

**Meeting of Bristol Clinical Commissioning Group  
Quality and Governance /Finance, performance and Planning  
Committee**

To be held on Tuesday 23 February 2016 commencing at 1.30pm at St Paul's Learning Centre, 94 Grosvenor Road, St Pauls BS2 8XJ

**Title: Corporate Risk Register and Governing Body Assurance Framework****Agenda Item: 18****1 Purpose**

This paper presents the Corporate Risk Register (appendix 1) and Governing Body Assurance Framework (appendix 3) for review, comment and approval.

**2 Background**

The Corporate Risk Register is a key component of the CCG's risk management strategy. The Corporate Risk Register shows all high level risks, strategic and operational, reported by the CCG alongside the actions taken to mitigate, reduce or transfer those risks. Our Corporate Risk Register sets out the existing controls to risks as they arise and the assurances in place.

The Governing Body Assurance Framework identifies where there are risks to the Clinical Commissioning Group's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body that risks are being managed. The Governing Body Assurance Framework indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The Assurance framework enables the Governing Body to monitor the CCG's strategic objectives and identify any significant, inherent risks. It is instrumental in the Governing Body's discharge of its responsibilities for internal control.

It is the work of the Governing Body, support by the CCG's managers, to ensure that there is a process to populate the Assurance Framework and oversee the development of the CCG's risk management processes.

**3 Updates to the 2015/16 Corporate Risk Register**

Where amendments have been made to the risks reported these are highlighted in blue bold text. Where risks have been reviewed but no update has been made this is shown. Amendments have been made to the following items:

- BCCG 001.2 15-16
- BCCG 001.6 15-16
- BCCG 24/13
- BCCG 004 14-15
- BCCG 006 14-15
- BCCG 010 14-15
- BCCG 002 15-16
- BCCG 003 15-16
- BCCG 010 15-16

Risk BCCG 005 15-16 has been reviewed and the risk score revised to reflect actions taken. The revised risk score has not met the CCG risk appetite for this risk however it is below the threshold for the corporate risk register. CHC cases continue to be closely monitored and it is recommended that the risk is removed from the register after this review.

Risk BCCG 009 15-16, has been reviewed and it is proposed that this risk is now reported as part of risk BCCG 010 14-15.

#### **4 Governing Body Assurance Framework**

The Governing Body Assurance Framework is presented for review quarterly. The Assurance framework has been updated and all amendments are shown in blue.

#### **5 How have service users, carers and local people been involved?**

Patient and public involvement is a key requirement and is described in the CCG Constitution. Where relevant risks recorded on the register make reference to patient and public involvement. The Corporate Risk Register and Governing Body Assurance Framework have not been developed in consultation with patients and members of the public.

#### **6 Implications on equalities and health inequalities.**

The Corporate Risk Register and Governing Body Assurance Framework are part of the Clinical Commissioning Group administrative processes and an Equality Impact Assessment would not be appropriate. Where relevant risks recorded on the register and framework make reference to equities and health inequalities.

#### **7 Evidence Informed Commissioning**

This paper does not related to a commissioning decision and this section is not relevant to the papers contents.

#### **8 Financial Implications**

The Corporate Risk Register and Governing Body Assurance Framework are part of the risk management framework used to identify and quantify the impact of risks including financial risks.

#### **9 Legal implications**

Where legal issues arise from individual risks the Corporate Risk Register will include plans to mitigate them.

#### **10 Risk implications, assessment and mitigation**

The Corporate Risk Register and Governing Body Assurance Framework are part of the risk management framework used to identify and quantify the impact of risks. The framework and register include remedial actions required to mitigate risks.

**11 How does this fit with Bristol CCG's Annual Work Plan or Strategic Objectives?**

The risks recorded on the Corporate Risk Register and Governing Body Assurance Framework relate to the annual work plan and the CCG's strategic objectives.

**12 Recommendation(s)**

The committee is asked to review and the corporate risk register and Governing Body Assurance Framework and comment on the amendments, controls, assurances and actions reported.

**Sarah Carr**  
**Corporate Secretary**  
**15 February 2016**

**Bristol Clinical Commissioning Group Corporate Risk Register February 2016 v2**

**CCG Principal Objectives**

The CCG has agreed the following Principal Objectives contained in the Governing Body Assurance framework to:

**PO1** improve the health of people in Bristol

**PO2** improve patient experience and access to healthcare

**PO3** work with Bristol City Council to reduce health inequalities

**PO4** work with our partners to ensure there is a sustainable and affordable healthcare system in Bristol

**PO5** ensure cost effective delivery of QIPP and financial arrangements

**PO6** be an organisation that embraces its corporate social responsibility

The Governing Body Corporate Risk Register and Assurance Framework identify the principle risks and risks assessed as over the risk threshold (12) to the delivery of the CCG's strategic objectives. 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. It includes an action plan to further reduce the risks and an assessment of current performance. The Corporate Risk Register is received by the Governing Body each month. The risks assessed as over the accepted threshold (12) and the Principal Risks are mapped against the Principal Objectives agreed by the CCG.

**Risk is assessed by multiplying the impact of a risk materialising by the likelihood 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**

Ref CRR	Risk Description	Principle Objective ref	entered on register	original impact	original likelihood	original risk rating	Current Internal Controls and Evidence/Assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	Further Actions to mitigate risk,	Risk limits/appetite	Risk Owner	target date	Date of last review
<b>Bristol Clinical Commissioning Group Corporate Risk Register</b>																	
BCCG 001 15-16	Non-achievement of NHS Constitution Standard Targets driven by Commissioner plans not delivering as expected, expected improvements in provider performance not materialising and or growth in demand exceeds expectations, leading to reduced quality of patient experience. (revision of risk BCCG 002 13 BCCG20/13, BCCG03 14-15 BCCG05 14-15) Specific sub risks are given below - also references to risks set out in Operational Plan 2015-16	PO2	13/04/2015	5	4	20	<p><b>Existing Controls</b>                      Quality dashboard reviewed at monthly quality and governance committee                      Performance and activity reviewed at monthly Finance, Performance and Planning Committee                      Operational work plans in place mapped to strategic objectives                      Clinical Steering Groups in place                      Service level agreement in place with Commissioning Support service                      Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee and Finance, Performance and Planning Committee                      Provider contract management meetings held monthly and reported to Finance, Performance and Planning Committee</p> <p><b>Assurances</b>                      Governing Body receives monthly:                      Finance, Performance and Quality Report                      Minutes of Quality and Governance and Finance, Performance and Planning Committee                      Quarterly reports by Clinical Steering Groups                      Steering Group Reports</p>	5	4	20	none identified currently; monitoring of position continuing	SRG and revised governance structure for contract monitoring established. Action plans are in place across the community and reviewed on weekly basis regarding urgent care/4hrs Monthly focus in Contract Performance Review meetings and Contract and Quality Review meetings Performance management arrangements strengthened and intensified across community Regular senior provider and commissioner escalation meetings in place for both NBT and UHBT	revised commissioning and relationship management arrangements in place for NBT and UHBT with system wide action plans in place see sub risks for specific actions May 2015 CCG level reporting included in monthly reporting to FPP introduced May 2015. Performance improvement trajectories were submitted 14 May 2015 to NHS E, aligned with providers and other commissioners as appropriate against which performance will be monitored and managed during 2015-16 September 2015 Application of contract penalties Review of refreshed recovery trajectories Triangulation of activity/contracts/plans December 2015 September actions continue RAPs in place and being monitored Jan 2016 no further update Feb 2016 no further update	Low 1-3	Chief Officer	on going	05/02/2016

