Agenda item: 11.3

BNSSG Risk Management Framework

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1. Purpose
This paper presents to the Governing Bodies of the BNSSG CCGs, for approval, a Risk Management Framework, proposed principal objectives, and templates for the Governing Body Assurance Framework (GBAF) and Risk Registers. The Risk Management Framework also includes a risk appetite statement.

2. Recommendations
The BNSSG Governing Bodies are asked to comment on and approve:
- The BNSSG CCGs Risk Management Framework and proposed templates for Risk Registers
- The BNSSG CCG GBAF principal objectives
- Review of the suite of Risk Management documents by the BNSSG Audit Committees

3. Background
NHS organisations are expected to have in place risk management framework for the management of risks and opportunities. Risk management is essential to good management practice; it is a significant aspect of governance. The proposed Risk Management Framework has been reviewed by the BNSSG CCGs Executive Team. It is important that our policies reflect best practice in relation to governance; due to the significance of this framework and the time constraints facing the CCGs this policy has not been presented to the Quality and Governance Committee and the CCG Lay Members for Audit and Governance for comment. It is proposed that the suite of documents is presented to the BNSSG Audit Committees for their comments.

4. The Risk Management Framework

The proposed Risk Management Framework includes information on the risk management process including risk identification and the regular review of all risks and their associated action plans. The function and use of Directorate Risk Registers and a Corporate Risk Register is set out alongside a proposed template in the appendices. It is proposed that the Corporate Risk Register is reviewed by the in-common Audit, Governance and Risk Committee at their meetings and received at six monthly intervals by the Governing Bodies.

The Governing Body Assurance Framework will include all risks that have been rated at 15 or above using the scoring matrix described in the framework. The GBAF will be presented to the CCG Governing Bodies quarterly.

5. Risk Appetite

The proposed Risk Management Framework includes a risk appetite statement which takes into account capacity for risk. The risk appetite statement is dynamic and reflects the challenging environment facing the BNSSG CCGs and the wider NHS. The risk appetite statement is reviewed at least annually. The Governing Bodies will further review the risk appetite statement.

6. Financial/resource implications

There are no inherent financial risks arising from the proposals in this paper

7. Legal implications

There are no legal issues raised in this paper

8. Risks/mitigations

Failure to adopt an appropriate Risk Management Framework would impact on the BNSSG CCGs' capacity to effectively manage risk.

9. Implications for health inequalities

There are no implications for health inequalities raised in this paper

10. Implications for equalities   (Black and Other Minority Ethnic/Disability/Age Issues)

An Equality Impact Assessment screening will be completed for the Risk Management Framework.

11. Consultation and Communication including Public Involvement

The Risk Management Framework is an internal documents setting out our internal framework for management risk; members of the public have not been involved in its development

12. Appendices

Annex 1 BNSSG Risk Management Framework and appendices

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

Glossary of terms and abbreviations

Risk	"the chance of something happening that will have an impact on objectives." Risk may have a positive or negative impact.
Risk identification	"the process of determining what, where, when, why and how something could happen"
Risk analysis:	"the systematic process to understand the nature of and to deduce the level of risk
Risk evaluation:	"the process of comparing the level of risk against risk criteria"
Risk criteria	"the terms of reference used to assess the significance of risk". These can include costs and benefits, legal and statutory requirements, and other aspects such as the concerns of stakeholders.
Risk assessment;	"the overall process of risk identification, risk analysis and risk evaluation"
Risk management:	"the culture, processes and structures that are directed towards effective management of potential opportunities and adverse effects."
Risk management process:	"the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and reviewing risk'.
Risk Appetite:	'the amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point on time' (HMT Orange Book 2005).

Risk Management Framework

Risk Management Framework

Please complete the table below:	
Policy ref no:	*to be added by corporate team once policy approved and before placing on website*
Author (inc job title)	Sarah Carr Corporate Secretary
Date Approved	*to be added by corporate team once policy approved and before placing on website*
Approved by	*to be added by corporate team once policy approved and before placing on website*
Date of next review	July 2017
How is policy to be disseminated	Website and see below

Check list for Governing Body/approving committee	
Has an Equality Impact Assessment been completed?	
Has legal advice been sought?	
Have training issues been addressed?	
Are there financial issues and have they been addressed	
How will implementation be monitored	
How will the policy be shared with: • Staff • Patients • Public	
Are there linked policies and procedures	

Version Control *please remove this box once approved*		
Version	Date	Consultation
v3	19/09/17	Chief Executive/Executive Team

Contents

1   Introduction

This Framework describes the arrangements that NHS Bristol Clinical Commissioning Group, North Somerset Clinical Commissioning Group and South Gloucestershire Clinical Commissioning Group (the BNSSG CCGs) have in place to manage risk. The Framework sets out our key aims and objectives for the management of risks that impact on the achievement of our strategic and operational objectives and goals. The risk management framework described in this document provides a framework for the systematic identification, assessment, treatment, and monitoring of risks.

