

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 30th June 2020

Time: 9.00am – 11:10am

Location: Meeting to be held virtually

Agenda Number :	5
Title:	Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) April – June 2020
Purpose: approval	
Key Points for Discussion:	
<ul style="list-style-type: none"> • The amendments and additions to the CRR since April 2020 • The position relating to the GBAF • Whether the CRR and GBAF are an accurate reflection of risks discussed by the Committee 	
Recommendations:	<ul style="list-style-type: none"> • To review and discuss the CRR and the GBAF • consider whether the Corporate Risk Register (CRR) is an accurate reflection of the risks brought to its attention
Previously Considered By and feedback :	The Corporate Risk Register and the Governing Body Assurance Framework are reviewed monthly by Directors and received and discussed at the monthly Quality Committee, Strategic Finance Committee and Commissioning Executive meetings
Management of Declared Interest:	The Primary Care Commissioning Committee receives a register of its members declared interests as a standing item. There are no declared risks relating the CRR and the GBAF and the risks reported.
Risk and Assurance:	The CRR and the GBAF show the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix and the principal risks to the CCG's principal objectives
Financial / Resource Implications:	<p>As part of the Risk Management Strategy the risk register and the Governing Body Assurance Framework are used to identify the impact of risks including financial risks</p> <p>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, as described below is applied. If the risk score is reduced the risk is not added to the CRR and the Directorate is informed.</p>

	<p>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) April-June 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 that risks are managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The Corporate Risk Register (CRR) provides assurance to the Commissioning Executive, Audit, Governance and Risk Committee, Strategic Finance Committee and the Governing Body that any high level risks are addressed and that the actions taken are appropriate. Where a risk is linked to one or more of the CCGs principle objectives this is identified on the register.

2. Corporate Risk Register

Risks added to the CRR since its last review by the Governing Body in April 2020 are detailed below. **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.**

Risks added	Risks added description
Commissioning 18	National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident, RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR
Commissioning 36	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. RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR
Finance Directorate F21-01	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.
Finance Directorate P20-05	As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.
Finance Directorate	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
Quality and Nursing BNSSGQD043	Patients are at risk of potential harm through contracting MRSA
Medical Directorate - Clinical Effectiveness MO21	As a result of covid-19 position there is a risk that there will be an increased spend on medication during this period.
Medical Directorate - Clinical Effectiveness MO22	As a result of covid-19 there is a risk that there will be local and national shortages of medication.
Commissioning 37	Since 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 etc having to make difficult decisions that could result in them reducing the services they offer or winding up completely
Commissioning 38	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)
Transformation	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery
Transformation	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
Transformation	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
Transformation	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

Detailed risks and issues relating to and arising from the Covid-19 pandemic are managed through the Healthier Together incident response. The BNSSG Health and Care Silver Command (Incident Control Centre) reports through the Avon and Somerset Local Resilience Forum to the Public Health England/NHS England/Improvement South West Gold Command. There are a number of

specific themed cells sitting underneath the Silver Command, coordinating the system response. The Silver Command is required to maintain a separate risk register that feeds into the CCG CRR. This risk register includes risks that relate to issues such as PPE, supply chains and care homes. These risks are scored using the CCG risk scoring matrix; risks that are scored 15 or above are escalated to the CRR.

Risks 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
Commissioning Directorate 24	There is a risk that due to poor data quality at Weston Area Health Trust that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity. Following review the risk score has been revised to 3x4=12 due to the merger with UHB and the risk will be removed from the CRR once approved by the Governing Body
P20.01	As a result of slippages in control centre projects, there is a risk that the identified savings plans of £35.1m will not be achieved which may result in the overall financial position of the CCG being compromised. This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body
P20.02	As a result of the significant savings target that is required in 2019/20 (total £41m CCG savings plan) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised. This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body
P20.04	As a result of the need to resubmit our operational plan on 23rd May (which included additional system savings of £9.9m) there is a risk that the CCG will continue to hold all of the risk around delivery of these which may result in not being able to achieve our deficit budget of £12m. This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body
Nursing & Quality BNSSG QD 002	Patients are at risk of potential harm through contracting HCAs May 2020: Following Directorate review this risk has been closed for 2020 and replaced with 4 specific risks on Directorate Risk Register
Nursing & Quality BNSSGQD036	There is a risk that there will be an overspend, forecasted to be in the region of £11 million, on the Adult CHC budget which will have an impact on the CCG financial position April 2020. Waiting for close down of budget and year end statement. Savings plan identified for 2020/2021. Risk will close as year end. New risk will be developed that looks at delivery of savings plan for 2020/2021
Nursing & Quality BNSSGQD030	As a result of staff capacity issues within the CAHMS service at WAHT as identified in the recent CQC report

	(https://www.cqc.org.uk/provider/RA3/inspection-summary#overall) there is a risk to patient safety and the quality of the service offered to young people.
--	--

The finance risk below is a duplicate of the risk reported on the Governing Body Assurance Framework and will be reviewed as part of the GBAF review.

