

Meeting of BNSSG ICB Board

Date: Thursday 7th December 2023

Time: 12:15 – 15:00

Location: Virtual, via Microsoft Teams

Agenda Number :	6.4	
Title:	BNSSG ICB and ICS Risk Registers	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	N/A
Purpose: For discussion and decision		
Key Points for Discussion:		
ICB and ICS Risk Registers are appended to this paper for consideration following agreement by the ICB Board in September on arrangements for risk management in the ICB and ICS. Information on risks and progress including the Involvement of the System Executive Group are covered.		
Recommendations:	<p>The ICB Board is asked:</p> <ul style="list-style-type: none"> To review and discuss the content of this paper. 	
Previously Considered By and feedback :	<ul style="list-style-type: none"> Risk Appetite Statements agreed by the Board in Sept 2023. The ICS Strategic Risk Register has been shared with System Executive Group in November 2023. SEG have been involved in discussions about risk management since the September Board meeting. 	
Management of Declared Interest:	There are no declared interests in the development of these risk management principles.	
Risk and Assurance:	The ICB is required to have arrangements for the management of ICB and ICS risks in place.	
Financial / Resource Implications:	There are limited financial implications of establishing and managing these Risk Registers. However, the robust and accurate population of these Risk Registers will require resource and input from all ICS partner organisations, specifically Risk Managers, Health Care Improvement Groups and similar groups across the ICS. There will also be benefit in resourcing a bespoke system for recording risks which can derive reports efficiently.	
Legal, Policy and Regulatory Requirements:	It is a regulatory requirement that ICBs have a robust plan for the management of operational and strategic risk.	



How does this reduce Health Inequalities:	This paper does not specifically address health inequalities though risks associated with this matter can be listed on risk registers as the ICB recognises the importance of addressing Health Inequalities.
How does this impact on Equality & diversity	This paper does not specifically address equality and diversity though risks associated with this matter can be listed on risk registers as the ICB recognises the importance of equality and diversity.
Patient and Public Involvement:	There has been no patient or public involvement in the development of the risk registers.
Communications and Engagement:	The requirement for the completion of risk registers is communicated each month. Once the Risk Management Framework has been revised and agreed, this will be communicated
Author(s):	Rob Hayday, Chief of Staff
Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin, CEO

Agenda item: 6.4

Report title: BNSSG ICB Corporate and ICS Risk Registers

1. Background

The ICB Board has previously agreed that risk registers will be set up in the following areas.