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BCCG001.2.15-16	Non-achievement of Urgent Care NHS Constitution Standards; Specific risks to achievement of 4 hour ED waiting times	PO2	13/04/2015	5	4	20	<p><b>Existing Controls</b> 4 hour recovery plan in place and refreshed for UHB and NBT, monitored through working group and systems flow. Trusts have CQC improvement plans in place. Performance and activity reviewed at monthly Finance, Performance and Planning Committee Operational work plans in place mapped to strategic objectives Urgent Care Steering Groups in place Monthly performance review meetings held with providers and reported to Finance, Performance and Planning Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Performance and Planning Committee Quarterly reports by Urgent Care Steering Group</p>	5	4	20	further work commissioned to confirm effects and implications of home care issues on Good to Go's	<p>November 2015 system management Call process and Procedure being further refined and developed. Escalation procedure being embedded through desk top exercise and training. Commissioner action at contract level to prioritise 4 hour performance. A&amp;E 4 hour contract performance Notice served. the CSU has requested a RAP - to be provided by 6 November December 2015 Urgent care Head of Urgent Care Programmes now in post Trust RAP response received</p>	<p>November 2015 Urgent Care Recovery Plan being further developed as an overview documents of all unscheduled care; improvement work being developed to improve mapping coordination and governance of improvement effort. Bringing forward winter communications activity to impact asap December 2015 Trust RAP to be integrated into system wide urgent care delivery plan. Specific work plan being developed around increased attendances of BRHC Jan 2016 System in escalation following Christmas period. Escalation policy enacted. UHB RAP being further developed and revised trajectory under negotiation <b>February 2016</b> <b>urgent care RAP &amp; trajectory agreed DTOC review completed by NHSE and action plan submitted</b></p>	Low 1-3	Operations Director	on-going 05/02/2016	
BCCG001.3.15-16	Non-achievement of Planned Care NHS Constitution Standards for CCG commissioned population by provider specific risks to 18 week rtt and diagnostic waiting targets	PO2	13/04/2015	5	4	20	<p><b>Existing Controls</b> Performance and activity reviewed at monthly Finance, Performance and Planning Committee Operational work plans in place mapped to strategic objectives Clinical Steering Groups in place Monthly performance review meetings held with providers and reported to Finance, Performance and Planning Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Performance and Planning Committee Quarterly reports by Planned Clinical Steering Group</p>	5	4	20	none identified currently; monitoring of position continuing	<p><b>System management actions</b> plans in place to reduce RTT backlog and trajectories set with providers <b>Transactional and transformation management actions</b> QIPP schemes in place QIPP Programme Management group and processes in place</p>	<p>May 2015 local C&amp;B letter to make patients aware of wait times at providers to be introduced Implementation of progress choice at 18 weeks encouraging greater engagement from providers in waiting list transfers October 2015 • Roll out of the Referral Service • Ensuring full choice offered to suitable patients through implementation of Local Choose and Book letter, Waiting times Web page and Choice and 18 Weeks • Ongoing monitoring of providers performance against plans, inc capacity discussions • Application of contract penalties December 2015 * Application of contract penalties * FRP scheme &amp; 16/17 plans in place or being worked up to support delivery * Review of trajectories in year &amp; updating capacity planning for future planning Jan 2016 no further update</p>	Low 1-3	Chief Financial Officer	on going 08/01/2016	
BCCG001.4.15-16	Non-achievement of Cancer NHS Constitution Standards	PO2	13/04/2015	5	4	20	<p><b>Existing Controls</b> Quality dashboard reviewed at monthly quality and governance committee Performance and activity reviewed at monthly Finance, Performance and Planning Committee Operational work plans in place mapped to strategic objectives Clinical Steering Groups in place Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee and Finance, Performance and Planning Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Performance and Planning Committee Quarterly reports by Cancer Clinical Steering Group</p>	5	4	20	none identified currently; monitoring of position continuing	<p>BNSSG Cancer Working Group revised. Remit established to focus on actions to improve performance against NHS Constitution Standards. Membership of group set at Director/Senior Manager level. Performance reviewed through revised contract governance structure Improvement trajectories agreed with trusts and Monitor and TDA</p>	<p>May 2015 target reporting to be shared at June Steering Group September 2015 BNSSG cancer group established Ongoing monitoring of providers performance against plans, inc capacity discussions Application of contract penalties CQUIN for 62 day GP referrals December 2015 Action plan across BNSSG for 62 day target, especially to address across provider pathways Jan 2016 no further update <b>Feb. 2016 no further update</b></p>	Low 1-3	Director Transformation and quality	on going 05/02/2016	

