the NHS 111 First transformation programme will not have the impact anticipated Rational for reduction of risk score: Additional funding agreed for Sirona to increase capacity for 2021/22 whilst broader changes to UEC system bed in (e.g. rollout of system CAS).	**2x4=8**	Clinical Executive	PO9
Transfor mation - Commun ications 5	There is a current resource gap with a number of planned and unplanned absence across internal, external and insights teams. These gaps are impacting on team capacity and ability to deliver planned work which will result in possible impact on output and deliverables and possibly leading to stress and further staff sickness if not addressed. Rational for reduction of risk score: Recruitment of temporary resource to start in w/c 9th August. The risk is significantly reduced and three month contracts now in place.	**3x2=6**	SFC	PO8
Transfor mation - Commun ications 6	Due us not being able to secure a secondment extension for the Internal communications manager there is a significant risk on the impact of the deliverable of key internal communications work resulting in increased pressures across the team, lack of resources and skill at the right level to deliver the complexity of work that needs to be undertaken. This will impact on wider workforce with Internal communication playing a key role in supporting staff and keeping them informed. Rational for reduction of risk score: Have recruited internal agency support to deliver BOSCARs, and have reprioritised other workload noting where we have had to stand down work due	**3x3=9**	SFC	PO8

	to resource implication. This will remain under review.			

3. Governing Body Assurance Framework

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

Each objective continues to be assigned to a committee/s for oversight. The revised GBAF is presented to the Committee. Each committee will review the principal objectives and risks assigned to it to ensure that the information provided is line with the committee's expectations and challenge should be provided to ensure actions are being completed as expected. The table below summaries the principal objectives and risks assigned to the Primary Care Commissioning Committee for review and scrutiny. A number of the risks are currently under review and will updated for the next iteration of the GBAF.
The Committee is invited to consider whether other objectives on the GBAF fall within its remit:

