

Meeting of Primary Care Commissioning Committee

Date: Tuesday 31st March 2020

Time: 9.00am

Location: Virtual meeting

Agenda Number :	5
Title:	Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) – March 2020
Purpose: Discussion	
Key Points for Discussion:	
<ul style="list-style-type: none"> • The amendments and additions to the CRR • The updates to the GBAF • Whether the CRR and GBAF are an accurate reflection of the risks discussed by the Committee 	
Recommendations:	<ul style="list-style-type: none"> • To review and discuss the CRR and the GBAF • to consider whether the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) are 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 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:	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
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) – Feb- March 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 review by the Primary Care Commissioning Committee at its January 2020 are detailed below. **Risks added to the CRR are highlighted in red text on register.** **Updates to the CRR made since its review in September are highlighted in blue on the register.**

Risks added	Risks added description
BNSSG wide (Bristol) BS 18	As a result of the pace of demands placed upon Locality Provider Groups through SDUC programmes, there is a risk that time demand might impede engagement and/or delivery of those programmes which may result in not meeting objectives of programmes.
BNSSGQD43	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. This risk was added to the Directorate Risk register in 2019/20 with a lower risk score; the March review has seen the risk score increase and it is now also reported on the Corporate Risk register
Tr Comms	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).
CCG wide	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

Detailed risks and issues relating to and raising 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 log of all information received, issues and risks arising, and decisions and actions taken in response. This requirement is reflected in the role descriptions for all staff involved in the Silver Command. The Governing Body and the Primary Care Commissioning will receive regular briefings on the system response, including risks and mitigations.

The three risks reported relating to Pier Health Group were reviewed and one single risk developed. This risk was reviewed and the risk score revised, following the actions described below. The recommendation is that this risk is removed from the Corporate Risk Register.

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
M014	As a result of the EU exit, there is a system wide risk depending on the outcome of the negotiations of the terms and conditions, which may result in national Medication & medical device supply issues. Current EU exit work has been stepped down but likely to increase based on future negotiations. There are processes in place to deal with national shortages, either directly or indirectly related to EU exit. The risk score has been reviewed and reduced to 3x3 =9 recommend risk is removed from CRR
MDPCC12	Due to issues related to GP practice sustainability there is a risk that access to primary care services and capacity for transformational change to ensure future sustainability may be affected *05/03/20: New risk to be identified re access to primary care services; MDPCC22 covers resilience and transformation
MDPCC22	There is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation 10.02.20 Initial discussions are taking place with Inner City and East Bristol practices. Current risk score reduced to 3x4=12 following PCCC discussion.
BNSSG wide (Bristol) BS 18	As a result of the pace of demands placed upon Locality Provider Groups through SDUC programmes, there is a risk that time demand might impede engagement and/or delivery of those programmes which may result in not meeting objectives of programmes. Following review the risk score has been reduced as Bristol HOLP now invited to relevant programme meetings. Savings expectations reviewed through urgent and integrated care working group.

There are three risks reported on the Corporate Risk Register that relate to Pier Health Group; these were reviewed in line with the recommendation of the Primary Care Commissioning Committee and one risk was reported through risk ref: North Somerset Area Team 22. Mitigations to the risk

continued and all three risks are recommended for removal from the CRR as the risk score has been reduced.

Risks removed	description
Nursing and Quality Directorate QD043	Risk to patient safety due to staff shortages and changes to the model of care at Horizon Health Centre: This risk has been transferred to the Area Directorate Risk Register – this risk was reviewed, reduced and reported in February.
Commissioning Directorate 32	Pier Health Group are a provider for two APMS contracts that are facing significant staffing concerns in WSM. Due to the challenges faced with GP retention and recruitment, and rising locum costs the Group intend to move to an Advanced Nurse Practitioner model. There is a risk that without the correct structure, governance and leadership in place and if ANPs do not possess the correct competencies that this may impact on patient care: This risk has been transferred to the Area Directorate Risk Register – this risk was reviewed, reduced and reported in February.
North Somerset Area Team 22	<p>As a result of: Pier Health Group Ltd's difficulty in recruiting key clinical staff and administrative support, the organisation is making slower than anticipated progress in implementing transformational change of services and infrastructure to provide improved GP services from Graham Road and Horizon GP practices. There is a risk that: Quality and access to primary care services may be severely compromised and high numbers of patients may de-register and seek primary care services at neighbouring Weston practices Which may result in: List dispersal, affecting the stability of primary and urgent care providers delivering services in WW&V locality and the ability to progress with locality development (ICP) plans</p> <p>Weekly Service Recovery Plan teleconferences in place for sit rep updates and monitoring against service recovery plan actions, including the assurance of safe staffing levels across both sites in January . Review of risks, mitigations and escalation to Medical Director and Implementation Board where necessary.</p> <p>Paramedic care home service and first contact physio in place for Graham Road and Horizon; Push Doctor implementation in February. N3 connection to new administrative due mid to late February.</p> <p>Primary care quality assurance visit 18/12/19; quality team support in place</p> <p>Communications plan in place to support PHG in the implementation of new services and practice processes.</p> <p>PHG developing a business case for recurrent additional funding for a</p>

