Healthier Together
Improving health and care in Bristol, North Somerset and South Gloucestershire

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of ICB Board

Date: Thursday 16 January 2025
Time: 09.30 – 12.00
Location: Virtual, via Microsoft Teams

Agenda Number:	6.5
Title:	Review of updates to ICB Corporate Risk Register
Purpose: Approval	
Key Points for Discussion:	
The ICB Corporate Risk Register (CRR) has been updated to reflect updates to our various Directorate Risk Registers. Risks scoring 15 or above are escalated to the CRR for approval by the ICB Board. The Audit and Risk Committee (ARC) reviewed the CRR at the meeting of 6 December 2024 and recommends to the ICB Board that they approve the content, accepting risks which have been escalated to the CRR and approving the closure or de-escalation of risks which have been resolved or have reduced. De-escalated risks will continue to be managed by Executives as part of the directorate risk register management arrangements.	
Recommendations:	It is recommended that the ICB Board: • **Receive** the attached CRR • **Note** the details • **Accept** the risks escalated to the CRR and **approve** the closure/de-escalation of risks from the CRR where indicated.
Previously Considered By and feedback :	The CRR has been reviewed by the ICB SLT on 14/8/24 and again on 11/9/24, before being reviewed by the ARC on 6 December 2024. The contributing Directorate Risk Registers have been reviewed by ICB Directors and the CRR risk register has been reviewed by the ARC on 6 December 2024 as part of routine reporting..
Management of Declared Interest:	Not applicable

Risk and Assurance:	The management of our CRR is described in our Risk Management Framework.
Financial / Resource Implications:	The CRR will be subject to ongoing review by ICB Executive Leadership Team in advance of future Committee meetings
Legal, Policy and Regulatory Requirements:	Advice on good practice in Risk Management is included in the HFMA Audit Committee Handbook
How does this reduce Health Inequalities:	No health inequalities issues arising as a result of this report, and there is no impact upon people with protected characteristics. Our Internal Auditors assist in advising on best practice in Population Health Management and Health Inequalities.
How does this impact on Equality & diversity	Our Risk Register can assist in identifying risks to Equality and Diversity, and in managing mitigating actions.
Patient and Public Involvement:	Not applicable to this report.
Communications and Engagement:	This report has not involved any external communications or engagement.
Author(s):	Rob Hayday, Chief of Staff
Sponsoring Director / Clinical Lead / Lay Member:	Shane Devlin, Chief Executive Officer

Appendix 1: ICB Corporate Risk Register, reviewed by ARC meeting on 6 December 2024

Bristol North Somerset and South Gloucestershire Integrated Care Board Risk Register

Bristol
and South

The Corporate Risk Register features risks assessed as over the risk threshold (15) to the delivery of the ICB's strategic objectives, statutory duties and plans. It sets out the controls (actions) that have been put in place to manage the risks and planned actions to further reduce the risks and an assessment of current performance. The Corporate Risk Register is received by the ICB Board quarterly and reviewed by Committees monthly.

Risk is assessed by multiplying the likelihood of a risk materialising by the impact of it materialising using the risk assessment matrix set out in the ICB Risk Management Framework

Risks are mapped against the ICB risk appetite to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite is given.

Risk ICB/ System or Both	Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk (this column is to be reviewed)	Risk appetite
	Performance and Delivery																			
ICB	Primary Care Development - Delegation PCC48	There is a significant risk that there is not sufficient capacity in The Hub to integrate effectively with the ICB. This could impact The Hub's ability to deliver system and place-based benefits and to adopt ICB ways of working, resulting in no change to the commissioning approach.	N/A	29.11.22	David Jarrett	Dave Jarrett/Jenny Bowker	5	4	20	21.09.23 - The running cost controls in place will mean that BNSSG ICB will have to review its current resource allocations in order to support this work. Without prioritised resource to support Delegation the pace of local transformation will be slower. 28.04.23 - Transition plan to be developed and key milestones within this to be delivered. 22.11.22 - Commissioning Hub MOU developed and signed with BNSSG setting out expectations 06.10.22 - BNSSG ICB has a cross-directorate planning group that will look to build local capacity and capability to undertake local contractor integration, service quality and transformation programme areas working with the NHSE regional team.	5	3	15	6	↔	PCC	August 24 - With NHSE confirmation of director posts, refreshed discussions to take place between host ICB, SW ICBs and Hub director to clarify roles and responsibilities. 