

# BNSSG CCG Governing Body Meeting

**Date: Tuesday 6<sup>th</sup> October 2020**

**Time: 1:30pm**

**In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.**

<b>Agenda Number :</b>	9.2
<b>Title:</b>	Corporate Risk Register (CRR) September 2020
<b>Purpose: approval</b>	
<b>Key Points for Discussion:</b>	
<p>The Governing Body has a duty to assure itself that the CCG has properly identified the risks it faces and that the CCG has appropriate controls in place to manage those risks. The Governing Body:</p> <ul style="list-style-type: none"> <li>• Ensures it is satisfied that key and emerging risks to the CCG have been identified and managed appropriately</li> <li>• Reviews risks reported via the Governing Body Assurance Framework and the Corporate Risk Register at least quarterly and</li> <li>• Exercises challenge and seeks assurance regarding risks and the effectiveness of controls and mitigations</li> </ul> <p>Key points for discussion include:</p> <ul style="list-style-type: none"> <li>• The additions to the CRR since the last review (July 2020)</li> <li>• Risks scored at 20 and over</li> <li>• The movement of risk scores</li> <li>• Those risk where the risk scores have reduced to below the threshold for reporting on the CRR (15 and above)</li> </ul>	
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• To review and seek assurance that appropriate and effective mitigations are in place for risks reported on the CRR</li> <li>• to consider whether the Corporate Risk Register (CRR) is an accurate reflection of the risks brought to the Governing Body's attention</li> <li>• note the review of Committee Terms of Reference underway</li> </ul>
<b>Previously Considered By and feedback :</b>	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. The Audit, Governance and Risk Committee review the CRR and the GBAF as a standing agenda item.



<b>Management of Declared Interest:</b>	The Governing Body and each 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.												
<b>Risk and Assurance:</b>	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												
<b>Financial / Resource Implications:</b>	As part of the Risk Management Framework the CRR and the GBAF are used to identify the impact of risks including financial risks. 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 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. <table border="1"> <thead> <tr> <th>Score</th> <th>Impact</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>small loss/risk of claim remote</td> </tr> <tr> <td>2</td> <td>Loss of 0.1% to 0.25% of budget (£1m to £3.5m)</td> </tr> <tr> <td>3</td> <td>Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)</td> </tr> <tr> <td>4</td> <td>Loss of 0.5% to 1% of budget (£7m to £14m)</td> </tr> <tr> <td>5</td> <td>Loss of &gt; 1% of budget (£14m+)</td> </tr> </tbody> </table>	Score	Impact	1	small loss/risk of claim remote	2	Loss of 0.1% to 0.25% of budget (£1m to £3.5m)	3	Loss of 0.25 % to 0.5% of budget (£3.5m to £7m)	4	Loss of 0.5% to 1% of budget (£7m to £14m)	5	Loss of > 1% of budget (£14m+)
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5	Loss of > 1% of budget (£14m+)												
<b>Legal, Policy and Regulatory Requirements:</b>	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												
<b>How does this reduce Health Inequalities:</b>	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.												
<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 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.												
<b>Patient and Public Involvement:</b>	Not applicable to this report												
<b>Communications and Engagement:</b>	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												
<b>Author(s):</b>	Sarah Carr, Corporate Secretary												
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Sarah Truelove, Chief Financial Officer												

## Agenda item: 9.2

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

#### 1. Background

The Corporate Risk Register (CRR) is a mechanism for reporting to the Governing Body, its Committees and the Primary Care Commissioning Committee, risks that have been scored above 15 using the CCG scoring matrix. Through review and scrutiny of the reported risks, and the mitigations, in place and planned, to reduce these risks, the Governing Body, its Committees, and the Primary Care Commissioning Committee ensure suitable oversight of key risks.

#### 2. Corporate Risk Register

New 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. New risks added to the CRR since the last review by the Primary Care Commissioning Committee and Governing Body in June and July 2020 are below:

Risks added	Risks added description
Nursing & Quality BNSSGQD044	Patients are at risk of potential harm through contracting Clostridium Difficile
Nursing & Quality BNSSGQD045	Patients are at risk of potential harm through contracting E-Coli
Nursing & Quality BNSSGQD046	Patients are at risk of potential harm through other HCAI.

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

ref	risk description	current risk score	Date added
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 CCG's ability to deliver improvements in commissioned care.	5x5=25	01.05.20
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.	4x5 =20	1.05.20

	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.		
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

At its meeting in August the Commissioning Executive Committee discussed the cancer risk score (risk “Cancer patients are at risk of potential harm if there are delays in the cancer pathway”) and asked that it was reviewed to ensure it reflected the level of risk. The review, carried out by the Quality and Commissioning Teams looked at the definition of harm; this will be reported to the Cancer STP group in November. Cancer patients waiting longer than 104 days from referral to treatment is deemed as a never event, and the numbers have been of national focus. There are known delays to cancer pathways due to fewer Two Week Wait 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. In summary, the teams considered that an increase in the current risk of 4x5=20 was not warranted.

The risk reported below was incorrectly reported on the June register.