2   Scope

This Framework applies to all areas of our operations and to all BNSSG CCGs staff, regardless of whether they are directly employed or hold a corporate or clinical role and includes:

- Committees of the BNSSG CCGs including localities and membership committees

- Individuals on the BNSSG CCGs Governing Bodies and committees and sub committees

- Employees of the BNSSG CCGs (including all staff on secondment)

- Third parties acting on behalf of the BNSSG CCGs(including commissioning support and shared services)

- Agency, locum and other temporary staff engaged by the BNSSG CCGs

For the purposes of this document 'employees' includes the BNSSG CCGs' staff, BNSSG Governing Bodies' members, executive officers, lay members (including co-opted members), those with honorary contracts, volunteers and trainees.

3   Definitions

The following definitions are taken from the Australian/New Zealand Standard for Risk Management AS/NZS 4360:2004

Risk: "the chance of something happening that will have an impact on objectives." Risk may have a positive or negative impact.

Risk identification: "the process of determining what, where, when, why and how something could happen"

Risk analysis: "the systematic process to understand the nature of and to deduce the level of risk"

Risk evaluation: "the process of comparing the level of risk against risk criteria"

Risk criteria: "the terms of reference used to assess the significance of risk". These can include costs and benefits, legal and statutory requirements, and other aspects such as the concerns of stakeholders.

Risk assessment; "the overall process of risk identification, risk analysis and risk evaluation"

Risk management: "the culture, processes and structures that are directed towards effective management of potential opportunities and adverse effects."

Risk management process: "the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and reviewing risk'.

Risk Appetite: 'the amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point on time' (HMT Orange Book 2005).

4   Framework Statement

The BNSSG CCGs consider risk management to be fundamental to good management and a significant aspect of governance. Effective management of risk provides an essential contribution towards the achievement of our strategic and operational objectives and goals.

Risk management is integral to our decision making and routine management and must be incorporated within strategic and operational planning processes at all levels across the organisations. Our approach to risk management is that it is to be used not purely to avoid or mitigate potential adverse events. Risk management may highlight potential opportunities through making potential risks clear.

Risk assessments must be conducted on new ventures and activities, including projects, processes and systems, to ensure that these are aligned with our objectives and goals. Any risks or opportunities arising from these assessments will be identified, analysed and reported to the appropriate management level.

Risk assessments may also be completed reactively, for example in relation to serious incidents, legal challenges and complaints.

For the purposes of this document:

- Quality risk is any matter that may have an impact on the provision of high quality, safe and effective clinical care for patients

- Organisational risk is any matter that may have an impact on organisational objectives, continuity or the organisation's reputation

- Financial risk is any matter that may have an impact on financial objectives or arrangements

- Strategic risk is any matter that may materially affect the BNSSG CCGs

- Operational risk is any matter arising from a failed system or process

- Information governance risk is any matter that arises specifically in relation to the safeguards for and approaches to the use of patient and personal information

The CCG's will maintain:

- An Assurance Framework for the Governing Bodies (GBAF)

- A BNSSG Corporate Risk Register

- BNSSG Directorate Risk Registers and

- A BNSSG risk appetite statement

We are committed to ensuring that all staff are provided with appropriate guidance and training on the principles of risk management and their responsibilities to implement risk management effectively.

We will foster a culture of openness that encourages organisation wide learning.

We have set out our risk appetite in this Framework.

We will develop an appropriate risk management culture across the organisations and will regularly review and monitor the implementation and effectiveness of the risk management process.

We recognise that, whilst we will seek to eliminate or control risks, it is impossible to eliminate all risk from our activities and that systems of control should not stifle innovation and the imaginative use of limited resources to achieve health benefits for our population.

We acknowledge the need for all of our commissioned services to have in place rigorous risk management systems and processes as described in the Francis Report (May 2013).