21.09.23 - The running cost controls in place will mean that BNSSG ICB will have to review its current resource allocations in order to support this work. Without prioritised resource to support Delegation the pace of local transformation will be slower. 28.04.23 - Transition plan to be developed and key milestones within this to be delivered. 22.11.22 - Independent evaluation of Commissioning Hub. 06.10.22 - Confirm core hub purpose and priorities. 06.10.22 - Develop ICB capacity and capability to support delegation 05.09.22 - Develop relationship between Commissioning Hub and local primary care teams to support integration with ICB ways of working 05.09.22 - The running cost controls in place will mean that BNSSG ICB will have to review its current resource allocations in order to support this work.	**November 24 - Meeting with Hub dental lead has taken place. Confirmation given that hub team is now fully recruited to and consideration is being given to additional rescource support in BNSSG ICB within existing regional complement. As the team is fully recruited the risk score has been reviewed and reduced. A new comissioning hub board has been established with it's first meeting this month.** **October 24 - Meeting scheduled between Deputy Director for dental with Chief Delivery Officer to discuss HUB capacity aligned to the ICB. DJ has requested support from the hub to attend PCC. Discussions planned to take place between senior hub members and Chief Delivery Officer.** August 24 - Escalation discussions being held at Chief Executive level. Support given to recruit 3 new posts in The Hub to support National Recovery plan. 29.04.24 - No further update at this time. Risk remains the same. 27.03.24 - Formal escalation through executive and non-executive members of the board underway. Risk highlighted at PCC due to continued concerns in relation to Hub capacity to support dental contracting in particular.		
ICB	Primary Care Development - Delegation PCC49	There is a significant risk that there is a lack of capacity within the ICS to identify opportunities for transformation and population health benefits. Resulting in a delay to realising the benefits of delegation in terms of improving access, developing local professional relationships and population health improvement. This risk is further compounded by limitations in linking up data in order to have a PHM approach to underpin Transformation across wider Primary Care and the system. This may have financial implications should the ICB need to secure Transformation or transactional support to manage these contracts.	N/A	29/11/22	David Jarrett	Dave Jarrett/Jenny Bowker	5	3	15	26.09.23 - Four Ss exercise as part of organisational design has highlighted the need to supplement support for POD Delegation within the ICB. 26.09.23 - Second dental workshop to take place 20th November. 06.10.22 - Incorporate requirements within the ICB structures during 22/23-23/24 06.10.22 - Mitigations are in place to develop the knowledge in the ICS team on POD services, with briefing sessions held and further planned with key Collaborative Commissioning Hub staff. 06.10.22 - Head of Primary Care joining SW Dental Reform Programme Board	5	3	15	6	↔	PCC/PCOG	27.02.24 - Prioritisation exercise to be undertaken by Primary Care teams to identify how work portfolios can be balanced across POD and general practice as part of transition planning. 26.09.23 Plan to develop capacity and demand exercise to support dental. 30.05 23 - Plan to develop a local dental strategy group. 28.02.23 - Review how support for the Eye Care Transformation programme will take place, supported by the new ICB structures.	**November 24 - Band 7 in ICB structure appointed to. Dental post has been banded and is now going to VCP for approval.** **October 24 - Plan to develop capacity and demand exercise to support dental.** **- 04.09.24 - Interim capacity extended until the end of Jan25. Recruitment of Band 7 in ICB structure underway and proposals for additional resource being put forward for banding.** **- 19.9.24 No further progress due to staff leave** **- 04.09.24 - Interim capacity extended until the end of Jan25. Recruitment of Band 7 in ICB structure underway and proposals for additional resource being put forward for banding.** August 24 - Interim capacity extended until September, proposals in development for longer term support for dental and wider POD services. NB staff turnover is now being experienced in the PCD team, which will further compound this risk until full recruitment is successfully undertaken.		