2019/20 Risks to be reviewed	Risks description
Finance	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

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 GBAF has not been updated with the exception of the primary care pages. The GBAF presented for information relates to 2019/20 and is under review for 2020/21. The Governing Body considered the principal objectives at its seminar in June and further discussions will be held at the Governing Body meeting in July.

3. Financial resource implications

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

4. Legal implications

CRR and GBAF are mechanisms for reporting risk and do not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the documents

5. Risk implications

The CRR and the GBAF show the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix and the principal risks to the CCG's principal objectives

6. 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.

7. How does this impact on Equality and Diversity?

No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to inequalities that are over the risk scoring threshold of 15 and above or related to a principal objective these will be reported.

8. Consultation and Communication including Public Involvement

There are no PPI requirements

Appendices

Appendix 1 Corporate Risk Register

Appendix 2 Governing Body Assurance Framework

BNSSG CCG Corporate Risk Register 2020-21 June V4

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	May 2020: Actions, including accelerated transformations to key services, have been taken to support system capacity. Recovery Cell inplace 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 established reporting through Avon & Somerset Resilience Forum to South West Gold Command Focused cells report to Silver Command on system response Silver Command required to maintain log of information received, issues and risks arising, decisions taken and actions. All risks and issues relating to Covid-19 pandemic are managed through this structure	Monitoring of position continuing	Governing Body PCCC	CEO	CEO	5x5=25	4x5+20	↔	2x5=10	Ongoing	open	May-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	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 April 2020: Risk remains unchanged. March 20 risk continues with surgical cancellations as a result of bed pressures. February 2020: Risk remains unchanged. January 2020: GP Clinical lead is working with providers to develop a consistent approach to harm review across BNSSG. Reviewed at monthly	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	Jun-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.	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	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.	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	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	25 (5x5)	4x4=16	↓	4x4=16	Mar-21	Open	May-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	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 improved performance (>90%) and reduced bed occupancy (around 50%). April 2020 - this risk relates to 2019/20 and will be reviewed for 2020/21	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	20 (5x4)	16 (4x4)	↔	2x5=10	Sep-20	Open	Jun-20
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	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 continued to cease, however plans being developed to recommence during this month. Phone line available for AWP service users in crisis. Staff sickness in AWP in improving and ward reconfiguration to support COVID in place. Concern around S12 Dr availability - number is S136 are returning to similar levels April 2020: COVID-19 commenced. Significant change in focus of AWP, to focus on crisis and admission avoidance. Non-core services have	<input type="checkbox"/> This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services <input type="checkbox"/> Define the lead indicators including patient reported measures and reports from primary care localities. <input type="checkbox"/> Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Emma Moody	20 (4x5)	20 (4x5)	↔	4x4=16	Jun-20	Open	Jun-20
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.	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. 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. March 2020: The 52 week wait position recovery has been negatively impacted by higher than expected levels of cancellations due to the bed pressures in the system. The end of year forecast	There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response. There is uncertainty on the national contract with IS beyond the end of June. Even with additional capacity of IS, likely to still be a significant short fall for routine activity.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	20 (4x5)	↑	1x1=1	Mar-20	Open	Jun-20