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

Appendices

Appendix 1 Corporate Risk Register
Appendix 2 GBAF

Appendix x

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

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

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

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Commissioning Directorate: Risk Ref - 5	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	PO1	10.08.18 01.04.19 1.05.20	Lisa Manson	Greg Penlington	4	5	20	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	4	4	16	(2x5)=10	↔	Clinical Executive Committee, Quality Committee	This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care October: Single performance recovery plan developed; managed Through AEDB & UCOB. May 2020 =-System summit for actions to support WAHT recovery. 04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place.	March 2021 no change Jan/Feb 2021: During December and January there were significant outbreaks of COVID within WGH which led to the introduction of pathway changes through the WGH ED service. The system has continued to focus on ensuring that there is a safe Urgent Care service to its patients.			Open	Mar-21	Mar-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above	As Above	As Above	Oct-20: Work on flow and performance improvement continues daily via the ICC cell structure/Bronze and the	As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 7	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	PO4 or PO6?	10.08.18 01.04.19 1.05.20	Lisa Manson	Emma Moody	4	5	20	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	4	5	20	(3x3) = 9	↔	Commissioning Leadership Team / Clinical Executive	This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services Define the lead indicators including patient reported measures and reports from primary care localities. Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	August 2021: ICPs working up their response to the TOM. Recruitment underway for all plans to deliver the Long Term Plan. Covid surge is being felt and there is signifcant pressure on the system. The OOA position is deteriorating and of significant concern. CQC have just completed an unannounced visit of CAMHS and the wards. Work is focussed in MH WSOG to support flow through the wards and unblock any delayed discharges. Short term funding is also beign considered to mitigate the challenges, with additional funding to AMHP, and to bolster support to the emergency services and S136. June 2021: Target Operating Model signed off. Funding agreed by system to deliver Long Term Plan Metrics. May 2021: Numbers of outbreaks are decreasing in both Hospitals and Care Homes. Vaccination programme working well. BNSSG have been involved in asymptomatic surge testing for the Kent variant E484K. March 2021 Routine referrals have opened back up and the number of outbreaks on wards and levels of staff sickness have reduced. The introduction of the support to SWAST in the ambulance hub has started to have an			Open	Aug-21	Aug-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above			As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref 10	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	PO1	29.11.18 01.04.19 1.05.20	Lisa Manson	Helena Fuller	4	5	20	Contractual systems in place to monitor and manage performance through APG and Hospital focussed improvement programmes Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) Ongoing monitoring of patient harm through existing CCG quality governance NEW ACTIONS: - Independent sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent and cancer surgery but then long waiting patients would be prioritised. - Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through the crisis period.	5	4	20	(2x5) = 10	↔	Commissioning Leadership Team / Clinical Executive	Independent Sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent cancer surgery, but then long waiting patients would be prioritised Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through crisis period. There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, likely to still be a significant short fall for routine activity.	July 2021: Overall the number of 52 week breaches are stabilised or redcucing but the 78 and 104 week waits are continuing to grow - and there will be a further bulge in 52 week breaches coming through the system as patients begin to breach. The actions underway to increase activity and capacity will be the main mitigating factor but there are also schemes to help manage demand, and to support patients on long waiting lists March 2021 No new actions Jan/Feb 2021: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released and we are working to ensure we use as much IS capacity as possible within the rules of the framework. Dec 2020: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released- this does provide an opportunity that is being explored to ensure maximal capacity is commissioned to support the trusts recovery but there is also a risk that due to private backlogs that the IS may be offering less than before- this is being worked through in readiness for new contracts at the end of December.	There is uncertainty on a regional plan for how the fines will be monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, likely to still be a significant short fall for routine activity.		Open	Aug-21	Jul-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 11	As a result of delays in cancer pathways due to the Covid pandemic due to reduced referrals, reduced access to some investigations and issues of balancing the risk for patients who are shielding There is a risk that patients will present at a later stage of cancer Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival	PO1	13.04.2018	Lisa Manson	Helena Fuller	5	4	20	Contractual systems in place to monitor and manage performance Hospital focussed improvement programmes Fortnightly review meetings with providers at the Cancer Cell Partnership engagement in STP-wide cancer system working Engagement with SWAG Cancer Alliance Monthly review of cancer performance indicators Ongoing monitoring of patient harm through existing CCG quality governance Oversight of funding for projects associated with Alliance national support fund - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermaotlogy to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery. - ongoing monitoring of patient harm through existing CCG quality governance - mutual aid agreement in place with SWAG Cancer Alliance	4	4	16	**(2x5) = 10**	↔	Commissioning Leadership Team, Commissioning Executive, Quality Committee	The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will need to be very closely monitored. NEW ACTIONS: - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments are being used extensively- including increase use of teledermaotlogy to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery. - ongoing monitoring of patient harm through existing CCG quality governance - mutual aid agreement in place with SWAG Cancer Alliance Trusts	Juy 2021: There are significant risks in the breast pathway (recorded as a separate risk). Lung cancer referrals are still below pre-pandemic levels and therefore there is a need to work with the cancer inequalities group and SWAG to address this issue. A cancer inequality group is focussing on lung as the first project to review how to increase early diagnosis and referral. March 21: No new actions Jan/Feb 2021: P1 and P2 activity is still prioritised and patients are still prioritised for suspected cancer. Mutual aid has been sought as required to support safe and timely management of cancer patients. The surge plan for EGTC has been activated meaning that additional P2 cancer work for breast, urology and plastics will be protected as bed pressures are still an issue. Dec 19 - , final provider outcome status still awaited from NHSE Due Jan 2020			Open	Aug-21	Jul-21
Commissioning Directorate: Risk Ref - 21	Due to long waits for adult ADHD services in AWP there is a risk to patient experience which may result In a detrimental impact on their wellbeing. There is a further risk that for patients waiting over 52 weeks the CCG and AWP could incur 52 week breach fines	PO5	05.04.19	Lisa Manson	Alex Ward-Booth/ Emma Moody/ Gemma Artz	4	4	16	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	4	4	16	**(1x1) = 1**	↔	Clinical Executive Committee	Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed. November A paper is being presented at Commissioning Exec with a new model that will significantly impact on waiting list and improve patient experience. The new model was accepted by Commissioning Exec with the caveat that if change was not seen within 12 months, then the CCG would proceed to serve notice. Project group for the new model instigated, with agreed trajectories for improvement being put in place. Recurrent funding for the waiting list approved as part of this new model. Need to establish a framework for management of requests for assessments by other providers under right to choose	**Sept 2021 : The AWP ADHD CPN remains in place, with the waiting list for assessment and diagnosis remaining at circa 3 years. Significant activity now flowing to private providers under the choice in MH legislation which is resulting in an increasing cost pressure, whilst AWP also experiencing an increase in referrals. Staffing and recruitment in AWP also a challenge. CCG now exploring potential alternative contractual models as a medium to long term solution. Meeting with service user group scheduled for end Sept.** Feb 2021: The LES is being implemented across BNSSG. Current uptake is ca. 20 out of 83 GP practices. The CCG are still awaiting the advised trajectory and the proposals for the resource changes. January 2021: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered in early January 2021 - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP for approval in early 2021 by clinical executive, with support of CCG, to establish the future design for the service in response to historical challenges.			Open	Apr-21	Sep-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	**As Above**	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Commissioning Directorate: Risk Ref - 22	Due to AWP having a number of patients placed out of trust (OOT) there is a risk in ensuring patients get equitable care when placed out of area and, due to the bed base being outside existing contractual obligations there is also a financial risk to the CCG.	PO4	07.05.2019	Lisa Manson	Julie Kell	4	4	16	Work streams identified are as follows: • A Multi Agency Discharge Event on May 16 MADE event showing community resilience the issue. Commissioning meeting on 07/06 • Introduction of stranded process that has been successful in improving flow in acute hospitals • Defining metrics for determining OPEL status • Ongoing joint working to code and expedite DTOCs • Joining organisational work plans and data diagnostics to create system wide actions • Ongoing observation of acute bed management processes, with community team to begin • CCG Quality team review of all OOTs on 13.3.19 to review the quality and suitability of placements • Joint action plan agreed across BNSSG. • Weekly WSOG now up and running Dec 2019: Numbers reduced but pressure still on system	4	4	16	(1x1) = 1	↔	Clinical Executive Committee		01.06.21 There has been a recent increase in OAPs in May. A NHSE assurance return has been completed in May, with a deep dive held on the current transformational projects at MH WSOG. AWP held a desktop review in May and are refreshing an OAP action plan. 30.3.21: PICU workshop action plan in development and working group established. Winter and "bridging the gap" funding schemes - supporting crisis pathway (paper to GB this month on crisis schemes and interventions). Improved position on AWP wards during this period (improved staffing position), however assessment ward has been under continued pressure, also impacting the out of area position. Revising OAP trajectory during this period (quantifying schemes against OAP use), highlighting zero acute inpatient by March 2021, PICU not expected to reach zero until later in the year (August/September)			Open	Jul-21	Jun-21