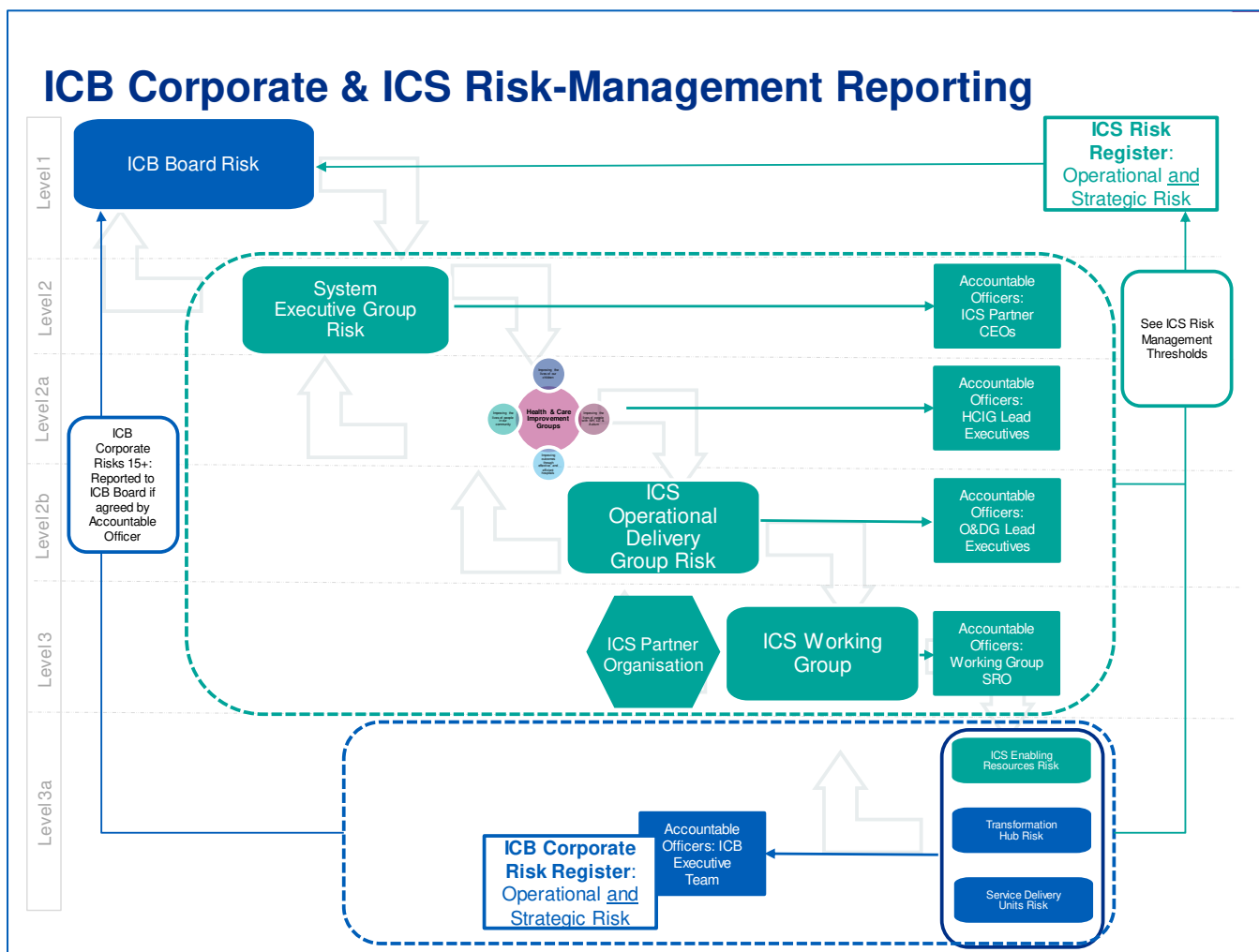
ICB Corporate Risk Register	Operational	See Section 3.1
	Strategic	See Section 3.2
ICS Risk Register	Operational	See Section 4.1
	Strategic	See Section 4.2

2. ICB Corporate and ICS Risk Management Principles

The [paper](#) presented at the 06 July 2023 ICB Board proposed the following principles for ICB Corporate and ICS Risk Management:

An ICS risk is a risk **held in common** between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation.

ICS risks will be managed through the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by ICS partners working together through shared accountability arrangements.



3. ICB Corporate Risk Register

3.1 ICB Corporate Risk Register: Operational

Appendix 1 presents the current ICB Corporate Risk register. This is an assimilation of all risks identified through the ICB Executive Team structures scoring 15+.

ICB Executives are the delegated accountable officers for maintaining this risk register and all necessary controls or mitigations of these risks. The new ICB Executive Team will discuss the ongoing use of the Risk Appetite Statements agreed by the ICB Board in September at its awayday in January 2024.

3.2 ICB Corporate Risk Register: Strategic

The ICB, as a sovereign ICS partner organisations is a contributor to the delivery of the BNSSG Integrated Care Strategy (published June 2023), developed by the BNSSG Integrated Care Partnership. There are risks associated with the ICBs contribution to the delivery of the strategy, as well as strategic risks of failing to deliver the requirements of the ICBs regulators (NHS England and the Care Quality Commission).

