

# BNSSG CCG Governing Body Meeting

**Date:** Tuesday 5<sup>th</sup> January 2021

**Time:** 1.30pm

**Location:** Virtual meeting. Details within the calendar invite

<b>Agenda Number :</b>	9.3
<b>Title:</b>	Corporate Risk Register (CRR) December 2020
<b>Purpose:</b> approval	
<b>Key Points for Discussion:</b>	
<ul style="list-style-type: none"> <li>The risks rated at 20 and above on the CRR</li> <li>New risks added to the CRR since the last review by the Governing Body</li> <li>The risks recommended to Governing Body for removal and the confirmation of the relevant committees that they are assured that the actions have been sufficient to reduce the risk score</li> <li>The proposal to delay the move to a new template</li> </ul>	
<b>Recommendations:</b>	<p>The Governing Body is asked to review the CRR and approve:</p> <ul style="list-style-type: none"> <li>The addition to the CRR of the risks detailed</li> <li>The removal from the CRR of the risks detailed</li> <li>The migration to the new risk register template for April 2021</li> </ul>
<b>Previously Considered By and feedback :</b>	The Corporate Risk Register is reviewed monthly by Directors and received and discussed at the monthly Quality Committee, Strategic Finance Committee and Clinical Executive meetings
<b>Management of Declared Interest:</b>	The Committee receives a register of its members declared interests as a standing item. There are no declared interests relating the CRR and no risks regarding the management of declared interests
<b>Risk and Assurance:</b>	The CRR shows the current position of those risks scored at 15 and over using the 5x5 risk scoring matrix
<b>Financial / Resource Implications:</b>	<p>As part of the Risk Management Strategy the risk register is used to report the impact of risks including financial risks</p> <p>A moderation stage is used to ensure consistency in reporting financial risks across the CCG. Financial risks reported on Directorate Risk registers are reviewed corporately and an impact risk score, as described below is applied. If the risk score is reduced, the risk is not added to the CRR and the Directorate is informed. The budget baseline applied is the CCG overall resource allocation.</p>

	Score	Impact
	1	small loss/risk of claim remote
	2	Loss of 0.1% to 0.25% of budget (£1m to £3.5m)
	3	Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)
	4	Loss of 0.5% to 1% of budget (£7m to £14m)
	5	Loss of > 1% of budget (£14m+)
<b>Legal, Policy and Regulatory Requirements:</b>	The CRR is a mechanism for reporting risk and does not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the CRR	
<b>How does this reduce Health Inequalities:</b>	No health inequalities issues arise from this report. The Corporate Risk Register reports significant risks; where there are risks related to Health Inequalities that are over the risk scoring threshold of 15 and above these will be reported on the register.	
<b>How does this impact on Equality &amp; diversity</b>	No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register reports significant risks; where there are risks related to equalities that are over the risk scoring threshold of 15 and above these will be reported on the register.	
<b>Patient and Public Involvement:</b>	Not applicable to this report	
<b>Communications and Engagement:</b>	The Corporate Risk Register is shared with Risk Leads, Risk Administrators and Directors for monthly updating. The Corporate Risk Register is a public document available on the CCG website	
<b>Author(s):</b>	Sarah Carr, Corporate Secretary	
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Sarah Truelove, Chief Financial Officer	

## Agenda item: 9.3

### Report title: Corporate Risk Register (CRR) December 2020

#### 1. Background

The Corporate Risk Register (CRR) provides assurance to the Governing Body that 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. The Governing Body is responsible for ensuring that the CCG has properly identified risks and has appropriate controls in place to manage risk. The Governing Body approves the addition and removal of risks from the CRR.

Directorate Risk Registers are reviewed and updated monthly. These feed into the CRR, which is discussed by the Executive as a standing item once a month. Each committee also reviews the CRR. The committees are reminded of their responsibility to review, scrutinise and challenge the management of risks specific to their remit. Committees are asked to consider whether they have a reviewing role in relation to any new risks added to the register; committees are also asked to assure themselves that risks recommended for removal have been appropriately reviewed and risks scores are revised appropriately. The Audit, Governance and Risk Committee receives the CRR as part of its responsibility to satisfy itself that systems and processes are in place and working. The Executive team has identify executive risk leads for specific areas. Executive risk leads review risks alongside director leads to ensure complete coverage of issues and avoid potential duplications.

#### 2. Corporate Risk Register

Those risks rated at 20 and above on the CRR are highlighted below:

ref	risk description	current risk score	Date added
BNSSG Commissioning 11	Cancer patients are at risk of potential harm if there are delays in the cancer pathway. There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	4x5 =20	1.04.20
BNSSG Commissioning 7	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	4x5 =20	1.05.20

	people on a Section in hospital and increasing pressure on the crisis team's ability to respond.		
BNSSG Commissioning 10	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	<b>4x5 =20</b>	1.05.20
BNSSG Commissioning 36	As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis. There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/ space issues.	<b>4x5 =20</b>	18.02.20 added to the CRR

### 3. Updates to the Corporate Risk Register

Risks added to the CRR are highlighted in red text on register. Updates to the CRR made since its last review are highlighted in blue on the register. Since the October review of the CRR by the Governing Body three risks have been added to the CRR for the Governing Body's approval.

