

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 29th September 2020

Time: 9.00am – 11:00am

Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number :	5
Title:	Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) September 2020
Purpose: approval	
Key Points for Discussion:	
<p>The Primary Care Commissioning Committee oversees and seeks assurances risk relating to Primary Care. This includes risks concerning contracting, planning and strategy, financial planning and management and primary care quality, workforce, premises, and IT. The Committee is responsible for reviewing those risks that are relevant to its business and ensuring that appropriate and effective mitigating actions are in place. Risks assigned to the Committee for review are indicated on both the CRR and the GBAF. The key discussion points are:</p> <ul style="list-style-type: none"> • The amendments and additions to the CRR specifically relating to the Committee's remit • The principal objectives and risks reported on the GBAF specifically relating to the Committee's remit and • The position relating to the GBAF for 2020/21 • The request to review the Committee Terms of Reference 	
Recommendations:	<ul style="list-style-type: none"> • To 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 • to 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 • Agree to amend the Committee Terms of Reference in line with the proposal, and to review this at the October meeting
Previously Considered By and feedback :	The Corporate Risk Register and the Governing Body Assurance Framework are reviewed monthly by Directors and received and discussed at the monthly Quality Committee, Strategic Finance Committee and Commissioning Executive meetings. The Audit, Governance and Risk Committee have discussed the findings and recommendations set out in the Risk Management Framework Audit.
Management of Declared	The Governing Body and each Committee receives a register of its

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

Agenda item: 5

Report title: Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) September 2020

1. Background

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

2. Corporate Risk Register

New 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. New risks added to the CRR since the last review by the Primary Care Commissioning Committee and Governing Body in June 2020 are below:

Risks added	Risks added description
Nursing & Quality BNSSGQD044	Patients are at risk of potential harm through contracting Clostridium Difficile
Nursing & Quality BNSSGQD045	Patients are at risk of potential harm through contracting E-Coli
Nursing & Quality BNSSGQD046	Patients are at risk of potential harm through other HCAI.

At its meeting in August the Commissioning Executive Committee discussed the cancer risk score (risk "Cancer patients are at risk of potential harm if there are delays in the cancer pathway") and asked that it was reviewed to ensure it reflected the level of risk. The review, carried out by the Quality and Commissioning Teams looked at the definition of harm; this will be reported to the Cancer STP group in November. Cancer patients waiting longer than 104 days from referral to treatment is deemed as a never event, and the numbers have been of national focus. There are known delays to cancer pathways due to fewer Two Week Wait referrals, diagnostics, PCI procedures and patient choice, as well as suspension of screening programmes. There are mitigating & remedial actions in place to address these issues, which are showing positive results. In summary, the teams considered that an increase in the current risk of 4x5=20 was not warranted.

The risk reported below was incorrectly reported on the June register.

Risks removed	description
Transformation	<p>There is a risk that the UEC and Integrated Care transformation programmes agreed in our response to the Long Term Plan will not be delivered in the timescale originally set out due to the COVID19 pandemic.</p> <p>This risk was incorrectly reported as having a risk score of $4 \times 4 = 16$. The mitigated risk score is $4 \times 3 = 12$. The risk will be removed</p>

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

Risks removed	description
CCG wide	<p>There is a risk that the need to focus capacity to meet the demands placed on the system by COVID-19 may result in the system and the CCG not delivering the outcomes planned for 2020/21</p> <p>Individual risks on the CRR have been reviewed to assess the impact of Covid-19 on capacity with risk scores and mitigations amended to reflect this. Where the risk score for individual risks has increased above the threshold for the CRR these are now reported. As result the risk score has been reduced to 0</p>
Commissioning Directorate 37	<p>As a result of COVID-19 the income normally generated for a number of our providers has reduced significantly. This impact could potentially result in our most vulnerable providers for example, VSCE, Hospices, Charitable organisations Independent sector (planned care and diagnostics provision) etc having to make difficult decisions that could result in them reducing the services they offer or winding up complete</p> <p>As a result of actions taken the risk score has been reviewed and reduced to $4 \times 3 = 12$</p>
Commissioning Directorate 38	<p>There is a risk that whilst running a Covid 19 response the ICC is required to stand up a response to a second incident with the need for additional resources to both lead and support both responses. Lessons to be identified and implemented from recent second incident (Weston Hospital Covid 19 outbreak)</p> <p>Following review the risk score has been revised to $3 \times 4 = 12$ to reflect the decreased pressure on ICC and actions to increase capacity through strategic and tactical on-call</p>
Finance	<p>As a result of continued pressures in the current 19/20 financial year there is a risk that delivery of the 2020/21 financial plan will be compromised through the need to recover in-year overspends. This could lead to a higher savings requirement and additional regulatory scrutiny from NHSE/I</p> <p>This risk related to delivery of the 2019/21 financial plan and the risk</p>

	score has been reduced to 0
Finance	<p>The impact of COVID-19 on the HSCN roll out to replace N3 in practices may delay delivery by deadline of 31/8/20 which may lead to financial consequences. Practices currently under pressure (winter and otherwise), their availability / appetite to accept two hours of downtime when clinics are already at capacity may diminish. The supplier, KCOM, may also be adversely impacted by the pandemic and the interruptions to normal activities</p> <p>All sites have been migrated ahead of the end of August deadline and this has been communicated to NHSE/I. The risk score has been reduced to 0 to reflect this.</p>
MO22	As a result of Covid 19 there is a risk that there will be local and national shortages of medication. Process continues in place through Meds & pharmacy cell. Currently no major issues. Both the likelihood of the risk materialising and the impact of the risk if it materialised have been reviewed and reduced.

3. Governing Body Assurance Framework

The GBAF identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body that risks are being managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. Each risk reported on the GBAF is reported to a specific committee. Each committee reviews its specific risks at its meetings to ensure that the information provided is line with the committee's expectations. The principal objectives and risks assigned to the Primary Care Commissioning Committee for review and scrutiny are:

principal objective	principal risk	Executive Lead	current risk score
PO3.1: Primary Care: Developing Primary Care Networks	If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Martin Jones	3x4 =12
PO3.2: Primary Care: Supporting Primary Care Resilience	there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Martin Jones	3x4 =12

Updates have been made to the 2019/20 GBAF (appendix 2). The objectives and risks have been reviewed as part of the development the GBAF objectives and risks for the 2020/21 GBAF. Where appropriate objectives and risks have been incorporated in 2020/21 GBAF or transferred to the CRR or DRR for continued monitoring.

4. Risk Management Framework Audit 2020/21

The CCG Internal Auditor conducted a Risk Management Audit during June and July 2020. The overall conclusion was one of partial assurance. The management actions focused on updating the Risk Management Framework, improving the risk register templates, and increased training. The audit highlighted the level of scrutiny of individual risks at Governing Body and Committees and recommended:

- Revisiting the framework for how the Governing Body and its sub-committees review and scrutinise risk to ensure suitable oversight of key risk. This responsibility would be updated within each set of draft terms of reference for relevant Committees.
- The Governing Body agree areas for which subcommittees should seek assurance that risks to corporate objectives are managed effectively, and challenge risk management through regular deep dives of directorate and corporate risks.
- Standing agenda items with suitable time allotted will be included for each sub-committee meeting and detailed minutes will be kept to evidence the scrutiny undertaken and assurance gained.

In line with the management actions it is proposed that the Primary Care Commissioning Committee Terms of reference are updated to include the review of risks on the Corporate Risk Register and Governing Body Assurance Framework, which have been assigned to the committee and ensure that appropriate and effective mitigating actions are in place. It is proposed that the Committee reviews and monitors risks relating to contracting, planning and strategy, financial planning and management and primary care quality, workforce, premises, and IT. It is recommended that the terms of reference are amended and presented to the October meeting and then forwarded to the Governing Body for final approval.

