

# Meeting of BNSSG ICB Board

**Date:** 2<sup>nd</sup> October 2025

**Time:** 12:45 – 16:00

**Location:** MS Teams

<b>Agenda Number:</b>	6.4
<b>Title:</b>	Corporate Risk Register and ICS Strategic Risk Register
<b>Purpose: /Discussion</b>	
<b>Key Points for Discussion:</b>	
<p><b><u>Corporate Risk Register</u></b></p> <p>The CRR is presented in a new format following direction at the ICB Board meeting in July. The CRR is collated from directorate risk registers and include risks scoring 15 and above. ICB executives sign off directorate risk registers before the CRR is compiled. The latest version of the CRR is annexed to this report and includes a summary table of the 13 risks listed. There are two additions to the CRR and three risks that are recommended for removal from the CRR as the scores have reduced.</p>	
<p><b><u>ICS Strategic Risk Register</u></b></p> <p>The strategic system risk register is overseen by the System Executive Group (SEG). ICB executives have been identified as risk owners and made updates to the register. The version annexed to this report was updated following receipt of comments given by SEG at its meeting on 11 September.</p>	
<b>Recommendations:</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Review the Corporate Risk Register and the ICS Strategic Risk Register and agree the recommendation to remove identified risks</li> </ul>
<b>Previously Considered By and feedback:</b>	The Audit and Risk Committee reviewed versions of both risk registers at its meeting on 12 September noting that the Board would receive the risk registers at its meeting on 4 October.
<b>Management of Declared Interest:</b>	Not applicable to this report.

<b>Risk and Assurance:</b>	The management of our CRR is described in our Risk Management Framework, which also reflects the role of SEG.
<b>Patient and Public Involvement:</b>	Not applicable to this report.
<b>Financial / Resource Implications:</b>	The CRR and SRR will be subject to ongoing review by ICB Executive Leadership Team in advance of future submissions.
<b>Legal, Procurement, Policy and Regulatory Requirements:</b>	The ICB is expected to have arrangements in place for the identification and mitigation of risk. This report supports the execution of these arrangements which are governed by the Risk Management Framework.
<b>How does this impact on health inequalities, equality and diversity and population health?</b>	No health inequalities issues arising as a result of this report, and there is no impact upon people with protected characteristics.
<b>ICS Green Plan and the Carbon Net Zero target?</b>	Not applicable to this report.
<b>Communications and Engagement:</b>	This report has not involved any external communications or engagement.
<b>Author(s):</b>	Rob Hayday, Chief of Staff
<b>Sponsoring Director:</b>	Shane Devlin, Chief Executive Officer

## Annexes

Annex 1 – Corporate Risk Register

Annex 2 – ICS Strategic Risk Register

## BNSSG ICB Corporate Risk Register Summary

Directorate	Risk Title	Current score	Movement of risk	Recommendation
Chief Medical and Chief Nursing	GP Collective Action	15	No movement	None
	PHM Data Sharing Agreement affecting immunisation data	15	No movement	None
	Specialised Supported Housing Capacity	20	No movement	None
	Funded Care Budget	12	Down	Risk Score decreased remove from Corporate Risk Register
Intelligence, Transformation and Digital Directorate	Cyber Security	15	No movement	
	Clinical Safety Risk Management Arrangements for Digital Systems	12	Down	Risk Score decreased remove from Corporate Risk Register
People	Employee Relations linked to Shaping Our Future	20	No movement	None
	Oliver McGowan Mandatory Training Long Term Sustainable Plan	16	<b>New Risk on CRR</b>	None
Business, Strategy and Planning	Central Weston Development	15	No movement	None
	Elective Variable Activity	12	Down	Risk Score decreased remove from Corporate Risk Register
	ADHD and Autism Variable Activity	16	No movement	None
Performance and Delivery	Procurement Activity	15	No movement	None
Office of the Chair and Chief Executive	Impact of NHS Reforms on ICB Performance	15	<b>New Risk on CRR</b>	None

Chief Medical and Chief Nursing Directorate		Risk Reference: CMO 48	Exec Lead: Jo Medhurst				Entered on register: 20/01/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	5	3	15	6	↔	September 25
<b>Risk Description</b>								
<b>GP Collective Action</b>								
<p>Due to GP Collective Action there are a number of risks that are emerging.</p> <p>GP's/LMC requesting a change in prescribing process requiring providers to issue the first prescription for all new medicines regardless of traffic light status and urgency, resulting in</p> <ul style="list-style-type: none"> <li>- a risk that patients may get further delays in receiving medication and potentially leading to harm and</li> <li>- a financial risk that more resource will be needed to fund new infrastructure to enable this.</li> </ul>								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
<p><b>Trusts have mitigations in place to provide medication if GP ask for trust to give initial supply.</b></p> <p>GPCA group established with colleagues across the ICS and LMC meeting two weekly. GPCA pharmacy group established with pharmacy representation across the system - individuals providers escalating within their own provider arms- trusts have internal escalation process</p>								
<b>Actions To Be taken</b>								
<p><b>May 25 - Going to proactively do some scenario mapping of potential future pathways.</b></p> <p><b>April 25 - Reduce Risk Slightly</b></p> <p>January 2025 - DC updated risk description 31.12.24 - reviewed by CNO/CMO SLT - risk description to be reviewed 23/12/2024 - Risk Added</p>								
<b>Comment on Progress</b>								
<p><b>September 2025 - Risk continues. Bridging the interface (GIRFT) and recommendations from red tape challenge have been shared and will be discussed. Still awaiting red tape challenge full document due September.</b></p> <p><b>July 2025 - 30/6/25: Risk continues, no further national update.</b></p> <p>June 2025 - work on-going on phase 1+2 actions in addition phase 3 actions have been shared, trusts have mitigations in place to provide medication if GP ask for trust to give initial supply</p>								

April 2025 - work on-going on phase 1+2 actions, trusts have mitigations in place to provide medication if GP ask for trust to give initial supply.

March 2025 - work on-going to recognise levels of risks and put mitigations in place. QIA updated to add impact on childrens prescribing. Specialist medicine monitoring LES updated to include medicines that notice had been given around shared care

February 2025 - GPCA prescribing issues working group meets fortnightly with system colleagues to review. QIA written with system partners and shared at SQG on 21/1/25 and will be shared at OQPC 30/1. Update going to ICB Executive Team 5/2/25

<b>ICB/System Risk or Both:</b> Both	<b>Oversight Committee:</b> Outcomes, Quality & Performance Committee	<b>Risk Lead:</b> Debbie Campbell	<b>Risk Open or Closed?:</b> Open
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Chief Medical and Chief Nursing Directorate		Risk Reference: CMO – PHM1	Exec Lead: Jo Medhurst					Entered on register: 10/12/2024			
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review			
5	3	15	5	3	15	9	↔	September 25			
<b>Risk Description</b>											
<b>PHM Data Sharing Agreement affecting immunisation data</b>											
If there is inconsistent signup to the PHM DSA by GPs then we will have incomplete immunisation data. This will result in an inability to understand differences in uptake which will make it difficult to make informed decisions and take action to reduce inequalities and improve population coverage to prevent outbreaks.											
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>											
Risk monitored through Integrated Immunisation Strategic Oversight Board and then through Outcomes, Quality and performance Committee and SHIPPH											
<b>Actions To Be taken</b>											
10/12/24 - Head of Population Health Management at the ICB preparing SBAR for discussion around next steps with PHM DSA. Use other data where possible, eg CHIS, although this will not give us data across all age immunisations											
<b>Comment on Progress</b>											
September 25 - Approx. 30 practices signed up.											
July 25 - There is an item going into the GP Bulletin which the LMC and One Care have supported around GPs signing the PHM DSA so once we know the uptake of that we can review the risk again.											
24/02/2025- Updated requested											
ICB/System Risk or Both: ICB	Oversight Committee: SHIPPH			Risk Lead: DCMO			Risk Open or Closed?: Open				