Not Specified	Urgent Emergency Care - 73	**As a result of the ongoing temporary closure of Broadmead WIC since early 2020 in response to covid IPC requirements, there is a risk that population access to UEC services in the city centre of Bristol is reduced with a potential impact on outcomes and health inequalities.** ~~As a result of the temporary closure of Broadmead WIC since early 2020 in response to covid IPC requirements, there is a risk the ICB is challenged on timescales for reopening the service and on following due process for ongoing suspension of the service.~~		07/11/2023	Dave Jarrett	Greg Penlington	4	4	16	**The WIC space is being used to support growth in the service offer of the Broadmead Medical Centre which remains on the site. The future of WIC provision has been subject to two previous transformation reviews of city centre 'minors' provision incorporating the WIC, plus a UEC Strategic Scoping exercise, but these have not provided conclusions to inform a decision.** **October 24: ICB Transformation resource has been agreed via the Gateway panel to support development of BNSSG UEC planning principles by the end of the year, which will incorporate an approach to minor acuity demand and hence inform plans for the future of the service and other Type 3 ED units.** This issue has been subject to two previous transformation reviews of city centre 'minors' provision incorporating the WIC, but these have not concluded, meaning the long term plan for the service is not confirmed. The UEC Performance team is proposing the WIC is included in the BNSSG-wide review of UTC compliance beginning December 2023 to report in Feb/March 2024. July-24 Update: UTC compliance review undertaken, no decision made on the WIC. System agreement to include WIC in the progress with minors strategy for BNSSG.	4	4	16	8	↔	Outcomes, Performance & Quality Committee	**Progress with system partners via Transformation to develop UEC Planning Principles and subequently apply these to a configuration decision for Type 3/4 ED units.** Progress with system partners the BNSSG approach to managing minors demand.	**Risk refreshed 30.10.24.**		
	Chief Medical and Chief Nursing																			
Not Specified	**CNO2**	**Due to an issue of enough suitable specialist housing for people with complex needs arising from a learning disability need, the ICB is required to commissioning care that is beyond what would be required if the individual was in a suitable home environment. This results in an a level of restriction for these individuals and increasing the cost of care.** ~~There is a risk that an inability to identify suitable housing for complex individuals with learning disabilities is resulting in the ICB over commissioning care, unnecessarily increasing restriction on these individuals and increasing the cost of care.~~		06/09/2023	Director of Nursing & Quality	Head of Business - Office of the CNO/CMO	4	4	16	1. Meetings have been held with the Local authorities to raise the issue and to try and resolve the disputes at an operational level. 2. Escalated to within the ICB regarding housing, NOMS & Voids (contract to score rent for an extended period of time and the liabilities) and signing tenancy agreements.	4	4	16	8	↔	Outcomes, Quality & Performance Committee	Problem statement to be shared with LA's and discussed at execs, FED. 2. Phase 2 with transformation team to be supported by Funded Care.	**November 2024 - Progress being made in several cases, drawing in support from BCC LD/A housing team and NSC housing lead. Risk around funding for BCC LD/A housing ending in April 2025.** **September 2024 - Funded care team working with housing leads in LA's to develop a system approach to this housing issue - this includes modelling around demand** August 24 - Meeting with transformation team planned to hear feedback from away day		
ICB	CNO1	The risk of not completing LeDeR reviews. If there is a delay in completion of LeDeR reviews this will result in key performance indicators not being achieved. The effect of sub-optimal performance could lead to ICB reputational damage. **Risk Score Decreased - Recommend removal from the CRR**		03/08/2023	CNO	Local Area Contact	4	4	16	1) Robust governance structure 2) Sirona has current contract to complete 50 reviews annually 3) LeDeR admin and LAC access to LeDeR platform 4) Bi-monthly review of KPIs 5) Process on how to write a review to assure consistent quality written collaboratively with reviewers. 6) Actions/recommendation template written for consistency. 7) Triaging process now in place to ensure reviews are RAG rated as to their potential difficulty, and therefore which reviews may take more time to complete that others. 8) Process in place to ensure timely requesting of GP/Acute notes from LeDeR admin 9) LAC to work collaboratively with Sirona to understand capacity issues and Sirona to take a lead of allocating new cases to current reviewers ensuring they have capacity and there are no conflicts of interest 10) Meet with finance to understand budget to see whether can use agency to complete some of outstanding reviews 11) LeDeR admin to arrange monthly peer support meetings with reviewers to reduce risk of burn out 12) Sirona/ICB to have weekly meetings to ensure a robust equitable contract is sought	3	2	6	3	↓	LD - HIG	1) Progress procurement process to secure LeDeR reviewer capacity.	**October 24: New agency, Xyla now in place, they have taken on 30 reviews of the current backlog of 58. Xyla will complete the majority of new reviews that are within current LeDeR budget** **3/10/24: New agency in place and will be working through the backlog and taking the current reviews shortly.September 2024: The procurement documentation is with finance to review and to advise on the VAT position.Risk scores revised as the mitigated and unmitigated risk had been put in incorrectly. Risk score reduced. Suggest close..** August 24: Change wording of the risk title to include reputational impact of not completing LeDeR reviews within KPI timeframes. Also lowered current likelihood from 5 to 4. This is because we have progressed a procurement process, this can be further reduced once we have signed the contract with the new provider. Provider is due to commence in September 24. July 2024 - Procurement near completion		
Both	CMO - MO43	There is a risk that there will be an overspend on the allocated budget for primary care prescribing for 24-25. Although additional budget has been allocated for Cat M inflation and growth there continues to be uncertainty around the volatility of NCSO & Category M price fluctuation , the degree of inflation that may occur on drug prices and the degree of growth in prescribing in certain areas such as diabetes which may be higher than budget allocated **Risk Score Decreased - Recommend removal from the CRR**		23/03/2024	CMO	Chief Pharmacist	4	4	16	Savings Programme in place. Continual process looking at opportunity for further savings Need to revisit potential waste projects Reports in place to monitor spend across different therapeutic areas for any growth in prescribing.	3	4	12	8	↓			**October 24 - Although July is high anticipated that August will stabilise.** 20/9/24: July spend (latest available prescribing data) has increased significantly from first 3 mths and need to review reasons and year end position 27/08/24: Month 3 suggests more on track to budget. From Month 4 (July / Aug) apixaban (DOAC) is subject to NCSO and will have significant impact on spend. August 24: Month 2 spend is higher than month 1, but still forecasting breakeven.		