5. Recommendations

The Committee is asked to

- To 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
- to 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
- Agree to amend the Committee Terms of Reference in line with the proposal above, review this amendment at its October meeting and recommend the amendment to the Governing Body

Appendices

Appendix 1 Corporate Risk Register

Appendix 2 Governing Body Assurance Framework

BNSSG CCG Corporate Risk Register 2020-21 September V1

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

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

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

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

Directorate or Project	Risk Ref	Principle Objective Ref	Date Logged	Description of Risk <i>As a result of ... There is a risk that ... Which may result in ...</i>	Mitigating Actions	Progress on Actions	Gaps in Mitigating Actions	Committee Responsible for Reviewing	Director	Risk Owner (for Updates)	Risk Rating				Target date for completion of actions	Risk open or closed (If closed specify date)	Last reviewed
											Initial Risk (LxI)	Current Risk (LxI)	Movement of current risk	Residual (Target) Risk (LxI)			
CCG wide	COVID-19	all	18.03.20	There is a risk that the need to focus capacity to meet the demands placed on the system by COVID-19 may result in the system and the CCG not delivering the outcomes planned for 2020/21	Central Govnt and NHSE has set out measures to support NHS organisations Local system has established arrangements for the management of the system response to COVID-19 aimed at: freeing up maximum possible inpatient and critical care capacity preparing for and responding to patients requiring respiratory support Ensuring CCG business critical functions are able to remain operational Supporting staff to enable effective remote working and to maximise their availability Healthier Together work streams resource has been focussed on key priorities in line with national directions and building on and accelerating existing system plans	Aug 20 Individual risks on the CRR have been reviewed to assess the impact of Covid-19 on capacity with risk scores and mitigations amended to reflect this. Where the risk score for individual risks has increased above the threshold for the CRR these are now reported. It is recommended that this risk is now closed and the risk will be removed from the CRR after review by the Governing Body" May 2020: Actions, including accelerated transformations to key services, have been taken to support system capacity. Recovery Cell in place and working across system to identify transformations to retain to support delivery of planned outcomes. Paper presented to May GB risks and mitigations to non-covid related services. work to prioritise non-covid services underway to ensure delivery of planned outcomes. Directorate Risk registers include potential impact on specific risks (see below) April 2020: Risk remains unchanged. BNSSG Health & Care Silver Command	Monitoring of position continuing	Governing Body PCCC	CEO	CEO	5x5=25	0 (0x0)	↓	2x5=10	Ongoing	closed	Aug-20
Nursing & Quality Commissioning Directorate	BNSSG QD 001 11	N/A	13.04.18	Cancer patients are at risk of potential harm if there are delays in the cancer pathway There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	Clinical validation of waiting lists completed by providers and reviewed by the CCG Quality team monthly Where providers identify potential harm CCGs require evidence of mitigating actions Contractual systems in place to monitor and manage performance through APG and ICQPM's Hospital focussed improvement programmes Monthly breach meetings with providers Partnership engagement in STP-wide cancer system working Engagement with SWAG Cancer Alliance Monthly review of cancer performance indicators Ongoing monitoring of patient harm through existing CCG quality governance Oversight of funding for projects associated with Alliance national support fund	August 2020: risk remain in endoscopy and with patient choice issues leading to delays in patient management, although capacity for surgical intervention is not currently been flagged as an issue. Endoscopy is part of a regional rapid review that BNSSG are involved in and submitting ideas for additional support and funding to support management of endoscopy backlog and ongoing capacity and demand management in the future through pathway change etc.	Monitoring of position continuing The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will be closely monitored.	Quality Committee Commissioning Leadership Team / Commissioning Executive & STP Steering Group (ACC)	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	20 (4x5)	↔	10 (2x5)	Mar-20	Open	Aug-20
As above	As above	As above	As above	As above	NEW ACTIONS: - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermatology to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery.	July 2020: The main risk is related to increases in 104 days due to endoscopy delays and patient choice. The endoscopy subgroup of the diagnostic group has been re-established, initially their role has been to maximise the use of the independent sector to support 2ww pathways for endoscopy but they will also be working on pathways and demand across the system- including the use of FIT and advice and guidance to support pathways. June 2020: Referral rates for cancer have started to recover with sites continuing to manage demand, but this may become more challenging as demand rises. This is being closely monitored through the cancer cell on a weekly basis. Endoscopy work is being restarted, with additional capacity planned at the independent sector- although this has been delayed by the IS which is being escalated. May 2020: Update in NEW ACTIONS SECTION May 2020: Risk closed from Nursing and Quality Directorate Register after review	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above

Commissioning Directorate	3	PO7 (19/20)	10.08.18 01.04.19 01.05.20	If we do not deliver the full required savings from the control centres within the commissioning directorate there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.	09-Jul-2020: Updates on progress have also been considered at Strategic Finance. Some initiatives within the control centres have been brought forward resulting in the intervention being delivered earlier 05-May-2020: For 2020/21 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries. Engagement with providers through the control centre process to identify and implement system savings. Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings	07-Sep-2020: NHS Financial Regime continues for M5 & M6 with further guidance for M7 to M12 awaited. 06-Aug-2020: Aug 2020: System wide recovery plan is effectively paused due to C19 leading to a revised financial regime for the NHS 09-Jul-2020: Delivery and progress of control centre initiatives are reviewed at SFC 05-May-2020: to continue to be reviewed at Commissioning Business Meeting monthly. April 2020 - this risk relates to 2019/20 and will be reviewed for 2020/21	This risk is linked to the risk PO7 on the 2019/20 GBAF (under review for 20/21) which contains more detail on the management of financial recovery	Commissioning Business Meeting /Commissioning Leadership Team / Commissioning Executive / Strategic Finance Committee	Lisa Manson	Claire-Thompson Niall Prosser	25 (5x5)	4x4=16	↔	4x4=16	Mar-21	Open	Sep-20
Commissioning Directorate	5	PO5 (19/20)	10.08.18 01.04.19 1.05.20	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	08-Sep-2020: BNSSG System Wide Phase 3/Surge Plans continue to be developed. Task & Finish groups have been established to address any particular areas of concern around flow including ambulance handover delays. Additional focus on flow continues daily via the ICC cell structure/Bronze and the weekly WSOGs at each acute site. 04-Aug-20: BNSSG System Wide Phase 3/Surge Plans have been developed which include the UEC programme of work. Key areas to support improved performance include Think NHS 111 First, Pathways to bypass ED to new secondary care dispositions i.e. SDEC, frailty services, nurse helpline and access to HOT clinics/Specialty Opinion. 27-May-2020: Due to a reduction in attendances,	This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Claire-Thompson Niall Prosser	20 (5x4)	16 (4x4)	↔	2x5=10	Oct-20	Open	Sep-20
			as above	as above	as above	07-July-2020: The ramping up of activity together with the reduction of BNSSG bed base by 308 beds and social distancing in A&E departments and MIUs has meant that we are facing a bigger challenge than previously around achieving the 4hr A&E target. A number of actions/pathways are being developed via the various ICC Groups/Cells to reduce unnecessary ED attendances and hospital admissions. A Task & Finish group has been established to reduce handover delays. Other work includes creating capacity in 111/IUC, supporting self-care and "talk before you walk." The focus on MFFD and >7 day reviews actively continue. WSOGs continue with weekly meetings addressing all performance issues. 27-May-2020: Due to a reduction in attendances, admissions, MFFD and stranded patients this in turn has led to improved performance and reduced bed occupancy. 04-May-2020: Covid-19 Command & Control Cells structure established, work of cells ongoing. Due to a reduction in attendances, admissions, MFFD and stranded patients this in turn has led to	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	7	PO6	10.08.18 01.04.19 1.05.20	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population. This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	September 2020: Routine referrals recommenced. Out of Area position has started to increase; plans to mitigate this with the opening of Cherry Ward, a focus on positive risk taking and community support. Moving to delivery of the PD and AO services. Working up an emergency services triage offer to support the pathway and divert people away from ED and S136 Suite. August 2020 AWP is moving to stand services back up, with plans to reopen the front door to routine referrals in August. Business case was fully supported at gold command.; This is now moving to implementation and funding sources are being secured locally and nationally. July 2020: A whole system business case has been developed in response to COVID - in partnership and supported by AWP. This includes	□ 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.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Emma Moody	20 (4x5)	20 (4x5)	↔	4x4=16	Jun-20	Open	Sep-20