as above	as above	as above	as above	as above	as above	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.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	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	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. 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. April 2020: COVID-19 means that diagnostic services have paused, including ADHD. Feb-2020: A LES has been signed off by the commissioning executive which means that the	Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed. See Nov actions to mitigate gaps	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jun-20	OPEN	Jun-20			
Commissioning Directorate	24	N/A	06.06.19	There is a risk that due to poor data quality at Weston Area Health Trust that performance data for all services may not be accurate. This could result in lack of oversight of genuine wait times for planned care pathways and urgent care performance and activity.	September: An information breach notice has been issued CCG is attending the RTT board CCG is working with IST and trust to review and ensure actions in the IST report are followed up performance and activity.	May 2020: Weston and UHB have merged and an update is needed on data quality, as this has not been updated lately due to the Covid response. There has been a validation piece of work ongoing and the trust will be asked to update on the validity of the data. Following review the risk score has been revised and will be removed from the CRR once approved by the Governing Body 28/2/2020: The trust are continuing to work through the validation process - The plan is currently 6 weeks late due to parameter changes	Staffing issues in Weston leading to difficulty in progressing suggested actions from NHSI. Support is being provided by UHB as part of the due diligence process for RTT in particular. The trust are yet to share the report with the CCG. There is further financial risk due to previously unknown risk of 52 week breaches in the trust.	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x4=16	12 (3x4)	↓	1x1=1	Mar-20	closed	Mar-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 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 mangemnt team in place. 06-Mar-2020: COVID-19 has been downgraded to an Infectious Disease and Health are reviewing Pandemic Influenza Plans. COVID-19 behaviour suggests symptoms are similar to Influenza. CCG has Command & Control in place. Nationally we are in the contain phase but aware we could move to delay phase as % infected increases. COVID-19 could reach epidemic stratus in UK shortly. Risks increased as Pandemic very likely. Feb 2020: no update as dealing with WH_CoV. Some planning will inform Pandemic Flu. NHSEI to lead LHRP work stream - JM agreed to be on task	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	5x4=20	↑	2x4=8	Mar-20	OPEN	Jun-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.	There are remedial action plans agreed for UHB and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing. Referrals are triaged and urgent and 2ww wait referrals are prioritised. NEW ACTIONS: The diagnostics advisory group are working on how best to use the available capacity to reduce the risk of harm to patients and to make sure that the most valuable diagnostics tests are available. The independent sector will be providing additional capacity to help with the significant backlog that has been created in endoscopy as a result of the Covid risks for the procedure. Routine work has currently stopped, but a plan is to go to clinical cabinet on how best to restart referrals to diagnostics from primary	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 together Diagnostics advisory group.	There are workforce issues and space issues related to endoscopy that need to be addressed in the medium and long term which may be a limiting factor with capacity in the short term recovery. The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	5x4=20	↑	tbc	tbc	OPEN	Jun-20			

Commissioning Directorate	37	n/a	26.05.20	Since 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 etc having to make difficult decisions that could result in them reducing the services they offer or winding up completely	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.	Potential issue raised at SFC CCG continues to these organisations financially through our current contracting arrangements and COVID-19 arrangements		Strategic Finance, Commissioning Executive Committee	Lisa Manson	Helena Fuller, Jon Lund	3x5=15	3x5=15	tbc	tbc	OPEN	Jun-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	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	4x4=16	tbc	Jun-20	OPEN	Jun-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	-Maintain internal comms messages across directorates about in-year position and areas of budgetary pressure. - Ensure financial controls are fully enacted and responsibilities of budget holders understood. - Continue to work with providers to fully understand expected activity levels for remaining months of this year and therefore their expected outturns. - Long term financial model developed which takes into account current risk assessed FOT. - Ensure we maximise delivery of the System financial Recovery Plan projects along with the internal CCG efficiency projects.	Messages need to be more frequent and visible, for example: providing key updates at weekly stand up, ensure the financial position is understood at key committee meetings, seek to include messages on the office display screens. Paper on budgetary responsibility written and reviewed by SFC and Turnaround Steering Group. To now ensure the key messages are shared within directorates. Month 6 savings position shared with acute providers (particularly giving detail on those projects directly impacting their activity). Piece of review work now underway to ensure we are fully capturing all savings in the context of the overall contractual positions. Five Year Plan financial model developed. Now working to confirm the maturity of the different projects and programmes which have been identified to support delivery of efficiency savings requirements. SFRP update given to HT Exec Group on 21st November 2019 with a key ask to consider how chief execs can leverage support to key projects. 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)	20 (4x5)	↔	10 (2x5)	Mar-20	Open	Nov-19
Finance Directorate	P20.01		18.06.19	As a result of slippages in control centre projects, there is a risk that the identified savings plans of £35.1m will not be achieved which may result in the overall financial position of the CCG being compromised.	• Control Centre Deep Dives will continue to explore potential reasons for delay and further opportunities. • Review of slippage reasons carried out by PMO to identify and address common areas resulting in reduced savings delivery. • Non recurrent savings opportunities also being reviewed. • Delivery overseen at a system level for key initiatives which form part of the SFRP • Confidence Intervals forecasts now built in to replace arbitrary RAG ratings for projects.	This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	0	↔	10 (5x2)	Mar-20	closed	Apr-20