5   Purpose

The purpose of this Framework is to:

- Ensure robust governance and risk management arrangements to support the delivery of the BNSSG CCGs' strategic and operational objectives

- Ensure commissioning of high quality and safe patient care and maximise the resources available for patient services

- Develop a proactive approach to identification of understanding of risks inherent in and external to the BNSSG CCGs

- Minimise the BNSSG CCGs' exposure to financial risk

- Maintain an effective system of internal control across the BNSSG CCGs

- Reduce risks to the health, safety and welfare of patients, staff and those who may be affected by the BNSSG CCGs' activities, to the lowest level it is reasonably practicable to achieve

- Ensure that a robust framework is in place to identify the resources required to manage risk in the most cost effective manner

- Ensure that risks are managed effectively, consistently and systematically throughout the CCGs

- Set a risk appetite, ie the extent to which the BNSSG CCGs accept levels of risk exposure in the pursuit of their objectives. Risk appetite is contextual, for example, the level of acceptable may be higher in cases where significant change is involved

- Clearly define roles, responsibility, ownership of risks and associated action plans for the management of risk

- Promote open and honest reporting of incidents through the use of a single incident reporting system

- Put in place a mechanism for all incidents and complaints to be immediately reported, categorised by their potential consequences and investigated to determine the extent of any system failure

- Establish clear and effective communication that enables information sharing

- Comply with national standards regarding risk management

- Support an open, fair and positive learning culture

We set out below the steps we will take to ensure that we are meeting the intentions set out above with the indicators and assurances that will demonstrate their effectiveness.

Our objectives are to ensure that:	Indicator/Assurance:
All reasonably foreseeable risks are identified and assessed in a proactive manner	Review of risk registers at Directorate and Executive level
	Review of all risks through the Executive Team
	'No surprises'
	Review of the Governing Body Assurance Framework at Executive level
	Review of Governing Body Assurance Framework at Governing Body level
	review of the application of risk management and the Risk Management Framework, including regular scrutiny of risk registers at the Audit Governance and Risk Committees in common
	Internal and External Audit
The Risk Register and the Governing Body Assurance Framework are regularly updated and presented to the relevant committees for scrutiny	Committee minutes
	Review of risk registers at Directorate and Corporate level
	Review of the Governing Body Assurance Framework at Corporate level

	Internal and External Audit
Risks are escalated to the right authority level in the organisation in a timely fashion	Review of the Governing Body Assurance Framework at Executive level
	Review of the Governing Body Assurance Framework at Governing Body level
	Internal and External Audit
Decisions on risk treatment plans are timely and appropriate to the level of risk	Review of risk registers at Directorate and Executive level
	Review of all risks through the executive team
	Review of the Governing Body Assurance Framework at Executive level
	Review of Governing Body Assurance Framework at Governing Body level
	Internal and External Audit
Risk treatment plans are implemented	There is evidence that risk scores reduce over time
	Corporate objectives are achieved

6 Risk Management Process

Risks will be identified, assessed, evaluated and risk management plans implemented so that risks are controlled to the most appropriate level possible. This risk management process is based on the AS/NZS 4360 2004 Risk Management model.

Communicate and consult

Monitor / Review

Establish the Context

Identify Risks

Analyse Risks

Likelihood
x
Impact

Evaluate the Risks

Treat the Risks

AS/NZS 4360:2004

7   Risk Assessment Process

All risks will be assessed using the Risk Scoring Matrix below. A risk assessment
score is arrived at by deciding the level of the impact of a risk materialising
(between 1 insignificant and 5 catastrophic); the likelihood of the risk materialising
is then determined (between 1 rare and 5 almost certain). Multiplying the impact
by the likelihood provides the risk assessment score. The matrix is given below
and further detail is provided at appendix 1. To assist staff the risk categories set
out in the CCG Risk Assessment Guidelines are mapped to the Good Governance
Institute Risk Appetite Matrix risk levels.

8   Risk Identification

Risk Assessment scoring matrix

likelihood of happening again	Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
Almost certain = 5	5	10	15	20	25
likely = 4	4	8	12	16	20
possible = 3	3	6	9	12	15
unlikely = 2	2	4	6	8	10
Rare = 1	1	2	3	4	5

Impact

Risks may be identified from a number of sources including, but not limited to,

- Key performance indicators
- Risk assessments
- Partner organisations' risk registers
- External recommendations
- Incident reports and trends
- Complaints monitoring
- Patient and staff surveys
- Inspections

9   Directorate Risk Registers and the Corporate Risk Registers

Each Directorate will have its own risk register where all assessed risks are
reported and held. It is for each Executive Director to own and ensure the

maintenance of these registers. Major programmes and all projects will also maintain risk registers which will be managed and reviewed by the Programme Management Office (PMO). All Risk Registers will be collated to form a Corporate Risk Register (appendix 2). All risks scored at 15 or above will be included on the Governing Body Assurance Framework. The Risk Registers will be updated on a monthly basis. All risk owners are responsible for monitoring and updating progress to reduce risks and ensure that mitigating actions are completed.