Commissioning Directorate: Risk Ref - 24	There is a risk that due to poor data quality at Weston hospital that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.	PO9	06.06.2019	Lisa Manson	Gemma Artz	4	4	16	An information breach notice has been issued CCG are attending the RTT board CCG are working with IST and trust to review and ensure actions in the IST report are followed up Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHBW as part of the due diligence process for RTT in particular. The trust are yet to share the report with the CCG. There is further financial risk due to previously unknown risk of 52 week breaches in the trust.	4	4	16	(1x1) = 1	↔	Clinical Executive Committee	Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHB as part of the due diligence process for RTT in particular. 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.	July 2021: There is an action plan in place within UHBW which has been shared with the CCG and system partners. This will need to be monitored through the planned care system performance group. Jan 2021: Weston are still in the process of validating their data and seeking support from the IST. Dec 20: Weston are in the process of validating their data and seeking support from the IST 12-Nov-2020: Validation of waiting list continues. .			Open	Aug-21	Jul-21
Commissioning Directorate: Risk Ref - 36	As a result of long waits for diagnostic tests and failure to meet the DMO1 standard for endoscopy, CT and MRI There is an risk of potential harm to patients as a result of delayed diagnostics Which may result in a later diagnosis of their condition and the commencement of appropriate treatment There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues.	PO1	18.02.2020	Lisa Manson	Helena Fuller	4	3	12	There are remedial action plans agreed for UHBW and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing. Referrals are triaged and urgent and 2ww wait referrals are prioritised. NEW ACTIONS: The diagnostics advisory group are working on how best to use the available capacity to reduce the risk of harm to patients and to make sure that the most valuable diagnostics tests are available. The independent sector will be providing additional capacity to help with the significant backlog that has been created in endoscopy as a result of the Covid risks for the procedure. Routine work has currently stopped, but a plan is to go to clinical cabinet on how best to restart referrals to diagnostics from primary care.	4	4	16		↔	Clinical Executive Commissioning Leadership Team	There are workforce issues and space issues related to endoscopy that need to be addressed in the medium and long term which may be a limiting factor with capacity in the short term recovery. The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	July 2021: The risk remains across all modalities and there is now ongoing work on clinical validation of lists and increased capacity for diagnostics through schemes such as the endoscopy insoutcing and ongoing use of the UK Biobank facility for MRI. June 2021: DMO1 (diagnostic operational standard) - less than 1% of patients should wait 6 weeks or more for a diagnostic test as this was previously unclear, and has been added to the risk description. Feb 2021: The biobank additional capacity is now online the ANA projects are ongoing. Endoscopy activity is in line with phase three plans / Further options are being explored to address the backlog.			Open	Aug-21	Jul-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	**As Above**	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Commissioning Directorate: Risk Ref - 45	As a result of delays in the breast 2WW pathway There is a risk that patients will have later diagnosis of cancer. Which may result in patients coming to harm and requiring more extensive treatment and worse outcomes and psychological distress.	PO1	29/06/2021	Peter Brindle	Helena Fuller	5	4	20	Key Actions / Mitigations Skill mixing - 2 consultant radiographers and 3 nurse practitioners i training National Breast Imaging Academy radiology fellowship scheme – 1 appointee and 2021 applicant pending Locums – 2 consultants providing 2 days per week cover International recruitment underway Consideration of a straight to test pathway for +40 pain referrals Consideration of 100% clinical triage of all 2ww referrals for breast pain Outreach discussions with Royal Free and Kings College regarding workforce models and pathway Partnering with Khieorn Medical as part of the NHSX bid for the introduction of Artificial Intelligence (AI) into Breast Care. Effective waiting list management, clinical prioritisation and validation in place Capital plan in progress to enhance space to accommodate social distancing requirements Work underway to secure additional screening van Support in reallocation of radiology sessions back to Breast Care Services Running additional one stop clinics outside of normal working hours Ongoing contract with Emerson's Green Treatment Centre for protected surgical capacity off site. Regional discussions lead by Michael Marsh on mutual aid across cancer alliance 2WW form revised and updated (go live 1st July) and updated information to GPs Escalated at regional level due to the lack of mutual aid offered across SWAG- clinical meetings established and group led by regional medical director set up to address the issues at regional / SWAG level.	2	4	8	8	↓	Clinical Executive Commissioning, Quality Committee, Cancer Programme Board,	Follow up on actions from the regional team - clinical meeting held and regional medical director to convene meeting to make plan.	**August 21 - The backlog for patients waiting for a 2WW breast appointment has been reduced now to 18 from just over 700 in April and the average wait for 1st one stop appointment has dropped to within 14 days** Current waiting as of 28.06.21 350 patients. Staff working 7 days a week - concerns over how long this can be sustained. No harm has occurred to patients who have been seen	tbc		Open	**Aug-21**	**Aug-21**
Nurse and Quality: Risk Ref - BNSSGQD021	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times	N/A	06.12.2018	Director of Nursing & Quality	Lead Quality Manager	5	4	20	Urgent care Strategy in place A&E Delivery Board reviews performance on monthly basis Processes in place to manage demand across system including: Daily system escalation calls Handover SOP in place with acute Trusts NHS 111 Clinical validation of Category 3 calls Monitoring of patients safety and experience through Incidents, Complaints and Feedback 4. Ongoing close liaison with Dorset CCG as co-ordinating commissioner 5. Dorset CCG working patient safety data strategy to identify potential harms.	4	5	20	(2x4)=8	↔	Quality Committee		Aug 2021: Due to system pressures the risk has been increased. Population risk roundtable is being arranged. **Known harm to patients has been reported.** June 2021: Meeting between DoNs held, end to end pathway reviews ongoing being led by Lead Commissioner Dorset CCG. Trust are triangulating evidence from Datix, complaints, patient experience data, audit and deep dives into long waits and going forwards Head of Clinical Governance and Patient Safety will SWASFT contract quality group. May 2021: Meeting being scheduled between SWASFT DoN and CCG DoN to discuss details of the risk. April 2021: Awaiting data to ascertain the impact of this risk in BNSSG.			Open		Aug-21
Nurse and Quality: Risk Ref BNSSGQD043	If the number of patients within BNSSG contracting MRSA remains above national benchmarking there is an increased risk in higher mortality rates, poorer outcomes, increased hospital admissions. Patients have an enhanced risk of potential harm through contracting MRSA Bacteraemia due to the high numbers in the local area.	N/A	05.05.2020	Director of Nursing & Quality	Lead Quality and HCAI Manager	4	5	20	1. Quarterly system HCAI group 2. Continue partnership working and the development of initiatives through the React Project. 3. Chlorhexidine project roll out and implementation 4. The HCAI Quality Schedule, aligning with the NHS contract, specifies the requirement of contracted providers to screen specific patient cohorts for MRSA and to provide decolonisation treatment where applicable. Ongoing review of all monthly cases - plan to review and close all 2019/20 cases. Share findings with system partners through the Quarterly HCAI group to identify further specific actions to minimise risk further. Capture and share current provider improvement projects across the system. Continue partnership working and the development of initiatives through the Design Council project, noting the high incidence of Persons Who Inject Drugs in our local data set. Undertake assurance exercises in line with the HCAI quality schedule. Detailed analysis of individual MRSA cases, with whole system approach pre and post diagnosis. Bi-Monthly BNSSG Healthcare Acquired Infection meeting with partner organisations to monitor and support MRSA improvements. Separate MRSA task and finish group established. Work ongoing with the design council to assist with the reduction of MRSA.	3	5	15	(2x5) = 10	↔	Quality Committee	1. Re-establish case review process. 2. Identify themes and trends to support a system wide action plan. 3. Evaluation of Chlorhexiding project supported by Bristol University. 4. Gain access to UHBW and NBT electronic records in order to facilitate case reviews remotely.	**Sept 2021: Chlorhexidine has been rolled out across whole system. No negative feedback received. PHE reviewing other HCAI datasets to see where PWID also appear for triangulation and cross working. Tyoing will be undertaken to understand if their are cross infections or specific clones** August 2021: Discussions regaridng access to Acute records remain ongoing. A proforma for the Chlorhexidine programme evaluation has been developed and has been shared with the Chlorhexidine working group who are meeting in early August. July 2021: Access to UHBW and NBT records is pending provider approval to enable remote access. Support is being accessed through the CCG Clinical Effectiveness to support the development and sharing of the Chlorhexidine programme. June 2021: Chlorhexidine rollout is now in implementation phase. Evaluation is planned. Project plan being further developed			Open	Oct-21	**Sep-21**
Nurse and Quality: Risk Ref BNSSGQD044	**RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR** **If the number of patients within BNSSG contracting Clostridium Difficile remains above benchmarked figures there is an increased risk in higher mortality rates, poorer outcomes and increased hospital admissions.**	n/a	**05.05.20**	**Director of Nursing & Quality**	**Lead Quality and HCAI Manager**	4	4	16	**1. Quarterly system HCAI group** **2. Clindamycin prescribing processes strengthened to mitigate risks has been shared with Primary Care for implementation.** **3. NHS E Cdif collaborative within BNSSG attendance being established June 2021.**	4	4	16	8	New Risk	**Quality Committee**	**1. Discussions with Acute Trusts to agree hospital onset case review process.** **2. CDI Community Review tool in final stages of development.**	**Sept 2021: system meeting delayed due to system pressures, rescheduled for Mid September. Further line of enquiry regarding Clyndomycin has been sought by Quality Committee.** **August 2021: Driver diagram completed and shared with Quality Committee. Extra ordinary CDI meeting with system leads to be held August. CCG will undertake a cohort review of the April community onset cases by the end of August. Risk increased due to increased rates.** **July 2021: CDIF action plan being developed, to be shared with Quality Committee in July and Governing Body in August. NHS E CDI collaborative meeting held, CCG attended on 6th July. The CCG are drafting an improvement driver diagram that will underpin and map against the action plan.** **May 2021: UHBW have shared first 20 cases for review, NBT cases continue to be requested. Draft NICE guidance regarding management of CDIF currently under consultation.** **Apr 2021: A revised guideline for the prescribing of Clndamycin has now been issued to Primary Care. Further guidance regarding the management of Cellulitis is being drafted. Our new review tool for community onset CDI is being tested within CCG prior to launch.** **Mar 2021: Risk reworded and transferred to new template.**				**Oct-21**	**Sep-21**