Further work is required on the definition of the ICB's strategic risks. The accountable officers for these ICB Strategic Risks are the ICB Executive Team.

4. ICS Risk Register

4.1 ICS Risk Register: Operational

Appendix 2 presents an ICS Risk Register populated with risks identified by ICB directorates.

4.1.1 ICS Partner Risk Managers Network

To support the collaborative approach to the oversight, identification, management and control of ICS Risks, this paper proposes establishing an ICS Partner Risk Managers Network. The network met in September and broadly supported the purpose below. Resourcing the activities of the network is a matter for ongoing consideration as system working arrangements mature.

The purpose of this network is to:

- Share collective responsibility for the identification, controls and mitigations of ICS Risks and the maintenance of an ICS Risk Register.
- Share insights and learning.
- Moderate and standardise ICS Risk assessments.

The network will be coordinated and supported by the ICBs Chief of Staff (meeting rhythm to be determined but recommended at least quarterly). It will report to the System Executive Group and seek scrutiny/assurance from the ICBs Audit & Risk Committee.

Further work is required to co-ordinate the activities of the network to support the ICS risk management arrangements.

4.1.2 ICS Groups including Health Care Improvement Groups

ICS Groups: System Executive Group, Health & Care Improvement Groups (HCIGs) and their supporting Operating & Decision-Making Groups, are currently forming and defining their work programmes at varying paces across the ICS.

ICS Oversight Groups will not have Accountable Officers. However, they will provide valuable intelligence on the risks to the ICS achieving its strategic objectives, commitments set out in the joint forward plan or new and emerging risks. Any ICS Risks identified by ICS Oversight Groups should be escalated directly to the appropriate group within the ICS Operating & Delivery Framework.

Since the September ICB Board meeting, the System Executive Group has been involved in discussions about risk management and arrangements for reporting progress and risks from Health Care Improvement Groups. A template for HCIGs to capture ICS risks has been issued for use.

4.2 ICS Risk Register: Strategic

The September ICB Board meeting, received a description of the ICS Strategic Risks that had been formulated prior to the development of the ICS strategy, and which were based on the risk of not achieving the four purposes of the ICS¹.

The ICS Strategic Risks were summarised as:

- i. Complexity of regulatory environment complicates ability to achieve outcomes.
- ii. Inability to recruit and retain skilled workforce.
- iii. Operational pressures
- iv. Insufficient connection to the community
- v. Funding constraints
- vi. Lack of visible data across all system partners
- vii. Insufficient understanding of wider system and relative impacts and options
- viii. Cultural barriers between organisations / Ineffective and non-collaborative system relationships.
- ix. Procurement, employment and contractual restrictions
- x. Resistance/reluctance to seek/exploit innovations.
- xi. National trend of decreasing economic activity
- xii. Social determinants of poor health

The System Executive Group have received a revised list of ICS Strategic Risks compiled at the end of November. This draft is for consideration following the meeting of SEG on 1 December. It is expected that the list and scoring will change, and leads will be assigned. Initial feedback has indicated that there needs to be a risk added associated with Climate Change. Appendix 3 lists the revised version of the ICS strategic risks.

5. ICB Risk Management Policy

A revised version of the current [ICB Risk Management Policy](#) is being produced for review by the Audit and Risk Committee pending Board approval. This follows the recommendation to the Board in September that this development occurs.

6. Limitations

This paper does not include a recommendation for a shared IT platform to record and monitor system risks. Any future requirements for such a platform will need to be considered with system

¹ Purpose of the ICS: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; help the NHS support broader social and economic development.

partners especially in the light of the running cost reductions and the reduction in employees in the ICB.

7. Summary of Recommendations

Progress has been made to develop risk register arrangements since the September Board Meeting during a period of organisational change. Further work is planned to enhance the arrangements including the identification by Health and Care Improvement Groups of risks associated with their areas of business.

The ICB Board is asked to review and discuss the content of this paper.