	new workforce model from 20/21 reflecting patient population needs; CCG providing BI and data to inform the case for change - The risk score has been reviewed and reduced to 3x4 =12 it is recommended the risk is removed from the corporate risk register
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3. Governing Body Assurance Framework

The GBAF identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body that risks are being managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. Each risk reported on the GBAF is reported to a specific committee. Each committee reviews its specific risks at its meetings to ensure that the information provided is line with the committee's expectations. All changes to the GBAF are indicated in blue text. The GBAF is updated by Directors throughout each month and the current version is attached. Following the review of principal risks in November and December the risk scores for the risks below have been revised to either the target risk score or below. These risks will continue to be reported on the GBAF:

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

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.

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

A new principal risk was approved and added to the GBAF by the Governing Body at its January 2020 meeting:

Principal Objective PO7: 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

4. Financial resource implications

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

5. 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

6. 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

7. 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.

8. 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.

9. 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 March V2

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	18/03/2020	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 workstreams resource has been focussed on key priorities in line with national directions and building on and accelerating existing system plans	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	
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	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	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 STP Cancer steering group which also feeds into the acute care collaboration	Monitoring of position continuing	Quality Committee Commissioning Leadership Team / Commissioning Executive & STP Steering Group (ACC)	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	15 (3x5)	↔	10 (2x5)	Mar-20	Open	Mar-20
Commissioning Directorate	3	PO7	10.08.18	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.	For 2019/20 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries Engagement with providers through the control centre process to identify and implement system savings. Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings Currently reviewing the ICQPM's Terms of Reference which includes monitoring and delivery of agreed system savings	To be reviewed at commissioning business meeting monthly. Sept 2019: reviewed, no changes. Nov 2019: reviewed, no changes. Dec 2019: reviewed, no changes Jan 2020 reviewed, no changes Feb 2020 reviewed, no changes March 2020 reviewed, no changes	This risk is linked to the risk PO7 on the GBAF which contains more detail on the management of financial recovery	Commissioning Business Meeting /Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Claire Thompson	25 (5x5)	20 (4x5)	↔	4x4=16	Mar-20	Open	Mar-20
Commissioning Directorate	5	PO5	10.08.18	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	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 October: Single performance recovery plan developed; mentioned Through AEDB & UCOB. -System summit for actions to support WAHT recovery.	Nov 2019: Learning from system critical incident to be embedded in processes to manager winter risks. Oct 2019 see actions Sept 2019: reviewed, no changes. Sept 2019: reviewed, no changes. Single urgent care performance plan developed for 2019/20. August: gold escalation in place with CEO oversight of immediate actions and recovery. Weekly WSOGs for each locality with multi-disciplinary attendance to operationally manage pressures	This risk is linked to the risk PO5 on the GBAF 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-19	Open	Nov-19