<b>Risks removed</b>	<b>description</b>
Transformation	There is a risk that the UEC and Integrated Care transformation programmes agreed in our response to the Long Term Plan will not be delivered in the timescale originally set out due to the COVID19 pandemic.

	This risk was incorrectly reported as having a risk score of 4x4=16. The mitigated risk score is 4x3=12. The risk will be removed
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Risks to be 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
CCG wide	<p>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</p> <p>Individual risks on the CRR have been reviewed to assess the impact of Covid-19 on capacity with risk scores and mitigations amended to reflect this. Where the risk score for individual risks has increased above the threshold for the CRR these are now reported. As a result the risk score has been reduced to 0</p>
Commissioning Directorate 37	<p>As a result of COVID-19 the income normally generated for a number of our providers has reduced significantly. This impact could potentially result in our most vulnerable providers for example, VSCE, Hospices, Charitable organisations Independent sector (planned care and diagnostics provision) etc having to make difficult decisions that could result in them reducing the services they offer or winding up completely. As a result of actions taken the risk score has been reviewed and reduced to 4x3=12</p>
Commissioning Directorate 38	<p>There is a risk that whilst running a Covid 19 response the ICC is required to stand up a response to a second incident with the need for additional resources to both lead and support both responses. Lessons to be identified and implemented from recent second incident (Weston Hospital Covid 19 outbreak)</p> <p>Following review the risk score has been revised to 3x4=12 to reflect the decreased pressure on ICC and actions to increase capacity through strategic and tactical on-call</p>
Finance	<p>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</p> <p>This risk related to delivery of the 2019/21 financial plan and the risk score has been reduced to 0</p>
Finance	<p>The impact of COVID-19 on the HSCN roll out to replace N3 in practices may delay delivery by deadline of 31/8/20 which may lead to financial consequences. Practices currently under pressure (winter and otherwise), their availability / appetite to accept two hours of downtime when clinics are already at capacity may diminish. The supplier, KCOM, may also be adversely impacted by the pandemic and the interruptions to</p>

	normal activities  All sites have been migrated ahead of the end of August deadline and this has been communicated to NHSE/I. The risk score has been reduced to 0 to reflect this.
MO22	As a result of Covid 19 there is a risk that there will be local and national shortages of medication. Process continues in place through Meds & pharmacy cell. Currently no major issues. Both the likelihood of the risk materialising and the impact of the risk if it materialised have been reviewed and reduced.

### 3. Risk Management Framework Audit 2020/21

The CCG Internal Auditor conducted a Risk Management Audit during June and July 2020. The overall conclusion was one of partial assurance. The management actions focused on updating the Risk Management Framework, improving the risk register templates, and increased training. The audit highlighted the level of scrutiny of individual risks at Governing Body and Committees and recommended:

- Revisiting the framework for how the Governing Body and its sub-committees review and scrutinise risk to ensure suitable oversight of key risk. This responsibility would be updated within each set of draft terms of reference for relevant Committees.
- The Governing Body agree areas for which subcommittees should seek assurance that risks to corporate objectives are managed effectively, and challenge risk management through regular deep dives of directorate and corporate risks.
- Standing agenda items with suitable time allotted will be included for each sub-committee meeting and detailed minutes will be kept to evidence the scrutiny undertaken and assurance gained.

In line with the management actions each Committee has been asked to review its Terms of reference and update them to include the review of risks on the Corporate Risk Register and Governing Body Assurance Framework assigned to the Committee and ensure that appropriate and effective mitigating actions are in place. The revised Terms of Reference for each Committee will be presented to the Governing Body for final approval and inclusion in the CCG Constitution and Governance Handbook.

### 4. Recommendations

The Governing Body is asked to:

- To review and seek assurance that appropriate and effective mitigations are in place for risks reported on the CRR
- to consider whether the Corporate Risk Register (CRR) is an accurate reflection of the risks brought to the Governing Body's attention
- note the review of Committee Terms of Reference underway

## Appendices

Appendix 1 Corporate Risk Register

BNSSG CCG Corporate Risk Register 2020-21 September V1

The Corporate Risk Register identifies the high level risks (15+) within the CCG. It sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact.

The Corporate Risk Register is received by the Governing Body 6 Monthly, by the Audit Governance and Risk committee Quarterly and by the executives bi-monthly.

Risk is assessed by multiplying the impact/severity of a risk materialising by the likelihood/probability of it materialising using the risk assessment matrix set out in the CCG Risk Management Strategy.

Risks are also mapped against the CCG risk appetite and accepted risk limits to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite and risk limit is given. It is for the Governing Body to decide if these risk limits are appropriate for each individual risk