as above	as above	as above	as above	as above	as above	July 2020: A whole system business case has been developed in response to COVID - in partnership and supported by AWP. This includes a focus on some of their key services - PD, AO, Primary care and care home liaison. Modelling has indicated a 30% expected increase in demand. OOA position continues to remain low, but focus is needed to maintain this. The Clinical Director continues to focus on promoting home treatment. June 2020: Significant reduction in the number of people placed out of area. Wards reconfigured to support COVID, continue to have good flow and continually reviewed. Clinical Director in place focussed on flow and crisis and home treatment to ensure people are treated in the most appropriate place. Review of ceased services to understand if they can be stood up. Modelling work undertaken to understand the predicted mental health surge and impact of the referrals that have not been received during this time. May 2020: AWP are part of new MH Cell and involved in the sub-groups. Non Core activity	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	10	N/A	29.11.18 01.04.19 1.05.20	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	<input type="checkbox"/> Contractual systems in place to monitor and manage performance through APG and ICQPM's <input type="checkbox"/> Hospital focussed improvement programmes <input type="checkbox"/> Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working <input type="checkbox"/> Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) <input type="checkbox"/> Ongoing monitoring of patient harm through existing CCG quality governance NEW ACTIONS: - Independent sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent and cancer surgery but then long waiting patients would be prioritised. - Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through the crisis period.	<p>August 2020: 52 week waits continue to grow as capacity is prioritised for urgent cases, post-Covid. The planned care cell are working with the clinical cabinet to support in managing long waits and how to support patients who have been waiting for a long time pro-actively. Work continues with the independent sector to ensure parity across the system with prioritisation to support in managing long waits first for the same level of priority cases.</p> <p>July 2020: 52 week waits continue to rise in line with the national picture. T&O still has the largest number, but breaches are now occurring in other specialities as a result of reduced routine activity and ongoing capacity. Capacity is being reviewed and finalised as part of phase 3 planning, and independent sector capacity is still available for staff to use. The planned care cell are working with providers to understand what can be done in specialities to reduce demand as well as actively managing lists.</p>	<p>There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response.</p> <p>There is uncertainty on the national contract with IS beyond the end of June.</p> <p>Even with additional capacity of IS, likely to still be a significant short fall for routine activity.</p>	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	20 (4x5)	↔	1x1=1	Mar-20	Open	Aug-20	
as above	as above	as above	as above	as above	as above	<p>June 2020- Gold approved plan to work towards NHS managed lists at the trusts, for all referrals to go via the trusts to ensure equity of wait times and prioritisation based on clinical priority.</p> <p>Confirmation that the notice has not been given on the current IS contracts, and the system have returned data to inform the rolling contract for July and August, with a plan for procurement and contract from September/ October onwards to support this proposal. The planned care cell continue to identify the pathways with the largest and longest waits - at the current time this is T&O and the MSK programme board has now been restarted with a view towards an integrated orthopaedics services as part of the deliverables for that group.</p> <p>May 2020- proposal to Gold to ask for formal letter to national team about the way IS capacity is used to support recovery. Ongoing use of clinical prioritisation groups within the trusts and regular check in via the planned care cell to ensure equity across the system.</p>	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	
Commissioning Directorate	21	N/A	05.04.19	Due to long waits for adult ADHD services in AWP there is a risk to patient experience which may result in a detrimental impact on their wellbeing. There is a further risk that for patients waiting over 52 weeks the CCG and AWP could incur 52 week breach fines	A contract performance notice has been issued a joint investigation has started. Key actions include updating booking processes and reviewing the waiting list. The CCG have requested data on the number of patients waiting over 18 weeks so that a review can be undertaken	<p>August 2020: There is a new service user group established to review the ADHD services on offer.</p> <p>July 2020: A service user group is being established to work with the service on redesign of the pathway. There continues to be a financial risk from increasing numbers of patients exercising choice and having assessment at psychiatry UK.</p> <p>June 2020: Transformation work for this service has been restarted and there is a paper being prepared for commissioning executive, highlighting the risk of increasing activity in other providers as patients exercise their right to choose provider under AQP rules.</p> <p>May 2020: Service remains closed, however plan to reopen this month. Roll out of LES has been paused, which will impact on ability to discharge people from service. Review of CPN being undertaken.</p> <p>April 2020: COVID-19 means that diagnostic services have paused, including ADHD.</p>	<p>Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed.</p> <p>See Nov actions to mitigate gaps</p>	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jun-20	OPEN	Aug-20	

Commissioning Directorate	14	n/a	19/12/2018 01.05.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident	<ul style="list-style-type: none"> • Robust Influenza Pandemic Plans/ Business Continuity Plans in place in all acute and community providers. • Part of annual training and exercising calendars for Local Resilience Forum and all NHS organisations • Avon and Somerset Local Health Resilience Forum (LHRP) strategic framework in place and exercised through table top exercises. • Avon and Somerset LHRP/LRF operational plan out for consultation. • NHS England South West North leading on development of operational response plans for Antiviral Collection Points. • To be reviewed at EPRR oversight delivery group • Pandemic flu plan in place 	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR August 2020: Health National Major Incident reduced to Level 3 from Level 4, Regional led by NHSEI ICC. Phase 3 planning now in place for restoration and recovery. Subsequent planning for concurrent incidents with winter, severe weather, local surveillance and potential lockdown. July 2020 reviewed no changes June 2020: Remain in response phase with ICC running slightly reduced hours but with the ability to stand back up as required. Debriefing has commenced. April 2020 Nationally in Delay Phase with organisation maintaining critical services through business critical incident co-ordination team and a separate system Incident mangemt team in place.	Feb 2020: All Pandemic Flu planning is 2013. Should be for review as EU Exit date closes and national teams revert to business as usual. Mar 2020: Draft Plans in place with additional SOPs for Local Coordination Centre April 2020 : Evolving incident response with reviewed Governance of command and Control arrangements in line with EPRR framework. Recovery and system reset planning on Horizon scanning with engagement of LRF recovery plans.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda / John Wintle	4x4=16	20 (4x5)	↑	2x4=8	Mar-20	OPEN	Aug-20
commissioning Directorate	36	n/a	18.02.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis. There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues.	<p>There are remedial action plans agreed for UHB and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing. Referrals are triaged and urgent and 2ww wait referrals are prioritised.</p> <p>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</p>	<p>August 2020: BNSSG are involved with a regional piece of work supporting diagnostics and bids were submitted to the regional team to review- this included bids for utilisation of the Nightingale for additional scanners, increase staffing to support radiographers improve productivity and reduce DNA rates, there is also ongoing use of the independent sector. The diagnostic group have proposed a PID for a longer term strategic group to support the DAG as the DAG works to manage demand and capacity in preparation for the winter- this is in the process of being signed off. July 2020: Gold command have given support to further support for the diagnostic review to support the recovery. This will include review of demand as well as options for increasing capacity. This is still a significant risk. June 2020: Independent sector have started to do additional work for the trusts, and the diagnostics cell are working with clinical cabinet on a plan for opening services for direct access and how this can be done effectively. Ongoing work. Urgent and 2ww work continue to be accepted and prioritised. May 2020: see NEW ACTIONS 28/2/2020: The endoscopy working group has been established as a subgroup of the healthier</p>	<p>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.</p> <p>The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.</p>	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	20 (4x5)	↔	tbc	tbc	OPEN	Aug-20
Commissioning Directorate	37	n/a	26.05.20	As a result of COVID-19 the income normally generated for a number of our providers has reduced significantly. This impact could potentially result in our most vulnerable providers for example, VSCE, Hospices, Charitable organisations Independent sector (planned care and diagnostics provision) etc having to make difficult decisions that could result in them reducing the services they offer or winding up completely	<p>31 Jul 20 - Working with the national and regional team to ensure support is available to support provider sustainability</p> <p>09-Jul-2020: Working with the national team to detail the vulnerability of our charitable organisations. Continuing to work with providers that have identified vulnerability and continue to review their current position. 26-May-2020: Learning lessons and delivering excellence pre, during and post COVID-19. Working with the sector/s to support them to be sustainable and resilient – Escalating support needed within the system and nationally. Working with them to understand where they can push forward and where they may have to reduce the services being offered.</p> <p>As a result of the actions in place the risk score has been reviewed and reduced. The risk will be removed from the CRR once reviewed by the Governing Body.</p>	<p>Potential issue raised at SFC</p> <p>CCG continues to these organisations financially through our current contracting arrangements and COVID-19 arrangements</p>		Strategic Finance, Commissioning Executive Committee	Lisa Manson	Helena Fuller, Jon Lund	3x5=15	12 (4x3)	↓	tbc	tbc	closed	Aug-20