Commissioning Directorate	7	PO6	10.08.18	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	March 2020 The OOA position continues to be a challenge, with high numbers remaining OOA and the Trust still in Opel 4. Commissioners and AWP attending National Conference on this and buddies being identified to support the position. Exec to Exec meeting held and Board to Board date has been set. CQC have just completed their unannounced visit - awaiting the outcome currently. Operational planning currently underway which includes a focus on mental health.	<input type="checkbox"/> This risk is linked to the risk PO6 on the GBAF 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	Apr-20	Open	Mar-20
Commissioning Directorate	10	N/A	29.11.18	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.	<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	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 position has increased at all providers to approx 60 across the 3 providers (trust level breaches). There are ongoing discussions about the potential for further funding options from NHSE/I which is being explored with providers.	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.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	15 (3x5)	↔	1x1=1	Mar-20	Open	Mar-20
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	Feb-2020: A LES has been signed off by the commissioning executive which means that the service can make progress with their plans. However, some patients are exercising their right to choice and therefore there is a financial risk to the system as a result of adhoc payments being requested from AQP providers. Options are being reviewed on how best to mitigate against this as there is a significant financial risk if this escalates. AWP have been informed that as a result plans to reduce wait times need to be expedited further. Jan 2020: There is a paper to go to the commissioning executive regarding patient experience	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	Mar-20	OPEN	Mar-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	28/2/2020: The trust are continuing to work through the validation process - The plan is currently 6 weeks late due to parameter changes and the Trust have received the 2nd weekly report this morning. All exclusion categories have now been identified. Monthly updates are received at the Weston access performance group. Jan 2020 The trust continue to work through a validation plan that has been shared with the CCG and this will be monitored via the access performance group.	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	20 (5x4)	↔	1x1=1	Mar-20	OPEN	Mar-20
Commissioning Directorate	32		12.11.19	Pier Health Group are a provider for two APMS contracts that are facing significant staffing concerns in WSM. Due to the challenges faced with GP retention and recruitment, and rising locum costs the Group intend to move to an Advanced Nurse Practitioner model. There is a risk that without the correct structure, governance and leadership in place and if ANPs do not possess the correct competencies that this may impact on patient care.	The Board to Board meetings with Pier Health will continue on a monthly basis, with assurances sought on the current performance across the two sites. Assurances will be sought to inform the content of each meeting, and to monitor progress.	Feb 2020. Board to board meetings continue, chaired by Colin Bradbury. Weekly Service Recovery Group calls with Clare McInerney and David Moss. Recommend risk closed and moved to the area directorate risk register, noting Colin Bradbury as the director lead. Risk has been reviewed and risk score reduced to 3x4=12 recommend risk is removed from the CRR January 2020 Pier Health Service Recovery Group meeting weekly to track progress of operational issues and assess where provision of CCG resources can be used to support A response to CCG letter outlining core contractual performance requirements has been received and discussed at the December transition board. A Quality and Safeguard visit is planned for early December 2019. PHG are coming in to meet finance contract leads to discuss operational running costs from January noting a forecast deficit position from January 2020 linked almost wholly to a lack of GP substantive workforce	Any 2020 funding is still yet to be agreed. Area Team have agreed wider PHG clinical staffs will support the practice in the immediate future. The CCG will continue to work closely to support clinical workforce issues and find a substantive solution.	Primary Care Commissioning Committee	Lisa Manson	David Moss	3 x 4 = 12	3 x 4 = 12	↔	1 x 1 = 1	31/12/2019	closed	Feb-20

Finance Directorate	F20-09		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.		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.	Deep dives continuing focusing on key projects. RAG update underway. Reasons for under-delivery last year understood. Links between Control Centre and SFRP savings understood but significant development on owning challenges at system level to be completed. Current-forecast savings-delivery of £30.7m is below £41.4m requirement therefore risk remains live and significant. Current forecast savings delivery of £27.6m is below £41.4m requirement therefore risk remains live and significant.		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Mar-20	Open	Jan-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.	• 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.	Nov: Some mitigations now supporting the overall position. Oct: Current forecast savings delivery of £30.7m is below £41.4m requirement therefore risk remains live and significant. Current forecast savings delivery of £27.6m is below £41.4m requirement therefore risk remains live and significant.		Strategic Finance Committee via Turnaround Steering Group	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Mar-20	Open	Jan-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.	• 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.	Jan 20: risk unchanged Nov The SFRP projects are understood at a system level via Partnership Board and SDOG, with regular progress reporting in place. Forecast delivery is below plan however some of this reduced impact in acute care is offset by lower than expected activity levels in other areas. Work continues to maximise delivery by year end.		Internally via TSG and SFC. As a system via SDOG and Partnership Board	Sarah Truelove	Steve Rea	20 (5x4)	20 (5x4)	↔	10 (5x2)	Mar-20	Open	Jan-20
Medical Directorate - Clinical Effectiveness	M014	N/A	07.02.19	As a result of the EU exit, there is a system wide risk depending on the outcome of the negotiations of the terms and conditions, which may result in national Medication & medical device supply issues. There is also a risk of panic among patients that they may not be able to get hold of their medicines following the exit, which may result in the stock piling medicines, which may cause or worsen stock supply issues. It may also result in some patients trying to obtain medicines privately, which will also impact on medicines supply.	Nationally: Department of Health and Social Care (DHSC) has been leading contingency planning. Work is well advanced across all sectors of the medicines supply chain to ensure continuity of supply of medicines in preparation for a 'no deal' EU exit. This includes industry developing a six week stock level of prescription only medicines and pharmacy medicines to ensure supply for patients is maintained across the NHS. This work also includes ensuring supplies of vaccines and unlicensed medicines. National operational guidance and a serious shortage protocol are in place if required. The message to all is that Medication should not be stockpiled locally. It is known from the management of normal medicines shortages, instances of individual organisations stockpiling can risk additional pressure on the availability of medicines for other patients locally and in other areas of the country. Locally: Maintaining the usual restrictions on re-ordering repeat medicines and preventing excessively early re-ordering. Produced comms to practices/pharmacies etc. that Medication should not be stockpiled locally.	03/02/2020: Current EU exit work has been stepped down but likely to increase based on future negotiations. There are processes in place to deal with national shortages, either directly or indirectly related to EU exit. The risk score has been reviewed and reduced to 3x3 =9 recommend risk is removed from CRR 07/01/2020: Awaiting national update.			Peter Brindle	Debbie Campbell	20 (4x5)	3x3=9	↓	TBC	Mar-20	Closed	Feb-20