Chief Medical and Chief Nursing Directorate		Risk Reference: CNO2	Exec Lead: Rosi Shepherd				Entered on register: 27/12/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	5	4	20	4	↔	September 25
<b>Risk Description</b>								
<b>Specialised Supported Housing Capacity</b>								
If sufficient capacity of specialised supported housing (SSH) is unavailable in BNSSG to support people with Learning Disabilities and/or Autism there is a risk that a. people detained in hospital under the Mental Health Act will be delayed in returning to the community and b. people eligible for CHC in the community will be living in inappropriate placements, resulting in poorer outcomes and higher costs to the ICS.								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
<ol style="list-style-type: none"> <li>Joint working between the Funded Care Team, BCC and NSC social care housing teams, with a SSH registered provider to support the purchase and development of housing for 2 specific CHC-funded individuals.</li> <li>Identification through the LDA transformation exercise from Oct23-May24 that housing is a critical issue for this group of people.</li> <li>Early identification of potential CHC housing issues via the Care Assurance Panel</li> <li>Successful in sourcing NHSE capital funding in 2024 to support renovation of a property supporting one CHC LD service user, that will be adapted to support a second CHC LD case in 2025.</li> <li>Oldland Common development, led by BCC LDA housing team will partly address this issue, but is insufficient to meet the full demand.</li> <li>Some areas of significant savings have been identified and are currently going through internal governance</li> </ol>								
<b>Actions To Be taken</b>								
<ol style="list-style-type: none"> <li>Funded Care Team to ensure that the CHC demand for LDA housing is captured within the LDA ODG risk register.</li> <li>Funded Care Team to review the current cohort affected by the lack of SSH provision - identifying by LA and type of SSH need.</li> <li>Ongoing work with an SSH registered providers to be used as a test case for future model.</li> <li>Funded Care Team to engage with NSC to support their housing strategy refresh.</li> <li>Funded Care Team to request in the LDA Operational Delivery Group that the scope of the existing ODG risk register housing item to be broadened to include CHC/LA-funded people within the community with SSH needs that are not currently being met.</li> </ol>								
<b>Comment on Progress</b>								
<b>September 2025 - establishing membership at oversight board has been challenged by annual leave over the summer - action revised in month</b>								
<b>July 25 -Significant Financial risk remains for BNSSG ICB with limited control. Proposal to set up Ensurance transformation oversight board will be actioned in July 2025.</b>								
May 25 - Level of control to mitigate this risk does not sit within BNSSG ICB. There are extended delays to the opening Oldland Common which will impact the ability to deliver the planned savings for 2025/2026. ICB continue to request updates on the delayed time line. The Oldland Common development delivers 6								

homes and is not sufficient for the whole of this caseload. BNSSG ICB does not have timeframes for the remainder of the housing development plans. Despite no change in risk score this month the impact of system finances could be significant.

April 2025 - Risk remains unchanged due to a lack of a BNSSG system approach. Some success with individual cases A20:B20

March 2025 - Procurement process remains open within BCC.

27/12/24 - New risk - that replaces risk 'CNO/CMO 10' and 'CNO2' in the corporate register.

<b>ICB/System Risk or Both:</b> Both	<b>Oversight Committee:</b> Outcomes, Quality & Performance Committee	<b>Risk Lead:</b> Rosi Shepherd	<b>Risk Open or Closed?:</b> Open
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Chief Medical and Chief Nursing Directorate		Risk Reference: CN46	Exec Lead: Rosi Shepherd				Entered on register: 18/10/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	3	4	12	8	↓	July 2025
<b>Risk Description</b>								
<b>Funded Care Budget</b> There is a risk that there will be an overspend on the allocated budget for Funded Care. The ICB has experienced a rise of in individuals with highly complex care needs, and impact of system activities resulting in higher numbers of people living in nursing homes. Sustained growth in FNC numbers in Nursing Homes is a significant pressure.								
<b>Risk Score Decreased - Recommend removal from CRR</b>								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
1. Savings plan developed to deliver £6.4m in year savings from actions within the Funded Care Team. 2. Improved commissioning governance in Funded Care: (A) Introduction of a Care Assurance Panel from 7/6/24 reviewing plans for all newly eligible CHC cases. (B) Funded Care Delivery and Finance Meeting from 14/6/24, detailed oversight of all savings initiatives. 3. Fortnightly meetings reviewing all high cost packages, and all care home placements requiring enhanced care. 4. Savings opportunities identified requiring system support e.g. increasing specialised housing and reducing Funded Nursing Care utilisation in BNSSG. 5. Discussed at ICB Exec and System Exec group 6. 8 CHC block beds decommissioned from 1/8/24 7. Risk assessment of all savings initiatives completed, assessing risk of ability to deliver the programme of work, and the risk against financial savings delivery. 8. Visits undertaken to two nursing homes with high use of enhanced care, resulting in reduction in 1:1 in several cases.								
<b>Actions To Be taken</b>								
1. Exercise underway to review opportunities for external support to release additional savings, with a focus on the enhanced care in care homes work. 2. System work with LAs to share intelligence around the use of enhanced care, in Social Care and NHS funded packages. Opportunities for targeted work with specific providers using high levels of enhanced care. 3. Identification of further savings opportunities, using NHSE analysis. 4. Accelerate the programme of audits around CHC decision making 5. Advanced analytics with ICB BI team, linking Funded Care data to wider system datasets.								
<b>Comment on Progress</b>								
July 25 - Budget base line for 25/26 has been established using know data points . CHC and Fast Track caseloads continue to reduce FNC cost base effected by a national increase equivalent to 2.7 million additional cost with a plan to mitigate with tighter controls on FNC against framework								

**criteria. Fastrack caseloads reduction includes a reduce case of stay from 100 days to 35 days ( approx. 25% converts to CHC) Risk score reviewed likely hood reduced to Three ( new risk score now 12)**

May 25 - 13/05/2025 - CHC Caseload continues to reduce - fast track caseload = 55% reductions in number of patients over 12 weeks. FNC caseload continues to decrease.

1.4.2025 - Reduction in overall caseload size over 2 consecutive months. Fast track caseload recovery continues indicating a recovery to target/benchmarked levels. Enhanced care reviews continue and delivering a small reduction in costs. -

17/02/2025 - Update Following audit of FNC decision making along with legal advice the process for eligibility decisions has been revised resulting in a reduction in FNC spend.

14/2/2025 - Fast Track caseload recovery actions in progress. Expected reduction to pre-2024 levels by April 2025. Funded Nursing Care tighter assessment criteria implemented from 10/2/25 on all new FNC cases. 2025/26 savings schemes developed, c. £10m identified with further work to cost up further plans.

10/02/2025 - Saving scheme submitted, all new referrals being scrutinised inline with NHSE guidance, existing packages addressed in the same way, SOP created, comms to system to be addressed

20/01/24 - Savings schemes being reviewed

17/12/24 - additional saving schemes identified which are being costed up - to be shared with execs to agree priority actions.