Commissioning Directorate	38	n/a	02.06.20	There is a risk that whilst running a Covid 19 response the ICC is required to stand up a response to a second incident with the need for additional resources to both lead and support both responses Lessons to be identified and implemented from recent second incident (Weston Hospital Covid 19 outbreak)	Maintain ICC structure EPRR plans and processes LHRP plans re system response and guidance National Plans	July 2020: ICC resource reviewed and approved for Level 1-4 national major incident levels. On-call briefing presentation circulated to strategic and tactical on-call. Workforce cell looking to hand resourcing to Commissioning moving forwards. Risk reduced to reflect the decrease in pressure currently on the existing ICC resulting in greater capacity to manage another incident simultaneously, there is a core group of personnel that are now well practiced in running the ICC. The increase in critical care capacity available reduces the impacts from another incident occurring. Public transport Covid19 measures has reduced numbers travelling in any one vehicle or train and reduced air traffic. Risk score has been reviewed and reduced and risk will be removed from the CRR after review by GB May 2020: gaps being assessed at present and additional processes discussed for implementation	On-call briefing slides outlining additional resource requirements ICC manual Out of hours on-call support to be discussed as part of lessons learned.	EPRR Oversight Delivery Group	Lisa Manson Janette Midda / John Wintle	4x4=16	12 (4x3=12)		tbc	Jun-20	CLOSED	Jul-20
Finance Directorate		PO 7.2 (19/20)	20.11.19	As a result of continued pressures in the current 19/20 financial year there is a risk that delivery of the 2020/21 financial plan will be compromised through the need to recover in-year overspends. This could lead to a higher savings requirement and additional regulatory scrutiny from NHSE/I	The CCG had set an annual plan for 2019/20 with an in-year deficit of £12.0 million. NHS England agreed a Control Total of an overall deficit of £12 million, after a resubmission of the Annual Plan with an additional system savings plan requirement of £12 million for which the majority of financial risk was held by the CCG, and awarded no Commissioner Sustainability Funding. Our 2019/20 Financial Plan had a savings requirement of £41.4 million, including the stretch system savings commitment and identified risks of £13.9 million, as along with £13.9 million potential mitigations. These mitigations included the full release of 0.5% of the CCG's contingency reserve; this is the funding that we are required to set aside to guard against losses. We did not manage to achieve the planned position and ended the financial year with a deficit of £34 million. The planned position was challenging and there were a number of unforeseen cost pressures including increases in:	Messages need to be more frequent and visible, for example: providing key updates at weekly stand up, ensure the financial position is understood at key committee meetings, seek to include messages on the office display screens. Paper on budgetary responsibility written and reviewed by SFC and Turnaround Steering Group. To now ensure the key messages are shared within directorates. Month 6 savings position shared with acute providers (particularly giving detail on those projects directly impacting their activity). Piece of review work now underway to ensure we are fully capturing all savings in the context of the overall contractual positions. Five Year Plan financial model developed. Now working to confirm the maturity of the different projects and programmes which have been identified to support delivery of efficiency savings requirements. SFRP update given to HT Exec Group on 21st November 2019 with a key ask to consider how chief execs can leverage support to key projects. April 2020 - this risk relates to 2019/20 GBAF and will be reviewed for 2020/21		Strategic Finance Committee	Sarah Truelove Jon Lund/Rob Moors	20 (4x5)	0 (0x0)	↓	10 (2x5)	Mar-20	Open	Aug-20
see above	see above	see above	see above	see above	• Continuing Healthcare complex individual packages Delayed systems savings plans; • Prescribing costs and • Mental Health and Learning Difficulties out of area placements These cost pressures and the planned deficit will mean greater challenges to the position for 2020/21 and going forward. This risk related to delivery of the 2019/20 plan and the score has been amended to reflect this. the risk will be removed following the Governing Body review	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above	
Finance Directorate	F21-01		01.05.20	If we do not deliver the full required savings from the control centres within the BNSSG System there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.	Reviewed Sept - NHS Financial Regime continues for M5 & M6 with further guidance for M7 to M12 awaited July 2020 - System wide recovery plan is effectively paused due to C19 leading to a revised financial regime for the NHS For 2020/21 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries Engagement with providers through the control centre process to identify and implement system savings. Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings Currently reviewing the ICQPM's Terms of Reference which includes monitoring and delivery of agreed system savings	To be reviewed at commissioning business meeting monthly.		Strategic Finance Committee	Lisa Manson / Sarah Truelove Niall Prosser Claire Thompson / Jon Lund	25 (5x5)	25 (5x5)	↔	4x4=16	Mar-21	OPEN	Sep-20






Nursing & Quality	BNSSGQD045	n/a	05.05.20	Patients are at risk of potential harm through contracting E-Coli	2019/20 saw a number of initiatives both nationally and locally to reduce the risk, including catheter passports and timely removal of urinary catheters. Further focus is required to understand how well these processes have been embedded. A 6% reduction in case numbers was noted when comparing case assignments with 2018/19. Current activity is below Southwest and National benchmarking. Following NHS England advice, we will also agree a cohort review process for 2020/21 at the HCAI meeting. An area of focus for 2020/21 will include hydration projects and current initiatives in progress.	New Risk May 2020 -Replacing Risk BNSSG QD 002 - Activity remains below Southwest and all England average. Aug 2020: Mitigating actions and risk scores have been amended	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	15 (3x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-20
Nursing & Quality	BNSSGQD046		05.05.20	Patients are at risk of potential harm through other HCAI.	We are currently in a monitoring phase for Methicillin Sensitive Staphylococcus Aureus (MSSA), Klebsiella and Pseudomonas aeruginosa bacteraemia and we will continue to benchmark against both the Southwest and All England average.	New Risk May 2020 Replacing Risk BNSSG QD 002 Aug 2020: Mitigating actions and risk scores have been amended	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	15 (3x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-20
Transformation	Tr Coms		05.03.20	COVID-19 - risk that communications capacity to handle Corona comms has a negative impact on other projects and areas of delivery. Additional risk of team capacity affected by the impact of the virus itself (i.e. staff sickness).	We are reviewing our comms delivery plans and looking at what work can be scaled down, to build more flexibility into our EPRR comms rota. We are keeping a watching brief on areas that might be directly affected, for example, the AGM and engagement events.	Staff sickness has not had a significant impact, but the return of BAU activity in conjunction with COVID-related demands means that the risk profile remains the same. We are resetting workloads with a review of priorities in June in order to mitigate against this further			Director of Transformation	Associate Director of Communications and Engagement	(4 x 4) 16	(4 x 4) 16	-	-	Ongoing	Open	Jun-20
Transformation	MSK		28.05.20	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	* 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	July 2020: * IS Physios are seeing people in South Gloucestershire on the Sirona waiting list * There is some Ortho surgery starting to happen at Emersons Green- Ortho surgery is a lower priority to Cancer surgery so there is limited capacity available * 20 new people will have been trained as ESCAPE-pain tutors 26th of June and Sirona are planning to run virtual ESCAPE -pain classes . Face to face classes can only start when lock down restrictions are lifted * Sirona have signed a contract with the South Glouc PCNs for them to provide their FCP's and they are going out to advert next week to recruit 10PCN's. Other PCNs are also recruiting FCPs and the Training Hub are working with the MSK Programme to establish a FCP network to ensure they are part of the MSK Programme. We have established a 'Keeping People Healthy' sub group of the MSK Programme Board and they will agree a timetable for the implementation of ESCAPE - pain, SDM and Health Optimisation at their first meeting.	We are not in a position to restart shared decision making, health optimisation and the community based pain management services until lock down restrictions are removed and staff can return to their normal roles	MSK Programme Board	Medical Director Clinical Excellence	Elizabeth Williams	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-21	Open	Jul-20
Transformation			28.05.20	As a result of the COVID-19 pandemic There is a risk that the cancer transformational elements of the Long Term Plan will not be achieved Which may result in the aims of the LTP not being delivered Earlier Diagnosis Faster Diagnosis Timely and Appropriate Treatment Personalised Care for Cancer	The cancer transformation elements of the LTP will be considered along side the recovery and restoration of all services Mitigations described as part of Phase 3 planning work, underway in Sept 2020, covering key objectives for recovery	Sept 2020 Revised deliverables for 20 / 21 presented to the Cancer Steering Group on the 3rd September. No further clarification to date on the Service Development Funding (previously Cancer Transformation Fund) to deliver cancer aims of the LTP. Rapid Diagnostic Service (part of phase 3 recovery planning for cancer services) business case requires clarification of funding profile before agreement can be given by SWAG Cancer Alliance but as above unclear if funding is available to deliver this. July 2020 It is still unclear if funding for cancer transformation from the Cancer Development Fund (previously Cancer Transformation Fund) is available to be used which is causing concerns in the roll out of already agreed projects for personalised care for cancer (remote monitoring) and in the proposed projects for faster diagnosis (rapid diagnostic service) and earlier diagnosis (GP support tool). June 2020 Cancer service recovery is looking to incorporate and deliver the long term plan objectives wherever possible Personalised Care for Cancer - due the change in the contracting mechanisms for the Trusts, how		STP Cancer Steering Group and Cancer Cell	Medical Director Clinical Excellence	Margaret Kemp	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-21	Open	Sep-20