Both	CMO - MO45	There is a risk that there will be an overspend on the allocated budget for high cost drugs. There are anticipated new technology appraisals that will have a big financial impact, higher than inflation that the national allocation allows.		26/06/2024	CMO	Chief Pharmacist	4	4	16	•Discussions with DOFs to mitigate risk, •Potential savings being looked at •System wide discussions taking place e.g. HCPE to discuss prioritisation and commissioning of the new TA's	4	4	16	8	↔			**November 24 - Risk continues and system wide discussions & actions taking place to review governance and decision making.** 27/08/24: Risk Continues August 24: at month 3 suggests overspend position on allocated budget, in line with horizon scanning..		
Both	CNO/CMO	There is a risk that the cost of care associated with specialist (MH/LD and autism) community and residential packages of care is not accounted for in the current CHC budget for 23/24. There is an increase in the number of individuals with complex LD who will no longer be cared for in a specialist hospital setting who will no longer attract a joint funding approach with the LA (S117) and who are likely to meet eligibility for CHC funding. Q4 22/23 growth indicates that there is a FYE that needs to be investigated and understood.		23/05/2023	CNO	Denise Moorhouse	5	5	25	1. A case load review is underway to determine funding impact. 2. £1M transferred from the MH budget to the CHC budget by way of mitigation.	5	5	25	12	New Risk	FCDG, FED	1. Benchmarking exercise to test decisions around eligibility for CHC funded care with regional/national partners. 2. Review of cost savings plan to ensure all opportunities to reduce cost (maintain safety and quality) are optimised. 3. A Provider market review to ensure we have the skills and capacity in place to support the cohort whilst maintaining costs.	August 24 - risk being reviewed to assess new scoring and impact - May 2024 - budget shared and under review April 2024 - Budget setting for 24/25 underway - adjusted for growth. January 2024 - NHSE has been contacted to obtain the ongoing funding stream for this cohort. Awaiting response. December 2023 - Review continues. Funding for 24/25 set on forecast in 23/24 which was reported as plan when it was not delivering to plan. Need to understand impact of funding for next year - will meet with finance October - 1. Benchmarking exercise led by the ICB finance team to compare with South West ICBs underway, showing that the ICB is within acceptable range of fees paid for complex LD care. 2. Review of high cost agency work has started, looking migrate care packages from interim high cost providers to long term sustainable providers. 3. ICB attended a SW CHC horizon scanning event to explore additional actions that could be employed to reduce spend. ICB attendees were assured that all actions were already underway in BNSSG. September 2023 - finance and funded care review. S117 task and finish group to be stood up. 1. Care cube tool being explored to support effective market management.		
