Bristol, North Somerset and South Gloucestershire

Integrated Care Board

5

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	1:									
the ICB Board in Septembe	are appended to this paper for consideration follow r on arrangements for risk management in the ICB ding the Involvement of the System Executive Grou The ICB Board is asked:	and ICS. Information								
Recommendations:	To review and discuss the content of thi	s paper.								
Previously Considered By and feedback :	 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 develop management principles.	ment of these risk								
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									

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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

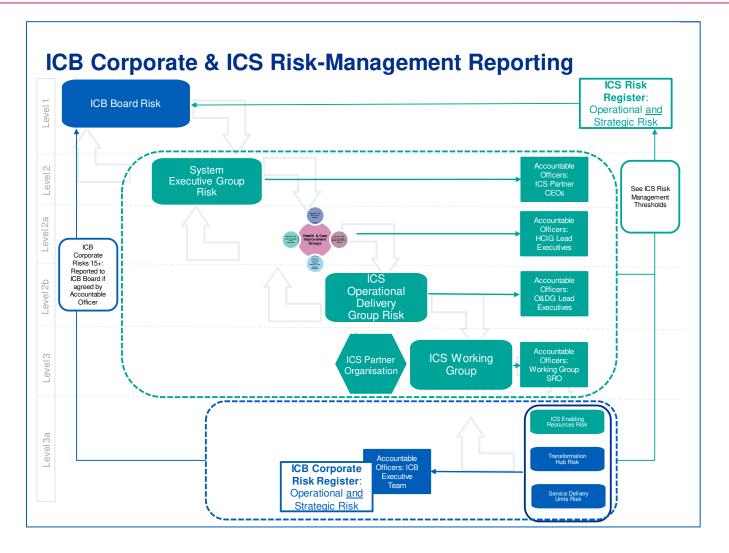
2. ICB Corporate and ICS Risk Management Principles

The <u>paper</u> 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.

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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 <u>ICB Risk Management Policy</u> 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





Bristol, North Somerset and South Gloucestershire Integrated Care Board

Appendix 3: Proposed ICS Risk Management Thresholds:

				Likelihood											
-			Consequence / Impact	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5							
Level 1	ICB Board		Catastrophic = 5	5	10	15	20	25							
			Major = 4	4	8	12	16	20							
			Moderate = 3	3	6	9	12	15							
			Minor = 2	2	4	6	8	10							
			Negligible = 1	1	2	3	4	5							
Level 2	System Executive Group														
			Consequence /			Likelihood									
g			Impact	Rare = 1	Unlikely = 2	Possible = 3	Likely = 4	Almost Certain = 5							
Level 2a	Health & Care Improvement	<u> </u>	Catastrophic = 5	5	10	15	20	25							
ē	Groups		Major = 4	4	8	12	16	20							
-			Moderate = 3	3	6	9	12	15							
	adicant Impilite		Minor = 2	2	4	6	8	10							
			VIITIOT = 2	-		-	U	10							
evel 2b	ICS Operationa Delivery Groups		Negligible = 1	1	2	3	4	5							
Level 3 Level 2b	Delivery Groups	CS rking pups													
	Delivery Groups	CS rking	Negligible = 1												
	Delivery Groups	CS rking				3									
Level 3	Delivery Groups	CS rking	Negligible = 1	1	2	3 Likelihood	4	Almost							
Level 3	Delivery Groups	CS rking	Negligible = 1 Consequence / Impact	1 Rare = 1	2 Unlikely = 2	3 Likelihood Possible = 3	4 Likely = 4	5 Almost Certain = 5							
Level 3	Delivery Groups	CS rking	Negligible = 1 Consequence / Impact Catastrophic = 5	1 Rare = 1 5	2 Unlikely = 2 10	3 Likelihood Possible = 3 15	4 Likely = 4 20	Almost Certain = 5 25							
	Delivery Groups	CS rking	Negligible = 1 Consequence / Impact Catastrophic = 5 Major = 4	1 Rare = 1 5 4	2 Unlikely = 2 10 8	3 Likelihood Possible = 3 15 12	4 Likely = 4 20 16	Almost Certain = 5 25 20							