Directorate or Project	Risk Ref	Principle Objective Ref	Date Logged	Description of Risk <i>As a result of ... There is a risk that ... Which may result in ...</i>	Mitigating Actions	Progress on Actions	Gaps in Mitigating Actions	Committee Responsible for Reviewing	Director	Risk Owner (for Updates)	Risk Rating				Target date for completion of actions	Risk open or closed (If closed specify date)	Last reviewed
											Initial Risk (LxI)	Current Risk (LxI)	Movement of current risk	Residual (Target) Risk (LxI)			
CCG wide	COVID-19	all	18.03.20	There is a risk that the need to focus capacity to meet the demands placed on the system by COVID-19 may result in the system and the CCG not delivering the outcomes planned for 2020/21	Central Govnt and NHSE has set out measures to support NHS organisations Local system has established arrangements for the management of the system response to COVID-19 aimed at: freeing up maximum possible inpatient and critical care capacity preparing for and responding to patients requiring respiratory support Ensuring CCG business critical functions are able to remain operational Supporting staff to enable effective remote working and to maximise their availability Healthier Together work streams resource has been focussed on key priorities in line with national directions and building on and accelerating existing system plans	<b>Aug 20 Individual risks on the CRR have been reviewed to assess the impact of Covid-19 on capacity with risk scores and mitigations amended to reflect this. Where the risk score for individual risks has increased above the threshold for the CRR these are now reported. It is recommended that this risk is now closed and the risk will be removed from the CRR after review by the Governing Body"</b>  May 2020: Actions, including accelerated transformations to key services, have been taken to support system capacity. Recovery Cell in place and working across system to identify transformations to retain to support delivery of planned outcomes. Paper presented to May GB risks and mitigations to non-covid related services. work to prioritise non-covid services underway to ensure delivery of planned outcomes. Directorate Risk registers include potential impact on specific risks (see below) April 2020: Risk remains unchanged. BNSSG Health & Care Silver Command	Monitoring of position continuing	Governing Body PCCC	CEO	CEO	5x5=25	0 (0x0)	↓	2x5=10	Ongoing	closed	Aug-20
Nursing & Quality Commissioning Directorate	BNSSG QD 001 11	N/A	13.04.18	Cancer patients are at risk of potential harm if there are delays in the cancer pathway  There is an increased risk for cancer patients as a result of the Covid pandemic- due to reduced referral levels which may result in later presentations, reduced access for some tests- especially endoscopy and issues of balance of risk for patients who are shielding.	Clinical validation of waiting lists completed by providers and reviewed by the CCG Quality team monthly Where providers identify potential harm CCGs require evidence of mitigating actions Contractual systems in place to monitor and manage performance through APG and ICQPM's Hospital focussed improvement programmes Monthly breach meetings with providers Partnership engagement in STP-wide cancer system working Engagement with SWAG Cancer Alliance Monthly review of cancer performance indicators Ongoing monitoring of patient harm through existing CCG quality governance Oversight of funding for projects associated with Alliance national support fund	August 2020: risk remain in endoscopy and with patient choice issues leading to delays in patient management, although capacity for surgical intervention is not currently been flagged as an issue. Endoscopy is part of a regional rapid review that BNSSG are involved in and submitting ideas for additional support and funding to support management of endoscopy backlog and ongoing capacity and demand management in the future through pathway change etc.	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	Aug-20
As above	As above	As above	As above	As above	NEW ACTIONS: - There has been communications nationally and locally to patients about ensuring that patients present with suspicious symptoms "NHS is open" campaign - new patient leaflets have been shared with primary care to encourage patients to engage with cancer pathways - remote options for initial and follow up appointments have been started at pace- including increase use of teledermatology to support cancer pathways. - cancer urgent surgery has continued throughout and there has been enough capacity to maintain what is needed - if this is clinically on the balance of risk recommended for patients. The independent sector capacity has also been used to support cancer pathways for surgery.	July 2020: The main risk is related to increases in 104 days due to endoscopy delays and patient choice. The endoscopy subgroup of the diagnostic group has been re-established, initially their role has been to maximise the use of the independent sector to support 2ww pathways for endoscopy but they will also be working on pathways and demand across the system- including the use of FIT and advice and guidance to support pathways. June 2020: Referral rates for cancer have started to recover with sites continuing to manage demand, but this may become more challenging as demand rises. This is being closely monitored through the cancer cell on a weekly basis. Endoscopy work is being restarted, with additional capacity planned at the independent sector- although this has been delayed by the IS which is being escalated. May 2020: Update in NEW ACTIONS SECTION May 2020: Risk closed from Nursing and Quality Directorate Register after review	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	<b>07-Sep-2020: NHS Financial Regime continues for M5 &amp; M6 with further guidance for M7 to M12 awaited.</b> 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	Open	Sep-20
Commissioning Directorate	5	PO5 (19/20)	10.08.18 01.04.19 1.05.20	Risk of failure to recover A&E performance, which has wider implications due to the potential for patient harm.	04-May-2020: Covid-19 Command & Control structure established, operational and embedded. Surge plans in place. • Contractual systems in place to monitor and manage performance through ICQPM's • System Management call process and procedure being further refined and developed • Partnership engagement in BNSSG-wide system architecture to support urgent care performance, specifically Clinical Oversight Group • Monthly review of urgent care dashboard's at a system level manage A&E performance and associated areas for improvement • Ongoing monitoring of potential for patient harm through existing CCG quality governance	<b>08-Sep-2020: BNSSG System Wide Phase 3/Surge Plans continue to be developed. Task &amp; 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.</b> 04-Aug-20: BNSSG System Wide Phase 3/Surge Plans have been developed which include the UEC programme of work. Key areas to support improved performance include Think NHS 111 First, Pathways to bypass ED to new secondary care dispositions i.e. SDEC, frailty services, nurse helpline and access to HOT clinics/Specialty Opinion.  27-May-2020: Due to a reduction in attendances,	This risk is linked to the risk PO5 on the GBAF (2019/20 under review) which contains more detail on this risk in relation to delivering the Urgent and Emergency Model of Care	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Claire-Thompson Niall Prosser	20 (5x4)	16 (4x4)	↔	2x5=10	Oct-20	Open	Sep-20
			as above	as above	as above	07-July-2020: The ramping up of activity together with the reduction of BNSSG bed base by 308 beds and social distancing in A&E departments and MIUs has meant that we are facing a bigger challenge than previously around achieving the 4hr A&E target. A number of actions/pathways are being developed via the various ICC Groups/Cells to reduce unnecessary ED attendances and hospital admissions. A Task & Finish group has been established to reduce handover delays. Other work includes creating capacity in 111/IUC, supporting self-care and "talk before you walk." The focus on MFFD and >7 day reviews actively continue. WSOGs continue with weekly meetings addressing all performance issues. 27-May-2020: Due to a reduction in attendances, admissions, MFFD and stranded patients this in turn has led to improved performance and reduced bed occupancy. 04-May-2020: Covid-19 Command & Control Cells structure established, work of cells ongoing. Due to a reduction in attendances, admissions, MFFD and stranded patients this in turn has led to	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	PO6	10.08.18 01.04.19 1.05.20	There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population.  This risk includes the challenges of the current crisis pathway that could be more effective - currently there are a high number of people placed out of area, high numbers of people on a Section in hospital and increasing pressure on the crisis team's ability to respond.	Effective contract management processes with the current provider. Joint working with BSW on contract requirements Joint Planning and delivery of the Estates Project and CCG leading consultation Joint Technology improvement plan AWPs transformation programme Driving forward the work of the Integrated Mental Health Strategy Framework to focus on prevention and defining optimal service provision that is more reflective of the needs of our population and how they present to services CCG investment in Mental Health Investment Standard CCG commenced 19/20 contract negotiations on behalf of BNSSG and BSW Support provided to AWP for winter pressures	<b>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.</b> August 2020 AWP is moving to stand services back up, with plans to reopen the front door to routine referrals in August. Business case was fully supported at gold command.; This is now moving to implementation and funding sources are being secured locally and nationally.  July 2020: A whole system business case has been developed in response to COVID - in partnership and supported by AWP. This includes	□ 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	Sep-20