8. Financial resource implications

There are limited financial implications of establishing and managing these Risk Registers. However, the robust and accurate population of these Risk Registers will require resource and input from all ICS partner organisations, specifically Risk Managers, Health Care Improvement Groups and similar groups across the ICS. There will also be benefit in resourcing a bespoke system for recording risks which can derive reports efficiently.

9. Legal implications

It is a regulatory requirement that ICBs have a robust plan for the management of operational and strategic risk.

10. Risk implications

The ICB is required to have arrangements for the management of ICB and ICS risks in place.

11. How does this reduce health inequalities?

This paper does not specifically address health inequalities though risks associated with this matter can be listed on risk registers as the ICB recognises the importance of addressing Health Inequalities.

12. How does this impact on Equality and Diversity?

This paper does not specifically address equality and diversity though risks associated with this matter can be listed on risk registers as the ICB recognises the importance of equality and diversity.

13. Consultation and Communication including Public Involvement

The requirement for the completion of risk registers is communicated each month. Once the Risk Management Framework has been revised and agreed, this will be communicated. There has been no patient or public involvement in the development of the risk registers.

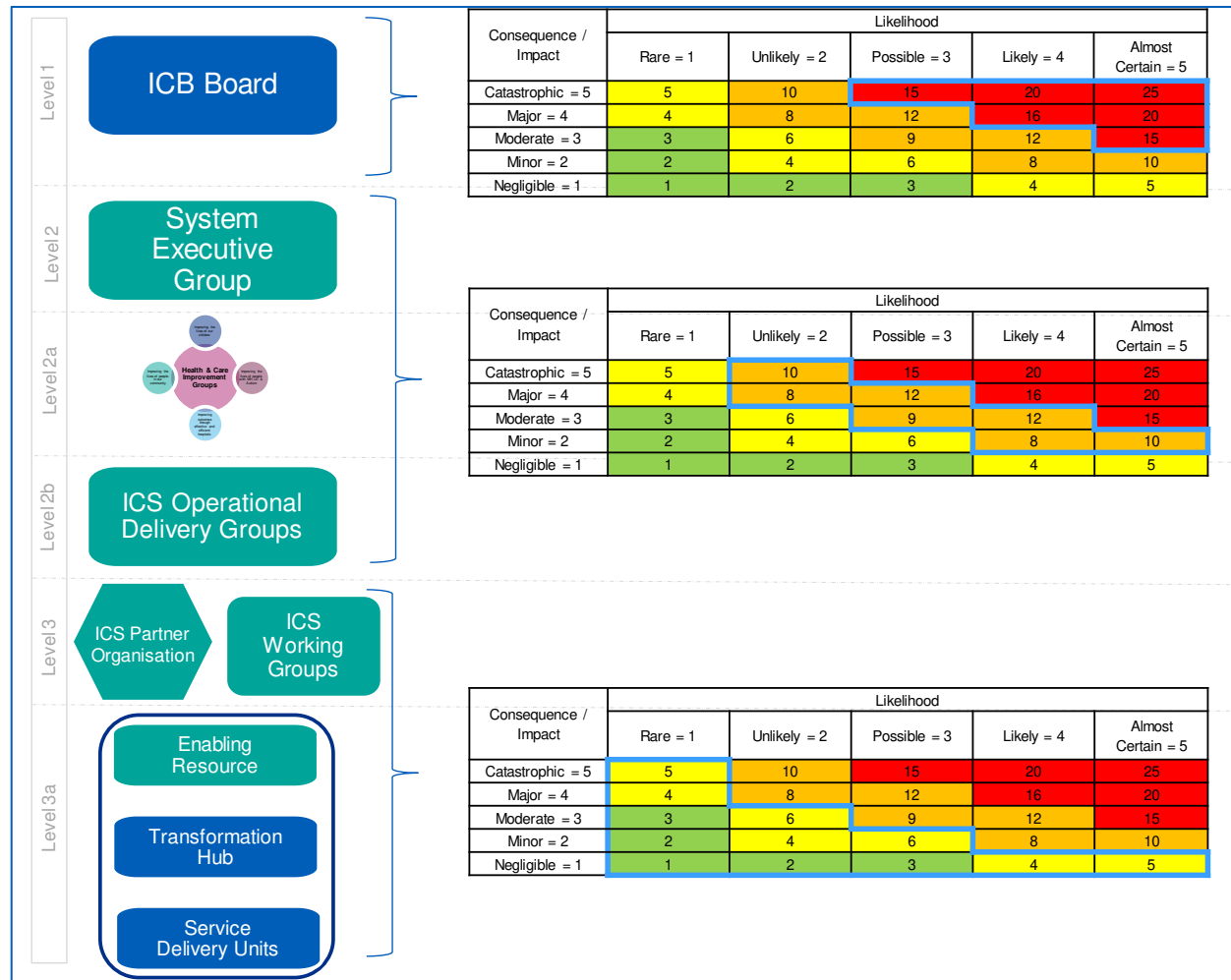
Appendix 1: See tab in separate document