The Quality Committee confirmed it would keep risks commissioning 41 (pathology tests) and commissioning 42 (cancer and health inequalities) under review. The Clinical Executive Commissioning also confirmed it would review risk commissioning 41 (pathology). The Transformation CYP risk was added after the December committee reviews. Committees will be asked in January to confirm whether the risk comes within their remits.

ref	risk description	current risk score	Committee
BNSSG Commissioning 41	As a result of delays in supply of critical tests to pathology laboratories in the regional network and subsequent delay of emergency supplies, there is a risk that routine tests in Primary Care are delayed for an undetermined period of time. This may result in delays to advice and guidance provided by Secondary Care and creation of a backlog of routine tests	<b>4x4 = 16</b>	Quality Committee Clinical Executive

	requiring management by Primary Care.		
BNSSG Commissioning 18	EU Exit (Brexit) D20 (December 2020) EU transition <ul style="list-style-type: none"> <li>• Supply of medicines and vaccines;</li> <li>• Supply of medical devices and clinical consumables;</li> <li>• Supply of non-clinical consumables, goods and services;</li> <li>• Workforce;</li> <li>• Reciprocal healthcare;</li> <li>• Research and clinical networks</li> <li>• Data sharing, processing and access.</li> </ul>	3x5=15	EPRR Oversight Delivery Group
BNSSG Commissioning 42	There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.	4x4=16	Quality Committee
Transformation CYP	The EOI for the mental health support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed.	4x4=16	TBC

Risks where the risk score has been reduced to below the threshold of the CRR are given below. In each case the committee with oversight confirmed that it had been assured regarding the review and revision of the risk score. The Governing Body is asked to confirm to consider the committees' assurances, review the actions and confirm it is satisfied that the risks are sufficiently reduced to enable them to be removed from the CRR.

ref	risk description	current risk score	Committee
BNSSG QD 023	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. Oct 2020: There is no shortage of reviewers and no backlog from 2019. Additional monies have funded paid reviewers to clear additional Covid reviews by 31st December. Recommend to reduce risk for completing the reviews in the required timescale to 9, but continue close monitoring should there be a need to escalate any reduction in LeDeR reviewers	3x3 = 9	Quality Committee

	or capacity.		
BNSSG QD 044	<p>Patients are at risk of potential harm through contracting Clostridium Difficile</p> <p>Oct 2020: Deep dive approach reviewed by Quality Committee in September. Further report to Quality Committee pending, agenda item for October meeting.</p>	<b>3x4 = 12</b>	Quality Committee
BNSSG QD 045	<p>Patients are at risk of potential harm through contracting E-Coli</p> <p>Oct 2020: A range of interventions were trialled by system providers during 2019/20. At the BNSSG HCAI in September, it was agreed that all providers would review and feedback on success and areas for further focus at the December meeting</p>	<b>3x4 = 12</b>	Quality Committee
BNSSG QD 046	<p>Patients are at risk of potential harm through other HCAI.</p> <p>Oct 2020 Secondary care providers have been asked to share findings and actions from MSSA cases. Currently BNSSG CCG benchmark well for other bacteraemia, this is being reviewed further.</p>	<b>3x4 = 12</b>	Quality Committee
Commissioning Directorate 3	<p>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.</p> <p>Oct-20: Risk closed as it is reported through the FICS register (ref F21-01) and is monitored and reviewed regularly by the CCGs finance directorate.</p>	<b>4x4=16</b>	Clinical Executive
Medical Directorate - Clinical Effectiveness MO21	<p>As a result of COVID 19 position there is a risk that there will be an increased spend on medication during this period.</p> <p>October 20: This is now an issue &amp; continue to monitor and feed into regular finance report. Recommend combining this risk with overall budget position &amp; recommend to close this particular risk.</p>	<b>5x3=15</b>	not confirmed
Transformation	<p>There is a risk that the Transformation programme required to mitigate UEC activity returning to pre COVID levels does not fully deliver resulting in difficulty in maintaining social distancing in ED queueing, and operational pressure in the bed bases of our acute trusts</p> <p>Sept 20 Transformation programme has been refreshed for phase 3 planning. Working with new Deputy Director of Performance and Planning to ensure the programme is robust beyond the P3 planning trajectory and picks up all LTP</p>	<b>3x4=12</b>	not confirmed

	priorities.		
FICS F21-01	If we do not deliver the full required savings from the control centres within the BNSSG System there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care. Reviewed Nov - Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes	<b>3x4=12</b>	SFC
FICS F21-01	As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised. Nov 2020- Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes. Risk is a duplicate of F21-01 above and therefore recommend risk is removed	-	SFC
BNSSG Commiss ioning 41	As a result of delays in supply of critical tests to pathology laboratories in the regional network and subsequent delay of emergency supplies, there is a risk that routine tests in Primary Care are delayed for an undetermined period of time. This may result in delays to advice and guidance provided by Secondary Care and creation of a backlog of routine tests requiring management by Primary Care. Dec 2020 - Normal supply chain resumed, Primary Care able to resume routine tests. Backlog to be monitored.	<b>3x3=9</b>	Quality Committee Clinical Executive
Transfor mation TR Coms	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). Dec 2020: Mitigating actions now in place: <ul style="list-style-type: none"> <li>• SBAR for mass vaccination comms support approved</li> <li>• New work request and prioritisation process implemented within the comms and engagement team</li> <li>• System comms delivery unit and strategic comms group working effectively</li> </ul> Risk level recommended to come down as a consequence of these.	<b>2x4=8</b>	-
Transfor mation	As a result of the CVOID-19 pandemic There is a risk that the cancer transformational elements of the Long Term Plan will not be achieved Which may result in the aims of the LTP not being delivered	<b>3x4=12</b>	-

	Earlier Diagnosis Faster Diagnosis Timely and Appropriate Treatment Personalised Care for Cancer Dec 2020 RDS - System agreement reached for phased implementation of the new pathway between January and May, in line with new CT capacity. GP comms sent to highlight the decreased in lung 2WW referrals. Request for funding for dermatoscopes in primary care and for remote monitoring submitted to Cancer Alliance Risk Score revised and reduced		
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#### **4. Risk Management Framework Audit 2020/21 Update**

The CCG has revised and updated its Risk Management Framework, which was approved at the November 2020 Governing Body. The Governing Body also approved a new template for the risk register. The intention was to migrate to the new template for January 2021; it is proposed that this migration is delayed whilst the CCG focuses on the phase 3 response and introduction of a mass vaccination programme. The suggested revised date for migration to be completed is April 2021. The Audit, Governance and Risk Committee supported this proposal at its December meeting.