as above	as above	as above	as above	as above	as above	July 2020: A whole system business case has been developed in response to COVID - in partnership and supported by AWP. This includes a focus on some of their key services - PD, AO, Primary care and care home liaison. Modelling has indicated a 30% expected increase in demand. OOA position continues to remain low, but focus is needed to maintain this. The Clinical Director continues to focus on promoting home treatment. June 2020: Significant reduction in the number of people placed out of area. Wards reconfigured to support COVID, continue to have good flow and continually reviewed. Clinical Director in place focussed on flow and crisis and home treatment to ensure people are treated in the most appropriate place. Review of ceased services to understand if they can be stood up. Modelling work undertaken to understand the predicted mental health surge and impact of the referrals that have not been received during this time. May 2020: AWP are part of new MH Cell and involved in the sub-groups. Non Core activity	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above
Commissioning Directorate	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.	<p>August 2020: 52 week waits continue to grow as capacity is prioritised for urgent cases, post-Covid. The planned care cell are working with the clinical cabinet to support in managing long waits and how to support patients who have been waiting for a long time pro-actively. Work continues with the independent sector to ensure parity across the system with prioritisation to support in managing long waits first for the same level of priority cases.</p> <p>July 2020: 52 week waits continue to rise in line with the national picture. T&amp;O still has the largest number, but breaches are now occurring in other specialities as a result of reduced routine activity and ongoing capacity. Capacity is being reviewed and finalised as part of phase 3 planning, and independent sector capacity is still available for staff to use. The planned care cell are working with providers to understand what can be done in specialities to reduce demand as well as actively managing lists.</p>	<p>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.</p> <p>There is uncertainty on the national contract with IS beyond the end of June.</p> <p>Even with additional capacity of IS, likely to still be a significant short fall for routine activity.</p>	Commissioning Leadership Team / Commissioning Executive	Lisa Manson	Gemma Artz	9 (3x3)	20 (4x5)	↔	1x1=1	Mar-20	Open	Aug-20	
as above	as above	as above	as above	as above	as above	<p>June 2020- Gold approved plan to work towards NHS managed lists at the trusts, for all referrals to go via the trusts to ensure equity of wait times and prioritisation based on clinical priority.</p> <p>Confirmation that the notice has not been given on the current IS contracts, and the system have returned data to inform the rolling contract for July and August, with a plan for procurement and contract from September/ October onwards to support this proposal. The planned care cell continue to identify the pathways with the largest and longest waits - at the current time this is T&amp;O and the MSK programme board has now been restarted with a view towards an integrated orthopaedics services as part of the deliverables for that group.</p> <p>May 2020- proposal to Gold to ask for formal letter to national team about the way IS capacity is used to support recovery. Ongoing use of clinical prioritisation groups within the trusts and regular check in via the planned care cell to ensure equity across the system.</p>	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	as above	
Commissioning Directorate	21	N/A	05.04.19	Due to long waits for adult ADHD services in AWP there is a risk to patient experience which may result in a detrimental impact on their wellbeing. There is a further risk that for patients waiting over 52 weeks the CCG and AWP could incur 52 week breach fines	A contract performance notice has been issued a joint investigation has started. Key actions include updating booking processes and reviewing the waiting list. The CCG have requested data on the number of patients waiting over 18 weeks so that a review can be undertaken	<p>August 2020: There is a new service user group established to review the ADHD services on offer.</p> <p>July 2020: A service user group is being established to work with the service on redesign of the pathway. There continues to be a financial risk from increasing numbers of patients exercising choice and having assessment at psychiatry UK.</p> <p>June 2020: Transformation work for this service has been restarted and there is a paper being prepared for commissioning executive, highlighting the risk of increasing activity in other providers as patients exercise their right to choose provider under AQP rules.</p> <p>May 2020: Service remains closed, however plan to reopen this month. Roll out of LES has been paused, which will impact on ability to discharge people from service. Review of CPN being undertaken.</p> <p>April 2020: COVID-19 means that diagnostic services have paused, including ADHD.</p>	<p>Due to the complexity of resolving this issue, wait times have not reduced over the period that this has been being reviewed.</p> <p>See Nov actions to mitigate gaps</p>	Commissioning Executive	Lisa Manson	Gemma Artz/ Emma Moody	16 (4x4)	16 (4x4)	↔	1x1=1	Jun-20	OPEN	Aug-20	