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Appendix 4: Integrate Care Strategy on a Page

Healthier Together	Our Commitments	How we will deliver
Improving health and care in Bristol, North Somerset and South Gloucestershire	Key things that will benefit people across the life	Faster access to care and support for vulnerable groups
Integrated Care Strategy on a	course:	Use VCSE expertise to identify and support people most at risk
page	Early identification and support for people	Increase our financial commitment to prevention
5 Opportunities	experiencing anxiety and depression	Change our decision making to actively reduce health inequality
1 We need to tackle inequalities	Reducing harm from tobacco	Recognise and rectify historical injustices
2 We can strengthen the building blocks of good health and wellbeing	Reduce harm from drugs and alcohol	Build a workforce who are supported, skilled and healthy
3 Wherever possible, we need to prevent illness	Improved prevention, detection and treatment of	Embed trauma informed practice
and treat people earlier We need to work alongside	Tackle cardiovascular disease	Create a network of volunteer and staff prevention champions
healthy behaviours	Better support for people with painful conditions	Develop community strengths and assets that support everyday health and wellbeing
And once people are ill, there are conditions that we could manage better	Support for older people towards end of life	Use purchasing and employment to support better health and wellbeing



orate Risk Reniste	er features risks assessed as over the	risk threshold /15	5) to the delivery of the ICB's strategic objectives .statutory during	s and plans. It sets out t	he controls (action	a that have been red	in place to manage	the risks and plane	ned actions to													<u> </u>	100,00
ictorate	Operational or Strategic Risk affecting the ICB?	Ref CRR	Risk Description If (cause) then (risk event) resulting in (offect/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	
	Primary and Integrated Can Operational	PCC48	There is a significant risk that there is not sufficient capacity in There is a significant risk that there is not sufficient capacity in The Commissioning the Index state effectively with the ICS. This could impact The Hub's ability to deliver system and place based benefits and to adopt ICB ways of working, resulting in no change to the commissioning approach for pharmacy, optometry and dentisty.		29/11/202	2 David Jarrett	David Jarrett / Jenny Bowker	5	4	20	22.11.22 - Commissioning Hub MOU developed and signed with BNSSG setting out expectations. 06.10.22 - BNSSG ICE has a cross-directorate planning group that will look to build local capacity and capability oundertake loca contractor integration, service quality and transformation programme areas working with the NHSE regional team.	5	3	15	6	*	PCC	21.09.23 - The running cost controls in place will mean that BKSS ICB will have to review its current resource a flocation order to support this work. Without prioritised resource to support Delegation the pace of local transformation will be stower. 28.04.23 - Transition plan to be developed and key milectones	via two ICBs on behalf of the seven with regional director lead for dental.				
	Chief Medical and Chief Nu Operational	MO33	There is a risk that there will be an overspend on the allocated budget for primary care prescribing for 22-23. This is due to uncertainly around the volatifity of NCSD & Category M price fluctuation. The degree of inflation that may occur on drug proces and the degree of growth in prescribing in certain areas such as dabetes may be higher than predicted with new drug indication and technologies. Recommend Cose.		25/04/202	2 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				June 23 - Risi/issue continues to increase. March figure higher than anticipated, greater Cat M impact. This concludes 22/23 accounts. Recommend dose and open new risk for 23/24/23/23 Risk/issue continues to increase. 01/03/23: As per previous month. Region have indicated that money				
	Operational	MO39	There is a risk that there will be an overgend on the allocated backgoff or primary can precisible for 27-24. There has been an increase in savings target that lawses a age of approx 11. Junn to axing projects. Although additional backgot has been allocated for Cat M/ Inflation and growth there confinues to be uncertainty around the utuality of MSCO & Category M price fluctuation, the degree of inflation that may occur on duag prices at the degree of overhis mescrifica- in cartain areas such as diabetes which may be hogher than backgat abcated		01/05/202	3 Joanne Medhurst	Debbie Campbell	5	4	20	Swing Regamme in place. Control of process loading at opportunity for three reviews. Need to revice primary care prescribing hubs and potential water project. Reports in place to monitor spend across different threepouts anas for any growth in prescribing.	5	4		8	•		Work with other systems to check not mixing any savings opportunities. Horizon scanning starting to commence for 24- 25. Need to revisit primary care prescribing hubs and potential waite projects					