The maintenance of the BNSSG Corporate Risk Register and Directorate Risk Registers is described below:

Directorate Risk Register		Timescale
Maintenance	Designated person in each Directorate	Ongoing and at least monthly
Review and updating	Risk Owners identified in the register	Ongoing
	Identification of risks to be incorporated into the Corporate Risk Register	At least monthly
Signed off by	Directors	Monthly
Monitoring	Governance team	Ongoing
Corporate Risk Register		Timescale
Maintenance	Governance team	Ongoing and at least monthly
Review and updating	Directors/Directorate leads for risk register	As risks arise and at least monthly
Signed off by	Directors	Bi-monthly
Monitoring	Executive Team	Bi-monthly
	Audit, Governance and Risk Committee	At each committee meeting
	Internal Audit	Annually
	External Audit	Annually
	Governing Body	Six monthly

All risks reported on Directorate and therefore the Corporate Risk Register will be aligned with at least one corporate objective, some may map to more than one. These corporate objectives are described in the Governing Body Assurance Framework as Principal Objectives.

An initial risk assessment is recorded for each risk; this is an assessment of the risk without mitigating actions. A current risk assessment is recorded showing the risk score after mitigating actions have been agreed and implemented.

Actions to mitigate risks are reported alongside the internal controls in place to manage the risk and sources of assurance. Target dates for the completion of actions are given and the identified Risk Owner is shown. The rating for the level of assurance available is provided.

10   Reviewing and Closing Risks

Reviews of risks take into consideration the controls in place and actions taken and planned. Risk scores should show a decrease over time. If the risk score does not change the actions taken will be reviewed to understand their effectiveness and the requirement for further actions.

Risk registers will be reviewed regularly by the BNSSG CCG Audit, Governance and Risk Committees in common. Where the committees are not satisfied about the progress of any risk it may call the risk owner to present in detail to the BNSSG CCG in common Audit, Governance and Risk Committees.

11   The BNSSG Governing Body Assurance Framework (GBAF)

The BNSSG GBAF (template shown at Appendix 3) identifies where there are risks to the BNSSG CCGs' principal objectives, the controls in place to mitigate those risks and the assurances available to the BNSSG Governing Bodies that risks are being managed. The BNSSG GBAF also indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. Our risk appetite in relation to each principal objective is given on the BNSSG GBAF.

All risks scored as 15 and above on the Corporate Risk Register will be escalated to the Governing Body Assurance Framework. The Governing Bodies will review the Governing Body Assurance Framework quarterly. BNSSG CCG in common Audit, Governance and Risk Committees will review the Governing Body Assurance Framework at each meeting.

A shared set of objectives for the BNSSG CCGs have been structured around the domains in NHS England's 2016/17 Improvement and Assessment Framework for CCGs (CCG IAF) which are described as follows[1]:

Better Health: how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;
Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;
Sustainability: how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;
Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

These objectives are shown at Appendix 4.

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[1] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf

Governing Body Assurance Framework		Timescale
Maintenance	Governance team	Ongoing and at least monthly
Review and updating	Directors	As risks arise and at least monthly
Signed off by	Directors	Monthly
Monitoring	Executive Team	Monthly
	Audit , Governance and Risk Committee	At each committee meeting
	Internal Audit	Annually
	External Audit	Annually
	Governing Body	Quarterly

12   Risk Appetite Statement

We recognise that decisions about our level of exposure to risk must be taken in context. We are committed, however, to a proactive approach and will take risks where we are persuaded that there is potential for benefit to patient outcomes/experience, service quality and/or value for money. We will not compromise patient safety; where we engage in risk strategies we will ensure they are actively monitored and managed. We will not hesitate to withdraw our exposure if benefits fail to materialise.

Our risk appetite takes into account our capacity for risk, that is, the amount of risk we are able to shoulder before we breach our statutory obligations and duties. Our capacity for risk is also delineated by the risks our stakeholders are willing to bear.

Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the CCG and the wider NHS. We will review our risk appetite statement at least annually.

13   Accountability, Duties and Responsibilities

All staff

The management of risk is one of the fundamental duties of all employees who must have a sense of ownership for, and commitment to, identifying and minimising risks. The day to day management of risk is the responsibility of all staff as defined in this document.

All staff must:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by our business

- Comply with the incident reporting procedures

- Be responsible for attending mandatory, statutory and relevant education and training events

- Participate in the risk management process, including the assessment of risk within their area of work and the notification to their line manager of any perceived risk which may not have been assessed

- Be aware of our Risk Management Framework risk appetite and processes and comply with them.

Managers

Managers at all levels have a responsibility to ensure that they are familiar with our Risk Management Framework, including the maintenance of risk registers, risk assessment methods and risk scoring.

Managers are accountable for the day-to-day management of risks within their respective areas of responsibility, including assurance that appropriate controls are in place and that action plans are owned, being progressed and monitored. They must ensure that their staff are aware of our Risk Management Framework and their individual responsibilities for managing risks.