Finance Directorate	P20.02		18.06.19	As a result of the significant savings target that is required in 2019/20 (total £41m CCG savings plan) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.	<ul style="list-style-type: none"> Control Centres are reviewing new areas to be scoped as potential development for 19/20. This forms part of the wider system work to identify additional key actions to take. Focus placed on 'at-scale' changes which have a significant impact. 	This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	0	↔	10 (5x2)	Mar-20	closed	Apr-20
Finance Directorate	P20.04		18.06.19	As a result of the need to resubmit our operational plan on 23rd May (which included additional system savings of £9.9m) there is a risk that the CCG will continue to hold all of the risk around delivery of these which may result in not being able to achieve our deficit budget of £12m.	<ul style="list-style-type: none"> Lead NHS organisations identified for each of the additional savings plans meaning accountability for delivery is shared Understanding that these will need to be varied into contracts. This also links to a wider challenge of developing a risk share for the UC system. 	This risk relates to 2019/20 and will now be removed from the CRR once agreed by the Governing Body		Internally via TSG and SFC. As a system via SDOG and Partnership Board	Sarah Truelove	Steve Rea	20 (5x4)	0	↔	10 (5x2)	Mar-20	closed	Apr-20
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.	<p>For 2020/21 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries</p> <p>Engagement with providers through the control centre process to identify and implement system savings.</p> <p>Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings</p> <p>Currently reviewing the ICQPM's Terms of Reference which includes monitoring and delivery of agreed system savings</p>	To be reviewed at commissioning business meeting monthly.		Strategic Finance Committee	Lisa Manson / Sarah Truelove	Claire Thompson / Jon Lund	25 (5x5)	25 (5x5)	↔	4x4=16	Mar-21	OPEN	May-20
Finance Directorate	P20-05		14.04.20	As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.	<ul style="list-style-type: none"> Savings delivery closely aligned to system change initiatives and commitments made in the BNSSG Five Year Plan. Control Centres are reviewing new areas to be scoped as potential development for 20/21. Focus placed on 'at-scale' changes which have a significant impact. Opportunities to be gained from accelerated work being undertaken as part of COVID-19 response. 	System Change Command process now established to coordinate system change through COVID. CCG internal processes continue to identify which areas of the identified savings plan are either accelerated, paused or continuing as planned.	none identified currently; monitoring of position continuing	Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Jul-20	open	Apr-20
Finance Directorate	tbc		28.4.20	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	HSCN Programme Board meets monthly CSU engaged with NHSD and appraised of progress/issues Letter written to NHSD from sarah Truelove to flag concerns/risk and to see support				Sarah Truelove	Rob Hayday	16 (4x4)	16 (4x4)	↔		31.8.20	Open	May-20
Nursing & Quality	BNSSG QD 002	PO1	13.04.18	Patients are at risk of potential harm through contracting HCAs	<p>Quality dashboard reviewed at monthly quality and governance committee</p> <p>Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee</p> <p>Detailed analysis of CCG apportioned individual MRSA cases and GP review of primary care C Diff cases</p> <p>Bi-monthly BNSSG HCAI meeting with partner organisations to monitor and support HCAI improvements.</p> <p>Separate Task and finish groups established for MRSA, C diff and E.coli infections</p> <p>close joint working in place with Public Health colleagues</p> <p>regular quality assurance visits undertaken by CCG Quality team</p>	<p>May 2020: Following Directorate review this risk has been closed for 2020 and replaced with 4 specific risks on Directorate Risk Register (see QD043 below)</p> <p>April 2020: Risk remains unchanged</p> <p>March 2020: the Q3 CQUIN reports demonstrated progress in implementation of a catheter passport across community providers. The remaining risks are unchanged.</p> <p>Feb 2020 - BNSSG CCG E.coli activity remains below the Southwest and all England average. CQUIN reporting for Q3 will give some assurance regarding the embedding of Catheter Passports in the Community</p> <p>Jan 2020: Risk remains unchanged</p>	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	0	↔	5 (1x5)	Mar-20	open	May-20
Nursing & Quality	BNSSG QD 021	N/A	6.12.18	Patients are at risk of harm from call incident stacking at SWASFT causing a delay to ambulance response times	<p>Urgent care Strategy in place</p> <p>A&E Delivery Board reviews performance on monthly basis</p> <p>Processes in place to manage demand across system including:</p> <p>Daily system escalation calls</p> <p>Handover SOP in place with acute Trusts</p> <p>NHS 111 Clinical validation of Category 3 calls</p> <p>Monitoring of patients safety and experience through Incidents, Complaints and Feedback</p>	<p>March 2020: Risk remains unchanged</p> <p>Feb 2020 risk remains unchanged</p> <p>January 2020 - SWASFT have advised that their risk scoring has increased however the local risk remains unchanged. A request to discuss the SOP with SWASFT and other front door partners has been requested.</p>	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	4x4 = 16	↔	8 (2x4)	Mar-20	Open	Apr-20