Commissioning Directorate	14	n/a	19/12/2018 01.05.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR  National outbreak of Influenza Pandemic leading to up to 50% of population affected across the country making it a national catastrophic incident	<ul style="list-style-type: none"> <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>	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR <b>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.</b> August 2020: Health National Major Incident reduced to Level 3 from Level 4, Regional led by NHSEI ICC. Phase 3 planning now in place for restoration and recovery. Subsequent planning for concurrent incidents with winter, severe weather, local surveillance and potential lockdown. July 2020 reviewed no changes June 2020: Remain in response phase with ICC running slightly reduced hours but with the ability	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	Sep-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.	<p>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.</p> <p>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</p>	<p>August 2020: BNSSG are involved with a regional piece of work supporting diagnostics and bids were submitted to the regional team to review- this included bids for utilisation of the Nightingale for additional scanners, increase staffing to support radiographers improve productivity and reduce DNA rates, there is also ongoing use of the independent sector. The diagnostic group have proposed a PID for a longer term strategic group to support the DAG as the DAG works to manage demand and capacity in preparation for the winter- this is in the process of being signed off.</p> <p>July 2020: Gold command have given support to further support for the diagnostic review to support the recovery. This will include review of demand as well as options for increasing capacity. This is still a significant risk.</p> <p>June 2020: Independent sector have started to do additional work for the trusts, and the diagnostics cell are working with clinical cabinet on a plan for opening services for direct access and how this can be done effectively. Ongoing work. Urgent and 2ww work continue to be accepted and prioritised.</p> <p>May 2020: see NEW ACTIONS</p> <p>28/2/2020: The endoscopy working group has been established as a subgroup of the healthier</p>	<p>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.</p> <p>The workforce and space issues with endoscopy are exacerbated with the procedures needed for IPC which will significantly reduce efficiency.</p>	Commissioning Leadership Team	Lisa Manson	Gemma Artz	4x3=12	20 (4x5)	↔	tbc	tbc	OPEN	Aug-20
Commissioning Directorate	37	n/a	26.05.20	As a result of COVID-19 the income normally generated for a number of our providers has reduced significantly. This impact could potentially result in our most vulnerable providers for example, VSCE, Hospices, Charitable organisations Independent sector (planned care and diagnostics provision) etc having to make difficult decisions that could result in them reducing the services they offer or winding up completely	<p>31 Jul 20 - Working with the national and regional team to ensure support is available to support provider sustainability</p> <p>09-Jul-2020: Working with the national team to detail the vulnerability of our charitable organisations.</p> <p>Continuing to work with providers that have identified vulnerability and continue to review their current position.</p> <p>26-May-2020: Learning lessons and delivering excellence pre, during and post COVID-19.</p> <p>Working with the sector/s to support them to be sustainable and resilient – Escalating support needed within the system and nationally.</p> <p>Working with them to understand where they can push forward and where they may have to reduce the services being offered.</p> <p>As a result of the actions in place the risk score has been reviewed and reduced. The risk will be removed from the CRR once reviewed by the Governing Body.</p>	<p>Potential issue raised at SFC</p> <p>CCG continues to these organisations financially through our current contracting arrangements and COVID-19 arrangements</p>		Strategic Finance, Commissioning Executive Committee	Lisa Manson	Helena Fuller, Jon Lund	3x5=15	12 (4x3)	↓	tbc	tbc	closed	Aug-20