The Corporate Secretary

The Corporate Secretary is responsible for:

- Developing and overseeing effective risk management systems

- Developing and implementing a Framework and associated policies and procedures

- Establishing and maintaining an effective BNSSG GBAF, supported by appropriate systems and process

- Establishing and maintaining an effective corporate risk register, supported by appropriate systems and processes

- Raising awareness regarding the management of risk, the Risk Management Framework and the tools used by the BNSSG CCGS to facilitate risk management

- Support staff in the implementation of the Risk Management Framework and Policy and the tools used by the BNSSG CCGS to facilitate risk management

- Ensure appropriate training and development for staff is in place as required

Directors

Directors are responsible for compliance with statutory and regulatory duties, operational delivery of all CCG functions and performance management of the objectives of the organisation.   Directors are also specifically responsible for the functions of health and safety and risk, information management and technology (IM&T) including information governance, equality and diversity and health economy resilience. Directors are responsible for:

- Demonstrating leadership, active involvement and support for risk management

- Supporting the BNSSG Governing Bodies in identifying the key strategic risks, evaluating them and ensuring adequate responses are in place and are monitored

- Reviewing the Risk Management Framework, on an annual basis and providing comments and recommendations to the BNSSG Governing Bodies

- Ensuring that the Risk Management Framework is applied consistently throughout the BNSSG CCGs'

- Monitoring through the Corporate Risk Register, reviewing risks and updating information about actions taken

- Monitoring the risks described on the BNSSG Governing Bodies Assurance Framework, reviewing risks and updating information about actions taken

- Maintaining Directorate Risk Registers and monitoring all risks contained on them, escalating to the Governing Body all risks assessed as 15 or more

The Chief Executive - Accountable Officer

The Chief Executive has responsibility for having an effective risk management system in place within the organisation, for meeting all statutory requirements and adhering to guidance issued by the Department of Health in respect of Governance. The Chief Executive is specifically responsible for:

- Ensuring there is a Risk Management Framework in place and in use, that describes how risks are identified, graded, escalated and how the BNSSG GBAF is populated

- Ensuring there is a BNSSG GBAF meeting best practice standards, that is reviewed at least quarterly by the BNSSG CCGs' Governing Bodies meeting in common

- Ensuring the maintenance of an active Corporate Risk Register which is reviewed by the BNSSG CCG' Audit, Governance and Risk Committees meeting in common.

The Lay Members with lead role for Audit and Governance

The Lay Members on the BNSSG Governing Bodies with the lead role for overseeing elements of governance will have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance including financial and risk management.

14   Governance Structure

Each CCG has in place a Constitution that describes the governance arrangements established to ensure that they meet their duties and obligations. These arrangements apply to the BNSSG Governing Bodies meeting in common and their committees.   (Diagram at appendix 5)

The BNSSG Governing Bodies

The BNSSG Governing Bodies have a duty to assure themselves that the BNSSG CCGs have properly identified the risks they face and that they have appropriate controls in place to manage those risks. The BNSSG Governing Bodies are specifically responsible for:

- Defining strategic aims and objectives

- Demonstrating leadership, active involvement and support for risk management

- Ensuring that there is a structure in place for the effective management of risk throughout the BNSSG CCGs

- Reviewing and approving the Risk Management Framework on an annual basis

- Agreeing policies and procedures for the management of risk

- Setting a risk appetite with risk limits

- Identifying key strategic risks, evaluating them and ensuring adequate responses are in place and are monitored

- Reviewing risks included on the Corporate Risk Register at its monthly meetings

- Agreeing the closure of risks reported on the Corporate Risk Register

- Reviewing the BNSSG GBAF on a quarterly basis

- Ensuring that actions are in place and taken to reduce, mitigate and or transfer risks

Partnership Working

The BNSSG CCGs' are committed to the continued development of partnership working and will work closely with all partner organisations including health and social care to achieve a shared ownership of risks facing the health economy and the solutions that are implemented.

Commissioned Services

The BNSSG CCGs expect risk management to be a priority for all those organisations from whom the CCGs commissions services and will require evidence of robust risk management systems.

The BNSSG Governing Bodies must be informed of and where necessary, consulted on all significant risks that arise from the commissioning of services. Risks associated with commissioned services must be systematically identified, assessed and analysed in the same way as other risks to the organisation. Risks relating to commissioned services assessed as scoring 15 or over will be escalated to the BNSSG GBAF to provide a complete risk profile of the organisation to Governing Bodies.

We are responsible for ensuring that there is a robust system of governance and risk management within our contractual arrangements with:

- NHS South, Central and West Commissioning Support Unit

- NHS Shared Business Services

Where services are jointly commissioned with NHSE or delegated to the CCGs by NHSE, the risk register entries will be shared with NHSE.