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BCCG001.5.15-16	Non-achievement of Quality Standards specifically targets relating to HCAI's	PO2	13/04/2015	4	20	<p><b>Existing Controls</b> Quality dashboard reviewed at monthly quality and governance committee Operational work plans in place mapped to strategic objectives Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance Committee</p>	4	20	Dec 2015: Loss of dedicated infection control expertise within the CCG	<p>HCAI established HCAI group with representation from providers, Public Health England, Local Public Health and NHS England Task and Finish Group (sub group of HCAI group) established to focus on reducing the number of IVDUs who develop MRSA blood stream infections with specific actions identified.</p> <p>MRSA established action plan refreshed to focus on the reduction of MRSA BSI in intravenous drug users, monitored monthly established MRSA/IDU task and finish group with stakeholders including non-NHS agencies C.diff monthly reviews of all cases with UHB and developed RCA for Primary Care Antibiotic prescribing practice in Primary Care under review</p>	<p>Sept 2015 On going compliance with action plan. Dec 2015 Infection control training provided to existing Quality team members to cover in the absence of ICN To explore original PH core offer of infection control provision for CCG Jan 2016 Public health interim representative invited to HCAI Group and C diff review meetings. <b>Feb. 2016 no further update</b></p>	Low 1-3	Director Transformation and quality	on going	05/02/2016
BCCG001.6.15-16	Non-achievement of Mental Health Standards specific risks relate to IAPT access and recovery and secondary care referral to assessment times	PO2	13/04/2015	4	20	<p><b>Existing Controls</b> Quality dashboard reviewed at monthly quality and governance committee Performance and activity reviewed at monthly Finance, Performance and Planning Committee Operational work plans in place mapped to strategic objectives Clinical steering group in place Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee and Finance, Performance and Planning Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Performance and Planning Committee Quarterly reports by Mental Health Clinical Steering Group</p>	4	16	none identified currently; monitoring of position continuing	<p>IAPT Action plan implementation and embedding continues, actively monitored by commissioners and steering group Regular reports shared with NHS England Additional resources allocated to IAPT provider to improve access and recovery rates Additional providers have been recruited to AQP framework to create capacity IAPT service to be re-commissioned</p> <p>secondary care referral to assessment times performance monitoring through clinical steering group and to Finance, Performance and Planning Committee Risk score revised to 4x4 =16</p>	<p><b>Feb 2016</b> IAPT service improvement plans actions continue with implementation. Access rates remains at around 15% target, Recovery Rate for Jan 16 at 44% NHS E access and Waiting Time monies - receipt confirmed, MoU issued and providers have now recruited to posts. NHS E monitoring of waiting lists on monthly basis IAPT service recommissioning will address fundamental changes required to ensure compliance with national standards</p> <p><b>Secondary Services</b> ongoing close monitoring of service delivery and working with AWP to review the delivery model as a result of the CQC inspection and resultant Warning Notice</p>	Low 1-3	Chief Officer	on going	05/02/2016
BCCG 21/13	potential for loss of public confidence in Paediatric Cardiac Services	PO2	18/04/2014	4	16	<p><b>Existing Controls</b> Quality dashboard reviewed at monthly quality and governance committee Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee</p> <p><b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance Committee Minutes of Audit Committee External Assurances: External review exercise</p>	4	12	none identified currently; monitoring of position continuing	<p>The action plan has been regularly reviewed by the CCG and NHS E. Actions are now completed with good assurance gained. Presented to the Q&amp;G Committee in Dec 2014 and the CCG Governing Body Jan 2015. Agreed at Governing Body to monitor action plan through routine performance monitoring structure. Agreed at Feb Governing Body to retain risk at risk score of 4x3 +12 until Independent Review completed</p>	<p>none identified currently; monitoring of position continuing August 2015 CCG has been asked to provide evidence to the review and is cooperating with this fully December 2015 CCG evidence provided to review no update. Jan 2016 no further update <b>Feb 2016 no further update</b></p>	Low 1-3	Chief Officer	on-going	05/02/2016
BCCG 23/13	lack of capacity across the CCG and CSU plus NHS organisational changes resulting in the CCG not being able to fulfil strategic objectives	All	18/04/2014	4	16	<p><b>Existing controls</b> regular review of CSU KPI's by Leadership Group and at Partnership meetings</p>	4	16	none identified currently; monitoring of position continuing	<p>Financial position and contract activity reviewed at Finance Performance and Planning Committee</p>	<p>none identified currently; monitoring of position continuing</p>	Low 1-3	Chief Officer	on-going	16/06/2015



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BCCG 24/13	Potential low assurance relating to CSU internal control mechanisms <b>potential risk in the transfer of embedded staff to CCG employment may reduce controls temporarily</b>	All	30/03/2014	4	3	12	<b>Existing Controls</b> regular review of arrangements with CSU <b>Assurances</b> Audit Committee Minutes <b>External Assurances</b> in year report from CSU Internal Auditor Report Service Auditor Report	4	3	12	none identified currently; monitoring of position continuing	monthly review of Quality, Patient Experience, Financial position and contract activity and Governing Body	<b>Internal Audit review planned to mitigate risk</b>	Low 1-3	Chief Financial Officer	on-going	05/02/2016
BCCG002/14-15	Failure of CCG to fully engage with member practices resulting in disengagement of members, reputational management issues and risk regarding the sustainability of CCG and the delivery of clinical commissioning; the risk may increase with co-commissioning	PO1, PO2, PO4	27/05/2014	4	3	12	<b>Existing Controls</b> Constitution in place. All practices have CCG lead representative. Locality Executive Groups, Clinical Forums and Practice Manager Forums in place. Members events held biannually. GP Update sent out weekly. Clinical Steering Groups with locality representation established. Key messages from CCG groups circulated. MoA in place. Joint Committee established with NHS England with agreed Terms of Reference Joint Committee minutes received by Governing Body <b>Assurances</b> Locality work plan annual reports to Governing Body. Steering Groups reports to Governing Body	4	3	12	July 2015 the risk rating for this risk has been revised upwards to reflect the potential impact on relationships of the NHS England lead PMS review	As a result of actions taken risk assessment has been revised to 3 (probability possible) x 4(consequence major)	May 2015 terms of reference for joint commissioning committee agreed with governing body on-going development of primary care strategy 6 month returns for BPCAg reviewed with majority rated green. member event to focus on c-commissioning and primary care strategy June 2015 members event focussed on developing primary care and impact of PMS review process Joint Committee with NHS England established July 2015 PMS review group work completed. Joint Committee meeting held December 2015 PMS Review 1st phase completed. Members event focused on acute / primary care and working together on LTC, Respiratory and CVD and making time in general practice. Jan 2016 no further update	Low 1-3	Operations Director	on-going	08/01/2016
BCCG04/14-15	New mental health service does not deliver benefits as intended due to implementation issues	PO1, PO2	15/09/2014	4	3	12	<b>Existing controls</b> <del>Transition Programme Board established and CCG Chair and Chief Accountable Officer as part of membership</del> KPIs established as part of implementation programme <del>Monitoring of implementation and delivery against KPIs monitored at Transition Programme Board</del> regular performance monitoring meetings with all services to ensure services embedded successfully and KPIs being met. Internal CQPM currently being established. MH Commissioners meet monthly to update and report on all services <b>Assurances</b> Gateway "readiness for change" review completed; programme scored well for complex project- Contract monitoring process established with all services and feedback mechanisms	4	4	16	Feb. 2016 the risk rating for this has been revised upwards to reflect the issues which have been highlighted recently by a CQC inspection	Service Users involved in monitoring all services stakeholder benchmarking under development mental Health Steering Group overseeing assurance process <del>regular meetings held with system leader</del> transition board work plan complete	as per risk BCCG001.6 15-16 ongoing close monitoring of service delivery and working with AWP to review the delivery model as a result of the CQC inspection and resultant Warning Notice	Low 1-3	Chief Officer	on-going	05/02/2016
BCCG 06 14-15	National outbreak of influenza pandemic or similar infections disease	PO1, PO2, PO4, PO5, PO6	22/09/2014	5	3	15	<b>Existing Controls</b> Robust Influenza Pandemic Plans/Business Continuity Plans in place across health system Influenza Pandemic part of annual training and exercising calendars for Local resilience Forum and all NHS Organisations CCG Governing Body receives report on all Emergency Preparedness, Response and Resilience activities <b>External Assurance</b> Self assessment conducted annually and reported to NHS England as part of annual review process	5	3	15	No gaps in controls or sources of assurances currently identified	The Local Health Resilience Partnership oversees continues preparedness, training and exercising with multi agency partners. Ensure mutual aid and Business Continuity Plans in place and exercised through Cygnus and desktop exercises.	November 2015 LHRP Exercise Mallard 5th Nov 15, Bristol CCG represented by Richard Lyle and Tiina Mustonen. LHRP framework signed off. Jan 2016 Further detail of influenza pandemic response and business continuity arrangements to be incorporated into departmental BCPs as per the LHRP framework and testing Feb 2016 <b>Exercise planned by Bristol City Council for 1.3.16</b>	Low 1-3	Operations Director	on-going	05/02/2016