18/10/24 - Actions in column S all underway.

ICB/System Risk or Both: Both	Oversight Committee: FED	Risk Lead: Rosi Shepherd	Risk Open or Closed?: Closed
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Intelligence, Transformation and Digital Directorate		Risk Reference: DIG03	Exec Lead: Deborah El-Sayed				Entered on register: 01/04/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	3	5	15	8	↔	September 25
<b>Risk Description</b>								
<b><u>Cyber Security</u></b>								
There is risk that without significant focus on Cyber Security measures the ICB are open to cyber attack.								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
September 2025 - Plans for c£227k of improvements approved by BNSSG Cyber Group and NHSE								
July 25 - Draft ICS cyber security strategy approved by Digital Delivery Board and assured by ICB FED committee in June 2025								
June 25 - Evidence shared with internal auditors to support self-assessment of cyber security elements of the Data Security and Protection Toolkit - ICS Cyber Strategy has been circulated to Digital Delivery Board members for approval by 16/06/25								
June 25 - ICS Cyber Strategy to go to the Next DDB for Approval before going to Board								
March 25 - Digital Delivery Board received a report in February recommending that the draft cyber security strategy be put forward for Board approval in April/May								
03/03/25 Assurance on completion of 2023/24 DSPT audit actions to be provided to ICB Audit and Risk Committee on 10/03/25								
03/03/25 Cyber security training has been booked for ICB Digital Lead Our cyber risks are monitored as part of the Data Protection toolkit								
Systemwide cyber strategy has been developed and approved by Digital Delivery Board and submitted to NHSE (Oct 2024)								
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

#### **Actions To Be taken**

**July 2025 - Development and adoption of ICS-wide Cyber Strategy.**

**Oversight of Cybersecurity risk management by a subgroup of the Digital Delivery Board.**

**Further assurance through the annual self-assessment and audit of compliance with Data Security and Protection Toolkit standards.**

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

#### **Comment on Progress**

**September 2025 - c£227k revenue bid approved by NHS England**

**July 25 - Business case being developed for approval of the strategy and investment requirements at the November ICB Board**

**09/06/25 Now aiming to secure Digital Delivery Board approval of the ICS Cyber Strategy by 16/06/25 and to provide assurance to the ICB FED Committee on 26/06/25**

**June 25 - 20/05/25 ICS Cyber Strategy to go to the Next DDB for Approval before going to Board**

**16/05/25 Cyber Checklist sent to procurement to add to any procurements where digital is a factor**

November 24 - . Draft cyber security strategy has been developed and was submitted to NHS England in October. BNSSG Digital Delivery Board reviewed the draft strategy on 04.11.24 and confirmed support for the proposed direction towards establishment of a Cybersecurity Operations 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 cyber strategy 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.

June 24 - £160k allocated to develop cybersecurity strategy under leadership of a system cybersecurity group, chaired by Phil Wade (NBT

ICB Board Development session is planned for June 2023

ICB Cyber Panel has commenced April 2023 building on and formalising the work of the previous BNSSG Cyber Group

**ICB/System Risk or Both: ICB**

**Oversight Committee: Digital Delivery Board**

**Risk Lead: Seb Habibi**

**Risk Open or Closed?: Open**

Intelligence, Transformation and Digital Directorate		Risk Reference: DIG02	Exec Lead: Deborah El-Sayed				Entered on register: 01/06/2023	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
3	4	12	4	3	12	6	↓	July 2025
<b>Risk Description</b>								
<u>Clinical Safety Risk Management Arrangements for Digital Systems</u>								
There is a risk that BNSSG ICB does not develop and maintain adequate clinical safety risk management arrangements for digital systems that it deploys. The risk has increased as of August 2024 since BNSSG ICB does not currently have a suitably qualified clinical safety officer role in post								
<b>Risk Score Decreased - Recommend removal from CRR</b>								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
July 25 - Changes to data transfer protocols from the GP EMIS patient record to the Connecting Care shared care record have been implemented and assured through Clinical Informatics Cabinet. Complete allergies information is now being presented in Connecting Care, albeit that this may be displaying in the Allergies, Adverse Reactions or Diagnosis field, depending on how the information has been coded by a patient's GP Practice. These changes have reduced immediate risk. Further work ongoing to promote greater consistency of coding practices for allergies information moving forwards (n.b. this cannot be applied retrospectively so will not eliminate the issue of historical information being displayed in different fields within Connecting Care).								
July 25 - SCW CSU have been engaged to provide interim clinical safety officer support for BNSSG ICB. First project initiated to develop clinical safety case for the Connecting Care shared care record system								
03/03/25 Clinical Informatics Chair and Vice Chair reviewed scope of work to develop Clinical Safety Case for Connecting Care and joined ICB Digital Team in meeting with CSU to provide feedback (24/02/25) CSU to provide updated proposal by 06/03/25								
03/03/25 Review of Connecting Care patient safety incident management has provided assurance to Clinical Informatics Cabinet that the incident is being managed effectively and that immediate risk of harm has been mitigated adequately.								
03/03/25 DCDIO managing patient safety incident for Connecting Care and reporting to Clinical Informatics Cabinet and Connecting Care Management Group to provide assurance. Patient Safety alerts have been issued and DCDIO has cascaded to system CNIOS/CCIOs. Clinical Informatics Chair and Vice Chair providing oversight								
06/01/25 ICB Digital Team is engaging SW CSU to provide a qualified Clinical Safety Officer, as an interim measure pending recruitment and/or training of a suitably qualified person within CNO Directorate								

## **Actions To Be taken**

### **July 25 - Awaiting documents from CSU CSO team on overall approach and for drafts of the clinical safety case documents for Connecting Care**

- SCW CSU to be engaged to provide interim clinical safety officer support for BNSSG ICB
- Clinical safety case to be developed and maintained for the Connecting Care shared care record and Black Pear (Respect Plus) digital shared care plan systems that BNSSG ICB has deployed
- Clinical Safety Committee (or similar) governance group to be established to facilitate ICS-wide development and adoption of clinical safety risk management arrangements for digital clinical systems that are deployed by the ICB and used by multiple organisations

March 25 - Learning from Connecting Care patient safety incident has highlighted gaps to be addressed in the provision of training for GP Practices on recording of problems, allergies and adverse reactions on the EMIS Patient record system

13/11/24 CNO Directorate expected to recruit and/or train a suitably qualified person to perform the role of ICB Clinical Safety Officer

24/02/25 Clinical Safety risk management system to be defined as part of clinical safety case for Connecting Care.

## **Comment on Progress**

### **July 25 - Project initiated to develop clinical safety case for Connecting Care, which is to be completed by October 2025**

- Michael Richardson has been asked to Chair a Clinical Safety Committee to facilitate ICS-wide development and adoption of clinical safety risk management arrangements for digital clinical systems that are deployed by the ICB
- Business case being developed for transfer from BNSSG ICB to NBT the SRO role for Connecting Care and Black Pear, which would facilitate oversight of clinical safety risk management for these systems under NBT mature governance

04/02/25 DTCDIO has approved a scope of work from CSU to complete the Clinical Safety Case for Connecting Care

04/02/25 Clinical Safety Incident relating to Allergies is being managed between ICB and NBT. Patient Safety Alert has been issued to staff and a warning notice added to Connecting Care. DTCDIO has escalated to supplier and has received initial response from supplier CMO identifying likely root cause and potential remedy.