	Transformation, Data and Digital																			
ICB	Digital Infrastructure	There is risk that without significant focus on Cyber Security measures the ICB are open to cyber attack.		01/04/2024	Deborah El-Sayed	Seb Habibi	4	5	20	Our cyber risks are monitored as part of the Data Protection toolkit Internal Audit plans are focused on monitoring our progress Our cyber security plans include social engineering and Technical components. The ICB is fully compliant with DTAC Improved training plans are in development System wide ICS cyber group plans are being developed Given the constantly changing nature of cyber risk the plan remains under constant review for improvements in light of new learning	3	5	15	9	↔	Digital Delivery Board	As identified all actions are in place and under constant review. Future additional investment into Cyber for both the ICB and the system has been agreed by the ICB Board to be covered as a priority as part of the development of the Digital Strategic Outline Business Cases	**November 24 - Draft cyber security strategy has been developed and was submitted to NHS England in October. BNSSG Digital Delviery Board reviewed the draft strategy on 04.11.24 and confirmed support for the proposed direction towards establishment of a Cybersecurity Operatins Centre for BNSSG and for further work by the cyber security subgroup to develop the strategy** **August 24 Update - 160K from NHS E allocated to develop cybersecurity strategy has not yet been received. Formally flagged to NHS this is critical investment for our system. Initial draft of system cyberstrategy will be produced on October 2024 and considered by ICB Board in due course. ICB Board Development session was held in June 2023. Next Board Development Session is in planning for early 2025. ICB Cyber Panel continues to formalise the work of the previous BNSSG Cyber Group and tracks system partner compliance.**	No	low
Not Specified	BI 17 (previously PIC 01)	**If we do not have complete coverage of primary care data coverage then this will affect the quality of population analysis resulting in less accurate information being available when making decisions for our population.** ~~As a result of practice mergers involving Mendip Vale there is a risk that a significant proportion of general practice activity data will not be available as Mendip Vale practices switch off data sharing. Impacts on PHM, Localities and PCN level analytics with a knock on impact of denying system and locally specific improvements in care to MV managed patients.~~ **Risk Score Decreased - Recommend removal from the CRR**		26/05/2023	Deborah El-Sayed	Thom Manning (as discussed at PCOG 15.06.23) do we need to separate the ownership of this risk from the DPO role holder? (and with PHM)?	5	2	10	NEW RISK to Directorate	4	2	8	6	↓	PCOG (is this still correct?)	Now on directorate list as well	01/11/23 - escalated by Chris Davies to Debs ES due to Sea Mills now turning off data sharing 15.06.23 - as per discussion at PCOG, Thom Manning to be risk owner for now. Recent meeting with Rhys Lewis of One Care, Thom and Mendip Vale was positive so expectation this risk is significantly reduced next month. Current risk score to be reviewed. 26.05.23 - risk to be escalated to understand whether there is a risk across BNSSG. 14.04.23 - Sharron Norman to check with Charlie Kenward/Nick Hessey whether Mendip Vale practices have switched on data sharing. 17.03.23 - Risk remains. 03/01/23 - Sharron Norman has escalated to David Jarrett on 30/12/22 (Director of Integrated and Primary Care, BNSSG ICB) as unclear where this risk sits within ICB. If Mendip is close to their magic number of 100,000 from the ICB does not have access to data for 10% of the BNSSG population; there appears to be no contractual obligation for them to share data with the ICB. Will become an issue for N&W specifically in April 2023 when Southmead and Henbury become part of Mendip Vale. Letter sent to Mendip Vale in escalation on 4/0/24		
Not Specified	BI 19	**If the growth of new contracting for Independent Sector providers which requires a significant amount of BI resource to manage continues then there will be a significant impact on the BI resource needed to manage it and will result in capacity constraints in other aspects of BI delivery** ~~New contracting rules enable any Independent Sector provider to become contracted within the ICB, this then requires a significant amount of BI resource to onboard their infrastructure to enable data flows, DQ checks, financial F&P and Oracle invoicing processes, and performance reporting. This additional capacity requirement is not resourced.~~ **Risk Score Decreased - Recommend removal from the CRR**		28/06/2024	Deborah El-Sayed	Tom Hodgett	5	3	15	There are no actions to prevent the likelihood, only to mitigate the impact, none currently in place	4	3	9	9	↓					
	People																			

Risk ICB/ System or Both	Ref CRR	Risk Description If (cause) then (risk event) resulting in (effect/impact)	Principle Objective ref	entered on register	Risk Lead (exec)	Risk Owner	unmitigated likelihood	unmitigated impact	unmitigated risk score risk rating	management actions already in place to mitigate risk (current controls)	current likelihood	current impact	current risk rating	target risk score	movement of current risk score	Oversight Committee	Actions to be taken(as these are completed they should be moved to actions in place)	Comment on progress	will CCG action alone mitigate risk (this column is to be reviewed)	Risk appetite	