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BCCG 07 14-15	lack of process for identification of vulnerable patients and incorrect sharing protocols for information	PO2	22/09/2014	4	4	16	<p><b>Existing Controls</b> CCG Governing Body receives report on all Emergency Preparedness, Response and Resilience activities</p> <p><b>External Assurance</b> Self assessment conducted annually and reported to NHS England as part of annual review process</p>	4	3	12	No gaps in controls or sources of assurances currently identified	Agreement to Local Health Resilience Partnership data sharing protocol once produced	<p>Sept 2015 Consultation on the Avon and Somerset Local Health Resilience Partnership Incident Response Information Sharing Protocol finished on 4th September to inform draft 2 risk score revised as result to 4 x3 =12</p> <p>December 2015 Waiting for NHS E to issue the information sharing protocol for sign off by organisational IG and Caldicott guardians. Jan 2016 no further update</p> <p><b>Feb no further update</b></p>	Low 1-3	Operations Director	on-going	05/02/2016
BCCG 01014-15	Inability to control costs and identify savings for 2015/2016 to ensure delivery of revised surplus of £2 million. To sustain delivery of forecast surplus of £5.7 million	PO1, PO2, PO3, PO4, PO5, PO6	17/02/2014	5	4	20	<p><b>Existing Controls</b> planning processes embedded to identify savings Constitution includes financial policies and scheme of delegated authority Standing financial instructions and other internal controls in place Governance arrangements including Finance, Performance and Planning Committee established Integrated Finance, Performance and Quality report received by Finance, Performance and Planning Committee Monthly meetings with providers to discuss financial position <b>Recovery Plan in place</b></p> <p><b>Assurances</b> QIPP and Recovery monitoring included in steering groups QIPP and Recovery Monitoring through QIPP Assurance Group, Finance, Performance &amp; Planning Committee and NHS England Deep Dive process and individual staff meetings with CFO Governing Body receives monthly Finance, Performance and Quality Report monthly minutes of Finance, Performance and Planning Committee and Quality and Governance Committee Minutes of Audit Committee Reports on Authorisation Individual reports on investment and planning External Assurances Internal Audit Reports: Strategic Planning; Continuing Healthcare; Budgetary Control; Commissioning, Contract and Performance Management; IT audit; Financial Systems of Control; Collaborative Business Services</p>	4	4	16	Activity and financial information from NBT following implementation of Lorenzo	<ul style="list-style-type: none"> <li>Horizon Scanning for early identification or risk</li> <li>Cost containment strategies which include a thorough understanding of cost drivers and use of non-financial KPIs</li> <li>Effective contract management working collaboratively with the CSU and partner CCGs</li> <li>Robust financial controls environment, based on implemented improvements following the financial controls environment assessment</li> </ul> <p><b>Negotiated settlement for year end ongoing with NBT</b></p>	<p>The CCG has put in place</p> <ul style="list-style-type: none"> <li>weekly meeting chaired by CFO to monitor key cost centres/activity flows</li> <li>-QIPP assurance and local and NHS E deep dives on key programme areas</li> <li>-continued monitoring and drive for providers delivery via contract leads</li> <li>Work continues to identify further schemes to deliver against unidentified QIPP including</li> <li>-deep dive into benchmarking information to understand sub programme level opportunities and link to evidence based solutions by CSU and planning lead</li> <li>second review of potential schemes to be resourced for in year delivery</li> <li>review of current priorities, resourcing and structures to release resource by transformation team</li> <li>PMO process will now apply across Sip and Financial recovery Plan</li> <li>CCG producing Cost Containment Strategy to be presented to FFP in December and to Governing Body and to highlight the use of non financial KPIs</li> </ul>	Low 1-3	Chief Financial Officer	on-going	05/02/2016
BCCG002 15-16	Failure to develop an integrated model of health and social care services agreed with BCC. This would result in the CCG not delivering BCP aims, not making a step change in adult community health services and having to commission a health only model of Adult Community Health Services	PO1, PO2, PO	19/05/2015	3	4	12	<p>Controls better care programme board in place Joint commissioning of rehabilitation and reablement in place Section 75 agreements are in place for creation of pooled budgets Governance Structure in place; minutes received by Governing Body Test and learn pilots developed</p> <p>Assurances Better Care Commissioning Board minutes received by Governing Body for assurance Better Care Programme assured by NHS England</p>	3	4	12	Programme of work not in place for test and learns	<p>September 15 Test and Learn briefings to be presented at Transformation Board in October November 2015 - test and learn paper to joint commissioning Board November for decision. Leadership for change team working together to facilitate joint working, robust project management tracker developed and considered by Transformation Board 27 October December 2015 No further update</p>	<p>January 2016 Criteria being developed for test and learns Process for determining clusters for test and learns being developed Budget identified for test and learns (£200K underspend from Better Care 2014/15) Meeting with BCH Job descriptions being drafted to support test and learns</p> <p><b>February 2016</b> <b>Leadership for Change Team talking to system leaders to get mandate for integration plan by March 2017</b></p>	Low 1-3	Operations Director	ongoing	05/02/2016



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BCCG 003 15-16	Recommissioning of Children's' Community Health Services does not deliver required outcomes , places additional financial burden on the CCG and is subject to challenge	PO1, PO2	19/05/2015	3	4	12	<p>Controls</p> <p>Recommissioning Programme Board in place Joint Commissioning Group in place Detailed programme and project plans established Procurement advice provided through CSU and estates advice from Capita</p> <p>Assurance</p> <p>Recommissioning Programme Board reports to Governing Body</p>	3	3	9	<p>Procurement will be reviewed through Gateway process</p> <p>Lack of detailed financial information for on current provider</p>	<p>implementation of programme and project plans on-going</p> <p>meeting scheduled with provider for end of May 2015 regarding financial information</p>	<p>August 2015</p> <p>A gap in funding has now been identified with the current contract and this will need to be discussed amongst commissioners and at the Programme Board to agree the approach to be taken in relation to the recommissioning</p> <p>September 2015</p> <p>The recommissioning process is currently in the consultation phase, from 3rd September to 25th November. Any discussion regarding finance will be affected by the financial discussions for the interim provider contract so no update is expected until November/December</p> <p>December 2015</p> <p>Consultation finished on the 25th November and the report on the feedback received will go the December Governing Body meeting along with a paper to approve the reprocurement route. Procurement timetable has been drawn to allow for a 6 month mobilisation phase. The Invitation to tender will be placed at the end of January / February 2016 and the financial envelope will be needed for this</p> <p>Jan 2016</p> <p>On the 22nd December the Governing Body received the Consultation report, endorsed the lotting of services and the procurement routes for Children's Community Health Services (CCHS) for Bristol, North Somerset and South Gloucestershire enabling the procurement to start at the end of January 2016.</p> <p>February 2016</p> <p>The specifications were revisited in light of consultation feedback and taken to Governing Body on the 26th January, noting that these may be revised again during competitive dialogue phases. The procurement started on 1st February when the advert was published on Intend.</p>	Low 1-3	Operations Director	ongoing	05/02/2016
BCCG 005 15/16	Unplanned significant increase in the packages of care for 2 CHC eligible service users. Both cases account for 7.69% of the CHC budget Difficulty in agreeing appropriate provision arrangements	PO2	19/05/2015	3	5	15	<p>Controls</p> <p>Both patients have care plans in place with a variety of provision options identified close monitoring of package use on-going advocacy services are involved</p> <p>Assurance</p> <p>Internal audit of CHC service rated as Green (April 2015) legal advice being sought</p>	4	2	8	<p>none identified currently; monitoring of position continuing</p>		<p>Feb 2016</p> <p>following review this risk has been mitigated as service has transferred to new provider. It is recommended that this risk is removed after this review</p>	Low 1-3	Chief Financial Officer	09/1/2015	05/02/2016