Commissioning Directorate	38	n/a	02.06.20	There is a risk that whilst running a Covid 19 response the ICC is required to stand up a response to a second incident with the need for additional resources to both lead and support both responses Lessons to be identified and implemented from recent second incident (Weston Hospital Covid 19 outbreak)	Maintain ICC structure EPRR plans and processes LHRP plans re system response and guidance National Plans	July 2020: ICC resource reviewed and approved for Level 1-4 national major incident levels. On-call briefing presentation circulated to strategic and tactical on-call. Workforce cell looking to hand resourcing to Commissioning moving forwards. Risk reduced to reflect the decrease in pressure currently on the existing ICC resulting in greater capacity to manage another incident simultaneously, there is a core group of personnel that are now well practiced in running the ICC. The increase in critical care capacity available reduces the impacts from another incident occurring. Public transport Covid19 measures has reduced numbers travelling in any one vehicle or train and reduced air traffic. Risk score has been reviewed and reduced and risk will be removed from the CRR after review by GB  May 2020: gaps being assessed at present and additional processes discussed for implementation	On-call briefing slides outlining additional resource requirements ICC manual Out of hours on-call support to be discussed as part of lessons learned.	EPRR Oversight Delivery Group	Lisa Manson Janette Midda / John Wintle	4x4=16	12 (4x3=12)		tbc	Jun-20	CLOSED	Jul-20
Finance Directorate		PO 7.2 (19/20)	20.11.19	As a result of continued pressures in the current 19/20 financial year there is a risk that delivery of the 2020/21 financial plan will be compromised through the need to recover in-year overspends. This could lead to a higher savings requirement and additional regulatory scrutiny from NHSE/I	The CCG had set an annual plan for 2019/20 with an in-year deficit of £12.0 million. NHS England agreed a Control Total of an overall deficit of £12 million, after a resubmission of the Annual Plan with an additional system savings plan requirement of £12 million for which the majority of financial risk was held by the CCG, and awarded no Commissioner Sustainability Funding. Our 2019/20 Financial Plan had a savings requirement of £41.4 million, including the stretch system savings commitment and identified risks of £13.9 million, as along with £13.9 million potential mitigations. These mitigations included the full release of 0.5% of the CCG's contingency reserve; this is the funding that we are required to set aside to guard against losses. We did not manage to achieve the planned position and ended the financial year with a deficit of £34 million. The planned position was challenging and there were a number of unforeseen cost pressures including increases in:	Messages need to be more frequent and visible, for example: providing key updates at weekly stand up, ensure the financial position is understood at key committee meetings, seek to include messages on the office display screens. Paper on budgetary responsibility written and reviewed by SFC and Turnaround Steering Group. To now ensure the key messages are shared within directorates. Month 6 savings position shared with acute providers (particularly giving detail on those projects directly impacting their activity). Piece of review work now underway to ensure we are fully capturing all savings in the context of the overall contractual positions. Five Year Plan financial model developed. Now working to confirm the maturity of the different projects and programmes which have been identified to support delivery of efficiency savings requirements. SFRP update given to HT Exec Group on 21st November 2019 with a key ask to consider how chief execs can leverage support to key projects. April 2020 - this risk relates to 2019/20 GBAF and will be reviewed for 2020/21		Strategic Finance Committee	Sarah Truelove Jon Lund/Rob Moors	20 (4x5)	0 (0x0)	↓	10 (2x5)	Mar-20	Open	Aug-20
see above	see above	see above	see above	see above	• Continuing Healthcare complex individual packages Delayed systems savings plans; • Prescribing costs and • Mental Health and Learning Difficulties out of area placements These cost pressures and the planned deficit will mean greater challenges to the position for 2020/21 and going forward. This risk related to delivery of the 2019/20 plan and the score has been amended to reflect this. the risk will be removed following the Governing Body review	see above	see above	see above	see above	see above	see above	see above	see above	see above	see above	
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 Sept - NHS Financial Regime continues for M5 & M6 with further guidance for M7 to M12 awaited July 2020 - System wide recovery plan is effectively paused due to C19 leading to a revised financial regime for the NHS 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 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.		Strategic Finance Committee	Lisa Manson / Sarah Truelove Niall Prosser Claire Thompson / Jon Lund	25 (5x5)	25 (5x5)	↔	4x4=16	Mar-21	OPEN	Sep-20