24/02/25 Review of governance in light of Connecting Care patient safety incident has identified lack of clarity regarding key roles and responsibilities and procedures relating to clinical safety risk management

06/01/25 ICB Digital Team has engaged SCW CSU to complete outstanding work required to sign off the Clinical Safety Case for Connecting Care

13/11/24. Recruitment on ongoing in CNO directorate for a Head of Quality that will take on Clinical Safety Officer role in interim Deputy CNO has confirmed that the CSU have a service that will be utilised

27/11/24 Clinical Safety Case for Connecting Care was not completed in time for commencement of the new contract on 27/11/24

<b>ICB/System Risk or Both:</b> ICB	<b>Oversight Committee:</b> Digital Delivery Board	<b>Risk Lead:</b> Michael Richardson	<b>Risk Open or Closed?:</b> Closed
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People Directorate		Risk Reference: Employee Relations	Exec Lead: Jo Hicks				Entered on register: 10/05/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	5	25	5	4	20	8	↔	September 25
<b>Risk Description</b>								
<b><u>Employee Relations linked to Shaping Our Future</u></b>								
Following Organisational Change (SoF) and the loss / change of certain posts there is a potential for ongoing employee relations issues.								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
May 2025 Response to 2 x ET claims (to be held together) completed, information received stating initial hearing between June 25 and January 26. Contacted potential management witnesses to ascertain date availability. Will update at next People Committee								
Will respond to any further correspondence as received. Initial response to ET claim to be completed by 10 March 2025.								
April 25 - Retained updated likelihood due to 2 additional claims being received and dropping of initial claim.								
March 25 - Updated current likelihood due to receipt of ET claim (x1)								
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. 25/11/24 Responded to any further correspondence received.								
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. Outcomes implemented. Where applicable responding in timely and appropriate way to ongoing correspondence.								
Regular meetings with staff members. Undertaking due process actions including appropriate appeals processes to be completed. Obtaining legal advice.								
<b>Actions To Be taken</b>								
July 2025 - Bring together all related paperwork and correspondence.								
March 25 - Initial response to ET claim to be completed by 10 March 2025								

February 25 - Will respond to any further correspondence as received

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.

#### **Comment on Progress**

**September 2025 - continued to complete requests for information from legal team**

**July 25 - Claim received with ET provisional dates of 21-23 January 2026. Legal team request for both cases to be heard together as per original request - awaiting outcome. Contacted all internal witnesses etc with provisional dates and to collate all correspondence etc as required by legal team.**

April 25 - Two additional claims received - response drafted by deadline of 27 March 2025. Await update. Target completion date changed based on ET process requirements.

March 25 - One ET claim received requiring initial response by 10 March 2025. Meeting held with legal representation to ensure appropriate response within timeline requirements

January 2025 - Remains a risk until mid-February 2025

December 24 - Responded to any further correspondence received.

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.

October 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.

**ICB/System Risk or Both: ICB**

**Oversight Committee: People Committee**

**Risk Lead: Sam Hill**

**Risk Open or Closed?: Open**

People Directorate		Risk Reference: Oliver McGowan Mandatory Training Long Term Sustainable Plan	Exec Lead: Jo Hicks				Entered on register: 19/09/2024	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
5	4	20	4	4	16	4	↔	September 25
<b>Risk Description</b>								
<u>Oliver McGowan Mandatory Training Long Term Sustainable Plan</u>								
<b>RISK SCORE HAS INCREASED AND IS NOW REPORTED ON CRR</b>								
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 2026. This will result in poor training compliance and potential reputational damage for our region which has historical involvement with Oliver's story.								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
Letter to Senior Leads in Provider Organisations highlighting deadline of 31 August 2025 for a decision to be made.								
Provider MoA for 25/26 delivery including agreements required for long term sustainable plan. Escalate to CMOs as needed								
Recruitment pack shared with system partners - highlighting learning and best practice during recruitment of experts with lived experience. Recruitment webinars hosted by NHSE circulated.								
Details of private training providers offering Oliver's Training at a reasonable cost shared with all system partners.								
Introductions made between social care partners and AWP who may have potential to offer bookable training spaces during 25/26 at a reduced rate.								
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 during 25/26.								
<b>Actions To Be taken</b>								
Attendance at various comms events (social care board meetings, practice manager meetings etc) to discuss long term training plans and support available.								
Pilot of a Tier 2 session delivered by a Private Provider to BNSSG NHS workforce to assess quality.								
<b>Comment on Progress</b>								
25/02/25: Formal project plan, Risks & Issues, Milestones etc to be presented to PPB and CMOs on a regular basis 'Host' organisation for experts with lived experience has been requested by social care partners (now identified), ICB has used this service to hire co-trainers with good outcomes.								
Previous discussions with NBT/UHBW/ Sirona collaborative to take majority of team including Project Manager - plans broke down prior to conclusion. ICB agreed to extend contracts until 31 March 2026 with emphasis placed on moving towards a long term sustainable plan during 25/26. Some system partners have attended Training Facilitator Course and / or Lead Trainer Course.								
ICB/System Risk or Both: Both	Oversight Committee: People Committee		Risk Lead: Becky Benson			Risk Open or Closed?: Open		

Business, Strategy and Planning		Risk Reference: BSP-EST-2425-001	Exec Lead: Matt Backler					Entered on register: 21/12/2023	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review	
4	5	20	3	5	15		↔	July 2025	
<b>Risk Description</b>									
<b>Central Weston Development</b>									
<b>Due to:</b> 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.									
<b>There is a risk that:</b> Delays in sign off will occur									
<b>Resulting in:</b> Loss of capital resource which has to be spent before 31/3/24, and further inflation being incurred in the scheme									
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>									
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.									

<b>Actions To Be taken</b>	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.		
<b>Comment on Progress</b>	<p><b>July 25 - Finalisation of contractual agreements between investor, developer and contractor have taken longer than anticipated and it was necessary to provide a further extension. agreements are now close though and it is anticipated they will be completed during July, enabling construction to begin and risk to be removed.</b></p> <p>April 25 - Significant progress made, but another 6 weeks needed before risk resolved completely. The ICB signed an Agreement for the Lease before financial year end, and this has protected the funding via an accrual into this year. This is a big step forward. However, the developer and Investor still have steps to go through to finally agree terms of the funding agreement and review of the construction contract. Therefore, the level of risk on this project is now reducing and all contracts should be agreed and the risk closed by the end of May 25.</p> <p>March 2025 - Recent months have been challenging, with both contractor, and investor withdrawing and needing to be replaced. Their withdrawals were not related to one another, but both did relate to pressures on cost/investment related to current market conditions and delays making delivering project no longer working for them. New contractor now in place and a new investor is now on board. There remains a risk with the investor as time to now agree terms and transfer funding is very tight. All parties are working towards a solution that would enable funding to be secured from NHSE and allow time for final legal details to still be worked through.</p> <p>September 24 - 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</p> <p>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.</p>		
<b>ICB/System Risk or Both: ICB</b>	<b>Oversight Committee:</b> Finance, Estates and Digital Committee	<b>Risk Lead:</b> Tim James	<b>Risk Open or Closed?:</b> Open