Ref CRR	Risk Description	Principle Objective ref	entered on register	original impact	original likelihood	original risk rating	Current Internal Controls and Evidence/Assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	Further Actions to mitigate risk,	Risk limits/appetite	Risk Owner	target date	Date of last review
BCCG 007 15/16	Nationally mandated review of Personal Medical Service (PMS) contracts across primary care, being led by NHS England results in a decrease in services provided by GP practices (non-core) and a parallel increase in unplanned activity across other providers. This has potential to impact negatively on 4 hour performance and to place an increased financial burden on the CCG due to increased acute and community service provision. There are associated patient experience and reputation management risks.	PO2	14/09/2015	4	3	12	<p>Controls</p> <p>Joint commissioning committee established CCG PMS review group established PCPOD group established reporting to FPP Governing Body fully briefed through seminar and closed session discussions Weekly reporting by Programme Director for Primary Care Development to leadership group Liaison and discussion with LMC ongoing Member practices fully engaged by CCG through localities in addition to NHSE engagement</p> <p>Assurances</p> <p>FPP minutes received by Governing Body Joint Commissioning Committee Minutes received by Governing Body</p>	4	3	12	Process is owned by NHSE and is nationally determined	<p>Joint Commissioning committee in place PMS review Group in place Close working with NHSE South, localities and LMC</p>	<p>November 15 - The decision taken by the Finance Planning and Performance Committee was to invest the £5.4 million premium funding back into all Bristol practices over a five year period from April 2016. This will be used to commission a comprehensive range of supplementary services on a weighted patient basis using the nationally accepted formula to weight patients according to need. A two year review point has been built in to allow for any changes. Members event November 2015 - workshop with practice representatives to review "Making time in general practice " and to understand how the CCG and other commissioners can support practices to be more efficient and effective</p>	Low 1-3	Chief Officer	01/04/2016	07/12/2015
BCCG 008 15/16	Operational risks for NBT due to the imminent transfer to a new hospital patient administration system (PAS) called Lorenzo and knock on risks to commissioners, impact on other providers and general practice. For the CCG the risks are more specifically: * Financial management of the contract in year and for year end * Possible gaps in reporting of activity and performance For the Bristol Referral Service these are: routine and urgent GP referrals to secondary care may be missed, duplicated or delayed and patient choice reduced and waiting times increased. Impact also on provider and BRS capacity due to additional referral pathways being in place for NBT.	PO2, PO5	06/10/2015	5	4	20	<p>Controls:</p> <p>Lead commissioner (Sth Glos) representation at project board NBT contract management meetings Briefings via BNSSG Strategic Informatics Group and BNSSG Business Intelligence Stakeholders Group Strategic Leadership Group Partnership meetings NBT issued comms (including patient leaflets) that explain the temporary alternative pathway and process; regular weekly stakeholder teleconference to raise and address issues; BRS communications to GP practices confirming the alternative arrangements and advising them to implement a checking system for referrals to NBT also; NBT system in place to issue receipt of referral.</p> <p>Assurance:</p> <p>Weekly Lorenzo implementation highlight report Minutes of referrals weekly teleconference Minutes of reporting weekly teleconference</p>	4	5	20		<p>October 2015 Confirmation has been sought about referral monitoring. Mitigations to be identified to manage reporting failures should they arise. November 2015 North Bristol NHS Trust switched off the Cerner system at 23.59 on Thursday 12.11, roll out of Lorenzo commenced on 15.11. Command Centre is running 24/7. Trust has temporarily unpublished its services on eRS for a period of up to four weeks, there will be no option to add new referrals and patients will not be able to choose and book NBT. Manual referral process in place. Contact in place as LorenzoCommunications@nbt.nhs.uk. Designated process for 2 week wait referrals in place Financial risks are being managed via FIG. Lorenzo went live on the weekend of 13Nov. Feedback so far is positive. The risk score has been reduced to reflect this. Receipt of M8 data will give a clearer view of any issues.</p>	<p>December 2015 Manual re-booking of appointments remains ahead of plan. Downtime data catch up 92% complete across the board. Complaints dealt with by NBT and public messages reviewed. January 2015 No new issues reported. Implementation is now in optimisation phase. Data quality issues being picked up in contract monitoring meetings with NBT. Commissioner concerns re data quality and gaps and their impact on provider ability to report. Commissioners investigating concerns with NBT. <b>Feb 2016 no further update</b></p>	Low 1-3	Chief Financial Officer	31/12/2015	05/02/2016
BCCG 009 15/16	Recovery Plan implementation does not improve CCG financial position	PO1, PO2, PO3, PO4, PO5, PO6	17/11/2015	5	4	20	<p>Existing Controls</p> <p>planning processes embedded to identify savings Constitution includes financial policies and scheme of delegated authority Standing financial instructions and other internal controls in place Governance arrangements including Finance, Performance and Planning Committee established Integrated Finance, Performance and Quality report received by Finance, Performance and Planning Committee Monthly meetings with providers to discuss financial position</p> <p>Assurances</p> <p>QIPP monitoring included in steering groups QIPP Monitoring through QIPP Assurance Group, Finance, Performance &amp; Planning Committee and NHS England Deep Dive process</p>	4	4	16			<p>it is recommended that this risk is now taken as risk BCCG 010 14/15 and removed from the Risk Register</p>	Low 1-3	Chief Financial Officer	31/03/2016	05/02/2016