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Transformation: Risk Ref - MSK	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	PO1	28.05.2020	Medical Director	Elizabeth Williams	4	4	16	* The use of the national contract with the Independent Sector to try to restart Ortho surgery and to use the IS Physios to see patients * Sanchit Mahendale has agreed to be the clinical lead to implement a single T&O directorate for BNSSG which would enable the most efficient use of resources to reduce waiting times * We plan to introduce more support at the start of the pathway to prevent the need for surgery later on , such as ESCAPE-pain courses, shared decision making, First Contact Practitioners working in Primary Care Networks, Health Optimisation, community based pain management * We are working closely with the Regional Getting it Right First Time (GIRFT) team to learn from other areas to create more capacity within the system to manage the number of people waiting.	4	4	16	(3x3) = 9	↔	MSK Programme Board Clinical Executive	**2/09/21: Peter Brindle and James Gold have agreed that this risk should be on the Commissioning Risk Register rather than the Transformation Risk Register as it relates to performance, so this risk will be closed** August 21 - The work described below continues except Ortho surgery has been cancelles again due to system pressures so the Ortho Supported discharge pathway is on hold until surgery re-starts. Two education events have taken place July 2021: Seven bids have been submitted to the Elective Recovery Fund to provide additonal capacity to do more transformation and shared decison making work. The knee shared decison making chart is being soft launched and the hip version is in development. We are agreeing contracts so the virtual ESCAPE-pain courses can start as soon as the gyms re-open. We have not been able to move forward on the integrated pain service work or the integrated physiotherapy deliverable as the acute and Sirona outpatient physiotherapists are prioritising recovery of their waiting lists.UHBW are using recovery funding to employ additional Physiotherapists to reduce the BRI wait time and NBT are using their ESCAPE pain courses to reduce their eating times. There is a programme of work to recover Orthopaedic wait times which includes greater BNSSG working via sub-speciality groups, more transparent whole waiting time information for patients and referrers, better use of the existing capacity and the possibility of creating greater capacity via an elective centre, if additional national recovery funds can be secured.	August 21 - All 7 elective recovery bids were successful so work is happening to implement the proposals July 2021: Waiting times are being monitored by the MSK Programme Board and work continues to try and reduce them by implementing self-management apps, providing ESCAPE-pain courses in gyms, health optimisation in public health. The first patient is now being seen on the Ortho Supported Discharge pathways and 6 further patients will have a reduced length of stay in a hospital bed during July. Sarah Collett has started work and work is moving on the single patient tracking list. The six sub-speciality groups are putting on education sessions to improve integrated working. June 2021: - We now have 1,529 people who have been waiting over 52 weeks in Orthopaedics. There are 7 people who are waiting over 18 weeks to see a pain consultant, all have appointments. There are 154 people waiting over 18 weeks to see a Rheumatology Consultant. This is likely to grow as UHBW are at 60% of Consultant capacity due to staff leaving. All urgent physio referrals are being seen within 1 - 2 weeks but the waits for routine referrals is between 13 and 38 weeks. 3 gyms and UHBW, NBT and Sirona all providing free ESCAPE-pain courses Orthopaedics is key component of Accelerator work with an Ortho Supported Discharge project, weekend and evening surgery, clinical validation and prioritisation of waiting lists etc. Health Optimisation pilot is taking referrals again Avon Knee Chart is being soft launched on 14th June, work has started on Avon Hip Chart and we have just received £40k of research funding to evaluate the SDM tools Over 2000 people using the getUBetter app and piloting it in two Care Homes. April 2021: * There is still reduced Orthopaedic surgery due to COVID. We have 2,076 people who have been waiting over 52 weeks in Orthopaedics. However, there is nobody waiting over 18 weeks to see a Pain Consultant and via virtual classes the pain management group waiting times are much reduced. there is only 86 people waiting over 18 weeks to see a Rheumatologist and they all have appointments for the next two months. All urgent physio referrals are being seen within 2 - 3 weeks but the waits for routine referrals is 16 weeks in Sirona and Weston. 26 weeks in NBT and 37 weeks in the BRI.			Open	Mar-22	Sep-21
As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above	As Above		As Above	As Above	As Above	As Above	As Above
Transformation: Risk Ref - IPS (individual Placement and Support) Mental Health Employment	As a result of: • CCG late take-up of the 2019/20 NHSE Wave-2 IPS funding • AWP's agreement to deliver but subsequent non-prioritisation of the service • the COVID-19 crisis there is now a risk that we do not establish the new IPS service, which may result in: • People in secondary MH services not receiving evidence-based support into paid employment • Our (already reduced) two year NHSE funding and the opportunity it presented being lost • Failure to meet the national requirements for rapid IPS further investment and expansion through the LTP.	PO4	27.05.2020	Deborah El-Sayed	Victoria Bleazard	4	3	12	01.04.2021 - Discussions ongoing with MH contracting team on approach and possible finances. Expected immenitely. 08.03.2021 - • IPS now live & taking referrals & working to support. Business case developed to repurpose existing employment support going through system currently which may resolve this. 08.02.2021 Richmond fellowship staff now appointed, AWP manager is out to advert. Risk re: coverage still live due to funding decision which is still awaited. 13.01.2021 - • AWP leading the implementation with Richmond Fellowship. New trajectory proposed for recruitment of staff, taking referrals and people starting paid work from Feb 2021 to June 21. Risks: The new service will not provide full BNSSG coverage (in the Bristol Recovery service) without further investment in 21/22 as existing IPS capacity across BNSSG has reduced from 2.4WTE to 1WTE since the Wave 2 bid and LTP plans were submitted.	4	3	12	(2x3) = 6	↓	Mental Health Programme Board Clinical Executive	May 21 - Current Richmond / BMH employment service moving toward total IPS model from Sep 21, to be integrated with the new IPS service - to form one single IOS service offer. This will provide a consistent offer over all MH Team types in BNSSG. AWP IPS manager in place. The NHSE expectation is for a steep trajectory of CCG investment in IPS over the next five years. BNSSG have not budgeted such investment in for this and it remains at the 21/22 (lower than required) level. Business case in development to address	**August 2021 - Risk revised back to 12 following feedback from Clinical Exec. Full update to be given in Sep update once all project leads back from leave** June 21 - No change 01.04.2021 - Discussions ongoing with MH contracting team on approach and possible finances. Expected immenitely 08.03.2021 - • IPS now live & taking referrals & working to support. Business case developed to repurpose existing employment support going through system currently which may resolve this. 08.02.2021 Richmond fellowship staff now appointed, AWP manager is out to advert. Risk re: coverage still live due to funding decision which is still awaited.			Open	Sep-21	Aug-21
Transformation- Planned Care: Risk Ref - COVID-19 Impact	As a result of COVID19, there is a risk that delivery of the Long Term Plan deliverables and goals will not be achieved, and impacts cannot be measured, which may result in increasing delays, poor experience and poor value care.	PO1	22.05.2020	Evelyn Barker (Planned Care) and Peter Brindle (Cancer)	Andy Newton	5	3	15	**September 21- Work continues to implement the projects which are part of the Accelerator programme to increase elective activity. The area where we need to make the most progress is inpatient elective care** August 21 - BNSSG has not achieved 120% of activity by the end of July but everyone is still working to increase activity, in very challenging circumstances July 21 - BNSSG is still working hard to achieve 120% of activity by the end of July 2021. Plans are being implemented at speed. June 21 - BNSSG has become a national Accelerator site and is working to try and achieve 120% of activity (by value) by the end of July 2021. Governance structures are in place and plans are being implemented at speed. May 21 - MSK, Outpatients, Diagnostics and Cancer Programmes all in place focusing on recovery. March 21 - 21/22 planning is focussed on elective care recovery. Embedding transformation of elective care services will be central to development of 21/22 plans. For planned care, this will include recovery of routine care in line with planned care strategy. Where possible, services should be recovered in ways which further the objectives of the long term plan. Where this is not possible, plans should be revised and updated to reflect the unavoidable service changes. Phase 3 recovery has included investment in additional capacity across planned care specialise and diagnostics for recovery to near pre-COVID activity levels. Planning for 21/22 will now include capacity and demand work to reduce the backlog. The planned care board has established a work programme to deliver the high level principles.	5	3	15	(3x4) = 12	↔	System Change Command, Planned Care Board, and STP Cancer Board and Cancer Cell, Diagnostic and Outpatient Cells BNSSG CCG Quality Committee BNSSG Clin Executive	**September 21 - The Accelerator work is continuing at a pace to try to increase inpatient elective care and maintain outpatients and day case surgery** August 21 - The Accelerator work is continuing into August to try and increase activity. The first patient did go through the Ortho Supported Discharge pathway in July but the elective surgery of the orthopaedic patients was then cancelled so the pathway will re-start when surgery re-starts July 21 - Accelerator work continuing to be implemented to increase activity and reduce length of stay. The first patient will use the Orthopaedic Supported Discharge pathway on the 14th of July.	**September 21 - Work is continuing and activity should increase as more projects move into implementation and less people are on holiday and the rules re children being sent home from school have changed** August 21 - Work is continuing to happen at speed but the system pressures are making it very challenging July 21 - Work is continuing to happen at speed to try to meet the 120% target June 21- Work is happening at speed with additional funding and support from NHS England/Improvement May 21 - Work is happening at speed, with support from NHS England The Planned Care Strategic Plan and 5 year plan objectives and 20/21 deliverables are being used to shape planning across planned care services. System capacity and recovery plans have been developed as part of phase 3 recovery and 21/22 planning, and mitigations developed.			Open	Mar-22	Sep-21
Transformation - Planned Care: Risk Ref - Cancer Transformation	As a result of patients not presenting to services early There is a risk that patients will present at a later stage of cancer Which may result in patients requiring more extensive treatment and patients will not be given the best chance of survival Long Term Plan target = 75% of cancers are diagnosed at stage 1 and 2 by 2028. In 2017 of those cancers which were staged 56% were stage 1 and 2	PO1	04.02.2021	Peter Brindle	Andy Newton	4	4	16	This risk has been transferred from the Cancer Programme Board risk register A CCG plan will need to developed in collaboration with the Cancer Alliance and the STP Acute Care Collaboration steering group in order to deliver priorities for cancer identified in the long term plan Targeted communications / national media campaigns to highlight need to present to their GP early	4	4	16	(3x4) = 12	↔	BNSSG STP Cancer Programme Board Quality Committee BNSSG Clinical Executive	June 21 - Helena Fuller and Rachel Anthwal are providing support to Margaret Kemp while Andy Newton is off sick	**September 21 - Awaiting confirmation from Mike Pingstone as to whether the notice has been issued.** August 21 - Helena Fuller has recommended direct award for C the Signs subject to confirmation from Mike Pingstone ((Associate Director of Procurement NHS South, Central and West Commissioning Support Unit). Once received a 32 direct to C the Signs will be published and a 30 day standstill period entered into. July 21 - Paper sent to Helena Fuller recommending direct aware to C the Signs with mitigation against a legal challenge including a 30 days stand still period after publication of award. CCG support for Prostate Cancer UK: Men's Health Week campaign 14 - 20th June and the Roy Castle Lung Foundation Spot the Difference campaign June 21 - Further work undertaken by Margaret Kemp and Glenda Beard on procurement approach and meeting took place this with Helena Fuller on 3rd June to discuss next steps			Open	2028	Sep-21
Transformation Planned Care : Risk Ref -	As a result of the Covid-19 pandemic There is a risk of increasing health inequalities in patients with cancer of at risk if cancer because of potential differences in delayed diagnosis Which may result in poorer outcomes across different population groups Our understanding of this risk is still developing as local and national data is gathered and analysed	PO1		Peter Brindle	Andy Newton	4	4	16	1. A review of the data is required to understand the current situation and expand on the risk and identify mitigating actions. 2. Work is underway using the PHM data set to target work on specific populations where adverse outcome is most likely – current focus on lung referrals	4	4	16	(3x4) = 12	↔	ACC Clinical Executive Quality Committee	Improved information required on cancer outcomes and performance by different population groups	**September 21 - SWAG Target Health Lung Checks (TLHC) design meeting held on 3rd August - still awaiting confirmation of success of NHS E /I bid. Dr Glenda Beard (Macmillan GP) will support this work. Need to consider the impact on UHBW as a tertiary centre for lung cancer (thoracic surgery and radiotherapy). BNSSG Health Inequalities meeting held on 26th August 2021.** August 21 - SWAG CA has submitted a bid for Target Health Lung Checks with the proposal to develop a single roving THLC team who will work collaboratively with PCNs to identify the eligible cohort of people to be invited and offer assessment in their local community prior to accessing CT scanning locally where indicated. Initial SWAG Health Inequalities meeting held 23.07.21 lead by Ulrike Harrower (Consultant in Healthcare Public Health, Public Health England) - this group will be looking at health inequalities across the alliance and the sharing of good practice. July 21 - Meeting held on the 17th June. Further work has been undertaken on the reverse care pathway following a meeting with clinicians from UHBW and NBT. Key questions and comparator groups identify which will now be used to integrate the System Wide data set. Inequalities in terms of access / take up of smoking cessation also to be looked at and prescribing data by practice. Initial SWAG meeting held on the 23rd June to discuss the Alliance wide approach to Target Health Lung Checks (THLC). June 21 - Meeting held on the 20th May. Lewis Peake to arrange meeting with identified clinical staff from UHBW and NBT to gain understanding of the reverse pathway for lung cancer and to identify the questions that will need to be answered. Exploring the use of SWAG CA Service development funding for 21/22 for clinical analysts for UHBW, NBT and primary care to identify where the inequalities exist and how to target / approach them.			Open	Mar-22	Sep-21
Transformation - Urgent Care: Risk Ref UC 01	UEC Programme - If there is insufficient community urgent care capacity across BNSSG, the NHS 111 First transformation programme will not have the impact anticipated	PO9	06.05.21	Lisa Manson	Kate Lavington	4	4	16	Key areas of risk (MIU/UTC capacity) being managed through contract route by commissioning team.	2	4	8	(2x4) = 8	↓	Clinical Executive	**UCSG agreed (5/5/21) to establish a programme of work led by COG and 111 Clinical Leads Group to review the front door model and required capacity and make recommendations about adjustments needed to ensure the right capacity is in the right place in time for winter.**	**Additional funding agreed for Sirona to increase capacity for 2021/22 whilst broader changes to UEC system bed in (e.g. rollout of system CAS).**			Open	Jun-21	Aug-21
Transformation - Urgent Care: Risk Ref UC 02	UEC Programme - ED booking for NHS 111 is currently switched off in BNSSG due to walk in activity pressures. This results in the BNSSG system being non compliant with a national requirement and associated reputational risk.	PO9	06.05.21	Deborah El-Sayed	Kate Lavington	4	4	16	**Revisited by 111 First Programme Group in July - confirmed continued endorsement. CCG ET briefed 28/7/21** SBAR agreed summarising the position in BNSSG. Regular reviews with ED clinical and managerial leads during April. NHSEI kept informed at all stages. Clinical consensus is unanimous that the safety risks of switching on the slots outweigh the potential benefits for the system. 111 First Programme Group endorsed this on 30/4/21. UCSG briefed 5/5/21.	4	4	16	(2x2) = 4	↔	Clinical Executive	Triggers have been proposed for the restoration of ED Booking and will be regularly reviewed to switch the slots on as quickly as possible. Integrated approach to realising benefits of 111 system navigation for which ED booking should sit alongside a number of other trusted assessment options. Focus in BNSSG is on building the multidisciplinary CAS team which will have most impact on urgent care outcomes.	**System CAS development being accelerated as part of the minors programme. Booking expected to be in place for winter 2021/22** Progress being made. Additional investment agreed for Sirona - minor injuries SOP reinstated. System CAS development being accelerated (to replicate outomes of successful pilot) - business case for use of non recurrent monies developed which, if approved, should enable ED booking to be switched back on as a result of increased system confidence in 111 outcomes. Progress being made - minor injuries SOP being reinstated and system CAS development being accelerated.			Open	Aug-21	Sep-21