Business, Strategy and Planning		Risk Reference: BSP-FIN-2526-05	Exec Lead: Matt Backler				Entered on register: 04/04/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	4	3	12	6	↓	April 2025
<b>Risk Description</b>								
<b>Elective variable activity</b> Due to commissioners having a fixed allocation for elective services potentially without the mechanisms to limit provider activity There is a risk that activity is above planned levels Resulting in the elective service financial position (and ultimately the ICB) overspending in 25/26								
<b>Risk Score Decreased - Recommend removal from CRR</b>								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
1. ERF working group established to review guidance and implementation  2. Activity monitoring process and tools in place  3. Expected allocations communicated to providers								
<b>Actions To Be taken</b>								
1. Guidance to be reviewed on publication 2. Following guidance, further letter to be issued to providers 3. Monitoring process to be finalised 4. Process for intra-system envelopes and activity management to be developed and agreed (associates) 5. Resource implications to be considered 6. Strategy to be developed for sustainable weight management service								
<b>Comment on Progress</b>								
New risk added for 25/26								
ICB/System Risk or Both: ICB	Oversight Committee: Finance, Estates and Digital Committee			Risk Lead: Matt Backler			Risk Open or Closed?: Closed	

Business, Strategy and Planning		Risk Reference: BSP-FIN-2526-06	Exec Lead: Matt Backler				Entered on register: 04/04/2025	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	4	16	4	4	16	6	↔	April 2025
<b>Risk Description</b>								
<b>ADHD and Autism variable activity</b> Due to lack of clarity over the national mechanisms to control activity, providers planning to material increase activity and lack of clear data with which to monitor and hold to account There is a risk that activity is above planned levels (gross value of estimated at c£3.0m) Resulting in the ADHD and Autism service financial position (and ultimately the ICB) overspending in 25/26								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
1. ERF working group established to review guidance and implementation 2. Expected allocations communicated to providers								
<b>Actions To Be taken</b>								
1. Guidance to be reviewed on publication 2. Following guidance, further letter to be issued to providers 3. Task and finish group to be established to develop commissioning and data strategy 4. Key providers to be accredited and moved onto a contract held by the ICB 5. Resource implications to be considered								
<b>Comment on Progress</b>								
New risk added for 25/26								
ICB/System Risk or Both: ICB	<b>Oversight Committee:</b> Finance, Estates and Digital Committee			<b>Risk Lead:</b> Matt Backler			<b>Risk Open or Closed?:</b> Open	

Performance and Delivery		Risk Reference: BSP-CON-2425-004	Exec Lead: Dave Jarrett					Entered on register: 26/04/2024			
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review			
4	4	16	4	4	16	3	↔	September 25			
<b>Risk Description</b>											
<b>Procurement Activity</b>											
<p>Due to</p> <p>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</p>											
<p>There is a risk that</p> <p>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.</p>											
<p>Resulting in</p> <p>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.</p>											
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>											
<p>Paper drafted and discussed with Execs around the impact the PSR has had and continues to have on ICB capacity</p> <p>SBAR drafted and discussed with Execs linked to two complex procurements - CCHP and CMHF</p> <p>Exploration of contractual and procurement options in progress.</p> <p>Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team.</p> <p>Learning from previous procurements in progress. Exploration of contractual and procurement options to commence.</p> <p>Procurement Policy and SoPs in place to support ICB staff to undertake commissioning of services within their own directorate. This includes the establishment of the Procurement Oversight Group</p>											
<b>Actions To Be taken</b>											
<p>Risk stratification of upcoming procurements to be undertaken in partnership with Acute, Mental Health and LD Contracts team. - Ongoing as per procurement.</p>											

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 doesn't 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

Following exec discussion next steps and actions taken

1. Risk based approach to be taken and mapped out – including defining what the ICB means as complex and therefore setting a range, as well as detailing any potential consequences
2. Mapping support offered by Debs – Helena to link in with Seb
3. Understanding of what other ICBs are doing in regard to PSR
4. Team of teams approach being clear as to areas of responsibility and accountability for each element of commissioning
5. PoG to oversee risk-based approach and risks / consequences – this will be reviewed and included in all procurements and contract award notifications
6. Execs to review the current workplan within their directorates – Live and pipeline procurements and confirm that this reflects the current position and or if there are any areas that need to be added.
7. Workshops arranged in the new year to:
  - \* to review, re-define and lock down the problem statement
  - \* to review / define what we mean by complex procurement – i.e. criteria, scoring
  - \* to map out the current process, identify the value added and then start to map out a new operating model that adheres to legislation. .... including stakeholder mapping

#### Comment on Progress

**September 2025 - POG submitted second report to FED for assurance and progress. Key areas highlighted were:**

- procurement policy is now published on the website
- updated SOPs, taking into consideration the change in legislation around Procurement Act and the Data Security Protection toolkit
- procurement workplan - June report, noting the split across active, pending, completed
- Accreditation process for RTC providers
- Learnings from the non-compliant request form and complexity framework to make informed decisions
- Submission of PSR Annual report at end of September noting for the period 01.01.24 – 31.03.25, awarded a total of 44 contracts across the ICB, totalling £1.25 billion – taken from the PSR annual submission

Scoring remains 16 noting the current position re the number of complex procurements and the up and coming ICB changes

**July 25 - TRANSFER to P&D DRR**

**July 25 - POG has seen an increase in non-compliant requests and therefore to support staff a Non-compliant request form has been drafted which includes the use of the complexity framework. Second report from POG will be submitted and reviewed in the July FED meeting. Scoring remains 16 noting the current position re the number of complex procurements and the up and coming ICB changes**

June 2025 - POG continually reviews and prioritises on going active and pipeline work plan. Assigned resources to the procurements within the pipeline that have not had active engagement / dialogue will be considered for re-assignment.

Procurement Complexity Framework has been drafted that currently defines 10 defining characteristics. POG reviewed the framework in May and we will be looking to use this framework to assign necessary resources and skills

May 2025 - Following the ICB responding to the need to reduce costs by a further 50%, each directorate has drafted a list of must do's. This list will prioritise available capacity into required and necessary areas, such as securing services. Currently finalising discovery phase to present to ET. Design phase has started, but due to re-structure, design phase has been paused until we know the required functions - the output from the work done will however, support / inform the direction of travel

April 25 - 25/3/25 Feedback from HR on two of the roles and grading confirmed. The third is expected first week in April.

Since the announcement about ICB establishment reduction, confirmation is needed as to either securing these roles to support commissioning or how we continue securing these services on the ground whilst ICB work through key functions and resources. Mapping the commissioning process remains on track.