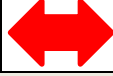


Transformation			09.06.20	There is a risk that the Transformation programme required to mitigate UEC activity returning to pre COVID levels does not fully deliver resulting in difficulty in maintaining social distancing in ED queueing, and operational pressure in the bed bases of our acute trusts	July 20: The Directorate are supporting a clinically led UEC workshop across the system which took place on the 10th July, to agree transformation priorities for the next 3-6 months to ensure schemes are in place before winter pressures. Outputs/work streams to be agreed 15/07/20 by clinical group before presenting to system governance. The Directorate is working with the Commissioning team to quantify and strengthen the work impacting UEC pathways which has been done as part of COVID. This will be complete by 12/6/2020. The Directorate are supporting a clinically led UEC workshop across the system due to take place in June to agree transformation priorities for the next 3-6 months to ensure schemes are in place before winter pressures	Ongoing as part of recovery planning	none identified currently; monitoring of position continuing	silver (reporting to Bronze command, system change and clinical cabinet)	Director of Transformation	Kate Lavington	(4x4) 16	(4 x 4) 16	-	-	-	Open	Jun-20
Transformation			09.06.20	There is a risk that the UEC and Integrated Care transformation programmes agreed in our response to the Long Term Plan will not be delivered in the timescale originally set out due to the COVID19 pandemic	Review of planned work has taken place. Reporting provided to CCG recovery cell. Focus delivery resource on the 7 system goals which have been agreed by the Healthier Together Partnership	Ongoing as part of recovery planning Directorate Risk register review score at 4x3 based on review of planned work and reporting to cells - risk will be removed from register	none identified currently; monitoring of position continuing	system change	Director of Transformation	Kate Lavington	(4x4) 16	(4 x 4) 16	-	-	-	Open	Jun-20
Medical Directorate - Clinical Effectiveness	MO21		06.04.20	As a result of COVID 19 position there is a risk that there will be an increased spend on medication during this period.	Capture increased spend, so that it can be measured with the overall Covid spend.	02/09/20: Continues to be monitored and fed back to the finance team. Approximately another 300 patients switched to a DOAC between May & June 2020. 03/08/2020: Continues to be monitored and fed back to the finance team. Approximately another 300 patients switched to a DOAC between May & June 2020. July 2020: There is an increased spend on DOACs, will continue to monitor monthly. Mat 2020:will work closely with finance to ensure this is captured			Medical Director Clinical Excellence	Debbie Campbell	5x3=15	15 (5x3)	↔		Ongoing	Open	Sep-20
Medical Directorate - Clinical Effectiveness	MO22		06.04.20	As a result of Covid 19 there is a risk that there will be local and national shortages of medication.	Working closely with national and local pharmacist leads will be able to mitigate shortages where available to be used.	02/09/20: Process continues in place through Meds & pharmacy cell. Currently no major issues. Both the likelihood of the risk materialising and the impact of the risk if it materialised have been reviewed and reduced. The risk score has been reviewed and reduced due to actions taken and the risk will be removed from the CRR after review by the Governing Body 30/07/20: Medicines shortages continued to be discussed system wide at the pharmacy cell. July 2020 Medication shortages are monitored regularly and discussed at the Medicines and Pharmacy cell to address any potential issues linked in with national and regional medicine/ pharmacy groups and will put in plans where ever possible to mitigate any shortage			Medical Director Clinical Excellence	Debbie Campbell	4x4=16	3x4=12	↓		Ongoing	Open	Sep-20
Medical Directorate - Clinical Effectiveness	R&E06		10.06.20	Head of Research and Evidence will be vacant as of end of July. There will be a gap in line management for three staff, budget responsibility for several budgets including RCF, and R&E representation at the Senior Management level of the CCG.	Aug 20 31/07/2020: line management arrangements in place budget responsibility/invoice approval arrangements in place; the majority of the duties of Head of R&E fulfilled have been re-assigned ; there is R&E representation at senior management level in the CCG The risk score has been reviewed and reduced due to actions taken and the risk will be removed from the CRR after review by the Governing Body		May require short term solutions to more immediate gaps		Peter Brindle	Adwoa Webber	5x3=15	9 (3x3)	↓		31/08/2020	closed	Aug-20

BNSSG CCGs Governing Body Assurance Framework 2019/20 (Sept 2020)

Governing Body Assurance Framework risk tracker

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

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend	Gaps in controls/ assurance
Principal Objective PO1: Quality Governance and system						
Principal Risk: There is a risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee	Rosi Shepherd	5x4=20	3x4 =12	2x4 =8		yes
Principal Objective PO2.1: Long-term plan response: Developing the system with our providers						
Principal Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions	Julia Ross/ Sarah Truelove	5x4=20	2x3=6	2x3=6		yes
Principal Objective PO2.2: Long Term Plan Response and Financial Sustainability: Value Programme						
Principal Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Peter Brindle/ Sarah Truelove	5x4=20	5x4=20	3x4 =12		yes
Principal Objective PO3.1: Primary Care: Developing Primary Care Networks						
Principal Risk: If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Martin Jones	5x4=20	3x4 =12	2x4 =8		no
Principal Objective PO3.2: Primary Care: Supporting Primary Care Resilience						
Principal Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Martin Jones	5x4=20	3x4 =12	3x3 =9		no
Principal Objective PO4: Locality Development into delivery; Frailty, Mental Health, Urgent care						

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

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

Risk Assessment scoring matrix

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

Objective: Quality: governance and systems	Director Lead: Rosi Shepherd
Risk: There is a risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee	Date Last Reviewed: 27/07/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x3 = 12 Target Risk Score: 2x4=8	Rationale for current score: Additional staffing is now in place, however the directorate is still not fully compliant with intercollegiate guidance on safeguarding staffing. This is being reviewed. There are still two senior substantive vacancies in the team, which will be recruited to shortly.
Committee with oversight of risk Commissioning Executive Quality Committee	Rationale for target risk: The full implementation of the Quality Directorate Staffing Capacity Review will significantly mitigate and reduce the risk score however some issues impacting on the team are multifactorial and outside of the scope of the CCG
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Monthly team meetings established • Quality Team engaging with partners, sharing information and learning through networks and specific subject focused groups • Directorate outcomes in development • Quality Strategy in development • Improved Quality and Performance reporting to Quality Committee • Regular reporting on quality performance to Quality Committee • Exception reporting of issues to Quality Committee • Committee has completed annual effectiveness review, • Committee considers effectiveness at the close of each meeting • Clinical leads engaged in the prioritisation of complaints • Externally led development programme for individuals, teams and whole directorate underway • Interim Director of Quality remaining in post to support transition for new Director and to oversee the structure review and implementation • Looking to secure interim support into key posts. • Commenced recruitment for new roles. Some key posts already appointed to. • Close monitoring of sickness absences and attrition to indicate staff are feeling supported. • Deputy Director of Nursing & Quality has been recruited and starts in post 10 August 2020 	Assurances: <ul style="list-style-type: none"> • Staff survey 'snap shots' to be reviewed and performance to be shared with the Executive team quarterly and with the Governing Body six monthly • Annual staff survey (Q4 2019/20) • 360 stakeholder survey 2019/20 (February 2020) • 2018/19 Committee Effectiveness Review • 2018/19 Committee review of Terms of Reference • 2019/20 Committee Effectiveness Review (completed) Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Ongoing quality staff barometer, to ensure morale remains static or improves.