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Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Transformation - Communications 2	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR If we are unable to extend FTC contracts within the comms team then there is a risk that we will be unable to deliver our business critical work / CCG initiatives resulting in delays in delivery of core pieces of work, impacting on implementation and we will lose key knowledge within the team as those roles come to an end.		10.05.21	Debs El-Sayed	Michelle Smith	4	4	16	Working with HR and finance to ensure we are able to extend contracts where needed. Tracker in place to monitor contract dates to be able to start conversations early to recontact / knowledge share.	4	4	16	(4x2) = 8	New Risk	Senior Leadership team	Ensuring robust knowledge management processes are in place as part of best practice. This has not progressed due to capacity issues in the team.	Contract log tracker in place and reviewed monthly at SLT. Pending issues on member of staff - need a response from Finance around confirmation of working days and transfer of contracts from UHBW to CCG.			Open	01-Sep-21	Aug-21
Transformation - Communications 3	If we do not have a clear, agreed work plan in place there is a risk that the volume of work will not be sustainable for the team. This could result in not being able to meet the organisations key objectives and priorities, a risk that efforts are not focused in the right place, or that the stress on the team leads to sickness and absence. Key large programmes currently being managed alongside day to day activity include operational plan, organisational priorities, restoration and recovery of services, ongoing covid and mass vaccination and move to ICS and ICP development.	PO8	10.05.21	Deborah El-Sayed	Michelle Smith, Rebecca Murch and Alex Ward Booth	5	4	20	Priorities plan is in place, this is regularly reviewed at the senior leadership meetings. This has been shared with the Exec lead and they are sighted and aware of pressures and the plans in place to manage those.	5	4	20	(3x3) = 9	↑	Senior Leadership team , Strategic Finance Committee	Continue to review the priorities plan at the weekly senior leadership team meeting and update accordingly. Update Exec Lead on any changes or emerging pressures as things change.	August 21 - Reviewed work plan in context of current system pressures. Sharing with Director of Transformation and Chief Exec to flag the planned prioritisation of projects. Noted that there is limited work and projects that can be stood down but are reviewing what can possibly be outsourced. Senior leadership team continue to review workplan on a weekly basis to ensure that projects are progressing and regularly identifying where work needs to be paused or additional resource is required.			Open	Apr-22	Aug-21
Transformation - Communications 4	If we do not have allocated comms support for the transition of staff to the ICS there is a risk of employee disengagement and a lack of workforce preparedness. There is also a risk that the team do not have capacity to deliver a well planned strategy leading to stress, overwhelm and staff sickness.	PO8	10.05.21	Sarah Truelove	Michelle Smith	5	4	20	Meeting with Sarah Truelove to discuss resource requirements and capacity in the team within the current staffing model to support the transition communication programme of work.	5	4	20	(2x2) = 4	↑	Senior Leadership team , Strategic Finance Committee	Scoping and identifying the resource that would be required for internal communications support to ensure a successful transition to ICS. Ensuring that staff are engaged in the process and supported in the new organisation.	August 21 - Have agreed to write a job specification to support this requirement. However, risk has increased as a result of internal comms band 7 leaving post recently. Met with Sarah Truelove to discuss timelines. Will continue to meet as plan evolve and we hear move about key timelines. Comms to scope additional support that may be required based on exiting workforce and capacity.			Open	Oct-21	Aug-21
Transformation - Communications 5	There is a current resource gap with a number of planned and unplanned absence sacross internal, external and insights teams. These gaps are impacting on team capacity and ability to deliver planned work which will result in possible impact on output and deliverablesand possibly leading to stress and further staff sickness if not addressed.	PO8	09.07.21	Deborah El-Sayed	Michelle Smith	5	4	20	Have secured funding to recruit temporary agency resource to support during the summer.	3	2	6	(2x2) = 4	↓	Senior Leadership team	Review the team work plan and deliverables and assess if targets are realistic and if this wil lhave any impact on hard deadlines.	Recruitment of temporary resource to start in w/c 9th August. The risk is significantly reduced and three month contracts now in place.			Open	Jul-21	Aug-21
Transformation - Communications 6	Due us not being able to secure a secondment extension for the Internal communications manager there is a significant risk on the impact of the deliverable of key internal communications work resulting in increased pressures across the team, lack of resrouces and skill at the right level to deliver the complexity of work that needs to be undertaken. This will impact on wider workforce with Internal commnuication playing a key role in supporting staff and keeping them informed.	PO8	09.07.21	Deborah El-Sayed	Michelle Smith	5	4	20	This will be disucssed at the People Plan Steering group,.	3	3	9	(2x1) = 2	↓	Senior Leadership team	Review work plan alongside resource and review gaps and what can be paused. Contact agency support to try and get additional support into the team.	Have recruited internal agency support to deliver BOSCARs, and have reprioritised other workload noting where we have had to stand down work due to resource implaction. This will remain under review.			Open	Jul-21	Aug-21
Primary Care Development - Access PCC26	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk that Primary Care capacity is not sufficient to meet routine and on the day demand following overwhelming demand due to the mass vaccination programme, restoration of routine activity and shift of activity from secondary care including phlebotomy, advice and guidance and urgent care. This may result in a reduction in Primary Care services.	N/A	07/04/20 Revised: 04/11/20 30/06/21 29/07/21	David Jarrett	Jenny Bowker	4	3	12	01/09: MOU for the Covid Expansion Fund has been developed and issued to practices. Phase 3 planning Capacity modelling OPEL reporting Resourcing Primary Care Capacity Tool in development to feed into system wide capacity planning. Primary Care OPEL reporting in development. Primary Care Covid response escalation plan in development. 30/06/21: Monthly Outcomes and Activity Group established chaired by Dr Sarah Pepper to lead and oversee Primary Care Activity work. GPAD data mapping completed by end of June.	4	4	16	(4x2) = 8	New risk	Primary Care Commissioning Committee (PCCC)	01/09/21: Practices have been surveyed against key requirements of the SOP for General Practice N.B. this has formally been withdrawn. Next steps are to develop analysis and action plan. Further work to develop workforce solutions to support flu and Covid vaccination including use of system bank staff. 29/06/21: Practices to be surveyed against key requirements of the SOP for General Practice. 28/05/21: MOU for the Covid Expansion Fund to be developed and sent to practices for sign up. Develop a local approach to support implementation of the updated General Practice SOP.	September 21: Work to support OPEL 4 escalation actions continues. Currently are not deprioritising QOF but this will be kept under review. August 21 : Increase in demand and reduction in workforce currently being experience - development of OPEL 4 escalation actions to support general practice resilience underway. These include exploring remote consultation capacity, temporary suspenio of QOF, development of staff bank, negotiation of fixed locum rates and reviewing online consulation processes. Risk score has been increased to reflect current pressures across the system and in Primary Care. 30/06/21: Weekly activity reports to Bronze meetings commenced. GPAD mapping exercise to improve data quality - deadline 31st July 2021. Outcomes and Activity group leading a piece of work in response to SOP and to establish a Primary Care baseline position. 03/03/21: Primary Care Outcomes & Activity Group established to bring all aspects of Primary Care capacity together. Formal request to PCNs sent to nominate a funded chair for this group. 04/02/21: Work continues to implement and embed mitigations. 11/01/21: No further update. 08/12/20: No further update.			Open	Jan-22	Sep-21
Primary Care Development - Workforce PCC39	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk of reducing workforce availability due to staff leave and retention following continued pressure of workload in Primary Care.	N/A	25/05/21	David Jarrett	Jenny Bowker	4	4	16	One Care surveyed general practice to test appetite to pilot a primary care bank as a stepping stone towards the bigger shared bank approach. Covid Capacity expansion fund support for workforce to continue until September. Monthly updates given at the Community, Primary Care and Social Care Workforce Group. Flexibility of ARRS to continue to support mass vaccination promoted. Bid submitted to NHSE to develop a wellbeing offer for primary care professionals has been supported and BNSSG is a pilot site. Fellowship and mentor schemes up and running. 2020/21 GP retention schemes now live.	4	4	16	(3x4) = 12	New risk	Primary Care Operational Group (PCOG)	12/08/21 - Exploring locum pool with fixed rates. Retention programme in development through the Training Hub including a wide range of initatives supporting GPs throughout their career and the MDT. Staff bank developing dedicated staff resources to work with PCNs and develop longer term relationships to support vaccination. One Care survey to general practice to test appetite to pilot a primary care bank as a stepping stone towards the bigger shared bank approach. Project manager hosted by Sirona is scoping the development of a community and primary care and social care bank with specification developed within 6 months. Next steps are to develop an implementation plan to support bank development within Primary Care.	01/09/21: Extension of staff sharing agreement being developed to support mutual aid across the system beyond vaccinations and Covid escalation. One Care are currently working with the LMC to seek Primary Care support for this and to ensure that it applies equally to Primary Care. Developing an SBAR to support extension of accelerator rates to apply to primary care staff undertaking additional shifts. 12/08/21: Wellebing bid successful and currenty working with Healthier Together team to establish resourcing and governance to take this work forward. Current workforce risk escalated to 16 due to increasing reports of staff absence and leave/locum shortages impacting on practice capacity. Sit rep now live and analysis of workforce absence will inform future plans. 24/06/21: Bid submitted to NHSE to develop a wellbeing offer for primary care professionals 25/05/21: Summary of workforce offers to support vaccination shared with PCNs and use of staff bank promoted at PCN Q&A. Increase in use being seen. Project manager started at Sirona who is scoping the development of a community and primary care bank with specification developed within 6 months. Current biggest challenge to workforce is competing pressures of recovery and mass vaccinations and need for staff to take leave			Open	Dec-21	Sep-21
Primary Care Development - Access PCC40	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk that the current national shortage of blood bottles will impact the delivery of routine blood tests in primary care and cause a backlog of long term condition reviews that will need to be delayed. If the duration of this continues to be longer, this could potentially impact patient care and practice finances adversely.	N/A	25/08/21	David Jarrett	Geeta Iyer	4	4	16	Regular communication to practices and patients about latest position; establish mutual aid process; ensure practices are prioritising according to clinical need; ensure latest guidance from medicines optimisation team about safe drug monitoring intervals is being followed; ensure all are aware of escalation process; regional NHSE team are aware of risks and raising further seeking national guidance.	4	4	16	(2x4) = 8	New risk	Primary Care Commissioning Committee (PCCC)	Further review of guidelines against local stock position to be undertaken by EPRR and clinical cabinet. Monitoring of practice blood test volumes to ensure we are managing local supply. Continued communications to practices about the national and local position.	01/09/21: Update on Clinical Cabinet position and guidelines shared with practices last Thursday.			Open	01-Nov	Sep-21

Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk	Risk appetite	Risk open/closed	target date for completion	last reviewed
Bristol Area Team / BS25	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of a vacancy in a locality officer and Shadow ICP Board co-chair role (clinical) there is a risk that there will not be many expressions of interest to fill the role which could result in a gap in clinical leadership leading to slowed progress of the ICP and/or greater pressure being put on existing members	N/A	23/08/2021	Dave Jarrett	Steve Rea	4	4	16		4	4	16	(1x4) = 4	New Risk		Recruitment process being commenced across south bristol to recruit to this post as soon as possible	Risk Added 23/08/2021			Open	Sep-21	Sep-21

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCGs Governing Body Assurance Framework 2021-22 (Sept 2021 V)

Governing Body Assurance Framework risk tracker

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

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend
Principal Objective PO1: **COVID 19 This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework**	**Committees:** Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee				
Principal Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	Julia Ross/ Sarah Truelove	**5x5= 25**	**2x5=10**	**2x4 =8**	
Principal Objective PO2: **Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.**	**Committees:** Healthier Together Partnership Board Governing Body, Strategic Finance Committee				
Principal Risk: As a result of the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed.	Julia Ross/ Sarah Truelove	**4x4= 16**	**3x4 =12**	**2x4=8**	
Principal Objective PO3: Integrated Care Partnerships: **To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all**	**Committees:** Governing Body, Primary Care Commissioning Committee,, Strategic Finance Committee, Healthier Together Partnership Board (external) , Integrated Care Steering Group (external) Integrated Care Partnerships Oversight Group (system wide)				

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

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

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

Risk Assessment scoring matrix

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

Impact

Governing Body Assurance Framework

<table>
<tr><td colspan="4">(PO1) Objective: This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework</td><td>Director Lead: Julia Ross/Sarah Truelove</td></tr>
<tr><td colspan="4">Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework</td><td>Date Last Reviewed:
18/06/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
The changes that have been made to the ICC mean that a dedicated team have now taken on the management of the incident allowing the remaining management capacity to focus on other CCG priorities. This has reduced the likelihood to 2.</td></tr>
<tr><td>Initial</td><td>5x5=25</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>2x5=10</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee</td><td>Rationale for target risk:
The target risk aimed to reduce the impact of this risk, the current approach has reduced the likelihood of this risk occurring but not the impact currently.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
Vaccine programme
Outbreak management plans in place in each of the three LA areas to manage cases of COVID and minimise the spread.
Data group meeting weekly to review the UoB model to ensure services can get notice of changing levels of the disease in our system to enable a more proactive response.
ICC resource reviewed to keep to a minimum to deal with the response.
ICC in place for the system to oversee the response with ability to escalate issues and the system response when needed.
H1 plans developed to ensure services are organised to mitigate risks and capacity is in place to ensure progress can be made on system goals.
Financial resource available to support this response.
Agreement across the system to the priorities in the H1 response.
Surge plan in place and tested during second wave.
Further plan developed and enacted with leadership from clinical cabinet.
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
Winter plan including planning for a further wave under development</td><td>Assurances:
Governing Body receives regular updates on recovery including information on:
o Number of cases in our population compared to the national picture
o Actual activity against our local model to give confidence in the future predictions
o Phase 3 plans are being delivered or exceeded in most cases
• NHSE/I provided positive feedback at surge meeting of management of COVID escalation within BNSSG
• GB can see progress being made on other areas of business within the CCG.

Gaps in Assurance: (What additional assurances should we seek?)</td></tr>
</table>

<table>
<tr><td colspan="4">(PO2) Objective: Integrated Care Systems: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.</td><td>Director Lead: Julia Ross/Sarah Truelove</td></tr>
<tr><td colspan="4">Risk: As a result of the White Paper there is a risk that the progress we had been making on becoming a mature ICS falters due to the distraction caused by the change in organisational form which may result in the system not delivering the recovery objectives agreed</td><td>Date Last Reviewed:
12/06/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td rowspan="4">Risk Appetite</td><td rowspan="4">Risk Score Trend</td><td rowspan="4">Rationale for current score:
• The partnership Board recently gave commitment to development of the ICS development plan and the survey carried out demonstrated a high level of shared commitment. An initial development session for the MOU confirmed significant alignment on the vision for the ICS across the executive group.
• The level of ambiguity nationally could drive a misalignment of expectation about the way system working which could destabilise the partnership.</td></tr>
<tr><td>Initial</td><td>4X4 =16</td></tr>
<tr><td>Current</td><td>2x4=8</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Healthier Together Partnership Board, Governing Body, Strategic Finance Committee</td><td>Rationale for target risk:
• If we are unable to reduce the likelihood, then in the long term the lack of system focus will have a material impact on our ability to achieve a sustainable system that meets the needs of the population.
• It also risks reversing all progress we have made in improving the reputation of BNSSG and reduce the credibility of the CCG as a system leader.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• Formal Partnership Board and Executive Group in place.
• Planning and Oversight Group in place weekly with strong engagement across the system.
• Strong regulatory input from the Regional Team.
• Regular reporting to the HT Exec Group on Performance, Finance and Transformation
• Reporting of the system financial position to SFC</td><td>Assurances:
• Long Term Plan agreed with NHSE/I
• BNSSG recognised as an ICS
• Phase 3 plan accepted by NHSE/I
• NHSE/I November Board paper ‘Integrating care: Next steps to building strong and effective Integrated Care Systems in England’ set clear intent for system working
• Inclusion in the Queen’s Speech the intention to bring legislation to establish a statutory ICS</td></tr>
</table>

• System Performance and Oversight is managing the implementation of the phase 3 plan, with performance reporting in place fortnightly. • Clear plan coming together to enable the MOU and supporting work streams to be agreed by the Partnership Board in July 2021. • Interim Chair in place until September 2021. • Running a second and third wave of the system leadership programme (Peloton) **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Facilitating a process of co-production for our ICS development plan, MOU, Performance management framework, financial management framework, OD plan, Quality and improvement framework, outcomes framework and Comms and engagement strategy. • Recruiting to an enhanced role for an independent Chair. To be in place by October (but this is subject to National guidance)	**Gaps in Assurance:** *(What additional assurances should we seek?)* • Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar.

<table>
<tr><td colspan="3">(PO3) Objective: Integrated Care Partnerships: To deliver personalised preventive and proactive care at a locality and neighbourhood level. By April 2022 core services will be delivered by Integrated Care Partnerships. This will be underpinned by population health and value based principles to reduce variation, tackle health inequalities and ensure high quality care for all</td><td colspan="2">Director Lead: Deborah El-Sayed</td></tr>
<tr><td colspan="3">Risk: The complexity and extent of the change required to set up integrated care partnerships that are capable of holding core service contracts is significant. There is a delivery risk that this opportunity will not be fully realised before the April 2022 deadline.
NB: This deadline is critical given the national policy direction, the need to transition community MH services and the importance of delivering integrated care for the population</td><td colspan="2">Date Last Reviewed:
10/08/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
The ICP programme has now moved from the discovery phase into design, develop and test. Based on the Discovery end of stage report, our agreed model of care and the Community Mental Health Target Operating Model, ICPs are now developing their partnerships and service models to deliver CMH services at a place level from April 2022.