Appendix 2: See tab in separate document

Appendix 3: See tab in separate document



Appendix 3: Proposed ICS Risk Management Thresholds:



Appendix 4: Integrate Care Strategy on a Page

Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

Integrated Care Strategy on a page

5 Opportunities

- 1 We need to **tackle inequalities**
- 2 We can **strengthen the building blocks** of good health and wellbeing
- 3 Wherever possible, we need to **prevent illness and treat people earlier**
- 4 We need to work alongside communities to support **healthy behaviours**
- 5 And once people are ill, there are **conditions** that we could manage better

Our Commitments

Key things that will benefit people across the life course:

- Invest in the first 1,001 days of life
- Early identification and support for people experiencing anxiety and depression
- Support people to be a healthy weight
- Reducing harm from tobacco
- Reduce harm from drugs and alcohol
- Improved prevention, detection and treatment of cancer
- Tackle cardiovascular disease
- Better support for people with painful conditions
- Support for older people towards end of life

How we will deliver

- Faster access to care and support for vulnerable groups
- Use VCSE expertise to identify and support people most at risk
- Increase our financial commitment to prevention
- Change our decision making to actively reduce health inequality
- Recognise and rectify historical injustices
- Build a workforce who are supported, skilled and healthy
- Embed trauma informed practice
- Create a network of volunteer and staff prevention champions
- Develop community strengths and assets that support everyday health and wellbeing
- Use purchasing and employment to support better health and wellbeing