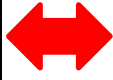




Nursing & Quality	BNSSG QD 030	N/A	15.04.19	As a result of staff capacity issues within the CAHMS service at WAHT as identified in the recent CQC report (https://www.cqc.org.uk/provider/RA3/inspection-summary#overall) there is a risk to patient safety and the quality of the service offered to young people.	All posts have been advertised. The Trust has sought agency staff to cover vacancies. An interim manager has been appointed to provide improved leadership. The exec team are undertaking twice weekly visits to the unit.	May 2020: Service has now been transferred, developments continue to be monitored through usual contractual processes. Recommend Closure. March 2020: Continue to monitor the implementation plans for transfer of service. Feb 2020: Report presented to GB on 4th February. Plans in place for transfer of service which are being monitored by the CCG. Risks remains.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	2x4 =8	↓	8 (2x4)	Mar-20	open	May-20
Nursing & Quality	BNSSGQD036	N/A	17.10.19	There is a risk that there will be an overspend, forecasted to be in the region of £11 million, on the Adult CHC budget which will have an impact on the CCG financial position	Reviewing all high cost cases. Fortnightly Adult commissioning panel reviewing cases. Pro-active high cost case reviews. Working with finance and BI for trend analysis. Monthly reporting to strategic finance committee"	May 2020 Risk replaced with new risk reporting on Directorate Risk Register QD049 April 2020. Waiting for close down of budget and year end statement. Savings plan identified for 2020/2021. Risk will close as year end. New risk will be developed that looks at delivery of savings plan for 2020/2021 March 2020: Risk remains unchanged. Feb 2020 Forecast overspend remains unchanged. CHC review completing by March with plans for cost reduction and efficiencies detailed within it. Case review underway to identify any cost reductions and challenges continue with LA to high cost packages and responsibility. January 2020: Risk remains unchanged Dec 19: Risk remains as identified Oct new risk	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality - CHC lead	16 (4x4)	0	↔	3x4=12	Mar-20	closed	May-20
Nursing & Quality	BNSSG QD 023	n/a	09.03.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of a lack of trained LeDeR reviewers there is a risk that potential learning is not identified in a timely manner and reputational damage from having a high number of unallocated LD cases.	All trained reviewers have been contacted to check they are still active on the LeDeR platform. Weekly review of cases and allocations Fortnightly progress reminders sent to reviewers To establish a peer support group to provide support and advice to reviewers. Two new dedicated LeDeR reviewers have been recruited to undertake reviews. One has started and has been allocate cases, the second starts end of March 19.	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR June 2020: A full review of all unallocated cases has been undertaken and a paper detailing need for reviewer capacity will be presented to the next LedeR Steering Group. May 2020: Additional reviewers recruited and trained. Lockdown has mean some reviewers have been able to dedicate more time to reviews. Weekly review panels held through March to clear completed cases. Risk remains as fast as case are cleared more are reported - 38 new cases reported Jan - April including 12 Covid cases. April 2020 remains unchanged March 2020: Discussed at the LeDeR Steering group end Feb 2020 and risk rating increased to 15 to reflect increased risk of not being able to review cases in a timely manner.	none identified currently; monitoring of position continuing	Quality committee	Director of Nursing & Quality	Associate Director of Quality	12 (4x3)	15 (5x3)	↔	6 (2x3)	Mar-20	open	Jun-20
Nursing & Quality	BNSSGQD043	n/a	05/05/202	Patients are at risk of potential harm through contracting MRSA	Detailed analysis of individual MRSA cases, with whole system approach pre and post diagnosis. Bi-Monthly BNSSG Healthcare Acquired Infection meeting with partner organisations to monitor and support MRSA improvements. Separate MRSA task and finish group established. Work ongoing with the design council to assist with the reduction of MRSA.	New Risk May 2020 Replacing Risk BNSSG QD 002	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	15 (3x5)	-	5 (1x5)	tbc	Open	May-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	* IS Physios are starting to see people on the waiting list * There is some Ortho surgery starting to happen at Emersons Green but 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 by the 26th of June and Sirona are planning to run some virtual ESCAPE -pain classes soon. Face to face classes can only start when lock down restrictions are lifted * Sirona are about to sign a contract with the South Glouc PCNs for them to provide their FCP's and they are in discussions with other PCNs	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	Jun-20


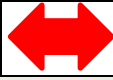




Transformation			28.05.20	As a result of the COVID-19 pandemic There is a risk that the cancer transformational elements of the Long Term Plan will not be achieved Which may result in the aims of the LTP not being delivered Earlier Diagnosis Faster Diagnosis Timely and Appropriate Treatment Personalised Care for Cancer	The cancer transformation elements of the LTP will be considered along side the recovery and restoration of all services	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 Living With Beyond Cancer is delivered will need to be considered as this was previously funded through the Cancer Transformation Fund.		STP Cancer Steering Group and Cancer Cell	Medical Director Clinical Excellence	Margaret Kemp	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-21	Open	Jun-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	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	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.	will work closely with finance to ensure this is captured			Medical Director Clinical Excellence	Debbie Campbell	5x3=15	5x3=15	↔		Ongoing	Open	May-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 alt available to be used.	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	4x4=16	-		Ongoing	Open	Jun-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.	Lead Manager is speaking with the R&E Team, and will make a proposal for Peter Brindle to consider as long term solution		May require short term solutions to more immediate gaps		Peter Brindle	Adwoa Webber	5x3=15	5x3=15	NEW		31/08/2020	open	