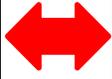
Medical Directorate Primary Care Commissioning	MDPCC12 Closed*	Related to PO3.2: Primary Care: Supporting Primary Care Resilience	13/08/2018 Wording updated December 2019	Due to issues related to GP practice sustainability there is a risk that access to primary care services and capacity for transformational change to ensure future sustainability may be affected *05/03/20: New risk to be identified re access to primary care services; MDPCC22 covers resilience and transformation Recommend remove risk from the Corporate Risk Register	*MDPCC22 covers mitigating actions for primary care resilience and transformation.	*MDPCC22 covers updates on primary care resilience and transformation.	There is a range of work required by the CCG, practices, NHSE nationally and local stakeholders including One Care Ltd., Training Hub and Avon LMC to support the sustainability of practices in BNSSG. The STP workstream will draw together local stakeholders to develop concerted action.	Primary Care Commissioning Committee (PCCC)	Martin Jones			5x4=20	3x4=12	↓	2x4=8	closed	Mar-20
Medical Directorate Primary Care Commissioning	MDPCC22	PO3.2: Primary Care: Supporting Primary Care Resilience	11.09.19	There is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	<ul style="list-style-type: none"> Internal Communications plan to be further built on and implemented Contracting in Primary Care, visiting Practices to offer advice access to support functions Support Practice Managers, improvement of skills/support change Resilience Dashboard and Triangle/Self-Assessment Tool Primary Care Workforce Strategy Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal. Delivery plan for Primary Care Strategy to be developed for implementation from early 2020. PCN Organisational Development Plan to be produced 	<p>10.02.20 Initial discussions are taking place with Inner City and East Bristol practices. Current risk score reduced to 3x4=12 following PCCC discussion.</p> <p>09.12.19 Practices assessed as at potential resilience risk through resilience dashboard are approached to 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 and South Bristol. MoUs in place with practices which take part in the General Practice Resilience Programme. Also see MDPCC12, MDPCC18 and MDPCC23.</p>		PCCC	Martin Jones	Jenny Bowker	5x4=20	3x4=12	↔	9(3x3)	Mar-20	closed	Jan-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>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> <p>Dec 19: risk unchanged</p>	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	15 (3x5)	↔	5 (1x5)	Mar-20	open	Feb-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	Feb-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.	<p>All posts have been advertised. The Trust has sought agency staff to cover vacancies.</p> <p>An interim manager has been appointed to provide improved leadership. The exec team are undertaking twice weekly visits to the unit.</p>	<p>March 2020: Continue to monitor the implementation plans for transfer of service.</p> <p>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.</p> <p>January 2020 - Assurance visit has taken place and report being formulated.</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	Mar-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	<p>Reviewing all high cost cases.</p> <p>Fortnightly Adult commissioning panel reviewing cases.</p> <p>Pro-active high cost case reviews.</p> <p>Working with finance and BI for trend analysis.</p> <p>Monthly reporting to strategic finance committee"</p>	<p>March 2020: Risk remains unchanged.</p> <p>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.</p> <p>January 2020: Risk remains unchanged</p> <p>Dec 19: Risk remains as identified</p> <p>Oct new risk</p>	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality - CHC lead	16 (4x4)	16 (4x4)	↔	3x4=12	Mar-20	open	Mar-20