	Operational	CNO	there is a risk that an inability to indentify suitable housing for complex individuals with learning disabilities is resulting in the ICB overcommissioning care, unexcessful, increasing restriction on these individuals and increasing the cost of care.		06/09/202	3 Director of Nursing & Quality	Head of Business - Office of the CNO/CMO	4	4	16	 Meetings have been held with the Local authorities to raise the issue and to by and receive the disputes at an operational level. Excluded to within the ICB regarding housing, NOMS & Voids (contact to occere ent/or an excluded period of time and the liabilities) and signing tenancy agreements. 	4	4	16	8	*							
	Operational	CNO	As a result of recruitment challenges (if vacant posts from taum of 15), iscinses absence and annual lawe there in risk that the Funded Cane Administrativ Team has insufficient capacity to maintain a comprehensive service, which will impact on the efficiences of two popurational services, such as NHS Continuing Healthcare.		06/09/202	3 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 tacks, such as addressing the c150 latter backlag. 2. Senies of mitigating steps have been proposed, identifying tunctions that can be temporary solved, or stopped to enable the team to focus on essential activities. All tems will have an impact on service performance and are being considered for implementation from 11/09/23.	4	4		6	*		 Implement the reduced service offer from 11/9/23, reviewing the impact on a fortrightly basis. Vacangr vegeues from for 1 twe 84 has been submitted for ease consideration on 11/9/23. Additional vacancy equeues forms to be created for 3 of the remaining's vacant roles. Alexenutrent rougeout ageed from the People Directorate to assist in potentially recutifies phort term ageing posts (is authorised via the vacancy porcess). 	recruit to 2 vacant posts. Further 2 posts to be presented to VCP in Novembers. New risk - SPETEMBER 2023 - additional mitigation includer - stop on Fast track letters, reduced				_
	Operational	CNO	There is a risi that individuals from BMSSG, placed out of ana, are being denied access to universal heafth envices, such community services, including CUID, Of Physics etc. and therefore not having all of their heafth needs addressed.		06/09/202	3 Director of Nursing & Quality	Head of Delivery and Quality for AACC and FNC	4	4	16	T Funded Care Team has constanted patient GPs to identify challinges accessing services, and the relevant LKs and community providers.	4	4		8	•		November 2023 - due to staff sidness there has been no progress on this risk.					1
	Operational	CNO	There is an emerging risk that CHC patients in the BMSG flootprint are being deniced accoss community equipment and Austions Technology by Local autonicities. The LA site CHC flunded care as the rationale - this is contrary to the national transecut which does not permit individuals being dictiles support from other bodies. The expertise does not sit within the funded care team. Reccommend Close		06/09/202	3 Director of Nursing & Quality	Head of Delivery and Quality for AACC and FNC	4	4	16	1. individual negotiations on a case by case basis 2. Safeguarding involvement as required.	4	4	16	8		 The Funded Care Team is preparing a letter to the three LA's to formally set out the current postion and the impact on individuals. 	November 2023 - due to datif sickness there has been no progress on this risk.					
	Transformation, Date and D Operational	Cyber	Risk SCORE HAS INCREASED AND IS NOW REPORTED ON COR There is nik that without significant focus on Cyber Society measures the ICE are open to Cyber attack.			Deborah El-Sayed	Andy Carpenter	4	5	20	Our order rists are monitored as part of the Data hotection bookit isternal Audit plans are floated on monitoring our progress Our orders recurstly plans include social engineering and Technical components. The CI is fully compliant with DTAC improved training plans are in development System welk CS-Sper group plans are being developed Green the constantly changing nature of opter risk the plans maints under constant velver for improvements in light o	3	5	15		*							
	People Operational		There is a risk that the ICB will start to lose its talented people due to the uncertairty caused by the necent communication which set out a requirement to induce number 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 ICP Strategy.		05/04/2023/	Jo Hicks	Jo Hicks	5	5	25	Associated Resolution Control of the Strategy Development FlorumSenoir brakens to develop a plan for the approach to be taken. ICE organization development plan in development with a communication plan alongside.	4	5	20	8	*		November 23 - Weekly HR sessions with JO H & Sar H continuing , regular updates conitrue as Weekly Execs, SDF and HWGNFY October - Weekly updates at HWGNFY, Weekly HR essions with Jo H & Sam H. Weekly Exec & SDF	3 Action in designe phase				