BNSSG CCGs Governing Body Assurance Framework 2019/20 (June 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	4x4= 16	2x4 =8		yes
Principal Objective PO2.1: Long-term plan response: Developing the system with our providers						
Principal Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions	Julia Ross/ Sarah Truelove	5x4=20	2x3=6	2x3=6		yes
Principal Objective PO2.2: Long Term Plan Response and Financial Sustainability: Value Programme						
Principal Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Peter Brindle/ Sarah Truelove	5x4=20	5x4=20	3x4 =12		yes
Principal Objective PO3.1: Primary Care: Developing Primary Care Networks						
Principal Risk: If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Martin Jones	5x4=20	3x4 =12	2x4 =8		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 =12		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	1x5=5	3x4 =12		No
Principal Objective PO7.2: Financial sustainability: System Financial Recovery Plan						
Principal Risk: If we are unable to deliver the agreed financial plan for the system for 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Sarah Truelove	4x5= 20	4x5=20	3x4 =12		yes
Principal Objective PO8: Implement a solution for Weston Hospital within BNSSG						
Principal Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from consultation	Colin Bradbury	4x4= 16	1x3=3	1x3=3		No

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

Risk Assessment scoring matrix

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

Objective: Quality: governance and systems	Director Lead: Rosi Shepperd
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: 05/02/2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 Target Risk Score: 2x4=8	Rationale for current score: The permanent Director of Nursing and Quality is in post. Capacity issues within team are challenged with the resignation of two key members of staff, long term sickness of a senior manager and the impending retirement of another have further impacted on capacity. Quarterly work plan update provides assurance on quality work achievements. Risk remains at 16 while recruitment is underway and the re-structure is concluded.
Committee with oversight of risk Commissioning Executive Quality Committee	Rationale for target risk: The full implementation of the Quality Directorate Staffing Capacity Review will significantly mitigate and reduce the risk score however some issues impacting on the team are multifactorial and outside of the scope of the CCG
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Monthly team meetings established • Quality Team engaging with partners, sharing information and learning through networks and specific subject focused groups • Directorate outcomes in development • Quality Strategy in development • Regular reporting on quality performance to Quality Committee • Exception reporting of issues to Quality Committee • Committee has completed annual effectiveness review, • Committee considers effectiveness at the close of each meeting • Clinical leads engaged in the prioritisation of complaints • 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. • Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)	Assurances: <ul style="list-style-type: none"> • Staff survey 'snap shots' to be reviewed and performance to be shared with the Executive team quarterly and with the Governing Body six monthly • Annual staff survey (Q4 2019/20) • 360 stakeholder survey 2019/20 (February 2020) • 2018/19 Committee Effectiveness Review • 2018/19 Committee review of Terms of Reference • 2019/20 Committee Effectiveness Review to be completed q4 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Ongoing quality staff barometer, to ensure morale remains static or improves.

- | | |
|--|--|
| <ul style="list-style-type: none">• 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.• 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• Independent CHC reviewer to continue to provide support to transformation• Director sourcing interim Head of CHC and Deputy Director of Nursing• Recruitment process in place for Deputy Director of Nursing | |
|--|--|

<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: 06/03/20
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.
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. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> Provide ongoing Support and encourage existing value leaders to develop and deliver projects 	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

- 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 – **date to be confirmed.**
- 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: 03/06/2020
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 deferred to Summer/Autumn 2020 due to COVID-19. PHM webinar planned for PCN Clinical Directors in June 2020. Proposals for OD funding approved at Jan PCCC and shared with PCN Clinical Directors to now submit EOIs. New contract deal announced 06.02.20 following feedback from national consultation. There are risks in relation to recruitment to a wider range of additional roles and overlaps between the Care Home specification and the local LES. Primary Care Commissioning Committee seminar held in February 2020 with PCN Clinical Directors focused on additional roles and workforce planning. Key next steps to support system wide approaches to recruiting new roles agreed at the seminar. 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. 	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>)

- 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 near to completion.
- 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.

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

- Locality Development Plans
- Healthy Weston model of care development supporting PCN development
- GP resilience tool to be applied to support PCNs.
- 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/>
- There is rapid work to align PCN support to care homes with Sirona and local authority offer to care homes during COVID-19 and in response to NHSE guidance requiring this to be in place by the end of May 2020.