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							Governing Body receives monthly Finance, Performance and Quality Report monthly minutes of Finance, Performance and Planning Committee and Quality and Governance Committee Minutes of Audit Committee Reports on Authorisation Individual reports on investment and planning External Assurances Internal Audit Reports: Strategic Planning; Continuing Healthcare; Budgetary Control; Commissioning, Contract and Performance Management; IT audit; Financial Systems of Control; Collaborative Business Services											
BCCG 010 15/16	Lack of home care and care home capacity results in patient flow issues which in turn result in poor patient experience and flow impacting on the achievement of the 4 hour target.	PO1,PO2,PO3,PO4,PO5,	04/12/2015	4	4	16	Urgent Care Working Group and NBT System Flow meetings, UHB Tactical group meeting, BCF Transformation and Commissioning Boards. Daily Alamamc call and bi- weekly escalation meetings, D2A Steering groups and meetings Assurances Care Home Reports to Quality and Governance Committee Governing Body receives monthly Finance, Performance and Quality Report monthly minutes of Finance, Performance and Planning Committee and Quality and Governance Committee	4	4	16	No gaps in controls or sources of assurances currently identified. However most actions identified relate to partner agency not Bristol CCG	Development of effective relationships with providers, improved focus and support on quality and safeguarding issues. Regular liaison with BCC leadership. Commissioning of alternative provision first tranche in place from early January 2015	Ongoing work with BCC and care sector partners, other providers and regulators to promote a resilient, sustainable and high quality care sector in Bristol Jan 2016 Progressing February 2016 New BCC contract becoming more sustainable. Additional PWD beds (Quarry Court) now available. Risk remains high due to CQC issues.	Low 1-3	Judith Brown	01/03/2016	05/02/2016	
BCCG 011 15/16	Bristol CCG may experience delays in delivering its functions out of hours during escalation or a major incident due to lack of dedicated out of hours IT support	PO1,PO2,PO3,PO4,PO5,PO6	05/02/2016	4	3	12	<b>Existing controls</b> CSU organisational level business continuity plan CCG organisational and service level business continuity plans CSU KPI's and SLA in place <b>Assurances</b> Annual review of CCG business continuity plans regular review by senior leadership of CSU KPI's regular operational IT reviews	3	4	12	No CSU IT service level business continuity plans no detail of out of hours resilience in CSU organisational business continuity plan no clarity of out of hours contact details	CCG reviewing its existing strategy for IT infrastructure and its current SLA with CSU for service provision		Low 1-3	Operations Director	Ongoing		

## Bristol Clinical Commissioning Group Corporate Risk Register Risk Tracker February 2016 v1

Ref CRR	Risk Description	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	risk limit	Trend
<b>Bristol Clinical Commissioning Group Corporate Risk Register</b>															
15-16 BCCG 001	Non-achievement of NHS Constitution Standard Targets driven by Commissioner plans not delivering as expected, expected improvements in provider performance not materialising and or growth in demand exceeds expectations, leading to reduced quality of patient experience.	20	20	20	20	20	20	20	20	20	20	20		low 1-3	
15-16 001.2	Non-achievement of Urgent Care NHS Constitution Standards; Specific risks to achievement of 4 hour ED waiting times	20	20	20	20	20	20	20	20	20	20	20		low 1-3	
15-16 001.3	Non-achievement of Planned Care NHS Constitution Standards for CCG commissioned population by provider specific risks to 18 week rtt and diagnostic waiting targets	20	20	20	20	20	20	20	20	20	20	20		low 1-3	
15-16 001.4	Non-achievement of Cancer NHS Constitution Standards	20	20	20	20	20	20	20	20	20	20	20		low 1-3	
1.5 G00	Non-achievement of Quality Standards specifically targets relating to HCAI's	20	20	20	20	20	20	20	20	20	20	20		low 1-3	
15-16 001.6	Non-achievement of Mental Health Standards specific risks relate to IAPT access and recovery and secondary care referral to assessment times	20	20	20	20	20	16	16	16	16	16	16		low 1-3	
BCCG 16/13	IT infrastructure and service provision problems at South Plaza. Frequent downtime due to capacity problems with the South Plaza server resulting in significant work time lost, and stress. experienced by CCG staff. Business continuity concerns around lack of resilience of systems and backup and the management of issues out of hours.	12	12	12	12	12	12	12	12	12	9	removed		low 1-3	
21/1 G	potential for loss of public confidence in Paediatric Cardiac Services	12	12	12	12	12	12	12	12	12	12	12		low 1-3	
22/13 BCCG	recommissioning of community services (adults and children ) does not deliver required outcomes and or is subject to challenge Jan 15 this risk is extended to include the level of funding available for the new contracts	12	12	removed	x	x	x	x	x	x	x	x	x		
23/13 BCCG	lack of capacity across the CCG and CSU plus NHS organisational changes resulting in the CCG not being able to fulfil strategic objectives	16	16	16	16	16	16	16	16	16	16	16		low 1-3	
24/13 BCCG	Potential low assurance relating to CSU internal control mechanisms	12	12	12	12	12	12	12	12	12	12	12		low 1-3	
4-15 BCCG002/1	Failure of CCG to fully engage with member practices resulting in disengagement of members, reputational management issues and risk regarding the sustainability of CCG and the delivery of clinical commissioning; the risk may increase with co-commissioning	12	12	12	12	12	12	12	12	12	12	12		low 1-3	
15 4/14-	New mental health service does not deliver benefits as intended due to implementation issues	12	12	12	12	12	12	12	12	12	12	16		low 1-3	
15 06 14-	National outbreak of influenza pandemic or similar infections disease	15	15	15	15	15	15	15	15	15	15	15		low 1-3	

07 14-15	lack of process for identification of vulnerable patients and incorrect sharing protocols for information	16	16	16	16	16	12	12	12	12	12	12		low 1-3	
00914-15	BCCG Software used by the CCG is now unsupported by software suppliers and does not meet NHS E requirements resulting in problems with upgrades to other applications and potential security risks	16	16	16	16	16	16	16	16	12	8	removed		low 1-3	
01014-15	BCCG Inability to identify adequate QIPP savings for 2015/2016 to ensure delivery of planned surplus as contract negotiations are on-going	20	20	20	20	20	16	16	16	16	16	16		low 1-3	
15-16	BCCG002 Failure to develop an integrated model of health and social care services agreed with BCC. This would result in the CCG not delivering BCP aims, not making a step change in adult community health services and having to commission a health only model of Adult Community Health Services	x	x	12	12	12	12	12	12	12	12	12		Low 1-3	
15-16	BCCG 003 Recommissioning of Children's' Community Health Services does not deliver required outcomes , places additional financial on the CCG and is subject to challenge	x	x	12	12	9	9	9	9	9	9	9		Low 1-3	
16	BCCG 004 15 Children's Community Health Partnership Contract will end on the 31st March and a Interim Provider will need to be found (April 16 to March 17) until the recommissioning of Children's Community Health Services (CHS) has been completed and a new Provider is in place.	x	x	15	15	12	9	9	15	6	removed	x		Low 1-3	
15/16	005 Unplanned significant increase in the packages of care for 2 CHC eligible service users. Both cases account for 7.69% of the CHC budget. Difficulty in agreeing appropriate provision arrangements	x	x	9	9	9	9	9	9	9	9	9	8	Low 1-3	
15/16	BCCG 006 Routine and urgent GP referrals to secondary care made using the NHS e-Referral system since its launch on 15th June 2015 could be delayed or lost due to the national functionality problems impacting the NHS e-Referral system.	x	x	x	x	9	9	removed	x	x	x	x			
15/16	BCCG 007 National review of Personal Medical Service (PMS) contracts led by NHS England results in a decrease in services provided by GP practices (non-core) and a parallel increase in unplanned activity across other providers.	x	x	x	x	x	12	12	12	12	12	12		Low 1-3	
15/16	BCCG 008 NBT Data Migration to Lorenzo	x	x	x	x	x	x	20	20	16	20	20		Low 1-3	
15/16	BCCG 009 recovery plan implementation does not improve CCG financial position	x	x	x	x	x	x	x	16	16	16	16		Low 1-3	
15/16	BCCG 010 Lack of home care and care home capacity results in patient flow issues which in turn result in poor patient experience and flow impacting on the achievement of the 4 hour target.									16	16	16		Low 1-3	
15/16	BCCG 011 Bristol CCG may experience delays in delivering its functions out of hours during escalation or a major incident due to lack of dedicated out of hours IT support	x	x	x	x	x	x	x	x			12		Low 1-3	