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

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

However, inherent risks that result from this level and complexity of change continue to exist. Two key risks continue to be highlighted: (a) the pace and timeframe to be ready to take on community mental health from April 2022 and the capacity available; (b) timeframes for securing support based on the resources / investment available.</td></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, PCCC, SFC , Healthier Together Partnership Board (external), Integrated Care Steering Group (ICSG external), Integrated Care Partnerships Oversight Group (system wide)</td><td>Rationale for target risk:
Through good governance, engagement and communications it is proposed these risks can be mitigated as the control workflows begin to deliver</td></tr>
</table>

Controls: *(What are we currently doing about this risk?)* • A continued programme of work to prepare Primary Care Networks (PCNs) and localities to sit at the heart of ICPs. • Continued organisation development (OD) programmes for locality partners and PCNs and system wide (PCN and locality in progress system wide to initiate in January 2021). • A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (FAQs and engagement in scope here) – the discovery programme • A monthly communication to all partners setting out learning, observations and conclusions drawn from the discovery oversight group. • CCG Clinical Leadership review refocuses localities as collective of PCNs • Community Mental Health Framework sufficiently developed to enable focussed development and engagement • Detailed planning and inter dependency mapping for all ICP workstreams **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Consideration of the local and ICS-wide governance arrangements that will enable ICPs. • ICP reporting to be developed for PCCC • ICP maturity framework has been co-produced and is being developed with locality and system partners to ensure it reflects the pathway and supports delivery actions that localities are keen to get on with • Developing model of care through system wide co-production events has concluded a draft that will now be developed further by a Clinical and Professional reference group (ToR being drawn up) • Learning Connections now established with Alaska, Christchurch New Zealand, Greater Manchester LCOs. Currently drawing up dates for webinars through late March and April as part of the OD programme • Learning partnerships are being drawn up with other systems to support pace, learning and an evolving adapt and adopt model. • Developing Partnership Agreements: based on national guidance, local requirements and expert legal advice	**Assurances:** • Internal Assurance provided through Primary Care locality/PCN maturity matrix reporting to PCCC • Internal assurance reporting on key performance milestones to ICP Oversight Board and to Governing Body • Internal Audit Locality Collaboration and Governance (June 2021) • Internal Audit Delegated Commissioning (June 2021) **Gaps in Assurance:** *(What additional assurances should we seek?)*

<table>
<tr><td colspan="4">(PO4) Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing</td><td>Director Lead: Deborah El-Sayed</td></tr>
<tr><td colspan="4">Risk: As a result of COVID 19 there is a risk that demand for MH services will increase which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117</td><td>Date Last Reviewed:
12/08/21</td></tr>
<tr><td>
<table>
<tr><th>Risk Rating</th><th>Likelihood x impact</th></tr>
<tr><td>Initial</td><td>5X4=20</td></tr>
<tr><td>Current</td><td>4x4=16</td></tr>
<tr><td>Target risk</td><td>3x4=12</td></tr>
</table>
</td><td>Risk Appetite</td><td>Risk Score Trend</td><td>Rationale for current score:
Increased demand for mental health services following COVID can be seen in IAPT referrals and particularly in CAMHS services, which are at times leaving services overwhelmed.</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Clinical Executive , Quality Committee, strategic Finance Committee, PPIF, System - MH Oversight Board linked to Health and Wellbeing boards</td><td>Rationale for target risk:
The workforce challenges in mental health services means there is not an easy solution to increasing capacity within the services and therefore it is felt unlikely we will be able to reduce the likelihood below 3 during this year. We have secured funded for dedicated MH Workforce roles to support improvement in this area.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• New investment has been identified through spending review (e.g. IAPT, IPS, physical health checks for SMI, EIP).
• New investment has been secured through non-recurrent funding (e.g. Right Care team to oversee enhanced bed management team)
• Target Operating Model for integrated community mental health service <s>being finalised</s> has been shared with ICPs, who are now responding and designing improvements – including through in-year funding
• Monitoring of level of MH crisis across the system via system wide dashboard currently being reinstated into WSOG / POG forums and Contract management frameworks
• H1 planning has reset the key deliverables and expectations for achievement this will be monitored as part of POG
• Performance is being monitored via a range of committees as detailed above.
• MH ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems– The MH ED programme has now driven a series of improvements from Street Triage increases to additional Sanctuary service in Gloucester house providing an alternative to ED for people in MH</td><td>Assurances:
• Whole System Operational Group
• Finance Overview Group (system-wide)
• Improved access and reduction in waiting time / lists for services
• Reductions in OOA placements and S 117
• Lived experience feedback and surveys
• Internal Audit Out of Area Placements (Dec 2020)
• Programme portfolio delivery impact reports

Gaps in Assurance: (What additional assurances should we seek?)</td></tr>
</table>

distress • Steering groups for Community MH services are now in place these are co-chaired by experts by experience (e.g. Eating Disorders, PD, Community Rehabilitation). **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • Each of the MH programme portfolio projects are designed as mitigation actions for specific components linked to addressing the impact of the nature of the demand increases. Specific list available on request • Continued review over locked rehab and Out of Area Placements. • Each programme has a clear delivery impact and evaluation plan to ensure that we can be assured of the efficacy of the mitigation • Need further insight into patient experience seeking patient experience measures to be factored into commissioning processes • MH services available via 111 first are now increasing to include the sanctuary service, and a connected approach to telephone support • MH services have now been profiled onto MiDOS to ensure that GPs and other referring parties are able to access the full extent of system wide services • IPS service is now live and taking referrals • NHS Benchmarking project has commenced and will help support measurement	

<table>
<tr><td colspan="4">(PO5) Objective: Learning Disability and Autism: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG</td><td>Director Lead: Rosi Shepherd</td></tr>
<tr><td colspan="4">Risk: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future</td><td>Date Last Reviewed:
(16/08/21) and updates from 10/09/21</td></tr>
<tr><td colspan="4"><table>
<tr><th>Risk Rating</th><th>Likelihood x impact</th><th>Risk Appetite</th><th>Risk Score Trend</th></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="4"></td><td rowspan="4"></td></tr>
<tr><td>Current</td><td>4x4=16</td></tr>
<tr><td>Target risk</td><td>3x3=9</td></tr>
</table></td><td>Rationale for current score:
• Goal of 67% of people with learning disabilities receiving Annual Health Checks and Health Action Plans has been achieved (69%).
• Number of people within the ~~Transforming Care Programme~~ Assuring Transformation Cohort placed out of area remains above trajectory.
• Robust approaches to ensure assurances regarding the quality of commissioned individual care packages in development.
• Approaches to ensure implementation of learning from LeDeR reviews in development.
Identified need to increase levels of engagement and inclusion of people with Learning Disability and/or Autism, parents and carers and people from underserved communities ~~BAME community with of Learning Disability and Autism (LD&A) issues~~</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Quality Committee</td><td>Rationale for target risk:
The target risk score reflects the long term nature of this programme of activity to reduce the risk</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• BNSSG system wide Learning Disability and Autism programme board established with wide membership, supported by Learning Disability and Autism SROs.
• BNSSG 3 Year delivery Plan has been agreed, with leads identified and clear reporting established. This includes new investment in priority areas such as C(E)TRS, Autism Intensive Support service and provision of a 7-day Learning Disability Liaison Nurse Service
• ~~CCG Learning Disability & Autism Delivery Plan is regularly monitored through CCG LD&A delivery group~~
• Regular performance reports to committees and governing body covering: Assuring Transforming Care performance indicators (reducing levels of inpatient placements), Adult Autism Assessment waiting times, Special Educational Needs and Disability (SEND),</td><td>Assurances:
The sources of assurances available relating to this objective are
• Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Learning Disabilities and Autism Programme Board and Governing Body
• Internal assurance provided through regular reporting on LeDeR to LeDeR Steering Group, Quality Committee and Governing Body
• LeDeR Internal Audit Report Feb 2020
• CQC/Ofsted Joint Inspection Reports and written statements of action
• Assuring Transforming Care Programme cohort reporting to NHSE and Learning Disability and Autism Programme Board
• Comprehensive Quality Assurance processes relating to individual CCG commissioned placements for people with Learning Disability and Autism</td></tr>
</table>

Annual Health Check and Health Action Plan delivery (Target ~~67% by end of Q4~~ 70% by end of Q4 2021/22)

- Learning Disabilities Mortality Review (LeDeR) Steering Group and review process established with representation from across all providers, primary care, social care and NHSE regional leads
- LeDeR process includes Clinical Case Review to identify all learning
- LeDeR Service User Forum established
- Mechanisms to support integrated Education, Health and Care (EHC) needs assessment process in place
- All contracts with providers include a learning disability schedule with Improvement Standards monitored through agreed IQPM processes
- ~~Business case completed outlining requirements to increase capacity within the CCG to complete Care (Education) and Treatment reviews and Quality Oversight visits in line with NHSE policy and guidance~~
- Business case approved for additional Care (Education) and Treatment review capacity with recruitment processes commence.
- ~~EIA of TCP and CHC cohort of people with LD&A completed to be shared at Quality Committee in July 2021~~
- ~~Funding secured to implement pilot project to facilitate discharge of long stay individuals from locked rehabilitation placements~~
- ~~Business case for discharge pilot project completed and approved. To commence August 2021-22~~
- Discharge pilot for 5 individuals has commenced in partnership with Self directed futures
- Robust approaches to ensure assurances regarding the quality of commissioned individual care packages in development.
- Additional capacity for Designated Clinical Officer for SEND secured Care (Education) and Treatment review policy has been drafted and is progressing through CCG governance

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

- ~~3 year BNSSG LD&A Delivery Plan is in development (to be signed off by CCG and Healthier Together in June)~~
- ~~Development of agreed Protocol for C(E)TR processes, including Dynamic Support Register and thematic evaluation (end Q2)~~
- EIA of TCP and CHC cohort of people with LD&A (end *Q1)*
- Development of LeDeR actions with specific themes to develop provider action plans (end Q4)
- Hosting learning events to raise awareness and share good practice

is in place through full implementation of commissioner oversight visits and Learning Disability and Autism Host Commissioner function.

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

- BAME representation with specific experience of learning disability and autism issues on programme board, LD cells, operational working groups and LeDeR Steering Group to ensure the additional health inequalities experienced by BAME communities and people with learning disabilities are addressed in all workstreams.