The ICB Corporate Risk Register features risks assessed as over the risk threshold (3) to the delivery of the ICB's strategic objectives, statutory duties and plans. It sets out the controls (actions) that have been put in place to manage the risks and planned actions to																											
Directorate	Operational or Strategic Risk affecting the ICB?	Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective Ref	Date entered on register	Risk Lead (Exec)	Risk Owner	Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score at date of entry on register	Management actions already in place to mitigate risk (current controls)	Current Likelihood	Current Impact	Current Risk Rating	Target Risk Score	Movement of Current Risk Score	ICB Committee overseeing this risk	Actions to be taken (as these are completed they should be moved to actions in place)	Comment on Progress	Which other organisations are involved in the mitigation of this risk?	Risk Open/Closed	Target Date for Completion	888				
Primary and Integrated Care																											
Operational		PC48	There is a significant risk that there is not sufficient capacity in the Commissioning Hub to integrate effectively with the ICB. This could impact the Hub's ability to deliver primary and place based benefits and to adopt ICB ways of working, resulting in no change to the commissioning approach for pharmacy, optometry and dentistry.		28/11/2022	David Jarrett	David Jarrett / Jenny Bowler	5	4	20	22.11.22 - Commissioning Hub MDU developed and signed with BNSSG setting out expectations. 06.10.22 - BNSSG ICB has a cross-directorate planning group that will look to build local capacity and capability to undertake local contractor integrations, service quality and transformation programme areas working with the NHS regional team.	5	3	15	6	10	PCC	21.09.23 - The running cost controls in place will mean that BNSSG ICB will have to review its current resource allocations in order to support this work. Without prioritised resource to support delegation the pace of local transformation will be slower. 18.04.23 - Transition plan to be developed and key milestones	November 23 - SW ICB concerns about capacity are being escalated via two ICBs on behalf of the seven with regional/director lead for details.				Nov-23				
Chief Medical and Chief Nursing																											
Operational		MO33	There is a risk that there will be an overspend on the allocated budget for primary care prescribing for 23-24. This is due to uncertainty around the volatility of NCSO & Category M price fluctuation. The degree of inflation that may occur on drug prices and the degree of growth in prescribing in certain areas such as diabetes may be higher than predicted with new drug indication and technologies Recommend Close		23/04/2022	Joanne Medhurst	Debbie Campbell	5	4	20	Prescribing quality scheme includes financial savings scheme has been agreed and mobilised with practices. Reports in place to monitor spend across different therapeutic areas for any growth in prescribing.	5	3	15	6	10			June 23 - Risk/issue continues to increase. March figure higher than anticipated, greater Cat M impact. This concludes 22/23 accounts. Recommendation close and open new risk for 23/24/25/26. Risk/issue continues to increase. 01/03/23: As per previous month Region have indicated that money				Nov-23				
Operational		MO39	There is a risk that there will be an overspend on the allocated budget for primary care prescribing for 23-24. There has been an increase in savings target that leaves a gap of approx 1.14m to savings projects. Although additional budget has been allocated for Cat M, inflation and growth there continues to be uncertainty around the volatility of NCSO & Category M price fluctuation, the degree of inflation that may occur on drug prices and the degree of growth in prescribing in certain areas such as diabetes which may be higher than budget allocated		01/05/2023	Joanne Medhurst	Debbie Campbell	5	4	20	Savings Programme in place. Continual process looking at opportunity for further savings. Need to revisit primary care prescribing hubs and potential waste projects Reports in place to monitor spend across different therapeutic areas for any growth in prescribing.	5	4	20	8	16		Work with other systems to check not missing any savings opportunities. Horizon scanning starting to commence for 24-25. Need to revisit primary care prescribing hubs and potential waste projects					Nov-23				
Operational		CNO	There is a risk that an inability to identify suitable housing for complex individuals with learning disabilities is resulting in the ICB overcommissioning care, unnecessarily increasing restriction on these individuals and increasing the cost of care.		06/09/2023	Director of Nursing & Quality	Head of Business - Office of the CNO/CMO	4	4	16	1. Meetings have been held with the Local authorities to raise the issue and to try and resolve the disputes at an operational level. 2. Escalated to within the ICB regarding housing, NOMS & Voids (contract to secure rent for an extended period of time and the liabilities) and signing tenancy agreements.	4	4	16	8	16								Nov-23			