Finance Directorate	P20-05		14.04.20	As a result of the significant savings target that is required in 20/21 (total £45m - £38m CCG savings and further £7m to reach system control total)) there is a risk that sufficient savings plans will not be identified which may result in the overall financial position being compromised.	<ul style="list-style-type: none"> <li>Savings delivery closely aligned to system change initiatives and commitments made in the BNSSG Five Year Plan.</li> <li>Control Centres are reviewing new areas to be scoped as potential development for 20/21.</li> <li>Focus placed on 'at-scale' changes which have a significant impact.</li> <li>Opportunities to be gained from accelerated work being undertaken as part of COVID-19 response.</li> </ul>	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)	16 (4x4)	↓	10 (5x2)	Jul-20	open	Sep-20
Finance Directorate	tbc		28.4.20	The impact of COVID-19 on the HSCN roll out to replace N3 in practices may delay delivery by deadline of 31/8/20 which may lead to financial consequences. Practices currently under pressure (winter and otherwise), their availability / appetite to accept two hours of downtime when clinics are already at capacity may diminish. The supplier, KCOM, may also be adversely impacted by the pandemic and the interruptions to normal activities	HSCN Programme Board meets monthly CSU engaged with NHSD and appraised of progress/issues Letter written to NHSD from sarah Truelove to flag concerns/risk and to see support	August 20: All sites have been migrated ahead of the end of August deadline and this has been communicated to NHSE/IL  The risk score has been reviewed and reduced and as a result the risk will be removed from the CRR after review by the Governing Body						16 (4x4)	0 (0x0)	↓	31.8.20	Open	Aug-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	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  March 2020: Risk remains unchanged Feb 2020 risk remains unchanged 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.	none identified currently; monitoring of position continuing					16 (4x4)	4x4 = 16	↔	8 (2x4)	Mar-20	Open	Sep-20
Nursing & Quality	BNSSG QD 023	n/a	09.03.20	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR As a result of a lack of trained LeDeR reviewers there is a risk that potential learning is not identified in a timely manner and reputational damage from having a high number of unallocated LD cases.	All trained reviewers have been contacted to check they are still active on the LeDeR platform. Weekly review of cases and allocations Fortnightly progress reminders sent to reviewers To establish a peer support group to provide support and advice to reviewers. Two new dedicated LeDeR reviewers have been recruited to undertake reviews. One has started and has been allocate cases, the second starts end of March 19.	RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR 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 are cleared more are reported - 38 new cases reported Jan - April including 12 Covid cases.	none identified currently; monitoring of position continuing					12 (4x3)	15 (5x3)	↔	6 (2x3)	Mar-20	open	Aug-20
Nursing & Quality	BNSSGQD003	n/a	05/05/202	Patients are at risk of potential harm through contracting MRSA	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.	Aug 2020: Mitigating actions and risk scores have been amended New Risk May 2020 Replacing Risk BNSSG QD 002	none identified currently; monitoring of position continuing					20 (4x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-20
Nursing & Quality	BNSSGQD004	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	none identified currently; monitoring of position continuing					15 (3x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-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	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	15 (3x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-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	none identified currently; monitoring of position continuing	Quality Committee	Director of Nursing & Quality	Associate Director of Quality	15 (3x5)	15 (3x5)	-	10 (2x5)	Mar-21	Open	Aug-20
Transformation	Tr Coms		05.03.20	COVID-19 - risk that communications capacity to handle Corona comms has a negative impact on other projects and areas of delivery. Additional risk of team capacity affected by the impact of the virus itself (i.e. staff sickness).	We are reviewing our comms delivery plans and looking at what work can be scaled down, to build more flexibility into our EPRR comms rota. We are keeping a watching brief on areas that might be directly affected, for example, the AGM and engagement events.	Staff sickness has not had a significant impact, but the return of BAU activity in conjunction with COVID-related demands means that the risk profile remains the same. We are resetting workloads with a review of priorities in June in order to mitigate against this further			Director of Transformation	Associate Director of Communications and Engagement	(4 x 4) 16	(4 x 4) 16	-	-	Ongoing	Open	Jun-20
Transformation	MSK		28.05.20	As a result of COVID 19 and the fact that routine MSK services have been put on hold, there is a risk that waiting times for MSK services will increase which may result in people having to wait, often in pain, for many months to see a Physio or for surgery	* The use of the national contract with the Independent Sector to try to restart Ortho surgery and to use the IS Physios to see patients * Sanchit Mahendale has agreed to be the clinical lead to implement a single T&O directorate for BNSSG which would enable the most efficient use of resources to reduce waiting times * We plan to introduce more support at the start of the pathway to prevent the need for surgery later on, such as ESCAPE-pain courses, shared decision making, First Contact Practitioners working in Primary Care Networks, Health Optimisation, community based pain management	July 2020: * IS Physios are seeing people in South Gloucestershire on the Sirona waiting list * There is some Ortho surgery starting to happen at Emersons Green- Ortho surgery is a lower priority to Cancer surgery so there is limited capacity available * 20 new people will have been trained as ESCAPE-pain tutors 26th of June and Sirona are planning to run virtual ESCAPE -pain classes . Face to face classes can only start when lock down restrictions are lifted * Sirona have signed a contract with the South Glouc PCNs for them to provide their FCP's and they are going out to advert next week to recruit 10PCN's. Other PCNs are also recruiting FCPs and the Training Hub are working with the MSK Programme to establish a FCP network to ensure they are part of the MSK Programme. We have established a 'Keeping People Healthy' sub group of the MSK Programme Board and they will agree a timetable for the implementation of ESCAPE - pain, SDM and Health Optimisation at their first meeting.	We are not in a position to restart shared decision making, health optimisation and the community based pain management services until lock down restrictions are removed and staff can return to their normal roles	MSK Programme Board	Medical Director Clinical Excellence	Elizabeth Williams	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-21	Open	Jul-20