Nursing & Quality	BNSSGQD43	n/a	10.12.19	Risk to patient safety due to staff shortages and changes to the model of care at Horizon Health Centre	Monthly meetings are being held with the provider and CCG. Practice are appointing a new manager and a new management structure. New telephony system planned. Improvement schemes such as Push Dr and Ask my GP to be implemented. Recruitment ongoing for further GP sessions. Pier Health GPs ad BNSSG Clinical Leads to provide support and cover. A senior Nurse working across both sites to provide leadership.	<p>March 2020: This risk has been transferred to the Area Directorate Risk Register (see above NS22) - risk has been reviewed and reduced Recommend Closure.</p> <p>Feb 2020: CQC inspection of Horizon published with a 'Requires Improvement' overall rating. CCG Quality team undertaking a further practice visit on 10/02/2020. Weekly SIT rep reports being received from Pier Health. Discussions ongoing regarding model of care.</p> <p>Jan 2020: continued support to the practice from the quality, resilience and contracting team. Weekly meetings with partners. Risk remains the same.</p>	no gaps identified.	PCCC	Director of Nursing & Quality & North Somerset Area Director	Associate Director of Quality & Head of Locality Development North Somerset	16 (4x4)	3x4=12	↔	8 (2x4)	Mar-20	open	Feb-20
Nursing & Quality	BNSSG QD 023	D1	09/03/2020	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 reviewers. One has started and has been allocate cases, the second starts end of March 19.	<p>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</p> <p>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.</p> <p>Jan 2020: Risk and mitigations remain unchanged from last month</p> <p>Feb 2020: Risk reviewed in January LeDeR Steering Group, recent recruitment has meant risk remains unchanged.</p>	none identified currently; monitoring of position continuing	Quality committee	Director of Nursing & Quality	Associate Director of Quality	12 (4x3)		↑	6 (2x3)	01/03/2020	open	Mar-20
North Somerset Area Team	NS22	n/a	20/12/2019	As a result of: Pier Health Group Ltd's difficulty in recruiting key clinical staff and administrative support, the organisation is making slower than anticipated progress in implementing transformational change of services and infrastructure to provide improved GP services from Graham Road and Horizon GP practices. There is a risk that: Quality and access to primary care services may be severely compromised and high numbers of patients may de-register and seek primary care services at neighbouring Weston practices Which may result in: List dispersal, affecting the stability of primary and urgent care providers delivering services in WW&V locality and the ability to progress with locality development (ICP) plans	<p>A Recovery Plan has been developed, with weekly monitoring meetings being set up. The plan includes the following elements:</p> <p>a. clinical and non clinical workforce recruitment</p> <p>b. Internal and external comms</p> <p>c. Contractual support (e.g. merging of EMIS systems)</p> <p>d. Clinical quality</p> <p>e. Financial sustainability</p> <p>f. Operational resilience (e.g. introduction of Push Doctor)</p> <p>g. Risk management</p> <p>h. Safeguarding</p>	<p>Weekly Service Recovery Plan teleconferences in place for sit rep updates and monitoring against service recovery plan actions, including the assurance of safe staffing levels across both sites in January. Review of risks, mitigations and escalation to Medical Director and Implementation Board where necessary.</p> <p>Paramedic care home service and first contact physio in place for Graham Road and Horizon; Push Doctor implementation in February. N3 connection to new administrative due mid to late February.</p> <p>Primary care quality assurance visit 18/12/19; quality team support in place</p> <p>Communications plan in place to support PHG in the implementation of new services and practice processes.</p> <p>PHG developing a business case for recurrent additional funding for a new workforce model from 20/21 reflecting patient population needs; CCG providing BI and data to inform the case for change - paper to be submitted to PCCC closed session in February 20.</p> <p>The risk score has been reviewed and reduced to 3x4 =12 it is recommended the risk is removed from the corporate risk register</p>	no gaps identified.	PCCC	Director of Nursing & Quality & North Somerset Area Director	Associate Director of Quality & Head of Locality Development North Somerset	4 x 5 = 20	3x4=12	↓	2 x 5 = 10	Mar-20	closed	Jan-20
BNSSG wide (Bristol)	BS18	PO4	13/02/2020	As a result of the pace of demands placed upon Locality Provider Groups through SDUC programmes, there is a risk that time demand might impede engagement and/or delivery of those programmes which may result in not meeting objectives of programmes.	<p>Financial support via the LTS for LPV staff to allocate time to deliver requirements</p> <p>"Embedded" CCG Locality Development Manager to support development of necessary business cases and other associated administrative and project support</p> <p>CCG delivery of finance and business Intelligence modelling, including population numbers in the 5 frailty model of care pathways.</p> <p>LDM support</p>	<p>27/02/2020: Bristol HOLP now invited to relevant programme meetings. Savings expectations reviewed through urgent and integrated care working group. Risk Score Reviewed and reduced and recommended risk now removed from CRR</p> <p>27/01/2020 Update required from SDUC programme for supporting localities to accelerate delivery</p> <p>03/01/2019: Locality Transformation Scheme funding to support engagement by locality leads.</p> <p>Attendance at frailty Model of Care meetings remains poor. Frailty Model of Care taken to all three Membership meetings in Nov/Dec 2019.</p>	no gaps identified.	Integrated Care Steering Group	Area Director Bristol		3x4=12	3x4=12	↓	tbc	tbc	Open	Feb-20
Transformation	Tr Coms		05/03/2020	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.						(4 x 4) 16	(4 x 4) 16	-	-	Ongoing	Open	Mar-20
																	Mar-20