#### **5. Recommendations**

The Governing Body is asked to review the CRR and approve:

- The addition to the CRR of the risks detailed
- The removal from the CRR of the risks detailed
- The migration to the new risk register template for April 2021

### **Appendices**

Appendix 1 Corporate Risk Register



BNSSG CCG Corporate Risk Register 2020-21 Dec V3

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)			
Commissioning Directorate	11	N/A	13.04.18	Cancer patients are at risk of potential harm if there are delays in the cancer pathway  There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	Clinical validation of waiting lists completed by providers and reviewed by the CCG Quality team monthly Where providers identify potential harm CCGs require evidence of mitigating actions Contractual systems in place to monitor and manage performance through APG and ICQPM's Hospital focussed improvement programmes Monthly breach meetings with providers Partnership engagement in STP-wide cancer system working Engagement with SWAG Cancer Alliance Monthly review of cancer performance indicators Ongoing monitoring of patient harm through existing CCG quality governance Oversight of funding for projects associated with Alliance national support fund	<b>Dec 2020: P1 and P2 activity is still prioritised and patients are still prioritised for suspected cancer. There is ongoing review of the possibility of mutual aid being sought if needed but this has not been activated as yet.</b> <b>Nov-2020: The acute trust have undertaken a route to diagnosis audit to identify if there has been an increase in emergency presentations as a result of Covid. Both trust have not noted in significant increase in emergency presentations but have identify a decrease in lung diagnosis. Any further work on this by the trusts has been delayed due to operational pressures.</b>	Monitoring of position continuing The PPE and drug limitations and the ability to continue the cancer work as demand starts to increase will be closely monitored.	Quality Committee Commissioning Leadership Team / Commissioning Executive & STP Steering Group (ACC)	Rosi Shepherd Lisa Manson	Associate Director of Quality Gemma Artz	20 (4x5)	20 (4x5)	↔	10 (2x5)	Mar-20	Open	Dec-20
As above	As above	As above	As above	As above	<b>NEW ACTIONS:</b> - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermatology to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery.	09-Oct-2020: Definition of harm is being reviewed by the quality team who will feed back to the cancer STP in November. Cancer patients waiting >104 days from referral to treatment is deemed as a never event, and the numbers have been of national focus. There are also known delays to cancer pathways due to fewer TWW referrals, diagnostics, PCI procedures and patient choice, as well as suspension of screening programmes. There are mitigating & remedial actions in place to address these issues which are showing positive results.	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above	As above
Commissioning Directorate	3	PO7 (19/20)	10.08.18 01.04.19 01.05.20	If we do not deliver the full required savings from the control centres within the commissioning directorate there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.	09-Jul-2020: Updates on progress have also been considered at Strategic Finance. Some initiatives within the control centres have been brought forward resulting in the intervention being delivered earlier 05-May-2020: For 2020/21 there will be a system-wide financial recovery plan which will focus on genuine cost reduction across organisational boundaries. Engagement with providers through the control centre process to identify and implement system savings. Schedule 8 has been included in the contract to support system collaborative working in delivering efficiencies/savings	05-Oct-20: Risk closed as it is reported through the FICS register (ref F21-01) and is monitored and reviewed regularly by the CCGs finance directorate. 07-Sep-2020: NHS Financial Regime continues for M5 & M6 with further guidance for M7 to M12 awaited. 06-Aug-2020: Aug 2020: System wide recovery plan is effectively paused due to C19 leading to a revised financial regime for the NHS 09-Jul-2020: Delivery and progress of control centre initiatives are reviewed at SFC 05-May-2020: to continue to be reviewed at Commissioning Business Meeting monthly. April 2020 - this risk relates to 2019/20 and will be reviewed for 2020/21	This risk is linked to the risk PO7 on the 2019/20 GBAF (under review for 20/21) which contains more detail on the management of financial recovery	Commissioning Business Meeting /Commissioning Leadership Team / Commissioning Executive / Strategic Finance Committee	Lisa Manson	Claire-Thompson Niall Prosser	25 (5x5)	4x4=16	↔	4x4=16	Mar-21	closed	Oct-20