BNSSG ICS Risk Register					1		1			Management actions already in place to mitigate risk (current controls)		1				Actions to be taken (as these are completed they should be		1		
organisation Strat the I	rational or ILS Kilk tegic Risk affecting Reference ICS7	House Leadingson If (cause) then (risk event) causilion in (effect (mount)	ref	register	Care Improvement Group or other ICS group	which other organisations are p involved in managing this risk	i kelhood	a Unnegate Impact	d Unmitigated risk score at date of ent on register	nanagement actions aready in pace to mitigate risk (current controls) y	Current Likeshool	Impact	Rating	Score	Current Risk Score	moved to actions in place)	Contract on Viriginal	Open/Closed	Completion	E Reviewed
Olocitio ope		- Section 2 - And Andreas Section 2 - Andre		97,92,9239	Director of Nurving & Quality		Instal of Proton 4	ŝ		Changes and section of the sectio	2	5	15	20		¹ Sprahol Annu Markovana Karlow (K. 1999) ¹ Sector (K. 1999) ¹	 Department (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	i i i i i i i i i i i i i i i i i i i		-33
GACCHO Apo	onional .	The notice duration and the MOSI conversion of the standard MOSI and an advanced well by the standard of the standard standard standard standard standard intervent and increased height advances.		05,05,222	Director of Naming & Quelly		Tanat di Patani Salety & Gually	5	2	1 Subley parallel (Kriger) Colompo parallel Colompo parallel 1 Me E Giff Johnson alle 1880 allerates lang unidade Jan 201.	3	5	15				The second secon			7-23
DMQ/CRO Dpm		An a much data of the and process when the system can be an a different prime whether the much at the second second second second second second second regional transformation and can write the regional transformation.		04/10/2021	Director of Numbry & Quality		Instant of Coloma S Constrance A Patient Safety	5	2	 Lager Contegory Johnson Al Charlow Taylow Contegory Cont	2	5				To work with SWAST to ensure that all incidents reading in harm to INSSG meldorit are recognised and twentighted in a timely manner and that the identified learning is implemented system vide. • SWAST to altered the January SQS meeting to update on the current position related to Patient Nerms due to operational the current position related to Patient Nerms due to operational	The other functional state is the least that the least t			6-22
Performance & Delivery Ope	vational	As a result of a long seak RT public (>52 weeks) building op since the pandemic There is a nick that the system will not be able to reduce to zone patients autig genetic than Té weeks by March 2022, waiting genetic than Gé weeks by March 2022 Which may result in potential harm for patients, nome subcranes and potential harm for patients, nome subcranes and poor patient systems.	2	16/11/2021	Liux Manson		Dani Sapsford 4	5	36	Ottow 2021 - Rey 1 angeling connersed. All plan management address treases in plane. September 2021 - Reit Tauk conferent PL 12 Elization de Molging reporting to connerses. Neuro COL Molging 10 Elization - Restance address and the Colling and Section and Section 2021 - Restance address address y CE 21 ed - Section bann chold of Colling and the Instrume. Table 2021 Existence and the address y CE 21 ed - Section bann chold of Colling and the Instrume. Table 2021 Existence address address y CE 21 ed - Section bann chold of Colling and the Instrume. Table 2021 Existence address address y CE 21 ed - Section bann chold of Colling and the Instrume and the Instrume and the Instrume address address y CE 21 ed - Section address address address address address address address address y CE 21 ed - Section address address address address address address address performance address addres	4	4	16		•	Constant 2021 - The 2 reporting commander AI other management actions sensitial to glice. Approprint 2022 - Both Transt contented Ther 2 for Elective barringhy reporting to commence from DCL Protecting and parading capacity approximation to the DCL and 4 and Sept to provide management and delivery in QL and 4 particular costs included on Outgatements in the reports. Eightfrant validation work underway FRDMAD glanning application to barrow commenses of the QL and 6 approximation to the reports.	Status 2011 - Status and a lateral of processor and any fair for instance and adabatic 400 work of instance and applications and applicatio	i. dit.		8-23
Performance & Delivery Ope	vational	As a mult of activad backlop, recurrent demand outstropping capacity and workforce challenges across serveral cancer environs There is a nick that pasterist will walt longer for appointments, disposit and transmert Which may insult in potential harm for patients, worse outcome and poorer patient experience.		01,03,2021	Jo Mechunst		Dani Sapetord 4	4	16	and many. Revelop Jones 2014. The second sec	4	4			•	Bitts: Elective Centre to Joint Investment Committee in fept. August 2022 - Trusts continue with plans to increase capacita and improve practicality and effective	andway. Show yolinus a decider also insortius for labs the INEE DECE segment of the ort IC CC can Rears Them IS DECE segment or and a set of the CC can Rears Them IS DECE segment or and a set of the REAR Se			/10/2023