- **BNSSG Quality Surveillance Group is now in place, meeting bi-monthly.**
- **Regular monthly meetings with system DONs have been established.**
- **Interim Head of CHC and Deputy Director of Nursing in place**

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

- Quality Strategy to be reviewed by Quality Committee and presented to Governing Body: Quality Priorities for 2019/20 identified and submitted to Governing Body
- Directorate outcomes and Quality Strategy to be implemented
- Matrix working being strengthened across CCG to improve links between quality functions across the organisation
- Development of quality measures for key priority areas eg primary care
- Joint working with Primary Care Team to embed quality measure into Primary Care strategy
- Three all day organisational development sessions planned for Q3 and Q4 for whole directorate. **Two completed. Third postponed due to Covid.**
- Vacancies and interim posts continue to be held with team
- Initial, interim re-allocation of responsibilities in light of senior member of staff retirement
- Finalise the directorate structure review and undertake any consultation and recruitment
- ~~An experienced former Director will provide additional capacity, focused on ongoing complex, CHC cases to ensure continuity.~~
- ~~Interim Designated Nurse Children in post, pending substantive post holder joining 1st April~~ **Substantive post holder in place**
- Independent CHC reviewer to continue to provide support to transformation

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

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

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

Objective: Long Term Plan Response and Financial Sustainability: Value Programme	Director Lead: Peter Brindle/Sarah Truelove
Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Date Last Reviewed: 30/07/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current:5x4=20 Target Risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> This is a significant cultural change programme which will take time to develop and realise measurable results. Now that we have a better understanding of what is needed to embed value and now that we have a Healthier Together Five Year Plan, there will be further review of this objectives and risk. This will inform the Governing Body Assurance Framework going forward and the corporate risk register.
Committee with oversight of risk Strategic Finance Committee Commissioning Exec and Governing Body Clinical Cabinet	Rationale for target risk: Significant system impact will be unlikely within year. Evidence from elsewhere suggests this approach takes time to build a critical mass.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> Value Strategic Group established and reports to the Medical Director – Clinical Effectiveness and to CCG Executive Team a set of system wide Value Based Healthcare high level goals established with objectives with identified leads, actions plans and timescales Cohort 1 of Value Leaders to champion approach across system trained Run a session with existing value leaders and Healthier Together Partnership Board on 19th December 2019 - Session stood down due to multiple apologies from Partnership Board. Will attend the next Partnership Board that has sufficient chief executive and chair attendance and sufficient time on the agenda. The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle. Proposal for coordinating Value Based Health and Care and Population Health Management to make delivery and governance more robust has been been discussed at Value Strategic Group and PHM steering group in February 2020. A new arrangement has been agreed and will be in place by end March 2020. 	Assurances: <ul style="list-style-type: none"> Reports to Governing Body and Clinical Cabinet Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Regular updates on progress and gaps in support to be brought to Governing Body and Healthier Together Executive Group and Partnership Board Developing an evaluation plan for the Value Based Healthcare programme

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

- Provide ongoing Support and encourage existing value leaders to develop and deliver projects
- Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans
- Use Population Health Management data to identify opportunities to reallocate resources from low to high value activity
- Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas included in the Healthier Together Five Year Plan
- Continue to strengthen relationships with Aneurin Bevan University Health Board
- Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes
- Evaluation plan for Value Based Healthcare in Healthier Together is in development
- Train cohort 2 Value Leaders by July 2020
- Run a session with existing value leaders and Healthier Together Partnership Board on 19th December 2019 to embed and reinforce commitment of senior leadership - Stood down as above
- Value Leaders are working with the Digital Outpatient Working Group on the development of the outcomes IT platform service specification
- Planning a 'round table' style event to explore payment/incentive models to maximise value – Attending DOF meeting to discuss further and agree next steps
- Working with the stroke programme to identify a localised outcomes set which will help the programme to respond to the case for change and be used to consider contracting in a different way (bundled payment)
- Developing a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value adding activity
- Work within the revised governance structure for VBH, Population Health Management, Population Health and Health Inequalities which is being designed.

Objective: Primary Care: Developing Primary Care Networks	Director Lead: Martin Jones
Risk: If PCNs are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Date Last Reviewed: 04/09/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4=12 Target risk score: 2x4= 8	Rationale for current score: PCNs are established across BNSSG however, they are still new. There remains risk with the ability of PCNs to recruit additional roles to their maximum entitlement in 2020/21. For this reason, we are currently maintaining our risk score of 3x4 but will keep this under review. In addition, we are keeping the current risk score under review during this COVID-19 period and risks are being captured and escalated to Silver Command.
Committee with oversight of risk Primary Care Commissioning Committee (PCCC) and Primary Care Operational Group (PCOG)	Rationale for target risk: Our aim is to reduce the likelihood of PCNs not being resilient to the score of 2 (unlikely).
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Monthly Primary Care Provider Meetings • Primary Care Network development plan • Promotion of national and regional commissioned offers to PCNs (Time For Care, NHS SW Leadership coaching) through the PCN bulletin • Population Health Management workshop for PCNs and localities 29th Sept 2020 deferred to Summer/Autumn 2020 due to COVID-19. PHM webinar planned for PCN Clinical Directors in June 2020. • PCN Clinical Directors Meeting held 23/04/2020 to plan for implementation of the 2020-2021 DES and to recognise risks to delivery associated with Covid-19. • All PCN OD plans submitted for 19/20 have now been approved. • Work to align all care homes to PCNs with Sirona and local authority offer to support covid-19 response and to meet the DES requirements from July is complete. PCNs are mobilising plans to support MDT working with Sirona from 1st October 2020. • Medicines Optimisation team working with PCN Clinical Directors to develop clinical pharmacy support to care homes including guidance and tools to support introduction of Structured Medication Reviews • All PCNs have signed up to the PCN DES for 2020/21 with continued 100% coverage of practices. 	Assurances: <ul style="list-style-type: none"> • Primary Care Strategy approved at Governing Body on 04.02.20 • PCN updates shared with PCCC and Governing Body • Healthier Together Community and Primary Care Workforce Group reports to key bodies including PCCC and to GB via committee structure • Internal Audit of Primary Care Commissioning and governance completed • Primary Care Strategy delivery group to have oversight of PCN development in BNSSG. This will have internal and external stakeholders and will align activities to ensure delivery. • Primary Care Strategy delivery group to report to PCCC and the Integrated Care Steering Group. The Integrated Care Steering Group will support the connections and alignment with localities and our wider system. • PCCC receiving reports on progress and risks to the PCN DES during the COVID-19 period.
	Gaps in Assurance: (<i>What additional assurances should we seek?</i>)

- Discussions held with PCN CDs about the role of FCPs in supporting the wider MSK transformation pathway
- Discussions held with PCN CDs about mental health recovery and the development of primary care mental health services.
- Proposals for recovery for general practice in phase 3 developed with wide engagement and approved at Primary Care Commissioning Committee in June – including proposals to resume Extended Hours and Improved Access provisions from August 2020. **Primary Care phase 3 planning included within overall system planning response.**
- PCN CD meeting in July focused on support to care homes, early diagnosis of cancer, structured medication reviews, mental health recovery and workforce planning. **PCNs submitted workforce plans by 31st August; CCG is currently reviewing these to understand the overall forecast and any support needs.**
- **Cancer Research UK and the Cancer Alliance are developing support offers for PCNs to enable implementation of the early diagnosis of cancer specification. A series of webinars are taking place over August - October.**

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

- Locality Development Plans
 - System workforce plans to support the growth in additional roles available to PCNs announced on 06.02.20.
 - ~~PCNs to submit workforce plans to the CCG Deadline deferred from June 2020 to 31st August 2020. Explore options for recruitment and advertising support offer to PCNs.~~
 - ~~Structured Medication Review and Medicines Optimisation Service postponed until at least October 2020~~
 - ~~Early Cancer Diagnosis specification should continue as planned unless Covid-19 response intervenes~~
 - ~~GP Support to Care Home Specification to continue as planned Network Contract Directed Enhanced Service 2020/21~~
- <https://www.england.nhs.uk/gp/investment/gp-contract/>