ICB	Employee Relations	Following Organisational Change and the loss / change of certain posts there is a potential for ongoing employee relations issues.		10/05/2024	Jo Hicks	Jo Hicks	5	5	25	Regular meeting instigated with the Strategic Development Forum(Senior leaders) to develop a plan for the approach to be taken. ICB organisation development plan in development with a communication plan alongside. Appeals processes to be completed. Remuneration committee convened and reviewed cases with proposed outcomes. Final Appeal processes to be held 26 & 29 July. Awaiting Outcome. Regular meetings with staff members. Undertaking due process actions including appropriate appeals processes to be completed. Obtaining legal advice.	4	4	16	8	↑	People	**Await outcome of final appeals process. Next steps dependant on this.** All appeal cases held with independent appeals panel. No cases upheld therefore action undertaken in line with remuneration committee recommendations.	**November 24 - Full process followed in line with policy and appropriate governance and oversight of relevant exec members. Await final appeal outcome as this will dictate next steps. 14/08 All appeals undertaken decision upheld. 07/10/24 Will need to remain on risk register until mid Feb 25.** Otober 24 - Await outcome of final appeals process. Next steps dependant on this. Remuneration Committee to be held on 13/06/2024 to agree next steps on cases at final decision stage. Ongoing work with People Directorate to support individual staff members as required. Full process followed in line with policy and appropriate governance and oversight of relevant exec members. Await final appeal outcome as this will dictate next steps.	Yes		
Both	Workforce Plan	**There is a risk that we may not deliver the workforce elements of the annual 2024/25 operational plan in regards to significant overspend in temporary staffing and risk to recruit staff within key roles and with specific skills needed for cetain programmes such as NHS at home expansion plans** ~~Workforce Elements of Operational Plan 24-25 not delivered and that we see a significant overspend in temporary staffing and an inability to recruit to NHS at Home expansion plans.~~		20/06/2024	Jo Hicks	Jo Hicks	5	4	20	Current regional and local focus on reducing temporary staffing costs. Local plans in place and monitored monthly. Strategic Workforce Oversight Group and Performance and Delivery Group monitoring Performance and Seeking assurance on a monthly basis. Specific workshops relating to recruitment and expansion of NHS @ Home beginning w/c 24/06/2024	3	5	15	6	↔	People	The current position shows that substantive staff in post is aligned to the operating plan. Expenditure on agency is below plan and expenditure on Bank is above plan. This puts the total temporary staffing expenditure above plan. This was raised at meeting of the chief people officer and at a System performance and recovery board attended by partner CEOs. A number of actions have been developed to bring further control on temporary staffing expenditure. These actions will be included in the operating plan review at SWOG (System Workforce Oversight Group)	**November 24 - Partner organisations have developed a number of actions to target temporary staffing (bank and agency) spend in Late July/ early August. These actions are being implemented to reduce spend and will be reviewed and monitored through the People Workforce Strategic Oversight group (SWOG). With the latest data, August, it is too early to confirm the full impact of these actions** October 24 - Partner organisations have developed a number of actions to target temporary staffing (bank and agency) spend. These actions are being implemented to reduce spend and will be reviewed and monitored through the People Workforce Strategic Oversight group (SWOG)			
Both	**Oliver McGowan Mandatory Training Long Term Sustainable Plan**	**RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR** **If system partners do not progress their long term plans at pace, there is a risk in house teams will not be established before the project end date of 31st March 2025. This will result in poor training compliance and potential reputational damage for our region which has historical involvement with Oliver's story.**		**19/09/2024**	**Jo Hicks**	**Becky Benson**	5	4	20	**Regular meetings with system leads to highlight the risks of delaying.** **Regular Comms to system partners around current ICB offer to support and train the development of in house teams - with a reminder this offer ceases 31st March 2025.** **Train the Trainer Course dates booked and shared with system partners.**	4	4	16	4	**New Risk**		**Recruitment pack to be finalised and shared with system partners - highlighting learning and best practice during recruitment of experts with lived experience.** **Recruitment webinars hosted by Lead Trainer to be booked and circulated. Further explore 'hosting' organisation for lived experience co-trainers, understand process, assess cost implications and link with system partners looking to utilise this service.**	**November 24 - Some system partners have attended Training Facilitator Course and / or Lead Trainer Course.** **'Host' organisation for experts with lived experience has been requested by system partners (now identified), further work needed to explore suitability.**	**No**		**Ope**
	Business, Strategy and Planning																				
ICB	Estates	Central Weston Development **Due to:** Changes in the National Team of NHS PS, there has been a change of personnel that are seeking to renegotiate a deal already agreed by the NHS PS local team. **There is a risk that:** Delays in sign off will occur **Resulting in:** Loss of capital resource which has to be spent before 31/3/24, and further inflation being incurred in the scheme	DRR EST - 01 2324	21/12/2023	Sarah Truelove	Tim James	4	5	20	1 Working closely with Jo Fox, National Deputy Director of Primary Care Estates at NHSE 2 Engaging with NHS PS and escalating to the NHS PS Board 3 Working with the developer and investor to consider alternative lease holders Dec 23 - New Jan 24 - Changes to commercial structure from proposal to ICB to take head-lease as well as delays with contractor securing final tendered prices mean NHSE Regional finance team have paused business case review process. This has increased risk of allocated