Performance & Delivery Ope	rational	does not result in improvement in neurodiverse needs of CVP being identified early, understood and met through appropriate pre and post assessment/diagnosis support and induction in referral demand. Risk that system partners unable to agree appropriate level	4	22/09/2023	Rosi Shepherd		Anna Clark 4	4	16	15 new or expanded projects grant funded to provide axis ysupport pre-diagnosis Peer/Professional Early Support Workshops commissioned and being delivered by PCFs Bayworks: Team resultance completed User Experience digital project ministry for processent stage to transform 4 concepts into testable platforms. Devices Revenue and and early delivered by CPDIs 2 Database 74.	4	4	16			Cateway transformation program me started to support the redesign of Childrens ACD pathways jointly led by commissioned PCFs. System decision required to determine whether service	11 new and help support projects in development werk live on 1x April Ver & Abrelssina (Link) Support Vehichers (Link) devend a cross BISSE New Justice surgest an universe listed on Almendy spress (Link) for support GA, forma werking lan Collizio Intellitera development formation of the support of the support of the support GA, format werking lan Collizio Intellitera development formation of the support of			7/11/2023
Performance & Delivery Doe	rational	Not that system partners usable to agree appropriate seve and approach to funding Auditan Internative Revice from April 2024 resulting in service not being re-commissioned and boing benefits of improved outcomes for CVP and cost savings for the system If South Gios local authority reduce It's funding for public		25(10/20230	Drul Ownhard		Met lievening 4		16	Option if gets overlapping and the presentance of CoCost in CoCost and CoCost in CoCost and CoCost in CoCost and CoCost in CoCost and CoCost and CoCost and CoCost	4		16			Continue part April 2024 and how funded. IC8 Exec Discussion to support with ongoing funding discussions IC5 in discussion with 3 LAs re-position going forward	Exer. SARE has been written for w/k & Householer 2023			0/11/2021
		health numing, then Sirona will have to stop providing certain elements of this service which will result in a reduced service to tamilien, further inequity across tINSSG, and poorer outcomes for CVP. This will also likely cause a significant amount of public attention and scrutiny which								· · · · · · · · · · · · · · · · · · ·										
Performance & Delivery Oper	rational	could cause reputational damage. Admin staff that support adoption medicals are on fixed term contracts which will end March 2024 with no further		07/11/2023	Rosi Shepherd		Mark Hernmings 5	3	15	the state of the s	5	3				the second se	the		1	17/11/2023
Ope	rational	funding As a result of the temporary closure of Ercadmead WiC since andy 2020 in response to could IPC requirements, there is a risk the ICB is challenged on timescales for reopening the service and on following due process for cogoing supervision of the service.		07/11/2023	Dave Jarrett		Geen Penlington 4	4	36	This issue has been subject to test previous transformation reviews of oily centre minion' position incorporating the WIC, but these have not concluded, making the long term plan for the service is not continned. The USC Performance team is proposing the WIC is included in the BRSSE-wide review of UTC compliance tegining December 2013 responsi 1-6 March 2024.	4	4	16		•	UEC performance team is drafting a paper for December HCIC to set out the terms of reference for the UIC oview and will incorporate a recommendation to include long term options for Broadmead WIC.				y11/2023
Oper	rational	Indiging publication of the annota- base and ad Application been agreed without Locatly producements uncertainty assured faiture anding for practicatic area as din Application for the and of programme team having been distunded from the and of the plotnet with till find produce adjustment and discion making about the know of the plotn. Locatly Proteerships need to have adequase information and data, as well as maximpling input to future decisions.	r 1	28,03,2323	Clavid Jarrett		David Moxx 4	3	12		4	4	16			Approach in development with Communities HCIC is new the approach to produce one and to the high Apping We plots into an investment prohostication molecule to exable reformed devices multiple to take plote in top 42. July 23 HCIC agreed to a further three month extension of plots white review was completed.	TERE 12 is a watching bott a state ball and hermitiation segments have a decided Paper party to Age of opp VDC analysis of a grant of the Alexa 2 is a watching bott a state of the all places information state. Age of a state and grant and the Alexa 3 is a watching bott and the state of the all places in the state of the state of the state of the Alexa 3 is a watching bott and the state of the all places in the state of the state of the state of the state of the Alexa 3 is a watching bott and the state of			0/08/2023