BNSSG CCGs Governing Body Assurance Framework (March V1 2019/20)

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	Julie Thallon	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.

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| <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: 27/02/2020
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 and we need to understand the implications of the new contract deal announced on 06.02.20. 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.
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"> • Engagement plan for Primary Care Strategy • Monthly Primary Care Provider Meetings • Implementation of Primary Care Strategy • Primary Care Network development plan • PCNs agreed for BNSSG area and initial meeting with PCN clinical directors held • Launch of PCN OD approach at 10th September membership meeting. • PCNs requested to complete maturity self-assessment matrix and return to CCG by 18th October • PCN Clinical Director and Locality Provider Leads meeting held on 2nd October to agree next steps for PCN OD • Working group will develop the OD offer and all PCN self-assessment matrices have been received. • First PCN OD/Leadership Working Group meeting held via teleconference on 21st November 2019 with representation from PCNs, Area Team, and Primary Care Development Team • Directory of OD/Leadership offers has been compiled • 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 to be developed for Quarter 4 early Q1 2020/21 • Primary Care Commissioning Committee seminar in February 2020 to focus on additional roles and workforce planning 	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 • Workforce Group reports to key bodies including PCCC and to GB via committee structure • STP Workforce Strategy Group • Internal Audit of Primary Care Commissioning and governance planned for 2019/20 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. Gaps in Assurance: (<i>What additional assurances should we seek?</i>)

- CCG co-ordinating response to new draft PCN specifications and to develop system support plan against the requirements.
- Proposals for OD funding to be presented to PCCC for approval in January.
- 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. The CCG is currently assessing the implications of this and any risks arising from this will be factored in to future updates of the risk register. An early assessment highlights risks in relation to recruitment to a wider range of additional roles and overlaps between the Care Home specification and the local LES. We are expecting CCG allocations to be revised.
- **CCG presentations and discussions about the contract deal held at each locality membership meeting in February 2020. The new deal is welcomed by our practices and they are keen to understand the detailed implications.**
- **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.**

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
- Wider stakeholder engagement plans to be developed
- Links with Urgent Care Strategy/UTCs
- Locality Development Plans
- Healthy Weston model of care development supporting PCN development
- ~~Communication Strategy~~
- 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 by the end of June 2020. Explore options for recruitment and advertising support offer to PCNs.**

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: 27/02/2020
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.
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 Drafting and testing of Primary Care Strategy from September to November 2019. Monthly Primary Care Provider Meetings Primary Care Network development plan GP resilience tool to be launched PCN's agreed for BNSSG area and initial meeting with clinical directors held Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. Primary Care Networks launched 1st July 2019 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 approached to invited to become part of resilience programme which includes identifying resilience support needs and 	Assurances: <ul style="list-style-type: none"> STP GP Resilience and Transformation Group and STP Community and Primary Care Workforce Group Reports through STP governance to Healthier Together Partnership Board 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 and governance planned for 2019/20 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>)

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 and South Bristol. MoUs in place with practices which take part in the General Practice Resilience Programme. Initial discussions are taking place with Inner City and East Bristol practices.

- **Refresh of the CCG resilience and sustainability toolkit underway, which will now incorporate the process for supporting practices to improve quality**

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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
- 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.
- Delivery plan for Primary Care Strategy to be developed for implementation from early 2020.

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

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| <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 | |
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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.

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| <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. | |
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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