funding being able to be drawn down this year. As mitigation, NHSE/DHSC have agreed to move the STP funding allocated this year to next year. A risk remains around the £1.5 CDEL allocation for Sirona this year. The ICB team are working with system partners to identify whether it can be exchanged for an allocation next year. Feb 24 - As per Jan, work continues. No change to risk. April 24 - ICB Board has approved proposal to take head-lease on building. - Business case documents re-submitted to NHSE Regional Team May 2024 - Business case due for NHSE national approval committee on 6th May, after which it will go to DHSC for approval. Final agreement of CDEL implication on IFRS16 lease yet to be confirmed. June 2024 - Business case now approved by DHSC and capital funding made available for transaction. NHSE national approval for ICB to take headlease still required. this is contingent on ICB providing letter to confirm system will underwrite risk of IFRS16/CDEL requirement. July 2024 - NHSE national approval for ICB to take headlease now confirmed. Final stages of lease negotiations under way. Expectation is to sign contracts in September 2024.	3	5	15		↔	Finance, Estates and Digital Committee	~~1 Resubmit revised FBC and supporting business cases to secure cash backed CDEL to NHSE for sign off Jan 2024~~ ~~2 Business Case proposing ICB take headlease to go to NHS CFO for approval Jan 2024~~ ~~3 Paper recommending the ICB take the headlease to go to ICB Board in February 2024~~ Final agreement of contracts now in progress with a view to all parties signing in September. Nature of the overall deal having multiple parties and in turn multiple contracts mean there is still an element of risk final agreements may not be in place in September.	**September 24 - Significant progress made on mitigations for this risk and to bring the project forward for delivrey. Final stages of cotract negotiations now well progressed.Risk score reduced to 15** August 2024 - Significant progress made on mitigations for this risk and to bring the project forward for delivery. Final stages of contract negotiations now well progressed. Risk score reduced to 15. Previous updates noted in management actions in place.			
ICB	Contracting	**Due to** **The change in the procurement legislation to commission healthcare services (PSR) and a high number of high value complex procurements which need to be undertaken across the ICB over the next 12 to 24 months** **There is a risk that** **The ICB will see a number of contracts not being renewed and or commissioned. The ICB could also experience an increase in failed procurements (including the accreditation process) or procurements/commissioning of services not meeting the needs of the population.** **Resulting in** **Increased exposure to legal and financial risk to the ICB should the procurements not be completed in a timely manner in accordance with the PCR and PSR.** **Current services commissioned stopping or being delivered without a contract in place.** ~~There are a number of high value complex procurements which need to be undertaken by the primary care contracts team in the next 12 - 24 months. There are significant challenges and highly complex contractual backgrounds to these procurements. There is therefore a risk of continuation of services to deprived patients should there not be market interest. There is also a risk of cost pressure to the ICB should there be a lack of market interest~~	DRR-CON-13-2425	26/04/2024	Sarah Truelove	Susanna McMullen / **Helena Fuller / Jenny Falco**	4	4	16	Exploration of contractual and procurement options in progress. Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team. Learning from previous procurements in progress. Exploration of contractual and procurement options to commence. **Procurement Policy and SoPs in place to suport ICB staff to undertake commissioning of services within their own directorate. This includes the establishment of the Procurement Oversight Group**	4	4	16	8	↔	PCC/PCOG	Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team. **Ongoing as per procurement.** Development of robust contract and procurement approach to support securing of sustainable quality services for the populations served. **Procurement update paper prepared for FED - this provides oversight of the number of live procurements and the number of pipeline procurements. This doesnt include the number of contract modifications and or the move of contracts to the new national standard contract templates.** **Exec paper being drafted to inform Exec discussion on the impact of the PSR and the significant amount of live procurements and pipeline procurements across the ICB - PSR and PCR**	**November - Discussion to be held at Execs re the impact of the PSR on current capacity and the impact this could have on commissioned services including the procurement / financial risk** **October - Contracting team - awareness session prepared and delivered at a HWGNFY takeover** **September - Procurement Policy shared, Procurement and contracting and grant SoPs drafted and in place. Please note policy and sops will need to be update in January / February due to the procurement act 2023 coming into play - New PCR.** 22/08/24: APMS Procurement live as of 13/08/24 August 24: APMS procurement in progress. Support from ICB teams following restructure has reduced and is now largely 'self service' or 'advice and guidance'. Contracts team ability to simultaneously deliver procurement and fulfil statutory functions currently significantly compromised. Procurement support in ICB unsustainable, escalation has been made to exec leads. **June - Procurement Oversight Group established** June 24: procurement timeline developed and being presented to Procurement Oversight Group on 20/06/24. High volume of complex procurements to undertake. Primary care vacancy still live. Prioritisation of statutory functions for primary care in place & active.			