Project Management

The BNSSG CCGs have adopted a Programme Management Office (PMO) approach and the management of risk is embedded in this process. Project risk management enables the systematic identification, clarification and management of risk through the lifespan of a project. Project risk management helps to both control the probability of an adverse event materialising and mitigate the impact of an adverse risk event. Where Projects are managed as a Programme then there may be a need for risk assessment at both Project and Programme level as Projects may be interdependent.

15 Training Requirements

To ensure the successful implementation of our Risk Management Framework all employees working for or behalf of the BNSSG CCGs will receive risk management training relevant to their roles and responsibilities. Specifically:

- Risk management introduction and refreshers as part of statutory and mandatory training requirements

- Annual Risk Management training for the BNSSG Governing Bodies and Directors

- Risk management training as part of the Programme Management Office approach

16 Equality Impact Assessment

All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry'

17 Monitoring Compliance and Effectiveness

The BNSSG CCGs will monitor compliance and the effectiveness of this Framework through the overview and scrutiny of the BNSSG Governing Bodies, the in common Audit, Governance and Risk Committees and other committees of the BNSSG Governing Bodies. This document will be reviewed annually by the BNSSG Governing Bodies meeting in common.

18 Counter fraud

We are committed to NHS Protect's Counter Fraud Policy; to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action

should be taken in such circumstances during the development of this procedural document.

19   References, Acknowledgements and Associated Documents

The following related documents may be accessed through the CCGs' websites

http://www.bristolccg.nhs.uk

http://www.southgloucestershireccg.nhs.uk

http://www.northsomersetccg.nhs.uk

The BNSSG CCGs' Constitution, Standing Orders and Scheme of Reservation and Delegation

Detailed Financial Polices

Standards of Business Conduct

Health and Safety Policy

Incident Report Policy

Serious Incident Reporting Policy

Raising Concerns Policy

Complaints Policy

CCG Annual Commissioning Plan

20   Appendices

Appendix 1 Risk Assessment Scoring Guidelines

Appendix 2 CCG Corporate Risk Register and Directorate Risk Register Template

Appendix 3 BNSSG Governing Body Assurance Framework template

Appendix 4 Governing Body principal objectives

Appendix 5 BNSSG Governance Structure

Risk Assessment Scoring Guidelines

Please use the tables below to calculate frequency and severity scores, consulting the risk matrix below.

- If a risk falls into one of the boxes numbered 15-25 immediate action is required, so far as is reasonably practicable.

- If a risk falls into one of the boxes numbered 8-12 prompt action is required, so far as is reasonably practicable.

- If a risk falls into one of the boxes numbered 4-6, risk reduction is required, so far as is reasonably practicable.

- If a risk falls into one of the boxes numbered 1-3 further risk reduction may not be feasible or cost effective.

Risk Assessment scoring matrix

likelihood of happening		Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
	Almost certain = 5	5	10	15	20	25
	likely = 4	4	8	12	16	20
	possible = 3	3	6	9	12	15
	unlikely = 2	2	4	6	8	10
	Rare = 1	1	2	3	4	5

Impact

Score	Public, staff and Patient Safety	Quality/patient experience	Finance	Capacity & Capability	Business Management & Reputation	Environment, Estate and IT	Information Governance
5 Catastrophic	Incident leading to avoidable death or serious permanent harm due to a failure of process, breach of policies / procedures or safe working practices. H&S: Probable fatality due to lack of maintenance or failure in process. Multiple deaths; out of control infection.	Totally unsatisfactory patient outcome	Serious impact on financial position of CCG	Non delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff	Sustained failure to meet standards and / or national requirements. Serious impact on overall performance and possible intervention Serious long term impact (nationally and locally) on reputation, prolonged interest and DoH / Select Committee overview Serious breach with potential for ID theft or over 1000 people affected	Permanent loss of service or facility Catastrophic impact on environment, multiple breach and prosecution Damage will spread beyond one item of equipment and take over 1 week to repair	Level 5 or above confirmed IG SIRI that must be reported to ICO, DH and other central bodies/regulators
4 major	Major avoidable injury leading to long term incapacity / disability H&S: Probable serious injury or illness due to lack of maintenance or failure in process. Major clinical intervention; Unexpected death	Mismanagement of patient care – short term effects	Significant impact on financial position of CCG	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>5 Days) Loss of key staff	Major impact on overall performance which puts achievement of standards and / or national requirements at risk. National and local interest and impact on reputation specific to an issue – prolonged interest Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected	Loss / interruption of service or facility > 1 week Major impact on environment, multiple breach and prosecution notice issued Equipment will be out of action less than 1 week to repair	Level 4 confirmed IG SIRI that must be reported to ICO, DH and other central bodies/regulators
3 Moderate	Moderate avoidable injury requiring professional intervention. H&S: Moderate chance of injury or illness due to lack of maintenance or failure in process. Further treatment needed, referred to other dept / hosp / A&E. Additional treatment required up to 1 year	Mismanagement of patient care – short term effects	Significant impact on financial position of CCG	Late delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>1 Day)	Failure to meet internal standards with some impact on overall performance of the CCG. Local interest and impact on reputation specific to an issue Serious breach of confidentiality e.g. up to 100 people affected	Loss / interruption of service or facility > 1 day Moderate impact on environment, improvement notice issued Equipment shut down immediately and restarted in less than half a day.	Level 3 confirmed IG SIRI that must be reported to ICO, DH and other central bodies/regulators