March 25 - Four workshops held with the commissioning process being mapped.... outputs have been

- \* Problem statement draft / confirmed
- \* what is meant to happen and what is currently happening has been drafted
- We have potential causes and hypothesis
- \* challenges have been drafted
- \* Discovery and design process has been built around the 3 horizons model - Understanding H1, Defining H3 and Ideating H2
- \* principles identified as to what the re-designed commissioning process will aim to do
- \* Defining what we mean by complex commissioning/procurement started and being formed
- \* mapped all complex procurements / current and pipeline - identifying ICB resource pinch points
- \* drafted options to ensure and support deliverability
- \* secured recurrent funding from 25/26 for ICB hub and spoke resourcing team model
- \* JD's / PS's drafted and currently with HR for grading

December - Discussion held at Execs - areas considered are

1. Risk based approach to all our procurements, contract awards and commissioning decisions, noting that as an ICB we would need to understand the consequences of those risks taken – i.e. challenge, service specification reviews to meet the needs of the population etc
2. Annual contract award from for contracts under process A and B to move from annual to biannual – noting new providers accredited will remain annual with heightened contract management until assurance of service delivery is provided
3. Additional resources maybe needed for those large scale, complex procurements for example when the community service procurement was run...there was a dedicated team of 8. I'm also aware that when BSW ran their recent community procurement, they had a dedicated team
4. Capitalising on the leadership across the ICB – team of teams with other teams taking the lead – driving a teams of teams approach of specification drafting, market / public engagement, financial budgeting, quality assurance requirements in QIA and EHIA drafting.
5. Outsourcing procurement – this is currently provided by the CSU and is noteworthy that they are also struggling with capacity

**January 25**

- 6. Reviewed current Primary care staffing and together with staff turnover, funds have been identified to secure an 8a in the primary care contracting team
- 7. Workshops arranged in the new year - please see actions to be taken for details
- 8. Discussions being held to support ICB staff in commissioning resources

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 25/06/24. High volume of complex procurements to undertake. Primary care vacancy still live. Prioritisation of statutory functions for primary care in place & active.

Apr 24 - Transferred from Primary & Integrated Care DRR - PCC 58

30/04/24: Procurement timeline in development across, Children's, Community, Primary Care, Acute and Mental Health Contracts teams in order to articulate resource requirements including contracts team capacity and capacity requirements for other teams in the directorate and within the ICB.

<b>ICB/System Risk or Both: ICB</b>	<b>Oversight Committee:</b> Finance, Estates and Digital Committee	<b>Risk Lead:</b> Susanna McMullen / Helena Fuller / Jenny Falco	<b>Risk Open or Closed?:</b> Open
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Office of the Chair and Chief Executive Directorate		Risk Reference:	Exec Lead: Shane Devlin				Entered on register: 22/08/25	
Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	Current Likelihood	Current impact	Current risk score	Target score	Movement of risk	Date of last review
4	5	20	3	5	15	5	New Risk	September 25
<b>Risk Description</b>								
<b><u>NEW RISK REQUIRING INCLUSION ON CRR</u></b>								
<b>Impact of NHS reforms on ICB Performance</b>								
The national requirement for ICBs to reduce running costs necessitating clustering/merging with others, and the resulting organisational changes informed by the Blueprint for ICBs and the simultaneous changes in NHSE/DHSC and CSUs are likely to adversely impact the performance of BNSSG ICB in fulfilling its statutory duties for the BNSSG population. The risk may be increased by the lack of clarity provided to the ICB and the differing pace of working/decision making.								
<i>NB This overarching risk is underpinned by a risk register which is reported to the Joint Transition Committee</i>								
<b>Management Actions Already in Place to Mitigate Risk (Current Controls)</b>								
BNSSG Chair and CEO engaged with NHSE in matters associated with NHS reforms. Model ICB Blueprint published by NHSE. Cluster Chair and CEO identified. Transition leads identified in Cluster ICBs CPOs and CFOs working across the cluster on joint approach to making changes.								
<b>Actions To Be taken</b>								
Joint Transition Committee TORs drafted for Board agreement in September which reflect the requirement in the Model ICB Blueprint including the identification and mitigation of risks. Establishment of joint Transition Committee to oversee relevant workstreams as a formal committee of the Board. Begin routine presentation of risk register to the Joint Transition Committee. Provide Joint Transition Committee updates to the Board (as part of routine committee reporting arrangements on open and closed agendas) Confirmation of cluster Chair and CEO								
<b>Comment on Progress</b>								
14.8.25 Joint Transition Committee TORs drafted. Set to be agreed at BNSSG and G's Boards in September. NHSE Regional blueprint to be issued in September which will shape future ICB/ICS developments. Cluster Chair and CEO recommended appointments have been made with CEO due to become Accountable Officer for the cluster from 1 Sept.								
ICB/System Risk or Both: Both	Oversight Committee: Transition Committee		Risk Lead: Helen Edelstyn			Risk Open or Closed?: Open		