Operational		CNO	As a result of recruitment challenges & vacant posts from part of 110 sickness absence and annual leave there is a risk that the Funded Care Administrative Team has insufficient capacity to maintain a comprehensive service, which will impact on the effectiveness of key operational services, such as NHS Continuing Healthcare.		06/09/2023	Director of Nursing & Quality	Head of Business - Office of the CNO/CMO	4	4	16	1. Staff members have been permitted to work overtime to support specific tasks, such as addressing the C150 times backlog. 2. Series of mitigating steps have been proposed, identifying functions that can be temporarily slowed, or stopped to enable the team to focus on essential activities. All items will have an impact on service performance and are being considered for implementation from 11/09/23.	4	4	16	6	16		1. Implement the reduced service offer from 11/9/23, reviewing the impact on a fortnightly basis. 2. Vacancy request form for 1 vte B4 has been submitted for exec consideration on 11/9/23. 3. Additional vacancy request forms to be created for 3 of the remaining 5 vacant roles. 4. Recruitment support agreed from the People Directorate to assist in potentially recruiting short term agency posts (if authorised via the vacancy process).	November 23 - VCP authorisation to recruit to 2 vacant posts. Further 2 posts to be presented to VCP in November. New risk - SEPTEMBER 2023 - additional mitigations include admin support for individual nursing functions.				Nov-23				
Operational		CNO	There is a risk that individuals from BNSSG, placed out of area, are being denied access to universal health services, such as community services, including CDT, OT, Physio etc, and therefore not having all of their health needs addressed.		06/09/2023	Director of Nursing & Quality	Head of Delivery and Quality for AMCC and PNC	4	4	16	1. Funded Care Team has contacted patient GPs to identify challenges accessing services, and the relevant LAs and community providers.	4	4	16	8	16			November 2023 - due to staff sickness there has been no progress on this risk.				Aug-23				
Operational		CNO	There is an emerging risk that CHC patients in the BNSSG footprint are being denied access community equipment and Assistive Technology by local authorities. The LA cite CHC funded care as the rationale - this is contrary to the national framework which does not permit individuals being declined support from other bodies. The expertise does not sit within the funded care team. Recommend Close		06/09/2023	Director of Nursing & Quality	Head of Delivery and Quality for AMCC and PNC	4	4	16	1. Individual negotiations on a case by case basis. 2. Safeguarding involvement as required.	4	4	16	8	16		1. The Funded Care Team is preparing a letter to the three LAs to formally set out the current position and the impact on individuals.	November 2023 - due to staff sickness there has been no progress on this risk.				Nov-23				
Transformation, Data and Digital																											
Operational		Cyber Attack/Security	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR There is a risk that without significant focus on Cyber Security measures the ICB are open to cyber attack.			Deborah El-Sayed	Andy Carpenter	4	5	20	Our cyber risks are monitored as part of the Data Protection lead. Internal Audit plans are focused on monitoring our progress. Our cyber security plans include social engineering and Technical components. The ICB is fully compliant with DTAC Improved training plans are in development. System wide ICS cyber group plans are being developed. Given the constantly changing nature of cyber risk the plan remains under constant review for improvements in light of new threats.	3	5	15	8	10										Nov-23	
People																											
Operational			There is a risk that the ICB will start to lose talented people due to the uncertainty caused by the recent communication which set out a requirement to reduce running costs by 20% in 24/25, increasing to 30% in 25/26. This will reduce the ability of the ICB to support the delivery of the ICB Strategy.		05/04/2023/	Jo Hicks	Jo Hicks	5	5	25	Regular meeting instigated with the Strategic Development Forum (Senior leaders) to develop a plan for the approach to be taken. ICB organisation development plan in development with a communication plan alongside.	4	5	20	8	10		November 23 - Weekly HR sessions with JO H & Sam H continuing - regular updates continue as Weekly Execs, SDF and HWGNFY October - Weekly updates at HWGNFY, Weekly HR sessions with Jo H & Sam H. Weekly Exec & SDF meetings to discuss.	Action in design phase				Nov-23				