Commissioning Directorate	5	N/A	10.08.18 01.04.19 1.05.20	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	Nov -20; operational pressures as a consequence of COVID has significantly impacted on the operational performance within the A&E's within the system. significant amount of work is being undertaken to try and manage the consequences of the additional demand. additionally phase 4 planning is about to begin which will aim to get the demand and capacity balance right.  Oct-20: Work on flow and performance improvement continues daily via the ICC cell structure/Bronze and the weekly WSOGs at each acute site. The WWV Urgent Care Network is in place and meets monthly, a similar UC Network is being considered for the other localities. The Winter Operating Model has been developed and surge plans are being prepared in readiness for Winter 20/21. Provider summaries have been obtained and will be incorporated into the overall BNSSG system plan together with the Phase 3 priorities	This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care	Commissioning Leadership Team / Commissioning Executive/ Quality Committee	Lisa Manson	Niall Prosser	20 (5x4)	16 (4x4)	↔	2x5=10	Nov-20	Open	Dec-20
			as above	as above	as above	08-Sep-20: BNSSG System Wide Phase 3/Surge Plans continue to be developed. Task & Finish groups have been established to address any particular areas of concern around flow including ambulance handover delays. Additional focus on flow continues daily via the ICC cell structure/Bronze and the weekly WSOGs at each acute site.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	7	PO4	10.08.18 01.04.19 1.05.20	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population.  This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	<b>December 2020: The funding for winter has been secured and plans are being implemented at pace. Additional funding to support bed flow and discharges has just been announced which will arrive in December. Initial submission for the CMHF has been made to NHSE. System governance structure for the transformation of mental health services has been finalised.</b> November: The number of adult acute patients out of area has reduced with the opening of Cherry Ward. PICU continues to be a challenged area. Additional winter funding has been requested to support the following: Bed co-ordination and discharge support, additional capacity in the crisis service, additional AMHP sessions, specialist alcohol support in Weston, physical health support to Callington Road. In addition a bid is being submitted to gain additional crisis support into the community and the plans for the Community Mental Health Framework are underway. As we move into a second wave of COVID services are constant being reviewed to understand if they can continue. The ward configuration has been amended to support the Covid pathway.	□This risk is linked to the risk PO6 on the GBAF (2019/20 under review) which contains more detail on Mental Health services □Define the lead indicators including patient reported measures and reports from primary care localities. □Development of MH data set focussing on the IAF indicators underway, more work required to identify trends in reporting.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Emma Moody	20 (4x5)	20 (4x5)	↔	4x4=16	Jun-20	Open	Dec-20
as above	as above	as above	as above	as above	as above	October 2020: Cherry Ward has opened and patients are being repatriated to it. The female PICU ward (ECH) has now closed for Capital works and patients have been moved to temporary facilities in Wiltshire. The aim is to reach zero OOA placements for adults and older adults by March 2021. The work focusing on the crisis pathway continues with projects to support the emergency services in Control/Street/Ambulance triage, a new MDT to review complex patients, and the restating of the WSOG. New system governance structure in development to support the oversight of the LTP. September 2020: Routine referrals recommenced. Out of Area position has started to increase; plans to mitigate this with the opening of Cherry Ward, a focus on positive risk taking and community support. Moving to delivery of the PD and AO services. Working up an emergency services triage offer to support the pathway and divert people away from ED and S136 Suite.  August 2020 AWP is moving to stand services	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above

Commissioning Directorate	10	N/A	29.11.18 01.04.19 1.05.20	Risk of failure to recover 52 week wait performance, which has wider implications due to the potential for patient harm. There is a financial risk for the system due to the 19/20 contract stating that all 52 week breaches will incur a fine which will be divided between CCG and Provider of £5000 per patient per month. One patient could incur multiple fines. The risk of 52 week wait breaches has significantly increased due to the pausing of all routine activity in response to the Covid outbreak, and recovery will be slower due to the additional IPC requirements and continued reduction in routine activity.	<input type="checkbox"/> Contractual systems in place to monitor and manage performance through APG and ICQPM's <input type="checkbox"/> Hospital focussed improvement programmes <input type="checkbox"/> Partnership engagement in BNSSG-wide trauma and orthopaedic / MSK system working <input type="checkbox"/> Monthly review of RTT performance indicators including weekly updates of long waiters (over 46 weeks) <input type="checkbox"/> Ongoing monitoring of patient harm through existing CCG quality governance <b>NEW ACTIONS:</b> - Independent sector capacity via the national contract is being utilised to support and manage elective surgery, initially this will be predominantly urgent and cancer surgery but then long waiting patients would be prioritised. - Feedback to the national and regional teams on the importance of managing patients in order and by clinical priority through the crisis period.	<b>Dec 2020: There are no new actions. The system are continuing with the action highlighted in the adapt and adopt programme. The new IS framework has been released- this does provide an opportunity that is being explored to ensure maximal capacity is commissioned to support the trusts recovery but there is also a risk that due to private backlogs that the IS may be offering less than before- this is being worked through in readiness for new contracts at the end of December.</b>  <b>12-Nov-2020: 52 week waits continue to increase and are projected to continue increasing, specialties specifically effected by long waits are: T&amp;O, Dental, Ophthalmology, Gynaecology. Programmes are in place to support specialties with long waits, clinical validation continues.</b>	There is uncertainty on a regional plan for how the fines will be applied and the monies reinvested. This has been escalated via NHSE/I and the CCG and providers are awaiting a response.  There is uncertainty on the national contract with IS beyond the end of June.  Even with additional capacity of IS, likely to still be a significant short fall for routine activity.	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	20 (4x5)	↔	1x1=1	Mar-20	Open	Dec-20
as above	as above	as above	as above	as above	as above	09-Oct-2020: With the certainty of increased 52 week waits, there is a regional and national focus on 78 week waits and a weekly return has been requested which we are submitting as a system, There is also exception reporting for any patients waiting over 2 years. New P5 and P^A categories have been introduced to recognise the impact on patient choice on long waiting patients. The trusts have also been asked to complete a clinical validation process of their whole lists by the end of November, There is also work within the planned care programme on how best to pro-actively support patients who are waiting longer for treatment. We also continue to transfer patients to the IS to prevent long waiters where appropriate.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	
Commissioning Directorate	21	PO5	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	<b>December 2020: LES is being implemented across all practices where interest has been expressed. CCG are supporting AWP to produce an updated trajectory for the reduction of waiting lists based on their proposed additional resource changes, to be delivered on 4th December - CCG involved in setting service user experience measures to ensure this is implemented without negative impact on service user experience. Service specification being developed by AWP, with support of CCG, to establish the future design for the service in response to historical challenges.</b>  November 2020: A final report has been	Recurrent funding for the waiting list approved as part of this new model. Need to establish a framework for management of requests for assessments by other providers under right to choose Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed.	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jun-20	OPEN	Dec-20
as above	as above	as above	as above	as above	as above	November 2020: A final report has been produced to capture key learnings from the co-design process around the LES documentation to inform on the final design of documentation and the group have supported in the development of a webinar to encourage further uptake to the LES. The working group are now supporting AWP directly in the implementation of the waiting list initiative plans, including development of a scorecard to evaluate progress against key outcomes for patients. The group will also support the development of a service specification to ensure this is developed in line with the needs of service users.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	
Commissioning Directorate	14	n/a	01.05.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR  National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident	<ul style="list-style-type: none"> <li>Robust Influenza Pandemic Plans/ Business Continuity Plans in place in all acute and community providers.</li> <li>Part of annual training and exercising calendars for Local Resilience Forum and all NHS organisations</li> <li>Avon and Somerset Local Health Resilience Forum (LHRP) strategic framework in place and exercised through table top exercises.</li> <li>Avon and Somerset LHRP/LRF operational plan out for consultation.</li> <li>NHS England South West North leading on development of operational response plans for Antiviral Collection Points.</li> <li>To be reviewed at EPRR oversight delivery group</li> <li>Pandemic flu plan in place</li> </ul>	<b>December 2020 - no further update.</b> November 2020 - wave 2 in progress with impacts on the system. Case rates and hospital admissions are rising. Health Protection Committees reviewing impacts on the Tier levels locally. October 2020 - Phase 3 planning and surge for second wave in progress. Local lockdown and restrictions in place according to figures per 100,000 population. no further change to risk Sept 2020: Social distancing and respiratory protection actions in place UK wide as part of response to Covid 19 along with government led push for seasonal influenza vaccination campaign changing reducing probability from "Almost certain" to "Likely" in line with Avon and Somerset LRF risk rating likelihood occurring in next 5 years rated Between 1 in 20 and 1 in 2.  August 2020: Health National Major Incident	Feb 2020: All Pandemic Flu planning is 2013. Should be for review as EU Exit date closes and national teams revert to business as usual. Mar 2020: Draft Plans in place with additional SOPs for Local Coordination Centre April 2020 : Evolving incident response with reviewed Governance of command and Control arrangements in line with EPRR framework. Recovery and system reset planning on Horizon scanning with engagement of LRF recovery plans.	EPRR Oversight Delivery Group	Lisa Manson	Janette Midda / John Wintle	4x4=16	16 (4x4)	↔	2x4=8	Mar-20	OPEN	Dec-20