BNSSG ICS Strategic Risk Register															Bristol, North Somerset and South Gloucestershire Integrated Care Board																	
Directorate	Team	Risk Reference	System/ICB Risk?	Risk Description Due to (cause) There is a risk that (risk event) Resulting in (effect/impact)			Principle Objective ref	Date entered on register	Risk Lead (Executive)	Unmitigated Likelihood	Unmitigated Impact	Unmitigated risk score	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	Management Group	Assurance Committee	Actions to be taken (as these are completed they should be moved to actions in place)			Comment on progress	ICB action taken	ICB action date	Key action	Risk status	Next date for review	
	SEG	SEG	System	<b>ICS PARTNERSHIP &amp; RELATIONSHIPS</b> The BNSSG population requires responsive, accessible and quality services which are best provided through ICS organisations working together. This depends on the strength of the relationship and the agreement of priorities. There is a risk that the population will not be best served if relationships decline and organisations make decisions without due regard for the consequences on the partnership. This risk may be exacerbated by changes required by Government to the NHS or Local Government.			1. Improve outcomes in population health and healthcare	27/11/23	Steve Peart	3	5	15	SEG meetings established SEG awaydays have taken place to support development of working arrangements 26.11.24 SD. System partners regularly attend committee meetings both as members and also to present updates to ensure deeper understanding of their organisational positions Operational planning is developed through a multi organisational approach governed by system planning principles. This ensures a greater collaborative understanding across all partners			3	3	9		None	SEG	Board	13.6.25 Develop OD plan as part of ICB clustering arrangements. Agree Leadership Compact Conclude review of HCIGs 23.5.25 Maintain transparent communication with stakeholders about the developments associated with the intention for BNSSG and Gloucestershire ICBs to cluster, for which Board support in principle has been given. 3.2.25 Continue with SEG meetings and awaydays Board seminars Reinovigate HWB Board engagement Review effectiveness of ICP Local Authority, VCSE and other sectors drive agenda items at ICB Board to ensure systemwide coverage of issues.			11.9.25: The changes required by the national NHS reforms agenda, and the challenges associated with the interdependences between changing organisations, financial implications and uncertainty result in this risk increasing to 9. 12.8.25: Activities associated with the Clustering of BNSSG and Gloucestershire continue including the arrangements for a future Joint Transition Committee to be established. The review of the HCIGs has not been completed and will be considered as part of the cluster structure. The Leadership compact is due to be agreed by SEG on 11.9.25 23.5.25 The reforms required of ICBs and the publication of the Blueprint are likely to affect the established relationships and working practices across the ICS. The probability of the risk score has been increased. 20.2.25 Probability of the risk increased to reflect the demands on individuals organisations as a result of the NHSE Planning Guidance and the considerable stretch targets that need to be achieved. 3.2.25 Temporary response structures are set up when needed		No	Seek	Open	11.9.25	
	SEG	SEG	System	<b>SYSTEM FLOW &amp; RISK OF HARM</b> Poor health and care outcomes will be experienced by our patients, whose admission may have been preventable, but if admission happens they may be unable to be treated in the correct health and care settings and/or have no criteria to reside in our hospitals if the ICS does not efficiently manage the flow of patients in order that they receive services in the correct settings. Additionally, this will adversely impact the financial resources available to the ICB to deliver other priorities identified for patient care.			1. Improve outcomes in population health and healthcare	12/12/24	David Jarratt	4	4	16	PEM and POM established with escalation to Gold. £55m investment made over the last 24 months. Community First ODG chaired by Hugh Evans, BCC (replaces D2A Board). Discharge Improvement Programme in place modelled to support achievement of 15% acute NCTR and hence delivery of UEC performance trajectories within the BNSSG 25/26 Operational Plan. 08.09.25: BNSSG Winter plan completed including appointment of system Winter Director. Winter surge funding proposals agreed with local authorities.			4	4	16		None	SEG	OOP	08.09.25: Further joint work with LAs on P3 LOS as part of Discharge Improvement Group. 11.06.25: Introduction of a Neighbourhood Health model underpinned by Anticipatory Care funding. Proposals in development via the Community First ODG and Community HCIG. 25.2.25: Creation of a Community First joint group between acute and community HCIG to manage improvement in this area			11.09.25: Simulation Exercise has taken place to test the resilience of our Winter Plan. Data indicates some improved performance in P1, and P2 categories of patients with further work required to understand whether the intended impact on hospitals will result from planned activities. 08.09.25: Discharge Improvement Programme has delivered circa 50% reduction in P1 delays and sustained improvement in P2 community LOS. P3 LOS remains off target and volatile and is subject to further work with LAs. 25.2.25: Despite considerable system wide action and commitment we have not managed to reduce the NCTR by any major amount. We will now bring together leaders from across the system into a new Operational Delivery Group (ODG) called community first. This group is reviewing the effectiveness of the investments made to date with the authority to stop any current activities that are not having a positive impact on flow and can reinvest the resource to		No	Seek	Open	11.9.25	
	SEG	SEG	System	<b>TACKLING HEALTH INEQUALITIES</b> If we don't understand and act on the insights that describe how health inequalities and poor outcomes have occurred and consequently drive improvements, then the wellbeing and health of the overarching population is likely to deteriorate. This will result in stalling or worsening of the population's life expectancy and people living longer in ill health affecting individuals and the system and will have a disproportionately negative effect on the most vulnerable people living in BNSSG. In the long term, it will impact on BNSSG's economic productivity			2. Tackle inequalities in outcomes, experience, and access	29/11/24	Jo Moulton	4	4	16	Agreement of a co-produced strategy that tries to address this, and which is led by partners (ICP) System-wide dataset available to provide some of the insight Locality Partnership insights are guiding their work Working with people with lived experience in some of the system's improvement work Hearing and valuing insights provided by the VCSE Alliance Requirement for HCIGs to include actions on addressing health and healthcare inequalities in their content of the BNSSG Joint Forward Plan Assurance of implementation of actions to reduce health and healthcare inequalities being sought be the ICB Strategic Health Inequalities, Prevention and Population Health Committee			3	4	12		Up	SEG	SHIPPH	5.9.25 JM: Working with the 3 DPHs the ICB has reviewed the national annual statement and prepared a report on healthcare outcomes. This will be sent to the relevant HCIG and will have a section that describes what is being done of each of the nationally set priority areas to be completed by end of Q3 2025. This data will be used explicitly as part of the refreshed planning process 29.05.25 JM: The ICB Blueprint describes understanding local context using population need and population data which will be designed across Q3 and Q4 2025/26 as a core function of the model ICB. We are clear that there is a different approach needed for health inequalities and healthcare inequalities and over the next 6 months we will need to define how the ICS will drive improvement for both within the new organisational construct of model ICB 29.11.24 JM: Requirement for HCIGs to include actions on addressing health and healthcare inequalities in their content of the BNSSG Joint Forward Plan Assurance of implementation of actions to reduce health and healthcare inequalities being sought be the ICB Strategic Health Inequalities, Prevention and Population Health Committee Developing an easy to understand picture of achieving the BNSSG Population Health / ICS outcomes framework			29.05.25 JM: The Independent Advisory Group has been paused. Work on CVD and the ICB equality objective have clear work programmes through the system's Long Term Conditions Operational Delivery Group (LTC ODG) 25.02.25 Deep Dive into CVD conducted by SHIPPH and approval of Equality Objective developed in line with the Public Sector Equality Duty. SHIPPH updated about the involvement in the ICB of the Independent Advisory Group.		No	Seek	Open	Mar-26	05.09.25
	SEG	SEG	System	<b>WORKFORCE &amp; CAPACITY FOR CHANGE</b> Our population will not be well served with health and care services which we have set out in our strategy that we want to deliver if we do not effectively manage workforce activity, right size our organisations with high quality staff, and reskill and upskill our existing workforce across health and social care. The level of reform and the change necessary to improve services for our patients may be impacted by the capacity of staff required to engage in, support and deliver programmes due to competing demands and commitments.			1. Improve outcomes in population health and healthcare	13.11.24	Jo Hales	4	5	20	ICB People Committee established with Terms of Reference included in the Governance Handbook Subsidiary ICS workstreams to deliver outputs NHS People Plan Workforce features in JFP development			4	4	16		None	SEG	People	19.08.25 JH: One Workforce group monitoring impacts of IA on temporary staffing spend and Direct Engagement activity increased. Review of nursing vacancies and placements across all system partners underway inline with 25/26 system operational plan and planning begun for 26/27 graduate guarantee cohorts. System redeployment protocol is active. 12.11.24 JH: ICS People Committee workforce report monitoring system performance against plan on monthly basis e.g. turnover rates Merging of system recruitment group & retention group. People Promise exemplar programme activity to be used across organisations Sharing of workforce over establishment across organisations to be scoped.			19.08.25 JH: - Risk increased to 16 - Workforce plan monitoring continues and oversight remains assured for delivery in line with Q1 results. The scale of system change and workforce pressures are increasing with CSU closure announcement. Graduate Guarantee national requirements and Industrial action, mitigation activity is underway across the system through the One Workforce group. 06.06.25 JH: 25/26 Workforce Plan submitted alongside system operational plan, existing monitoring arrangements continue with monthly oversight of key metrics reported through the ICB People Sub Committee this will continue regardless of ICB change impacts as a requirement of delivery for this financial year. Quarter 1 figures expected end of July 25		No	Seek	Open	19.08.05	19.09.25
	SEG	SEG	System	<b>FINANCIAL MANAGEMENT &amp; INVESTMENT</b> As a result of the available funding, the current underlying deficit and the current application of the funding which is not always able to be spent on priorities, the ICS risks not being able to deliver the change to improve prevention, population health and reduce health inequalities which affects value for money and the Healthier Together 2040 agenda. Additionally, the limited capital funding available across the ICS will restrict the development of physical and digital infrastructure, service developments and the strategic priorities identified for patient services.			3. Enhance productivity and value for money	27/11/23	Matt Packer	4	5	20	Performance and Recovery Board in place to allow visibility and shared ownership of delivery. FED committee assurance role of system finances Deep dives into partner organisations' finance scheduled Established system DoFs group in operation with agreed principles Capital Board in place to ensure clarity of priorities and proactive management of in year capital resource to ensure maximise opportunities and value.			4	5	20		None	SEG	FED	13.06.25 Identify interim senior leadership to support ongoing system relationships. Prioritisation tool in development HCIGs to determine key objectives/deliverables HT2040 to develop strategic intentions which will then inform future iterations of the MTFP to ensure we can take a controlled shift of resources in line with the 3 shifts. 11.06.25 Balance plan for 25/26 achieved and significant progress on increasing maturity of savings schemes. At month 2 broadly on plan with a small variance against plan at UHBW. Clear actions in place to recover. Significant additional capital confirmed for 25/26 to address critical risk issues in line with our identified priorities. MTFP refresh to be completed following CSR. 25.2.25 We have yet to complete the planning process for 25/26 and therefore do not yet have a balanced plan. All system partners will work together over the next weeks to			11.09.25: Likelihood of risk increased due to emergence of risks which are being addressed through the Performance and Recovery Board and FED. 18.08.25 MB: MTFP is being developed for 26/27+ significant progress has been made on base case, however this needs to be finalised and ambitions set for recovery of underlying deficit. Current position suggests funds for investment will be limited, however the need to establish transition reserve to facilitate the three shifts has been noted and will form part of the plan. As at M3 system is reporting forecast breakeven however detailed review post Q1 in process and may suggest additional risks 11.06.25 Balance plan for 25/26 achieved and significant progress on increasing maturity of savings schemes. At month 2 broadly on plan with a small variance against plan at UHBW. Clear actions in place to recover. Significant additional capital confirmed for 25/26 to address critical risk issues in line with our identified priorities. MTFP refresh to be completed following CSR. 25.2.25 We have yet to complete the planning process for 25/26 and therefore do not yet have a balanced plan. All system partners will work together over the next weeks to		No	Seek	Open		11.09.25