Transformation			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 Mitigations described as part of Phase 3 planning work, underway in Sept 2020, covering key objectives for recovery	Sept 2020 Revised deliverables for 20 / 21 presented to the Cancer Steering Group on the 3rd September. No further clarification to date on the Service Development Funding (previously Cancer Transformation Fund) to deliver cancer aims of the LTP. Rapid Diagnostic Service (part of phase 3 recovery planning for cancer services) business case requires clarification of funding profile before agreement can be given by SWAG Cancer Alliance but as above unclear if funding is available to deliver this. July 2020 It is still unclear if funding for cancer transformation from the Cancer Development Fund (previously Cancer Transformation Fund) is available to be used which is causing concerns in the roll out of already agreed projects for personalised care for cancer (remote monitoring) and in the proposed projects for faster diagnosis(rapid diagnostic service) and earlier diagnosis (GP support tool). June 2020 Cancer service recovery is looking to incorporate and deliver the long term plan objectives wherever possible Personalised Care for Cancer - due the change in the contracting mechanisms for the Trusts, how		STP Cancer Steering Group and Cancer Cell	Medical Director Clinical Excellence	Margaret Kemp	(4x4) 16	(4 x 4) 16	-	(4x3) 12	Mar-21	Open	Sep-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	July 20: The Directorate are supporting a clinically led UEC workshop across the system which took place on the 10th July, to agree transformation priorities for the next 3-6 months to ensure schemes are in place before winter pressures. Outputs/work streams to be agreed 15/07/20 by clinical group before presenting to system governance. The Directorate is working with the Commissioning team to quantify and strengthen the work impacting UEC pathways which has been done as part of COVID. This will be complete by 12/6/2020. The Directorate are supporting a clinically led UEC workshop across the system due to take place in June to agree transformation priorities for the next 3-6 months to ensure schemes are in place before winter pressures	Ongoing as part of recovery planning	none identified currently; monitoring of position continuing	silver (reporting to Bronze command, system change and clinical cabinet)	Director of Transformation	Kate Lavington	(4x4) 16	(4 x 4) 16	-	-	-	Open	Jun-20
Transformation			09.06.20	There is a risk that the UEC and Integrated Care transformation programmes agreed in our response to the Long Term Plan will not be delivered in the timescale originally set out due to the COVID19 pandemic	Review of planned work has taken place. Reporting provided to CCG recovery cell. Focus delivery resource on the 7 system goals which have been agreed by the Healthier Together Partnership	Ongoing as part of recovery planning Directorate Risk register review score at 4x3 based on review of planned work and reporting to cells - risk will be removed from register	none identified currently; monitoring of position continuing	system change	Director of Transformation	Kate Lavington	(4x4) 16	(4 x 4) 16	-	-	-	Open	Jun-20
Medical Directorate - Clinical Effectiveness	MO21		06.04.20	As a result of COVID 19 position there is a risk that there will be an increased spend on medication during this period.	Capture increased spend, so that it can be measured with the overall Covid spend.	<b>02/09/20: Continues to be monitored and fed back to the finance team. Approximately another 300 patients switched to a DOAC between May &amp; June 2020.</b> 03/08/2020: Continues to be monitored and fed back to the finance team. Approximately another 300 patients switched to a DOAC between May & June 2020. July 2020: There is an increased spend on DOACs, will continue to monitor monthly. Mat 2020:will work closely with finance to ensure this is captured			Medical Director Clinical Excellence	Debbie Campbell	5x3=15	15 (5x3)	↔		Ongoing	Open	Sep-20
Medical Directorate - Clinical Effectiveness	MO22		06.04.20	As a result of Covid 19 there is a risk that there will be local and national shortages of medication.	Working closely with national and local pharmacist leads will be able to mitigate shortages where available to be used.	<b>02/09/20: Process continues in place through Meds &amp; pharmacy cell. Currently no major issues. Both the likelihood of the risk materialising and the impact of the risk if it materialised have been reviewed and reduced.</b>  <b>The risk score has been reviewed and reduced due to actions taken and the risk will be removed from the CRR after review by the Governing Body</b> 30/07/20: Medicines shortages continued to be discussed system wide at the pharmacy cell. July 2020 Medication shortages are monitored regularly and discussed at the Medicines and Pharmacy cell to address any potential issues linked in with national and regional medicine/ pharmacy groups and will put in plans where ever possible to mitigate any shortage			Medical Director Clinical Excellence	Debbie Campbell	4x4=16	3x4=12	↓		Ongoing	Open	Sep-20
Medical Directorate - Clinical Effectiveness	R&E06		10.06.20	Head of Research and Evidence will be vacant as of end of July. There will be a gap in line management for three staff, budget responsibility for several budgets including RCF, and R&E representation at the Senior Management level of the CCG.	<b>Aug 20 31/07/2020: line management arrangements in place budget responsibility/invoice approval arrangements in place; the majority of the duties of Head of R&amp;E fulfilled have been re-assigned ; there is R&amp;E representation at senior management level in the CCG</b>  <b>The risk score has been reviewed and reduced due to actions taken and the risk will be removed from the CRR after review by the Governing Body</b>		May require short term solutions to more immediate gaps		Peter Brindle	Adwoa Webber	5x3=15	9 (3x3)	↓		31/08/2020	closed	Aug-20