commissioning Directorate	36	n/a	18.02.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of long wait times for diagnostic tests and failure to meet the DMO1 standard in endoscopy, CT and MRI there is a risk of harm to patients as a result of delayed diagnosis.  There is an increased risk of delay in diagnostics due to the Covid pandemic. This is due to a combination of reduced efficiency due to IPC procedures and workforce issues and capital/space issues.	There are remedial action plans agreed for UHB and NBT. Weston have been issued a contract performance notice and the CCG await a remedial action plan. There is additional money in the system from NHSE/I for additional outsourcing and insourcing capacity which has a plan against it which will prevent further deterioration and stabilise the position for year end. There is a diagnostic advisory group as part of the STP long term plan which are focussing on endoscopy, CT and MRI. Capacity and demand planning is ongoing. Referrals are triaged and urgent and 2ww wait referrals are prioritised.  NEW ACTIONS: The diagnostics advisory group are working on how best to use the available capacity to reduce the risk of harm to patients and to make sure that the most valuable diagnostics tests are available. The independent sector will be providing additional capacity to help with the significant backlog that has been created in endoscopy as a result of the Covid risks for the procedure. Routine work has currently stopped, but a plan is to go to clinical cabinet on how best to restart referrals to diagnostics from primary care.	Dec 2020: The Biobank contract is signed which will bring on additional MRI capacity from December 7th. The A&A projects are still ongoing, including recruitment of additional radiography staff and ordering of a new CT scanner for UHBW. Endoscopy activity is back in line with BAU levels but more needs to be done to clear the backlog. 2 key actions for the additional capacity include opening of a second room at SBCH and additional capacity being commissioned with Prime Endoscopy.  12-Nov-2020: Endoscopy activity is greater than this time last year. However, performance is an issue due to the historical backlog. Additional Prime capacity has started and will continue to increase until all rooms are open 7 days a week. The Biobank contract for MRI is aiming to come into play from the end of November. CT activity has recovered. The adapt and adopt programmes continue.	There are workforce issues and space issues related to endoscopy that need to be addressed in the medium and long term which may be a limiting factor with capacity in the short term recovery.  The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	20 (4x5)	↔	tbc	31/03/2021	OPEN	Dec-20
as above	as above	as above	as above	as above	as above	Oct-2020: The adapt and adopt programme continues to address the long waits in diagnostics and capacity and MRI and CT has recovered well. Introduction of new IPC guidance across both trusts will deliver further increased capacity and improved performance. Further detail on mitigations and plans for diagnostics recovery can be found in the project highlight reporting.	as above	as above	as above	as above	as above	as above	as above	as above	as above		
commissioning Directorate	41		13.10.20	As a result of delays in supply of critical tests to pathology laboratories in the regional network and subsequent delay of emergency supplies, there is a risk that routine tests in Primary Care are delayed for an undetermined period of time. This may result in delays to advice and guidance provided by Secondary Care and creation of a backlog of routine tests requiring management by Primary Care.	Pathology laboratories in the regional network have shared resources to support services in maintaining emergency processing of blood samples. Emergency delivery received by NBT and Gloucestershire morning of 13/10, although distribution will be manual across sites. NBT Pathology Lab Director David Gibbs Communication sent to Primary Care through BNSSG Covid-19 Update and FAQ e-mail 13/10.	December 2020: Normal supply chain resumed, Primary Care able to resume routine tests. Backlog to be monitored. October 2020: Updates being provided by Pathology Director to Primary Care Covid Cell		Primary Care Cell	Lisa Manson	Sukeina Kassam	4x4=16	3x3=9	↓	3x3=9	Oct-20	closed	Dec-20
commissioning Directorate	18	n/a	20.12.18	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR  EU Exit (Brexit) D20 (December 2020) EU transition  • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services; • Workforce; • Reciprocal healthcare; • Research and clinical networks • Data sharing, processing and access.	• EPPR colleagues progressing the National requirements for local SW EU Exit plans (Local and regional NHSE and NHSI teams in place)	December 2020: talks are underway but no deal at present; all organisations to plan for no deal and 60-80% of supplies entering the UK		EPPR Oversight Delivery Group	Lisa Manson	Janette Midda	4x4=16	5x3=15		5x2=10	31/12/2020	OPEN	Dec-20
commissioning Directorate	42	n/a	27.11.20	There is a risk of increasing health inequality in patients with cancer or at risk of cancer because of potential differences in delayed diagnosis and poor outcomes across different population groups. Our understanding of this risk is still developing as local and national data is gathered and analysed.	1. A review of the data is required to understand the current situation and expand on the risk and identify mitigating actions. 2. Work is underway using the PHM data set to target work on specific populations where adverse outcome is most likely – current focus on lung referrals			Cancer Steering Group Quality Committee	Peter Brindle	Andy Newton/ Gemma Artz	4x4=16	4x4=16			31/3/2021	NEW RISK	Dec-20
Finance Directorate	F21-01		01.05.20	If we do not deliver the full required savings from the control centres within the BNSSG System there will be an impact on the wider CCG financial recovery and subsequently the CCGs ability to deliver improvements in commissioned care.	Reviewed Nov - Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes Reviewed Oct - System financial plan to be re-set for M7 to M12 and this will indicate the level of saving required (plan submission 22.10.20) Sept 20 NHS Financial Regime continues for M5 & M6 with further guidance for M7 to M12 awaited July 2020 - System wide recovery plan is	To be reviewed at commissioning business meeting monthly.		Strategic Finance Committee	Lisa Manson / Sarah Truelove	Niall Prosser / Jon Lund	25 (5x5)	12 (3x4)	↓	4x4=16	Mar-21	closed	Nov-20