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: 03/06/2020
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.
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, Individual practice resilience support and locality resilience programmes in Weston & Worle and South Bristol. Resilience dashboard in place, continually updated using latest available data and reviewed monthly to identify practices that may be vulnerable and in need of more support. 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. 	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>)

- Primary Care Strategy delivery plan developed to support implementation.
- Fortnightly contact with at-risk practices during COVID-19 pandemic period to ascertain any further support needs and to highlight risks to be addressed within locality COVID-19 response plans.
- 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 reduction in sites and collaborative working. Resource being reviewed to support work. Regular meetings with Locality directors, and Locality sub-cell group created.**

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.

Objective: Locality Development into delivery: Frailty, Mental Health, Urgent care	Director Lead: David Jarret, Justine Rawlings; Colin Bradbury
Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not have the necessary building blocks in place for delivery of the system wide transformation required	Date Last Reviewed: 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 Recurrent funding not yet available to support locality infrastructure requirements
Committee with oversight of risk Commissioning executive Primary Care Commissioning Committee	Rationale for target risk: Delivery into development so model in infancy and still subject to “buy in”
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Continuation of locality provider leads group • Locality provider forums chaired by ADs • Frailty programme board and Community SDUC programme boards report to the Integrated Care Steering Group (ICSG) • ICSG • A&E Delivery board (urgent care) • Coordination by Area Teams • LLG support to LPVs • Clinical reference group established reporting to clinical operations group • Adult Community Health Services contract awarded and mobilisation in progress • Locality Plans developed as part of Long Term Plan response • Quarterly meeting of PCN Directors established Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> • Area team support to be increased to providers 	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">• MH BNSSG level coordination• Close working with [primary care development on PCNB development and primary care resilience/workforce etc• SDUC in community governance established• ICP roadmap to be developed• 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: 10/03/20
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4 x 4 = 16 Target risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> - Potential delays to delivery as a result of focus on response to Covid-19 - Blended tariff process - Activity trends over recent years - Experience of opening new urgent care facilities leading to supply induced demand ie MIUs - Workforce constraints - Urgent Care system performance
Committee with oversight of risk Urgent Care Oversight Board (UCOB) A&E Delivery Board Clinical Oversight Group UEC Transformation Group Commissioning Executive	Rationale for target risk: Longstanding local and national issue. Clinical support to model of care which requires implementation and testing
Controls: <ul style="list-style-type: none"> • BNSSG UEC governance structure reviewed and agreed to improve system ownership of challenges and transformation programme • UEC Transformation Group 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. • Delivery place developed for LTP UEC programme, with expected impact on acute activity growth modelled Mitigating Actions: <ul style="list-style-type: none"> • 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 	Assurances: <ul style="list-style-type: none"> • Monthly performance reports to the Governing Body and highlight reports to system-level groups on progress in implementing model of care Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Greater level of system ownership of the challenge • Shift in patient and financial flow • Social care capacity

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: 21/01/2020
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 has highlighted that organisation remains as 'Requires Improvement' with some areas actually declining since the last assessment and some key risk areas not being addressed. The next CQC inspection is expected within the next 6 months. • AWP is a financially challenged organisation, with an underlying deficit position. • There is high staff turnover and high number of vacancies leading to high agency usage. • The number of patients placed out of area has risen and AWP has remained in Opel 4, for much of December and January. • Two beds and seclusion out of use, due to planned estates work, impacting on flow and out of area position • There is an increase in demand for services continues to remain a significant challenge and capacity of the organisation remains stretched, particularly within the Bristol Locality • Organisation capacity 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: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • The level of joint working with AWP has increased with teams across the CCG including the development of the Long Term Plan submission, a joint action plan to address the Out of Area challenge, joint work to address the front door challenges in Bristol and full collaborative working all STP work-streams 	Assurances: <ul style="list-style-type: none"> • Commissioning Executive and Governing Body reporting • Quality Committee reporting • Waiting list initiatives • Ongoing data and in depth BI analysis of impact • Internal Audit of Mental Health Commissioning planned for 2019/20

- Focus on developing parity across BNSSG and working with BSW to reduce complexity for the provider where this is possible (depending on meeting the needs of the BNSSG population)
- Increased level of monitoring and assurance through the Nursing and Quality Team
- Exec to Exec meetings
- Mental Health Strategy is being finalised, focusing on mental Health and Wellbeing of the population and where the system needs to prioritise
- The CCG is undertaking a review of all mental health services. linking with the strategy, aiming to take a pathway approach with an improved cohesive offer to people using services
- The STP Mental Health Steering Group has been established to align transformation and performance and the terms of reference have been agreed, with the second meeting taking place in the New Year
- AWP have an internal programme of work focussed on Bristol Sustainability
- Weekly Whole Systems Operational Group in place to focus on Out of Area issues and Delayed Transfers of Care
- Ongoing project group to focus on the front door and how we can ensure that appropriate referrals are made and people are effectively treated
- **Review of all AWP and CCG priorities is underway, to enable appropriate use of resources and agreement of high impact changes**
- **Winter funding secured to support acute hospitals**