R0656 ICS Risk Register																									
ICS Directorate or ICS organisation	Operational or Strategic Risk Affecting the ICS	ICS Risk Reference	Risk Description (if Level 1 then link event) resulting in (effect/impact)	Principle Objective ref	Date entered on register	Risk Level / Health and Care Improvement Group or other ICS group overseeing this risk	Which other Organisations are involved in managing this risk?	Risk Owner	Unidentified Likelihood	Unidentified Impact	Unidentified risk score at date of entry on register	Management actions already in place to mitigate risk (current controls)	Current Likelihood	Current Impact	Current Risk Rating	Target Risk Score	Movement of Current Risk Score	ICS Group - e.g. HICM System Exec. DuP's reviewing the risk	Actions to be taken (or those are completed they should be moved to actions in place)	Comment on Progress	Risk Open/Closed	Target Date for Completion	Last Reviewed		
	Strategic	ICS 1	There is a risk to the delivery of our strategic objectives due to the inability to recruit and retain high quality staff across health and social care.		27.11.23	System Executive Group	All ICS partner organisations		4	5	20	IC People Committee established with Terms of Reference included in the Governance Handbook Subsidiary IC workstreams to deliver outputs WCS People Plan ICB T&D Directorate undertaking prioritisation of projects Headline features in JPP development	4	5	20	10	0		System Wide ED report inc WRES and DES included on ICB Board planner for Feb 24.		Open		27.11.23		
	Strategic	ICS 2	There is a risk to the delivery of our strategic objectives due to the continuous response to operational pressures and the demands placed on us by our political and regulatory environment		27.11.23	System Executive Group	All ICS partner organisations		4	3	12	Operational objectives do improve pop health and we are delivering regular findings with NHS are scheduled ICB T&D Directorate undertaking prioritisation of projects	4	3	12	0	0					Open		27.11.23	
	Strategic	ICS 3	There is a reputational risk to the ICS that having interest for our population through 'Have you say' and the ICS Strategy, that we are not able to maintain the trust of our population through this phase of the ICS creation.		27.11.23	System Executive Group	All ICS partner organisations		2	3	6	ICB Board meets in public with updates on delivery included in the agenda Active communications and engagement channels across the ICS Chief Delivery Officer appointed to ICS structure	2	3	6	0	0		HSC progress updates to be received by SEC and Board through CSQ Committee updates			Open		27.11.23	
	Strategic	ICS 4	As a result of the available funding, the current underlying deficit and the current application of the funding, the ICS risks not being able to deliver the change to improve prevention, population health and public health resources.		27.11.23	System Executive Group	All ICS partner organisations		4	5	20	ICD committee involvement in the oversight of system finances Deep dives into partner organisations' finance scheduled Established system DuP's group in operation with agreed principles	4	5	20	0	0		Prioritisation tool in development HSCG to determine key objectives/deliverables			Open		27.11.23	
	Strategic	ICS 5	There is lack of timely, relevant and comprehensive data and intelligence available across all system partners, which can result in poor decision making plus affecting the optimal delivery of strategic priorities.		27.11.23	System Executive Group	All ICS partner organisations		3	3	9	Priority in SDRP Strong B7 function in the ICB Coordinating Care	3	3	9	0	0		Completion of SDRP			Open		27.11.23	
	Strategic	ICS 6	If we are unable to bring the VCSE fully into the ICS and leverage the potential of this partnership, we risk not delivering fully on our strategic priorities.		27.11.23	System Executive Group	All ICS partner organisations		3	5	15	ICB advice Agreement that ICB Board will include a partner member of the VCSE VCSE represented at each of the localities. ICB employees a VCSE lead	3	5	15	0	0		Appointment of VCSE partner member to the Board			Open		27.11.23	
	Strategic	ICS 7	Cultural barriers between organisations, an immature understanding of each other and some competitive behaviours, create ineffective and non-collaborative system relationships risking less than optimal delivery of our shared strategic objectives.		27.11.23	System Executive Group	All ICS partner organisations		2	5	10	ICG meetings established ICG saturdays have taken place to support development of working arrangements	2	5	10	0	0		Meeting between ICP and ICS Boards to take place in January 2024 Agreement of SEC TORs			Open		27.11.23	
	Strategic	ICS 8	There is a risk to the delivery of our long term priorities if we are unable to collectively address the determinants of poor health		27.11.23	System Executive Group	All ICS partner organisations		4	4	16	Agreement of a co-produced strategy that tries to address this, and which is led by partners (ICP)	4	4	16	0	0					Open		27.11.23	