Score	Public, staff and Patient Safety	Quality/patient experience	Finance	Capacity & Capability	Business Management & Reputation	Environment, Estate and IT	Information Governance
2 Minor	Minor avoidable injury requiring minor intervention. H&S: Small chance of injury or illness due to lack of maintenance or failure in process. Extra observation / treatment; first aid; major cuts; bruising; minor illness	Unsatisfactory patient experience – readily resolvable	Minor impact on financial position of CCG	Low staffing levels that reduces the service quality	Failure to meet internal standards with some impact on overall performance Short term local interest and impact on reputation specific to an issue Serious potential breach & risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected	Loss / interruption of service or facility > 1 day Minor impact on environment, single breach of legal requirement Moderate damage to equipment easily repairable.	Level 2 confirmed IG SIRI that must be reported to ICO, DH and other central bodies/regulators.
1 Insignificant	None or minimal harm no intervention required. H&S: Little chance of injury or illness due to lack of maintenance or failure in process. No injury or incident prevented; minor cuts; bruising	Unsatisfactory patient experience not directly related to patient care	Minor impact on financial position of CCG	Nil	Failure to meet individual employee objectives Minimal impact Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted	Loss / interruption of service or facility > 1 hour Minimal or no impact on environment Little damage to equipment	Level 0 or 1 confirmed IG SIRI but no need to report to ICO, DH and other central bodies/regulator
Risk appetite	Low 1-3	Low 1-3	Low 1-3	Moderate 4-6	Low 1-3	Moderate 4-6	Low 1-3

Probability

Score	Description	Definition
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the CCG or within the NHS.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the CCG or within the NHS.
3	Possible	The event may occur at some time as there is a history of ad-hoc occurrence at the CCG or within the NHS
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

RMS Appendix 2

BNSSG CCGs - Directorate (Name) or Corporate Risk Register (delete as appropriate) Month Year Version

Principal Objectives
the following Principal Objectives are contained in the Governing Body Assurance framework:
D1 Better Health
D2 Better Care
D3 Sustainability
D4 Leadership

The Corporate Risk Register identifies the risks ato the delivery of the BNSSG CCG's 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.
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 controls	current assurance	current impact	current likelihood	current risk rating	gaps in control/evidence and assurance	Actions to mitigate (treat, transfer, terminate, tolerate)	will CCG mitigation close risk	Risk Owner	target date	Date of last review
eg BNSSG 001 17-18									5	4							

BNSSG CCGs Governing Body Assurance Framework

Governing Body Assurance Framework risk tracker
The Governing Body Assurance Framework identifies the BNSSG CCGs' principal, strategic objectives and the principal risks to their delivery. The controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set out. Where there are gaps in controls or assurances these are described and the actions planned to mitigate these gaps are explained. The table below gives an overall summary of the Governing Body Assurance Framework. The detailed framework is at page 3

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Risk appetite	Trend	Gaps in controls assurance
Principle Objectives: D1 Better Health						
Improve the health and wellbeing of our population						
(description of risk)		eg 12	eg 9	eg reduce		no
(description of risk)		eg 9	eg 9	remove		yes
Address health inequalities, where appropriate, with our partners						
(description of risk)						
Improve health outcomes						
Principle Objectives: D2 Better Care						
Work with our providers to ensure that NHS Constitution Standards are delivered						
(description of risk)						
Deliver sustained service improvement and a sustainable model of care for our population						
(description of risk)						
Establish a culture which fosters quality, safety and innovation						
(description of risk)						
Principle Objectives: D3 Sustainability						
Maintain financial resilience and meet our statutory duties						
(description of risk)						
Secure good value for patients and the public from the money we spend						
(description of risk)						

Ensure a strong approach to commissioning that promotes integration, innovation, and incentivises a sustainable health economy whilst reducing total costs							
Principle Objectives: D1 Leadership							
(add objectives as above)							

2017-18 NHS England Improvement and Assessment Framework

Assurance Framework Component	Bristol CCG Rating	North Somerset CCG Rating	South Gloucestershire Rating
1. Better Health			
2. Better Care			
3. Sustainability			
4. Leadership			
Overall rating			