**Bristol Clinical Commissioning Group Governing Body Assurance Framework February 2016**

**CCG Principal Objectives**

The CCG has agreed the following Principal Objectives contained in the Governing Body Assurance framework to:

**PO1** improve the health of people in Bristol

**PO2** improve patient experience and access to healthcare

**PO3** work with Bristol City Council to reduce health inequalities

**PO4** work with our partners to ensure there is a sustainable and affordable healthcare system in Bristol

**PO5** ensure cost effective delivery of QIPP and financial arrangements

**PO6** be an organisation that embraces its corporate social responsibility

The Governing Body Corporate Risk Register and Assurance Framework identify the principle risks and risks assessed as over the risk threshold (12) to the delivery of the CCG's strategic objectives. 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. It includes an action plan to further reduce the risks and an assessment of current performance. The Corporate Risk Register is received by the Governing Body each month. The risks assessed as over the accepted threshold (12) and the Principal Risks are mapped against the Principal Objectives agreed by the CCG.

**Risk is assessed by multiplying the impact of a risk materialising by the likelihood 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**

Ref CRR	Risk Description	Principle Objective ref	entered on register	original impact	original likelihood	original risk rating	Current Internal Controls and Evidence/Assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	Further Actions to mitigate risk,	Risk limits/appetite	Risk Owner	target date	Date of last review
<b>Governing Body Assurance Framework</b>																	
BCCG AF 01 15/16	Workforce development and capacity in Provider services may impact on the delivery of the CCG annual plan	PO1 PO2	27/07/2015	3	4	12	<b>Existing Controls:</b> work force issues reported in the Quality report to Quality and Governance Related performance issues raised at Finance Planning and Performance Committee <b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Performance and Planning Committee which detail discussion of performance reports received and issued raised <b>External Assurances:</b> <b>Internal Audit Reports:</b> Performance Monitoring and Management (Q4) Commissioning and Contracting Healthcare Services (Q4)	3	3	9	none identified currently; monitoring of position continuing	none identified currently; monitoring of position continuing	none identified currently; monitoring of position continuing	low 1-3	tbc	on going	09/11/2015
BCCG AF 02 15/16	CCG fails to engage with and support primary care at a level that enables the CCG to achieve its strategic objectives	PO1 PO2	27/07/2015	3	3	9	<b>Existing Controls</b> Constitution draws on member practices and locality working Established locality structures, clinical fore, and regular member practice events and communications Strong primary care involvement within governance structure and across delivery themes Established systems and processes for local service development and delivery of enhanced service Formal practice participation agreement in place Relationships are being developed with the Area Team Primary Care Commissioners Commissioning intentions and investment prioritisation Primary Care Commissioning Forum led by NHS England Area Team and attended by CCG Locality reports to Governing Body <b>Assurances</b> Governing Body receives monthly minutes of Finance, Performance and Planning Committee detailing receipt of reports and discussion of issues and agreed actions <b>External Assurances</b> Internal Audit Report: <b>none identified</b>	3	3	9	See Corporate Risk Register for details of gaps and actions to mitigate	See Corporate Risk Register for details of gaps and actions to mitigate	See Corporate Risk Register for details of gaps and actions to mitigate	low 1-3	Chief Accountable officer	on going	09/11/2015



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BCCG AF 03 15/16	Not delivering step change in commissioning and service improvement by providers to meet demographic need, shift in settings of care	PO1	27/07/2015	3	4	12	<p><b>Existing Controls</b>  Quality dashboard reviewed at monthly quality and governance committee  Activity reviewed at monthly Finance, Performance and Planning Committee  Operational work plans in place mapped to strategic objectives  Clinical Steering Groups in place  Service level agreement in place with Commissioning Support service  Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee  Action Plan linked to Community Contract Extension in place (March 2014)  Better Care Programme in place  Better Care Programme Governance Structure in place</p> <p><b>Assurances</b>  Governing Body receives monthly:  Finance, Performance and Quality Report  Minutes of Quality and Governance and Finance, Performance and Planning Committee detailing receipt of reports, discussions and actions agreed, service changes and QIPP schemes  Quarterly reports by Clinical Steering Groups detailing actions taken and progress  minutes of Better Care Programme received by Governing Body detailing receipt of reports, discussions and actions agreed  Minutes of Audit Committee detailing discussion of IA reports</p> <p><b>External Assurances:</b>  Internal Audit Reports:  Performance Monitoring and Management (Q4)  Commissioning and Contracting Healthcare Services (Q4)  Better Care Fund (Q4)</p>	3	3	9	-BCP Governance structure to be revised and strengthened	new governance structure agreed for BCP to drive the development of integrated model of health and social care services. BCH contract extended for another year to enable development of this model and implementation of test and learn pilots	Jan 2016 meeting of Leadership for Change Team with SLG scheduled for January to discuss mandate for system change	high 8-12	Operations Director	on going	09/11/2015	
BCCG AF 04	Lack of commissioning focus on multi agency working and safeguarding standards to support vulnerable adults	PO2	07/07/2012	3	5	15	<p><b>Existing Controls</b>  Executive lead for Adult Safeguarding in place.  Regular liaison with Bristol City Council and other stakeholders via the Adult Safeguarding Board.  All CCG staff received introduction to adult safeguarding and the mental capacity act.  Winterbourne Concordat implemented with Bristol City Council.  Safeguarding Adults Policy updated and approved (August '15) in line with NHS England Safeguarding Vulnerable People Accountability Assurance Framework with roles and responsibilities defined as required  Mental Capacity Act and Deprivation of Liberty Safeguards Policy approved (August '15)  Safeguarding Lead Nurse in post - role now combined with the DSAM and MCA role  Safeguarding Adults Strategic Framework in place  Safeguarding group established reporting to Quality and Governance Committee  Care Home Board</p>	3	3	9				low 1-3	Director Transformation & Quality	on going	09/11/2015	