• Continued implementation of the Adult Autism Assessment Waiting List Initiative • Training and wider support for Primary Care to improve annual health check uptake and increase the numbers of Health Action Plans. Undertake evaluation of HAP delivery. • Identification of lessons learnt from disproportionate impact of COVID 19 on people with LD&A and implications for other areas of inequality, e.g. cancer screening / flu immunisation • Establish mechanisms for the inclusion of people with LD&A and parent / relatives of people with experience of supporting a person with LD&A in service development • SEND action plans in place with local authority partners • CCG Strategic SEND lead also taking lead for C&YP LD&A programme aligned and working in tandem with adults LD&A programme lead to strengthen capacity • Keyworker Team for C&YP with autism diagnosis under development aimed at reducing hospital admissions • £0.5m Autism diagnosis waiting list initiative underway • Workshops exploring how to shift system focus from diagnosis to a needs led approach ~~Business case to be completed for discharge facilitation project (by end July August 2021)~~	

<table>
<tr><td colspan="4">(PO6) Objective: To improve the commissioning of services for children</td><td>Director Lead: Lisa Manson</td></tr>
<tr><td colspan="4">Risk: Integrated children’s commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course</td><td>Date Last Reviewed:
21/05/21</td></tr>
<tr><td colspan="4"><table>
<tr><th>Risk Rating</th><th>Likelihood x impact</th><th>Risk Appetite</th><th>Risk Score Trend</th></tr>
<tr><td>Initial</td><td>4X4 =16</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>3x4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
</table></td><td>Rationale for current score:
Current commissioning arrangements do not put children at the centre of decision making which can impact on the outcomes, due to fragmented decision making.</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Clinical Executive, Quality Committee and Strategic Finance Committee</td><td>Rationale for target risk:
The intention is by developing integrated children’s commissioning the outcomes for children will be optimised and the likelihood of the risk occurring will be reduced.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
CCG Operational Children’s Board
Joint SEND Board
Single Children’s Provider
Children’s Improvement Boards with LAs established
CCG wide SEND Coordination meeting in place – reports to Children’s Operational Board
Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
identify key deliverables to address and reduce risk – January 2021
develop action plan with measurable outcomes and milestones January 2021
Complex Children’s Review – ongoing - due Q4
Review of statutory services provided by CCHP – and an action plan to address gaps – <s>due Dec 2020</s> due Feb 2021
Joint work on market engagement – ongoing due Q4
Closer working with NHS E/I on tier 4 CAMHS Due Q4 and commitment in place between all parties
Developing an information sharing agreement – ongoing
BNSSG involved with the framework for integrating care as the vanguard site for the South West. The framework is part of the NHS response to the Long Term Plan (LTP) commitment of investing in</td><td>Assurances:
Written Statement of Actions being removed in all 3 LA areas
Positive funded care audits
Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Commissioning Executive and Governing Body
Internal Audit Safeguarding (Dec 2020)
Internal Audit Continuing Health Care (April 2021)
SEND Reviews independently undertaken by OfSTED and CQC
Gaps in Assurance: (What additional assurances should we seek?)
Information sharing agreements between all partners, to ensure that we can monitor the outcomes and improvements in life course.</td></tr>
</table>

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

<table>
<tr><td colspan="4">(PO7) Objective: Funded Care: Delivery of an integrated, efficient, Funded Care service achieving the “leading” level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction</td><td>Director Lead: Rosi Shepherd</td></tr>
<tr><td colspan="4">Risk: There is a risk that capacity and demand in the CHC service are not aligned, due to increased demand, complexity of cases and capacity and process issues within the team. This has the potential to result in delayed access to the right care for patients, financial pressures for the CCG and non-compliance against national framework standards.</td><td>Date Last Reviewed:
(17/08/21) and updates 08/09/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
The risk score is based on...
Likelihood score based on the increased numbers of outstanding assessments/reviews (approx. 262 breached at 11.5.21), reduced capacity due to vacancies and sickness and the implementation of changed ways of working required to deliver consistent and effective processes across the team.

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

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

<table>
<tr><td colspan="4">(PO8) Objective: People Plan: Developing the CCG's People Plan
Delivery of activities focussed on the CCG's workforce under the following themes:
• We are compassionate and inclusive
• We are recognised and rewarded
• We each have a voice that counts
• We are safe and healthy
• We are always learning
• We work flexibly
• We are a team</td><td>Director Lead: David Jarrett/Sarah Truelove</td></tr>
<tr><td colspan="4">Risk: There is a risk that the progress made in developing the culture and staff experience within the CCG may be disrupted and lost as we transition to becoming an ICS resulting in falling staff satisfaction and increased turnover.</td><td>Date Last Reviewed:
12/06/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td rowspan="4">Risk Appetite</td><td rowspan="4">Risk Score Trend</td><td rowspan="4">Rationale for current score:
Current temperature checks are not showing significant concern but as the transition path becomes clearer there remains a risk that this will change. People Plan Steering Group will continue to review the principal risk as part of the development and delivery of the People Plan and will update the risk, identifying controls, actions, and assurances for future Governing Body meetings</td></tr>
<tr><td>Initial</td><td>4X4 =16</td></tr>
<tr><td>Current</td><td>3X4=12</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Governing Body, Strategic Finance Committee</td><td>Rationale for target risk:
Development of cohesive programme plan and the establishment of an Executive led steering group to drive delivery and with staff engagement included as part of the process</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
• Executive Team oversight of the People Plan development and Delivery
• Individual workstreams in place with ad hoc separate reporting routes Learning and Development Policy agreed and process established including Learning and Development Panel
• Equalities policies
• SFC terms of reference amended to include oversight of the workforce agenda

Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps)
Appoint a Director of Transition to give dedicated leadership to this work</td><td>Assurances:
The sources of assurances available relating to this objective are:
• Internal source of assurance – ad hoc and subject specific reports to Governing Body
• Annual Staff survey
• Internal Audit of Appraisal Process

Gaps in Assurance: (What additional assurances should we seek?)
• NHSE/I oversight of People Plan to be confirmed</td></tr>
</table>

<table>
<tr><td colspan="4">(PO9) Objective: Financial Sustainability: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.</td><td>Director Lead: Sarah Truelove/Peter Brindle</td></tr>
<tr><td colspan="4">Risk: As a result of the current culture driven by Payment by Results there is a risk that there will be a continuing focus on activity rather than value which may result in failure to deliver improved population health and financial sustainability for the CCG and the system.</td><td>Date Last Reviewed:
13/09/21</td></tr>
<tr><td>Risk Rating</td><td>Likelihood x impact</td><td>Risk Appetite</td><td>Risk Score Trend</td><td rowspan="4">Rationale for current score:
The financial framework for H1 (the first half of 21/22) has been confirmed and the elective recovery fund (ERF) effectively incentivises a PBR culture. The payment regime to providers remains very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach. The ERF makes this message more complex and organisations and individuals are not completely familiar or committed to taking a value approach across the system.</td></tr>
<tr><td>Initial</td><td>5X4=20</td><td rowspan="3"></td><td rowspan="3"></td></tr>
<tr><td>Current</td><td>4x4=16</td></tr>
<tr><td>Target risk</td><td>2x4=8</td></tr>
<tr><td colspan="4">Committee with oversight of risk
Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, Healthier Together Planning and Oversight Group, HT DOFs</td><td>Rationale for target risk:
Reducing the likelihood would represent significant progress, but cultural change takes time and it is important we do this work systematically.</td></tr>
<tr><td colspan="4">Controls: (What are we currently doing about this risk?)
Single regulator working with the system
National proposed financial framework for 21/22 drives system working
Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the system operational plan including transformation plans
Reporting internally to Strategic Finance Committee on monthly CCG and system financial position
Planning and Oversight Group and DoFs providing oversight of system financial position.
Clinical Cabinet provides oversight and decision making regarding clinical models and pathways
Long term financial model developed as part of LTP response.
The system’s response to the Long Term Plan uses Value Based Healthcare as an organising principle.
ICS financial framework is built around the value framework and gives</td><td>Assurances:
Internal audit report on savings plans and PMO processes,
Monthly Governing Body reports
Quarterly NHSE Assurance Meetings.
Local response to NHS Long Term Plan agreed with NHSE/I
Phase 3 financial plan agreed across the system
H1 financial plan agreed across the system
Gaps in Assurance: (What additional assurances should we seek?)
<s>H1 plan yet to be agreed with NHSE/I</s></td></tr>
</table>

commitment to costing and transparency to ensure PHM data can be used to support value based decision making. **Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)* • ~~Devise practical guides to 'doing' PHM and the Value approach. January 2021 Version one of the Value framework has been shared and is being used by the Community Mental Health Framework team, Learning Disabilities and Autism team, Integrated Care Partnership (ICP) model of care working group, Population Health, Prevention and Inequalities Steering Group and stroke reconfiguration programme.~~ ICP PHM development programme started, focussed on developing the intelligent model needed for the community mental health framework target operating model response, and capacity building within ICPs. Value and PHM being designed into wider ICP organisational development programme. • ~~Update and engage DOFs across the system with work to date and the draft high level goals to gain their commitment to this work December 2020~~ • Incorporation of Value Based Health and Care principles into the BNSSG Long Term Plan refresh's planning, content and decision-making? • Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans Value/Team as now core members of the ICP Board. • Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas where productivity has been most impacted by COVID – ongoing A shared, rapid evaluation process has been developed to learn from the pandemic-induced changes, focussed on supporting continuation of high value changes • Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes Business case complete and will be submitted as System Transformation Reserve bid. Pilot projects underway in North Bristol Trust focussed on shared decision-making in surgery and initiated for the new long Covid service • Re-launch the Value Programme which will report into the Population Health, Prevention and Inequalities Steering Group	

• Develop a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity. Bid for support for the work being made to the System Transformation Reserve has been submitted.	