The CCG risk scoring matrix as set out in the Risk Management Strategy and Policy is:

Risk Assessment scoring matrix

likelihood of happening	Almost certain = 5	5	10	15	20	25
	likely = 4	4	8	12	16	20
	possible = 3	3	6	9	12	15
	unlikely = 2	2	4	6	8	10
	Rare = 1	1	2	3	4	5
		Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
				Impact		

Objective:	Director Lead:
Risk:	Date Last Reviewed:

Risk Rating *(Likelihood x consequence)* Initial: Current: Appetite:		**Rationale for current score:**
		Rationale for risk appetite:

Controls: *(What are we currently doing about this risk?)* **Mitigating Actions:** *(What have we done/what should we do?)*	**Assurances:**
	Gaps in Assurance: *(What additional assurances should we seek?)*

Current Performance: *(With these actions taken, how serious is the problem?)*	**Additional Comments:**

NHS

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

2017/18 Principal Objectives for the BNSSG CCGs

Domains

Better Health: this domain looks at how the CCG is contributing towards improving the health and wellbeing of its population, and bending the demand curve;

Better Care: this domain principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;

Sustainability: this domain looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;

Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements that the CCG has in place to ensure it acts with probity, for example in managing conflicts of interest.

Principle Objectives

1. **Better Health:**
   1.1 Improve the health and wellbeing of our population
   1.2 Address health inequalities with our partners
   1.3 Improve health outcomes

2. **Better Care:**
   2.1 Work with our providers to ensure that NHS Constitution Standards are delivered
   2.2 Deliver sustained service improvement and a sustainable model of care for our population
   2.3 Establish a culture which fosters quality, safety and innovation

3. **Sustainability:**
   3.1 Maintain financial resilience and meet our statutory duties
   3.2 Secure good value for patients and the public from the money we spend
   3.3 Ensure a strong approach to commissioning that promotes integration, innovation, and incentivises a sustainable health economy

4. **Leadership:**
   4.1 Ensure that the BNSSG CCGs are effective and clinically owned, developing and empowering strong, credible clinical leaders
   4.2 Ensure commissioning has a primary role, leading the delivery of plans for the BNSSG health community
   4.3 Ensure that we act with probity and integrity in all our dealings
   4.4 Foster a creative and learning environment that supports our achievement of our strategic objectives

Aligned BNSSG Governance Structure

Bristol GP Membership

North Somerset GP Membership

South Gloucestershire GP Membership

In-Common Remuneration Committee
Considers and makes recommendations about pay and terms of service

In-Common Audit, Governance and Risk Committee
Seeks assurance that financial reporting, internal controls, risk management and other governance arrangement are working effectively

BNSSG Joint Primary Care Commissioning Committee
Oversees Primary Care delegated functions - Will take on functions of existing committee's

BNSSG Joint Quality Committee
Provides assurance to the Governing Bodies on quality and performance functions and duties of the CCGs

BNSSG Joint Strategic Finance Committee
Reviews finance, contract & procurement matters and makes recommendations to Governing Bodies.

In-common CCG Governing Bodies
(Strategy, Accountability and Governance)
Main function - Ensuring that the Group has appropriate arrangements in place to exercise its functions *effectively, efficiently and economically* and in accordance with the groups *principles of good governance*
To meet in rotation across the three areas and to be chaired by clinical chair as per host CCG
Voting Membership of a governing body: Minimum legal requirement: Clinical Chair, GP membership representatives, Secondary Care Doctor, Nursing Representative, Lay members Chief Executive, Chief Financial Officer

BNSSG STP

Bristol Primary Care Joint Committee

North Somerset Primary Care Committee

BNSSG Commissioning Executive
Membership comprises Clinical leaders from each CCG and BNSSG Executive Team
Remit to include planning and performance matters and make recommendations to Governing Bodies.

BNSSG Patient and Public Engagement Forum
Champion's robust and meaningful patient and public engagement

Chair in attendance at BNSSG in-common Governing Body
TO BE DEVELOPED

Bristol Clinical Leadership Group's
Overseeing local matters, making recommendations to the BNSSG Commissioning Executive

North Somerset Clinical Commissioning Leadership Group
Overseeing local matters, making recommendations to the BNSSG Commissioning Executive

South Gloucestershire Clinical Operational Executive Group
Overseeing local matters, making recommendations to the BNSSG Commissioning Executive

Bristol CCG Patient, Equality, Communications Sub Committee

North Somerset CCG Voices for Health Strategy Review Group

South Gloucestershire CCG Improving the Patient Experience Forum

Formal Committees of the Governing Bodies

Proposed future Committee

Advisory groups

1