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							<b>Assurances</b> Governing Body receives monthly: Finance, Performance and Quality Report Minutes of Quality and Governance and Finance, Committee detailing receipt of reports re CHC and Care Homes Minutes of Audit Committee detailing discussion of IA reports Annual Safeguarding Report <b>External Assurance</b> Adult Safeguarding Board and Safeguarding Team Regular meetings with CQC NHS England Quality Surveillance Group Internal Audit Report: Clinical Governance Safeguarding Q4 Internal Audit follow up report CHC (Sept '15)				Internal Audit follow up report CHC (Sept '15) highlighted that assurance process and for quality of care packages to be established	CCG has established Care Home Board and internal process to ensure quality of care packages	none identified currently; monitoring of position continuing				
BCCG AF 05	Lack of commissioning focus on multi agency working and safeguarding standards to support vulnerable children	PO2	07/07/2012	3	5	15	<b>Existing Controls</b> Governing Body Lead in place Designated Nurse, Doctor and named GP in place Safeguarding Children standards included in contracts quarterly performance report received by Quality and Governance Committee Bristol Safeguarding Children Board (BSCB) established and business programme in place and reported to Quality and Governance Committee CCG Safeguarding Group established Safeguarding Children Policy in place BCSB objectives for 13/14 incorporated into three year plan Exception reports and Serious Incidents reported to Quality and Governance Committee Child death overview process in place and Serious Case Review Process in place - reports made to Quality and Governance Committee <b>Assurances</b> Governing Body receives monthly Quality and Governance Committee minutes details discussion of reports received Minutes of Audit Committee details discussion of IA reports Annual Safeguarding Children Report  <b>External Assurances</b> Internal Audit Report: Clinical Governance Safeguarding Q4 OFSTED report received Feb 2015 CQC inspection (date tbc) Bristol Safeguarding Board reports West of England Child Death Overview report 2014-15 received by Quality and Governance Committee - assurance that no is no significant variation of crude death rates across west of England	3	3	9	Need oversight of providers involvement in new SCR/SCIE process as new arrangements doesn't allow for this. Independent Contractor Training links with NHS England  details of learning from reviews by Child Death Overview panel not shared with CCG	Designated professional to be on SCR panel. Confirmation of providers actions to complete both SI and SCR reports  On-going work by Area Team regarding Independent Contractor Training letters sent by Chair of Child Death Overview Panel to Trusts re learning to be shared with CCG Chair	none identified currently; monitoring of position continuing	low 1-3	Director Transformation & Quality	on going	09/11/2015

Ref CRR	Risk Description	Principle Objective ref	entered on register	original impact	original likelihood	original risk rating	Current Internal Controls and Evidence/Assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	Further Actions to mitigate risk,	Risk limits/appetite	Risk Owner	target date	Date of last review
BCCG AF 06	CCG fails to address health inequalities across Bristol	PO3	07/07/2012	3	5	15	<p><b>Existing Controls</b>  Clinical lead with a special interest in health inequalities in place  CCG Equalities Manager now in place.  JSNA and Health and Wellbeing Strategy in place  Operational Plan 2015/16 references Health Inequalities priorities and ambitions  Health Inequalities Group established and reporting to Quality and Governance Committee  Programme plans informed by JSNA and health inequalities work.  Core offer from Public Health informs the commissioning process and performance monitoring of existing contracts</p> <p><b>Assurances</b>  Governing Body receives monthly Finance, Performance and Quality Report  Monthly Quality and Governance Committee minutes</p> <p><b>External Assurances</b>  Internal Audit Report: Commissioning and Contracting Healthcare Services Q4</p>	3	3	9	Priorities to be refined and translated into action plans	Engagement with stakeholder including members on approach to priorities and detailed actions Sign off of action plans by Governing Body quarter three 2015/16	Jan 2016 best value and other benchmarking data considered by steering groups with priorities for planning round identified	high 8-12	Operations Director	on going	09/11/2015
BCCG AF 08	failure to effectively work with key partners impacts on the ability to delivery strategic objectives in the 2-5 year plan	PO4	07/07/2012	3	4	12	<p><b>Existing Controls</b>  CCG Programme Director for Partnerships in place.  Head of Strategic Planning appointed  Regular meetings between Bristol CCG and Bristol City Council including attendance at Leadership Group and governing Body.  Attendance at Health and Wellbeing Board.  Membership of System Leadership Group  Arrange of S256 and S75 Agreements underpin the work and planning processes  Annual/ 2 year/ 5 year commissioning plans in place  Better Care Programme in place  Better Care Programme governance structure in place  JSNA and Health and Wellbeing Board &amp; Strategy in place</p> <p><b>Assurances</b>  Governing Body receives monthly:  Finance, Performance and Quality Report  Minutes of Quality and Governance and Finance, Performance and Planning Committee, detailing receipt of reports, discussion of issues and actions agreed  Better Care Programme detailing receipt of reports, discussion of issues and actions agreed  Quarterly reports by Clinical Steering Groups detailing actions taken and progress made  Minutes of Audit Committee</p> <p><b>External Assurances:</b>  Internal Audit Reports: Performance Monitoring and Management report Q4, Commissioning and Contracting Healthcare Services report Q4, Continuing Healthcare update report Q3 -assurance re processes in place, Better Care Fund report Q4, Integrated Personal Budgets report Q4, PPI report Q4,</p>	3	3	9	none identified currently; monitoring of position continuing	none identified currently; monitoring of position continuing	none identified currently; monitoring of position continuing	high 8-12	Operations Director	on going	09/11/2015

Ref CRR	Risk Description	Principle Objective ref	entered on register	original impact	original likelihood	original risk rating	Current Internal Controls and Evidence/Assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	Further Actions to mitigate risk,	Risk limits/appetite	Risk Owner	target date	Date of last review
BCCG AF 09	CCG fails to deliver financial objectives which will impact on delivery of wider CCG service and quality objectives	PO5	07/07/2012	3	3	9	<p><b>Existing Controls</b>            Constitution includes financial policies and scheme of delegated authority            Standing financial instructions and other internal controls in place            Governance arrangements including Finance, Performance and Planning Committee established            Integrated Finance, Performance and Quality report received by Finance, Performance and Planning Committee            Monthly meetings with providers to discuss financial position</p> <p><b>Assurances</b>            Governing Body receives monthly Finance, Performance and Quality Report            monthly minutes of Finance, Performance and Planning Committee and Quality and Governance Committee            Minutes of Audit Committee            Reports on Authorisation            Individual reports on investment and planning</p> <p><b>External Assurances</b>            Internal Audit Reports: ; Continuing Healthcare Q3 assurance re process and procedures; - <a href="#">Finance Planning and Monitoring Q4</a> ; <a href="#">Commissioning, Contract and Performance Management Q4 -C</a>  <a href="#">Financial Controls Review Q4</a><a href="#">Collaborative Business Services</a></p>	4	4	16	See Corporate Risk Register risk ref: BCCG 0101 14-15 for details of gaps and actions to mitigate	See Corporate Risk Register risk ref: BCCG 0101 14-15 for details of gaps and actions to mitigate	See Corporate Risk Register risk ref: BCCG 0101 14-15 for details of gaps and actions to mitigate	low 1-3	Chief Financial officer	on going	09/11/2015