Objective: Primary Care: Supporting Primary Care Resilience	Director Lead: Martin Jones
Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Date Last Reviewed: 04/09/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4 =12 Target Risk Score: 3x3=9	Rationale for current score: Actions developed to support GP practice resilience as part of the GP Five Year Forward View are in place. Further support for practices is planned and will continue to be implemented. However there continues to be risk to primary care resilience, in particular areas and this is why we are still assessing this as a risk. There are current risks to practice resilience during the COVID-19 pandemic which are being escalated to Silver Command and reported to PCCC. An evaluation of overall system impacts from phase 3 planning and its implications for primary care is underway.
Committee with oversight of risk Primary Care Commissioning Committee (PCCC) and Primary Care Operational Group (PCOG)	Rationale for risk target: Actions to support practices are in place and being developed however the risks to practice resilience are multifactorial and mitigations for some issues are outside of the influence of CCG
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Engagement plan for Primary Care Strategy • Monthly Primary Care Provider Meetings • Primary Care Network development plan • Investment in GP Forward View (GPFV) including use of resilience funds. • Active CCG resilience programme to support practices including Care Navigation, Releasing Time For Care • Triangle/Self-Assessment Tool now developed • Practices assessed as at potential resilience risk through resilience dashboard are invited to become part of resilience programme which includes identifying resilience support needs and support to implement an improvement plan and where appropriate. Where there are geographical clusters of practices facing resilience challenges a locality or PCN approach is taken to the resilience programme i.e. Weston and Worle; South Bristol and Bristol Inner City and East. MoUs in place with practices which take part in the General Practice Resilience Programme. • Primary Care Strategy delivery plan developed to support implementation. 	Assurances: <ul style="list-style-type: none"> • Evaluation of GP resilience tool will be reported to Primary Care Commissioning Committee • Quarterly reports from PCCC to Governing Body • Internal Audit of Primary Care Commissioning Committee and governance completed • Primary Care Strategy delivery group to have oversight of resilience programme and PCN development in BNSSG. This will have internal and external stakeholders and will align activities to ensure delivery. • Primary Care Strategy delivery group to report to PCCC and the Integrated Care Steering Group. The Integrated Care Steering Group will support the connections and alignment with localities and our wider system. Gaps in Assurance: (<i>What additional assurances should we seek?</i>)

- Daily sitrep for primary care introduced to monitor practice workforce, PPE and site closures during the COVID-19 pandemic and to inform escalation plans.
- Monitoring of quality and resilience of all BNSSG CCG practices in place via Primary Care Quality and Resilience Dashboard as part of business as usual functions
- Frequent contact with practices on General Practice Resilience Programme in place during covid. Risks and support requirements being reported to locality covid-19 response CCG leads via a weekly log.
- Local workforce coordination centre offer in place to support deployment of additional staff to practices which are experiencing staff absence due to isolation or shielding.
- Rapid rollout of video and online consultation capability to support practices to continue to offer primary care services during COVID-19.
- Provider Resilience – framework in development to support locality general practice resilience including consolidation of sites and zoning ~~reduction in sites and collaborative working. Resource being reviewed to support work.~~ Regular meetings with Locality directors, and Locality sub-cell group created.
- Proposals for recovery for general practice in phase 3 developed with wide engagement and approved at Primary Care Commissioning Committee in June.

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

- Practice visits to offer advice and access to support functions
- Support Practice Managers, improvement of skills/support change
- Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal.
- Strategy delivery plans and timelines to be re-evaluated in light of COVID-19 pandemic. It is expected that some plans will be delayed and others have been brought forward to support the pandemic response.
- **Primary Care Capacity and Demand tool in development to assess and understand system impacts of phase 3 planning. One Care developing an OPEL status report for practices, this is currently being tested, with its use to be agreed at primary care cell and with practices.**

Objective: Locality Development into delivery: Frailty, Mental Health, Urgent care	Director Lead: David Jarret, Colin Bradbury
Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not have the necessary building blocks in place for delivery of the system wide transformation required	Date Last Reviewed: 2/3/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4 12 Target: 3x3 = 9	Rationale for current score: Pace of delivery to meet system requirements needs to be maintained Consistency of delivery across BNSSG required and not all localities are at the same stage of development. There are workforce constraints that may impact developing models. The development is in part dependent on the pace of delivery of the community services mobilisation. GPFV investment re-directed into Primary Care network development. Investment support for GP locality to be provided through clinical lead review
Committee with oversight of risk Commissioning executive Primary Care Commissioning Committee	Rationale for target risk: Delivery into development so model in infancy and still subject to “buy in”
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Continuation of locality provider leads group • Locality provider forums chaired by ADs • Frailty programme board and Community SDUC programme boards report to the Integrated Care Steering Group (ICSG) • ICSG • A&E Delivery board (urgent care) • Coordination by Area Teams • Clinical reference group established reporting to clinical operations group • Adult Community Health Services contract awarded and mobilisation in progress • Locality Plans developed as part of Long Term Plan response • Quarterly meeting of PCN Directors established Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> • Area team support to be increased to providers • MH BNSSG level coordination • Close working with [primary care development on PCNB development and primary care resilience/workforce etc • SDUC in community governance established 	Assurances: <ul style="list-style-type: none"> • Community executive and governing body reporting • ICSG reporting • Internal Audit of Locality Development planned for 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Currently no business cases in place for locality delivery of services which would demonstrate capacity and capability

- | | |
|---|--|
| <ul style="list-style-type: none">• Exec meetings held with all localities and PCN Directors to understand priorities, ambition and development support required• Area Directorate restructure to focus on locality• 2-3 localities to be identified to work with CCG to support the co-design of integrated care partnership model | |
|---|--|

Objective: Delivering the Urgent and Emergency Model of Care:	Director Lead: Peter Brindle
Risk: Non-delivery of the model will lead to clinical risk and increasing cost to the system	Date Last Reviewed: 29/07/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: to be confirmed Target risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> • Work to deliver the model of care was suspended as part of the response to Covid-19. Significant change across UEC system was implemented at pace as part of this response, including some changes which were described in the model of care and have had their delivery brought forward; other changes were not included in the model of care. • An initial review of these changes has been undertaken and work is underway on developing a revised major change programme for UEC. Some aspects are expected to be implemented quickly as part of the system's phase 3 plans. • A formal review and update of the model of care described in the BNSSG Long Term Plan will be undertaken in due course.
Committee with oversight of risk Capacity and Impact Response Cell System Change Command Silver Command Urgent Care Oversight Board (UCOB) A&E Delivery Board Clinical Oversight Group UEC Transformation Group Commissioning Executive	Rationale for target risk: Longstanding local and national issue. Clinical support to model of care which requires implementation and testing See above
Controls: <ul style="list-style-type: none"> • BNSSG UEC governance structure reviewed and agreed to improve system ownership of challenges and transformation programme • UEC Transformation Group launched with representation from across the system to oversee delivery of BNSSG Long Term Plan UEC programme • LTP programme for UEC services developed, reflecting system work on model of care • Work streams of Triage, Assessment and Routing, Developing Localities to Support Urgent Need, and Clinical Governance and Risk progressing plans. • Reporting to UCOB with new Dashboard in use. • Follow up model of care event held in June. 	Assurances: Discussions are underway on the regular reporting assurances that should be provided within current governance arrangements. It has just been agreed that while the A&E Delivery Board continues to be on hold, monthly performance reports will be presented to the Capacity & Impact Response Cell
	Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Greater level of system ownership of the challenge • Shift in patient and financial flow • Social care capacity

- ~~Delivery place developed for LTP UEC programme, with expected impact on acute activity growth modelled~~

Mitigating Actions:

- **Clinical oversight of changes provided by Clinical Cabinet**
- **Phase 3 Programme under development**
- ~~Work underway with system partners to review governance structures for implementation of delivery plans – develop implementation plan for local response to Long Term Plan~~
- ~~Transformation impact reports to monitor delivery effectiveness
Mobilisation plan for roll out of new community services model of care, including locality hubs~~
- ~~Fully resourced programme plans to be developed~~
- ~~Financial modelling under development to be developed~~
- ~~Contractual levers to support delivery of model under development to be developed to facilitate flow of funds to deliver model~~
- ~~Live system metrics~~

Objective: Mental Health: Ensure AWP Resilience	Director Lead: Deborah El-Sayed
Risk: There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population.	Date Last Reviewed: 03/08/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 5x4 20 Target risk score: 3x3 = 9	Rationale for current score: <ul style="list-style-type: none"> • The last CQC inspection took place February/March 2020, this was a service level inspection. The Well-Led inspection has been delayed due to Covid-19, as a result the overall Trust CQC ratings have not changed. (see assurances section for further information) • AWP is a financially challenged organisation, with an underlying deficit position, however in light of changes to the contracting mechanism, this impact has reduced in 2020/21. • There is high staff turnover and high number of vacancies leading to high agency usage. • The number of patients placed out of area has significantly reduced between March and June, however there has been a slight increase in July. • There is an increase in demand for services which continues to remain a significant challenge and capacity of the organisation remains stretched, particularly within the Bristol Locality. This increase has plateaued/decreased during COVID, however as services start to reopen to routine referrals, it is anticipated that there will be a significant surge of up to 30% increased demand. • There is a challenge with the capacity within the organisation to elicit change on the back of complex day to day issues and challenges.
Committee with oversight of risk Quality Committee Commissioning Executive Governing Body	Rationale for target risk: <ul style="list-style-type: none"> • AWP is the core provider of secondary mental health care services for our population, and therefore resilience of the organisation and services is critical. • target risk score reflects the complexity of mental health services and the complexity of the provider's geographical footprint.