Finance Directorate	P20-05		14.04.20	As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.	<b>Nov 2020- Revised savings plan for M7 to M12 £9.2m and reduced risk around achievement given significant reduction and elimination of unidentified schemes. Risk is a duplicate of F21-01 above and therefore recommend risk is removed</b>  Savings delivery closely aligned to Phase 3 transformation delivery where priorities have been identified to ensure the system best meets patients' needs. When quantified these areas will be brought into monthly reporting alongside existing SFRP projects and any new areas of mitigation identified by Control Centres. • Agreed governance, reporting and responsibilities for delivery continue to be upheld. • Financial framework for phase 3 will likely remove some of the risks around non-delivery. However delivery remains essential to ensure recovery on a recurrent basis.	Aug 20 Phase 3 planning underway with key milestones identified to agree and sign off impacts of transformation plans on activity flows. System Change Command process now established to coordinate system change through COVID. CCG internal processes continue to identify which areas of the identified savings plan are either accelerated, paused or continuing as planned.	July 20 Significant unidentified savings value remains.	Strategic Finance Committee via Turnaround Steering Group					20 (5x4)	12 (3x4)	↓	10 (5x2)	Jul-20	closed	Nov-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	Urgent care Strategy in place A&E Delivery Board reviews performance on monthly basis Processes in place to manage demand across system including: Daily system escalation calls Handover SOP in place with acute Trusts NHS 111 Clinical validation of Category 3 calls Monitoring of patients safety and experience through Incidents, Complaints and Feedback	<b>Dec 20 risk remains unchanged</b> Nov 2020: SWAST Risk score for Call Stack Risk is reviewed by all cluster CCG's. BNSSG CCG score remains at 16. Actions to mitigate risk discussed with performance colleagues. SWAST escalation with Ambulance Joint Consultation Committee in progress. Oct 2020: Chief Nurses discussion with co-ordinating commissioner being held to understand the risk and harm. Sept 2020: ongoing close liaison with Dorset CCG as co-ordinating commissioner and harm review being scoped to be undertaken by BNSSG CCG Nursing And Quality team	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	Dec-20		
Nursing & Quality	BNSSG QD 023	n/a	09.03.20	As a result of a lack of trained LeDeR reviewers there is a risk that potential learning is not identified in a timely manner and reputational damage from having a high number of unallocated LD cases.	All trained reviewers have been contacted to check they are still active on the LeDeR platform. Weekly review of cases and allocations Fortnightly progress reminders sent to reviewers To establish a peer support group to provide support and advice to reviewers. Two new dedicated LeDeR reviewers have been recruited to undertake reviews. One has started and has been allocated cases, the second starts end of March 19.	Oct 2020: There is no shortage of reviewers and no backlog from 2019. Additional monies have funded paid reviewers to clear additional Covid reviews by 31st December. Recommend to reduce risk for completing the reviews in the required timescale to 9, but continue close monitoring should there be a need to escalate any reduction in LeDeR reviewers or capacity. August 2020: risk remains unchanged July 2020: risk remains unchanged June 2020: A full review of all unallocated cases has been undertaken and a paper detailing need for reviewer capacity will be presented to the next LeDeR Steering Group. May 2020: Additional reviewers recruited and trained. Lockdown has mean some reviewers have been able to dedicate more time to reviews. Weekly review panels held through March to clear completed cases. Risk remains - as fast as case	none identified currently; monitoring of position continuing	Quality committee	Director of Nursing & Quality	Associate Director of Quality	12 (4x3)	3x3 =9	↓	6 (2x3)	Mar-20	closed	Oct-20		
Nursing & Quality	BNSSGQD043	n/a	05/05/202	Patients are at risk of potential harm through contracting MRSA- <b>Patients have an enhanced risk of potential harm through contracting MRSA Bacteraemia due to the high numbers in the local area.</b>	Ongoing review of all monthly cases - plan to review and close all 2019/20 cases. Share findings with system partners through the Quarterly HCAI group to identify further specific actions to minimise risk further. Capture and share current provider improvement projects across the system. Continue partnership working and the development of initiatives through the Design Council project, noting the high incidence of Persons Who Inject Drugs in our local data set. Undertake assurance exercises in line with the HCAI quality schedule.  Detailed analysis of individual MRSA cases, with	<b>Dec 2020: Chlorhexidine wipes meeting has been held, business case is now being drafted</b> Nov 2020: Year to date reduction in assigned cases when compared with 2019/20, from 22 to 15. Meeting now arranged to discuss metrics for Chlorhexidine wipes business case. Case reviews progressing. Oct 2020: 'Design Council' meeting re-convened post COVID-19 deployment to develop a range of interventions to modify risk and improve adherence to treatment. Case reviews recommenced. The CCG will explore avenues available for funding for a pilot for supply of chlorhexidine wipes. Risk wording updated. Aug 2020: Mitigating actions and risk scores have been amended	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	20 (4x5)	15 (3x5)	↔	10 (2x5)	Mar-21	Open	Dec-20		
Nursing & Quality	BNSSGQD044	n/a	05.05.20	Patients are at risk of potential harm through contracting Clostridium Difficile	Undertake 'catch-up' exercise to review and close 2019/20 hospital assigned cases by 30/09/20. Maintain robust review process with acute providers, including microbiology review and undertake assessment for lapses in care in line with national guidance and developed local actions plans where appropriate. Review the current data collection tool for community assigned cases with primary care and medicines management colleagues, to ensure that the process is fit for purpose, including the identification of learning across the system.	New Risk May 2020 Replacing Risk BNSSG QD 002 Aug 2020: Mitigating actions and risk scores have been amended Oct 2020: Deep dive approach reviewed by Quality Committee in September. Further report to Quality Committee pending, agenda item for October meeting.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	12 (3x4)	↓	10 (2x5)	Mar-21	closed	Oct-20		