BNSSG ICS Risk Registe	er																						
ICS Directorate or ICS organisation	Operational or Strategic Risk affecting the ICS?	ICS Risk Reference	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	Date entered on register	Risk Lead / Health and Care Improvement Group or other ICS group overseeing this risk		Risk Owner	Unmitigated likelhood	Unmitigated impact	Unmitigated risk score at date of entr 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 Ris Score	of ICS Group e.g., HCIG, k System Exec, DoFs overseeing this risk	Actions to be taken (as these are completed they should be moved to actions in place)	Comment on Progress	Risk Open/Closed	Target Date for Completion	Last Reviewed
	Strategic	KS 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.	1	27.11.23	System Executive Group	All ICS partner organisations		4	5	20	ICE People Committee established with Terms of Reference included in the Governaance Handbook Subsidiny ICS worksteams to deliver outpurs North People Plan Workforce features in JFP development	4	5	20		•		System Wide EDI report in: 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	Dperational objectives do improve pop health and we are delivering Regular briefings with MPS are scheduled ICE T&D directorate undertaking prioritikation of projects	4	3	12		٠				Open		27.11.23
	Strategic	105.3	There is a reputational risk to the ICS that having listened to 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 readion	1	27.11.23	System Executive Group	All ICS partner organisations		2	3	6	ICB Board meets in public with updates on delivery induded in the agandas Active communications and engament channells across the ICS Chief Delivery Officer appointed to ICBstrutture	2	3	6		٠		HCIG progress updates to be received by SEG and Board through OPQ Committee updates		Open		27.11.23
	Strategic		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 reduce health inerviaities		27.11.23	System Executive Group	All ICS partner organisations		4	5	20	IED committee insolvement in the övenight of system finances. Deep dives into partner organizations' finance schedulled Established system DoTs group in operation with agreed principles	4	5	20		٠		Prioritiuation tool in development NGGs to determine key objectives,/deliverables		Open		27.11.23
	Strategic	103 5	There is lack of timely, relevant and comprehensive data and intelligence available across all system partners, which can result in poor decision making thus affecting the optimal delivery of strategic information.		27.11.23	System Executive Group	All ICS partner organisations		3	3	•	Faculty AI 10PP Strong BF function in the KE Connecting Care	3	3	9		٠		Completion of SDPP		Open		27.11.23
	Strategic		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		VCSE allance Agreement Ata ICB Board will include a partner member of the VCSE VCSE represented in each of the Localities. ICB employee a VCSE lead.	3	5	15		٠		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	IIG meetings established IIG awaydays have taken place to support development of working arrangements	2	5	10		•		Meeting between ICP and ICB Boards to take place in January 2024 Agreement of SEG 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 pather organisations		4	4	16	Agreement of a co-produced strategy that tries to address this, and which is led by partners $\left(\text{ICP}\right)$	4	4	16		۰				Open		27.11.23