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

- The level of joint working with AWP has increased with teams across the CCG including the development of the Long Term Plan submission, a joint action plan to address the Out of Area challenge, joint work to address the front door challenges in Bristol and full collaborative working all STP work-streams
- There has been strong partnership to develop the whole system Covid-19 response to mental health, through the mental health cell, business case and phase 3 planning.
- Focus on developing parity across BNSSG and working with BSW to reduce complexity for the provider where this is possible (depending on meeting the needs of the BNSSG population)
- Increased level of monitoring and assurance through the Nursing and Quality Team
- Exec to Exec meetings take place on a bi-monthly basis
- Mental Health Strategy is being finalised, focusing on mental Health and Wellbeing of the population and where the system needs to prioritise
- The CCG is undertaking a review of all mental health services. linking with the strategy, aiming to take a pathway approach with an improved cohesive offer to people using services and will be moving to delivery of the community mental health framework.
- The STP Mental Health Steering Group has been established to align transformation and performance and the terms of reference have been agreed,
- AWP have an internal programme of work focussed on Bristol Sustainability
- Weekly meetings of the mental health cell take place
- Review of all AWP and CCG priorities is underway, to enable appropriate use of resources and agreement of high impact changes

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

- Negotiating with regulators around how we respond to the series of transformation initiatives so that we allow AWP to focus on core priorities
- Ensure that the mental health strategy is a core enabler for supporting AWP resilience: discussions are in progress with trust and regulators
- Delivery of the Long Term Plan investments and associated service change.
- Full Board to Board meeting planned
- **Implementation of the mental health business case in response to Covid-19, to support the full pathway, for people with mental health**

Assurances:

- Commissioning Executive and Governing Body reporting
- Quality Committee reporting
- Ongoing data and in depth BI analysis of impact
-

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

- Request a governance review to assure there is a clear plan in place to make the transition
- **CQC inspection (February/March 2020), found for the individual services that were inspected there were significant improvements identified in 'Wards for people with a learning disability or autism' and 'Specialist community mental health services for children and young people' which are now rated as 'Good' in all domains. 'Acute wards for adults of working age and psychiatric intensive care units' saw improvements in the 'Well-Led' domain, however there was a reduction to 'Requires Improvement' within the 'Responsive' domain. Several key risks have been identified as not yet addressed**

problems, thereby ensuring the people are supported early and appropriately.

Objective: Financial sustainability: System Financial Recovery Plan	Director Lead: Sarah Truelove
Risk: If we are unable to agree a financial plan for the system for 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Date Last Reviewed: CLOSED
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 0x0 Target: 3x4=12	Rationale for current score: risk related to 2019/20 financial plan
Committee with oversight of risk System Delivery and Oversight Group Clinical Cabinet Strategic Finance Committee Commissioning Exec	Rationale for target risk: Partnership arrangements including developing a system performance management framework continue to develop.
<p>Controls: (<i>What are we currently doing about this risk?</i>)</p> <ul style="list-style-type: none"> • CEOs collectively leading the response to the regulator which has included commitment to deliver a £9.9m SFRP in addition to existing plans. • Single regulator working with the system, • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the 11-point System Financial Recovery Plan which is system-owned and reported through SDOG to Partnership Board. • Reporting internally to Strategic Finance Committee on monthly system financial position including delivery against savings requirements (both the SFRP and internal CCG efficiency plans). • System Delivery Oversight Group providing oversight. • Risk share on urgent care agreed. • Long term financial model developed. <p>Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)</p> <ul style="list-style-type: none"> • Internal communications plan to be further built on and implemented to ensure aligned messages to all staff within partner organisations. • Further development of the PMO network across Healthier Together organisations. • Demonstration of ownership of plans at provider level. 	<p>Assurances:</p> <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • QIPP stage 3 carried out by NHS England, • Monthly Governing Body reports, • Quarterly NHSE Assurance Meetings. • 2019/20 position was agreed with NHSE • Local response to NHS Long Term Plan submitted <p>Gaps in Assurance: (<i>What additional assurances should we seek?</i>)</p> <ul style="list-style-type: none"> •

- Share the financial position in a more detailed way with the Membership, so that they understand the whole system position. GB clinical leads to work with CFO to design Membership presentation.
- Support development of consistent approach to reporting of the system financial position for every organisation.
- Review programme approach to delivery including governance structures and methodologies used.
- Review incentives available to support the system to embrace change.
- Partnership Board to endorse performance management framework including agreeing how individuals will be held to account for delivery.
- Consider financial controls across the system.
- Ensure successes are shared to motivate staff and inspire future delivery.
- Audit Chairs' network for sharing information to be established
- The CCG is reviewing our financial management and budget holder roles and responsibilities to ensure that costs are managed in the most appropriate way
- CCG self-assessing against NHSE/I checklists of opportunities to achieve financial position.

Objective: Financial sustainability: System Financial Recovery Plan	Director Lead: Sarah Truelove
Risk: If we are unable to deliver the agreed financial plan, the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Date Last Reviewed: CLOSED
Risk Rating (<i>Likelihood x impact</i>) Initial: 3x4=12 Current: - Target: 2x4=8	Rationale for current score: risk related to deliver of 2019/20 financial plan - see commentary below
Committee with oversight of risk System Delivery and Oversight Group Strategic Finance Committee Commissioning Exec	Rationale for target risk: In year Operating Plans will always be stretching and ambitious to drive forward the CCG and system's vision, therefore the impact on non-delivery will always be high; however robust planning, including us of contingencies & mitigations; together with effective partnership working should aim to minimise the likelihood of risks to delivery materialising
Controls: (What are we currently doing about this risk?) <ul style="list-style-type: none"> • Single regulator working with the system • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the 11-point System Financial Recovery Plan which is system-owned and reported through SDOG to Partnership Board. • Reporting internally to Strategic Finance Committee on monthly system financial position including delivery against savings requirements (both the SFRP and internal CCG efficiency plans). • System Delivery Oversight Group providing oversight. • Risk share on urgent care agreed. • Long term financial model developed. Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps) <ul style="list-style-type: none"> • Internal communications plan to be further built on and implemented to ensure aligned messages to all staff within partner organisations. • Further development of the PMO network across Healthier Together organisations. • Demonstration of ownership of plans at provider level. 	Assurances: <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • QIPP stage 3 carried out by NHS England, • Monthly Governing Body reports, • Quarterly NHSE Assurance Meetings. • 2019/20 was agreed with NHSE. System has worked together to develop and submit local response to the NHS Long Term Plan Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Clarity on gaps in resources to support new initiatives, • Lack of NED involvement, • System-level MOU to support joint working. Close Down commentary: The CCG had set an annual plan for 2019/20 with an in-year deficit of £12.0 million. NHS England agreed a Control Total of an overall deficit of £12 million, after a resubmission of the Annual Plan with an additional system savings plan requirement of £12 million for which the majority of financial risk was held by the CCG, and awarded no Commissioner Sustainability Funding.

- Share the financial position in a more detailed way with the Membership, so that they understand the whole system position. GB clinical leads to work with CFO to design Membership presentation.
- Support development of consistent approach to reporting of the system financial position for every organisation.
- Review programme approach to delivery including governance structures and methodologies used.
- Review incentives available to support the system to embrace change.
- Partnership Board to endorse performance management framework including agreeing how individuals will be held to account for delivery.
- Consider financial controls across the system.
- Ensure successes are shared to motivate staff and inspire future delivery.
- Audit Chairs' network for sharing information to be established
- The CCG has reviewed our financial management and budget holder roles and responsibilities to ensure that costs are managed in the most appropriate way
- CCG self-assessing against NHSE/I checklists of opportunities to achieve financial position.

Our 2019/20 Financial Plan had a savings requirement of £41.4 million, including the stretch system savings commitment and identified risks of £13.9 million, as along with £13.9 million potential mitigations. These mitigations included the full release of 0.5% of the CCG's contingency reserve; this is the funding that we are required to set aside to guard against losses.

We did not manage to achieve the planned position and ended the financial year with a deficit of £34 million. The planned position was challenging and there were a number of unforeseen cost pressures including increases in:

- **Continuing Healthcare complex individual packages**
- **Delayed systems savings plans;**
- **Prescribing costs and**
- **Mental Health and Learning Difficulties out of area placements**

These cost pressures and the planned deficit will mean greater challenges to the position for 2020/21 and going forward.