Nursing & Quality	BNSSGQD045	n/a	05.05.20	Patients are at risk of potential harm through contracting E-Coli	2019/20 saw a number of initiatives both nationally and locally to reduce the risk, including catheter passports and timely removal of urinary catheters. Further focus is required to understand how well these processes have been embedded. A 6% reduction in case numbers was noted when comparing case assignments with 2018/19. Current activity is below Southwest and National benchmarking. Following NHS England advice, we will also agree a cohort review process for 2020/21 at the HCAI meeting. An area of focus for 2020/21 will include hydration projects and current initiatives in progress.	New Risk May 2020 -Replacing Risk BNSSG QD 002 - Activity remains below Southwest and all England average. Aug 2020: Mitigating actions and risk scores have been amended Oct 2020: A range of interventions were trialled by system providers during 2019/20. At the BNSSG HCAI in September, it was agreed that all providers would review and feedback on success and areas for further focus at the December meeting.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	12 (3x4)	↓	10 (2x5)	Mar-21	closed	Oct-20
Nursing & Quality	BNSSGQD046		05.05.20	Patients are at risk of potential harm through other HCAI.	We are currently in a monitoring phase for Methicillin Sensitive Staphylococcus Aureus (MSSA), Klebsiella and Pseudomonas aeruginosa bacteraemia and we will continue to benchmark against both the Southwest and All England average.	New Risk May 2020 Replacing Risk BNSSG QD 002 Aug 2020: Mitigating actions and risk scores have been amended Oct 2020 Secondary care providers have been asked to share findings and actions from MSSA cases. Currently BNSSG CCG benchmark well for other bacteraemia, this is being reviewed further.	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	16 (4x4)	9 (3x3)	↓	10 (2x5)	Mar-21	closed	Oct-20
Transformation	Tr Coms		05.03.20	COVID-19 - risk that communications capacity to handle Corona comms has a negative impact on other projects and areas of delivery. Additional risk of team capacity affected by the impact of the virus itself (i.e. staff sickness).	We are reviewing our comms delivery plans and looking at what work can be scaled down, to build more flexibility into our EPRR comms rota. We are keeping a watching brief on areas that might be directly affected, for example, the AGM and engagement events.	<b>December 2020: Mitigating actions now in place:</b> • SBAR for mass vaccination comms support approved • New work request and prioritisation process implemented within the comms and engagement team • System comms delivery unit and strategic comms group working effectively Risk level recommended to come down as a consequence of these.			Director of Transformation	Associate Director of Communications and Engagement	(4 x 4) 16	(2 x 4) 8	↓	-	Ongoing	closed	Dec-20
Transformation	MSK	PO1	28.05.20	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	* The use of the national contract with the Independent Sector to try to restart Ortho surgery and to use the IS Physios to see patients * Sanchit Mahendale has agreed to be the clinical lead to implement a single T&O directorate for BNSSG which would enable the most efficient use of resources to reduce waiting times * We plan to introduce more support at the start of the pathway to prevent the need for surgery later on, such as ESCAPE-pain courses, shared decision making, First Contact Practitioners working in Primary Care Networks, Health Optimisation, community based pain management * We are working closely with the Regional Getting it Right First Time (GIRFT) team to learn from other areas to create more capacity within the system to manage the number of people waiting.	21st December 2020: * Ortho surgery is happening but still at lower levels than preCOVID * Only Sirona are providing virtual ESCAPE-pain courses, although the acute trusts are planning to run virtual courses in the new year * Sirona have signed a contract with the South Glouc PCNs and North and West Bristol PCNs to provide their FCP's and they have recruited 16PCN's. Other PCNs have also recruited FCP's and the Training Hub is interviewing for the FCP Fellowship role in January to create a network to ensure they are integrated in to the MSK pathways. The Health Optimisation pilot in South Glos went live at the start of November.	* Gyms are not in a position to run ESCAPE-pain courses and we still haven't secured funding for these local gym based courses. * We have not been able to move forward on implementing an integrated pain service or an integrated physiotherapy service as approximately 30% of the acute and Sirona outpatient physiotherapists have been redeployed onto the wards and into the community to support hospital discharge. We plan to start work on these two deliverables in April 2021	MSK Programme Board	Medical Director	Elizabeth Williams	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-22	Open	Dec-20
as above	as above	as above	as above	as above	as above	*There is Shared Decision Making training organised for January to April and to date over 130 people have signed up for one of the training dates. We are procuring a company to work with us on a BNSSG Shared Decision Making Tool for the hip and knee pathways in the new year *We have secured funding for the roll out of the getUBetter self-management app and have 6 Primary Care Networks ready to go live in January and plans for the remaining PCNs to have gone live by the end of March, alongside the MSK staff in NBT, UHBW and Sirona. We are also working on a roll out in the 280 Care Homes. *The Joint school app is being promoted to the people waiting for a joint replacement at both NBT and Weston. *We have approval for the draft clinical model for one T&O service for BNSSG and we have started stage 2 of the project to do the detailed work on finance, BI, workforce and contracting.	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above