ICB	Finance	System Risk -2024/25 recurrent exit run-rate adverse to plan. There is a risk that the level of planned improvement in 2024/25 in the underlying financial deficit of the system is not delivered. In order to maintain the agreed medium-term financial improvement trajectory This would result in a higher than planned recurrent savings target in future years, and could impact the ability of the system to maintain a balanced financial plan and reduce the level of flexibility the system has to invest in agreed priorities	DRR-FIN-06-2425	05/02/2024	Sarah Truelove	Rob Ayerst	5	4	20	Locally agreed Escalation Framework where risk of non-delivery of plan is signalled Phase 2 of Forecast Outturn Change protocol enacted across system in August, including external peer review of financial grip and control processes.	4	4	16	8	↔		Forecast Outturn Change protocol - Stage 3	June 24 - Impact on Revised MTFP trajectory has been assessed, and paper being shared with Performance & Recovery Committee to reconfirm commitment to existing deficit recovery trajectory Further refresh of medium-term financial plan, updated for latest 24/25 position to be taken to ICB Board in November	No	Medium	
ICB	Finance	ICB Risk -Transfer of costs from Social Care - Due to: The Local Authorities reviewing social care arrangements as part of the wider financial position There is a risk that: Proposals will be made to transfer clients and associated costs to the ICB Resulting in: Unfunded cost pressure within the ICB **Risk Score Decreased - Recommend removal from the CRR**	DRR-FIN-19-2425	05/02/2024	Sarah Truelove	Jamie Denton and Padma Ramanan	4	4	16	Continued engagement with Local Authorities and commitment to - review the overall cohort of individuals receiving social and healthcare to confirm the most appropriate care environment, and - working to reduce overall costs.	3	4	12	6	↓		Chief Delivery Officer and Chief Nursing Officer to lead review of Social Care delivered by partners within the system and assess the most appropriate care for individuals assessing the impact and liability on relevant partners.	August 24 - Email from BCC new leader re the financial challenges at Council BCC have written to the ICB seeking a revised contribution proportion to s117. The ICB is due to meet with solicitors to gain advice on the legal position. Raised by NSC April 24 NSC requested annual invoice for CHC & FNC payments or half yearly in M8 and M8 (email 10/05/2024) NSC emailed CDO (07/06/24) re concern on financial position	No	Medium	
ICB	Finance	**Funded care** - non delivery of savings / overspend **Due to** savings plan not fully developed and in progress **There is a risk that** the financial position will overspend in 24/25 **Resulting in** ICB not meeting financial control total of breakeven or progressing investments due to funds being used at mitigations to overspend	DRR-FIN-24-2425	14/06/2024	Sarah Truelove	Jamie Denton and Padma Ramanan	4	4	16	Monthly meetings with CHC directorate to monitor progress of savings, spend and forecast. The savings plan suggests a recurring impact of up to £9.2m per annum, with an anticipated £6.2m delivered with the financial year. The current gap is £0.8m to achieve financial balance, which will continue to be pursued. member of the SW Efficiency and productivity group for CHC finance and operational leads.	4	4	16	6	↔	ICB Finance, Estates and Digital Committee	July 2024 - Further work is required to assure that the reported overspend, £0.8m, can be mitigated in-year.	The forecast includes the delivery of £6.236m savings in-year (£9.2m FYE). Whilst opportunity exists to achieve a balanced position, further work is required to assure that the reported overspend can be mitigated in-year. August 2024 - The underlying FoT is reporting an overspend of £2.25m (July, £0.8m), largely due to increasing costs of FNC as we continue to see growth in patients on the caseload (2.4% per quarter compounded). The budget holders have been asked to present options to the executive for decision making, including those that were not pursued, but previously presented.	Yes	Medium	
Office of the Chair and Chief Executive																					
ICB	OCCE12	If we do not identify all of the information missing on the non-clinical contract register relating to contracts associated with OCCE then we will not be compliant with the DSP Toolkit requirements as agreed with NHSE so this may result in NHSE warning and non compliance **Risk Score Decreased - Recommend removal from the CRR**	OCCE12	27/08/2024	Shane Devlin	Jen Bond and Rob Hayday	4	5	20	Raised with the Chief Executive who is happy to accept the risk given the consciences within the OCCE with key staff out of the office	2	4	8		↓		**November 24 - Further meetings with BT and Click Travel scheduled in November.** Corporate Team reviewing and trying to complete missing information where they can	**November 24 - Significant updates to the OCCE element of the contracts register completed and discussed at Directorate meeting leading to agreed reduction in risk score.**			