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**

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

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

- 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: 20/11/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 3x4=12 Current: 5x5=25 Target: 2x4=8	Rationale for current score: CCG Overall Financial Position forecast £12.9m adverse to plan with a further £6.6m unmitigated risk leaving net risk-adjusted forecast £19.5m adverse to plan System Financial Recovery Plan, included in the above, contributes £3.4m forecast variance and £1.5m unmitigated risks leaving net risk adjusted £4.9m adverse to plan
Committee with oversight of risk System Delivery and Oversight Group Strategic Finance Committee Commissioning Exec	Rationale for target risk: In year Operating Plans will always be stretching and ambitious to drive forward the CCG and system's vision, therefore the impact on non-delivery will always be high; however robust planning, including us of contingencies & mitigations; together with effective partnership working should aim to minimise the likelihood of risks to delivery materialising
Controls: (What are we currently doing about this risk?) <ul style="list-style-type: none"> • Single regulator working with the system • Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the 11-point System Financial Recovery Plan which is system-owned and reported through SDOG to Partnership Board. • Reporting internally to Strategic Finance Committee on monthly system financial position including delivery against savings requirements (both the SFRP and internal CCG efficiency plans). • System Delivery Oversight Group providing oversight. • Risk share on urgent care agreed. • Long term financial model developed. Mitigating Actions: (what further actions are needed to reduce the risk and close any identified gaps) <ul style="list-style-type: none"> • Internal communications plan to be further built on and implemented to ensure aligned messages to all staff within partner organisations. • Further development of the PMO network across Healthier Together organisations. • Demonstration of ownership of plans at provider level. 	Assurances: <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • QIPP stage 3 carried out by NHS England, • Monthly Governing Body reports, • Quarterly NHSE Assurance Meetings. • 2019/20 was agreed with NHSE. System has worked together to develop and submit local response to the NHS Long Term Plan Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Clarity on gaps in resources to support new initiatives, • Lack of NED involvement, • System-level MOU to support joint working.

- | | |
|---|--|
| <ul style="list-style-type: none">• Share the financial position in a more detailed way with the Membership, so that they understand the whole system position. GB clinical leads to work with CFO to design Membership presentation.• Support development of consistent approach to reporting of the system financial position for every organisation.• Review programme approach to delivery including governance structures and methodologies used.• Review incentives available to support the system to embrace change.• Partnership Board to endorse performance management framework including agreeing how individuals will be held to account for delivery.• Consider financial controls across the system.• Ensure successes are shared to motivate staff and inspire future delivery.• Audit Chairs' network for sharing information to be established• The CCG has reviewed our financial management and budget holder roles and responsibilities to ensure that costs are managed in the most appropriate way• CCG self-assessing against NHSE/I checklists of opportunities to achieve financial position. | |
|---|--|

Objective: Implement a solution for Weston Hospital within BNSSG	Director Lead: Colin Bradbury
Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from the Healthy Weston Programme.	Date Last Reviewed: CLOSED
Risk Rating (<i>Likelihood x impact</i>) Initial: 4x3 = 12 Previous: 2x4 = 8 Current: 1x3 = 3 Target risk score: 1x3 = 3	Rationale for current score: Reduced risk score from 8 to 3 following completion of consultation, approval of recommendations by Governing Body at October meeting and outcome of HOSP meeting on 15 th October to not refer the decision to the Secretary of State.
Committee with oversight of risk Healthy Weston Steering Group	Rationale for target risk: Confidence in proposals and reputation of CCG are important drivers to secure buy-in to Healthy Weston vision.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Communication and engagement plan has been updated to reflect the shift in programme towards the decision making process. • Continued proactive media briefing around publication of key documents and decision making. • Clear and transparent decision making process in place. • Proposals were received at October GB meeting and recommendations approved • HOSP meeting on 15th October agreed to a full review of the impact of changes at 12 months following implementation. It was agreed not to refer the decision to the Secretary of State. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)	Assurances: <ul style="list-style-type: none"> • Active governance structure in place for Healthy Weston that includes all key stakeholders. • System support for the proposed model out for consultation. • NHS England and SW Clinical Senate support for proposals consulted on. • Completion of DMBC with clear evidence of how the proposals meet the case for change and details of how the consultation process has supported the development of revised proposals. • Support for proposals received from NHSE and SW Clinical Senate at post-Stage 2 check in meeting • Support for proposals received from Somerset Council Scrutiny Committee. • HOSP meeting on 15th October agreed to a full review of the impact of changes at 12 months following implementation. It was agreed not to refer the decision to the Secretary of State. Gaps in Assurance: (<i>What additional assurances should we seek?</i>) see update to controls and assurances