Transformation		PO1	28.05.20	As a result of the CVOID-19 pandemic There is a risk that the cancer transformational elements of the Long Term Plan will not be achieved Which may result in the aims of the LTP not being delivered Earlier Diagnosis Faster Diagnosis Timely and Appropriate Treatment Personalised Care for Cancer	The cancer transformation elements of the LTP will be considered along side the recovery and restoration of all services <b>Mitigations described as part of Phase 3 planning work, underway in Sept 2020, covering key objectives for recovery</b>	<b>Dec 2020 RDS - System agreement reached for phased implementation of the new pathway between January and May, in line with new CT capacity. GP comms sent to highlight the decreased in lung 2WW referrals. Request for funding for dermatoscopes in primary care and for remote monitoring submitted to Cancer Alliance</b> <b>Risk Score revised and reduced</b>  <b>09.10.20 have been informed that Cancer Alliance funding is available and can be used for cancer transformation work. RDS business case approved 9th October 2020 following clarification of funding. Need to engage with stakeholders re go live date</b>	Information is still emerging on the risks and issues associated with less diagnosis of cancer due to lower numbers of pts presenting to GPs, less incidental findings from other tests, and screening backlogs.	STP Cancer Steering Group and Cancer Cell	Medical Director	Margaret Kemp	(4x4) 16	3x4=12	↓	(4x3) 12	Mar-21	closed	Dec-20
Transformation		PO1	09.06.20	As a result of COVID-19 there is a risk that some transformation programmes will be delayed, with the result that we will not meet our 5 year plan objectives in some areas	The Directorate is working closely with the Healthier Together Team and System COVID response to accelerate transformation change as part of COVID19 recovery planning. This will be undertaken alongside a review of 5 year plan objectives, priorities and deliverables	Ongoing as part of Recovery Planning					(4x4) 16	(4 x 4) 16	-				Jun-20
Transformation			09.06.20	There is a risk that the Transformation programme required to mitigate UEC activity returning to pre COVID levels does not fully deliver resulting in difficulty in maintaining social distancing in ED queueing, and operational pressure in the bed bases of our acute trusts	<b>Sept 20 Transformation programme has been refreshed for phase 3 planning. Working with new Deputy Director of Performance and Planning to ensure the programme is robust beyond the P3 planning trajectory and picks up all LTP priorities.</b>	Ongoing as part of recovery planning	none identified currently; monitoring of position continuing	silver (reporting to Bronze command, system change and clinical cabinet)	Director of Transformation	Kate Lavington	(4x4) 16	3x4=12	-	-	-	closed	Oct-20
Transformation	CYP	PO4 PO6	25/05/2020	<b>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</b>  The EOI for the mental health support teams was submitted in March 2020 including each of the 3 areas on an equal basis. We have had confirmation that funding will be received There is a significant well recognised gap in resources in North Somerset however questions have been raised about locality readiness to implement the programme in this round in part due to the gap, and a lack of capacity while the transfer to with CCHP and AWP is completed.	Once the detail of the EOI outcome is known, a formal, transparent process for agreeing which areas should be phased in by when. Criteria are likely to include operational readiness and local needs analysis.	Dec.2020 - Risk has become an issue with formal notification of risks to delivery in North Somerset. As a result ongoing conversations taking place between Victoria Bleazard, Emma Moody, Matthew Page and Lisa Manson to agree ways forward and position. Oct.2020 Good progress being made to confirm the location of teams, and our new Project Manager is due to join in early November. Sept. Criteria for schools allocation agreed at August commissioning exec.	Decision still needs to be made and communicated to partners especially with North Somerset LA.	Mental Health Cell, via CYP subgroup - committee to be confirmed	Director of Transformation	Victoria Bleazard	(4 x 3) 12	(4 x 4) 16	↑	-	Dec-20	open	Dec-20
Medical Directorate -	MO21		06.04.20	As a result of COVID 19 position there is a risk that there will be an increased spend on medication during this period.	Capture increased spend, so that it can be measured with the overall Covid spend.	18.12.2020 - Risk has become an issue with formal notification of risks to delivery in North Somerset. As a result ongoing conversations taking place between Victoria Bleazard, Emma Moody, Matthew Page and Lisa Manson to agree ways forward and position.			Medical Director	Debbie Campbell	5x3=15	15 (5x3)	↔		Ongoing	closed	Oct-20