and South Gloucestershire  
Integrated Care Board

## Risk appetite

For use when populating column Z on risk register

The following risk appetites were agreed by the Board in March 2025 for use in 25/26:

Domain	Previous Risk Appetite Statement and Level (shown in capitals)	Risk Appetite Statement 2025/26	Risk Appetite Level 2025/26
<b>Finance</b> How will we use our resources? Value for money	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of Value For Money with price not the overriding factor. OPEN	We will invest for the best possible return and accept the possibility of increased financial risk.	SEEK
<b>Regulatory</b> How will we be perceived by our regulators? Compliance	We are prepared to accept the possibility of some regulatory challenge <u>as long as</u> we can be reasonably confident we would be able to challenge this successfully. OPEN	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks	SEEK
<b>Quality</b> How will we deliver safe services? Quality of services Outcomes	Our preference is for risk avoidance. However, if necessary, we will take decisions on quality where there is a low degree of inherent <u>risk</u> and the possibility of improved outcomes and appropriate controls are in place. CAUTIOUS	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation	OPEN
<b>Reputational</b> How will we be perceived by the public and our partners?	We are prepared to accept the possibility of some reputational risk as long as there is a potential for improved outcomes for our stakeholders. OPEN	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK
<b>People</b> How will we be perceived by our workforce?	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and development opportunities for staff. OPEN	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	SEEK

## Risk Appetite Definitions:

<b>None</b>	Totally risk averse, no risk taking will be considered.
<b>Minimal</b>	Ultra safe or traditional approaches only.
<b>Cautious</b>	Preference is for options with a low degree of risk.
<b>Open</b>	Options that provide adequate benefits to justify the risk.
<b>Seek</b>	Eager to innovative and challenge traditional approaches.
<b>Significant</b>	Highly adventurous and willing to taking high levels of risk, investing in new and untested delivery options.

The Good Governance Institute has produced Board guidance on risk appetite which includes the following matrix. The analysis that follows uses the suggested wording from this matrix

RISK APPETITE LEVEL TYPES	0 NONE	1 MINIMAL	2 CAUTIOUS	3 OPEN	4 SEEK	5 SIGNIFICANT
<b>FINANCIAL</b> How will we use our resources?	We have no appetite for decisions or actions that may result in financial loss.	We are only willing to accept the possibility of very limited financial risk.	We are prepared to accept the possibility of limited financial risk. However, VFM is our primary concern.	We are prepared to accept some financial risk as long as appropriate controls are in place. We have a holistic understanding of VFM with price not the overriding factor.	We will invest for the best possible return and accept the possibility of increased financial risk.	We will consistently invest for the best possible return for stakeholders, recognising that the potential for substantial gain outweighs inherent risks.
<b>REGULATORY</b> How will we be perceived by our regulator?	We have no appetite for decisions that may compromise compliance with statutory, regulatory or policy requirements.	We will avoid any decisions that may result in heightened regulatory challenge unless absolutely essential.	We are prepared to accept the possibility of limited regulatory challenge. We would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some regulatory challenge as long as we can be reasonably confident we would be able to challenge this successfully.	We are willing to take decisions that will likely result in regulatory intervention if we can justify these and where the potential benefits outweigh the risks.	We are comfortable challenging regulatory practice. We have a significant appetite for challenging the status quo in order to improve outcomes for stakeholders.
<b>QUALITY</b> How will we deliver safe services?	We have no appetite for decisions that may have an uncertain impact on quality outcomes.	We will avoid anything that may impact on quality outcomes unless absolutely essential. We will avoid innovation unless established and proven to be effective in a variety of settings.	Our preference is for risk avoidance. However, if necessary we will take decisions on quality where there is a low degree of inherent risk and the possibility of improved outcomes, and appropriate controls are in place.	We are prepared to accept the possibility of a short-term impact on quality outcomes with potential for longer-term rewards. We support innovation.	We will pursue innovation wherever appropriate. We are willing to take decisions on quality where there may be higher inherent risks but the potential for significant longer-term gains.	We seek to lead the way and will prioritize new innovations, even in emerging fields. We consistently challenge current working practices in order to drive quality improvement.
<b>REPUTATIONAL</b> How will we be perceived by the public and our partners?	We have no appetite for decisions that could lead to additional scrutiny or attention on the organisation.	Our appetite for risk taking is limited to those events where there is no chance of significant repercussions.	We are prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout.	We are prepared to accept the possibility of some reputational risk as long as there is the potential for improved outcomes for our stakeholders.	We are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks.	We are comfortable to take decisions that may expose the organisation to significant scrutiny or criticism as long as there is a commensurate opportunity for improved outcomes for our stakeholders.
<b>PEOPLE</b> How will we be perceived by our workforce	We have no appetite for decisions that could have a negative impact on our workforce development, recruitment and retention. Sustainability is our primary interest.	We will avoid all risks relating to our workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere.	We are prepared to take limited risks with regards to our workforce. Where attempting to innovate, we would seek to understand where similar actions had been successful elsewhere before taking any decision.	We are prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention, and developmental opportunities for staff.	We will pursue workforce innovation. We are willing to take risks which may have implications for our workforce but could improve the skills and capabilities of our staff. We recognize that innovation is likely to be disruptive in the short term but with the possibility of long-term gains.	We seek to lead the way in terms of workforce innovation. We accept that innovation can be disruptive and are happy to use it as a catalyst to drive a positive chan.

Risk Assessment scoring matrix						
Probability/Likelihood						Impact/Consequence
	Almost Certain = 5	5	10	15	20	
	Likely = 4	4	8	12	16	
	Possible = 3	3	6	9	12	
	Unlikely = 2	2	4	6	8	
	Rare = 1	1	2	3	4	

#### Definition of System Risk

An ICS risk is a risk held in common between health and/or care partner organisations which cannot be controlled or mitigated by sovereign partners in isolation – for example many of the HCIG risks ICS risks will be managed through the collective identification, assessment and mitigation of risks where improved outcomes can be achieved by ICS partners working together through shared accountability arrangements.

Risks marked as System Risks do not appear on our ICB Corporate Risk Register – they will be collated on separate System Risk Register