

BCCG Corporate Risk Register

Strategic Objectives	
1	We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice.
2	We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.
3	We will engage with both local councils and also our partners across the wider health economy working on plans to strengthen primary care, improve outcomes and integrate services for the populations we serve.
4	We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.
5	We will operate and manage our Governing Body to the highest standards of accountability and transparency.

	Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic	5	10	15	20	25
Major	4	8	12	16	20
Moderate	3	6	9	12	15
Minor	2	4	6	8	10
Negligible	1	2	3	4	5

Risk ID	Date Raised	Strategic objective	Description of Risk <i>As a result of x, there is a risk of y, which may result in z</i>	Proximity	Inherent Likelihood <i>Click in box and choose from drop-down list</i>	Inherent Impact <i>Click in box and choose from drop-down list</i>	Overall Risk Rating <i>Automatic scoring</i>	Response Option <i>Click in box and choose from drop-down list</i>	Controls <i>What are the key controls in place to prevent the risk from occurring?</i>	Actions <i>What further actions to control the risk are planned. When should they be completed?</i>	Progress on Actions <i>What is the progress since the last report?</i>	Date Actions Updated	Residual Likelihood <i>Click in box and choose from drop-down list</i>	Residual Impact <i>Click in box and choose from drop-down list</i>	Residual Risk (Automatic Scoring)	Target	Trend	Responsible Governance Group	Risk Owner <i>Individual responsible for the management and control</i>	Risk Actionee <i>Person who the risk owner delegates specific actions to</i>	Risk Status <i>Click in box and choose from drop-down list</i>	
131	PMO 46	23.01.19	2	Escalated from the PMO Risk Register As a result of the CCG requiring a £24m QIPP Programme for 2019/20, there is a risk that the CCG will not be able to identify £24m plan for 19/20, which may result in failure to achieve our 2019/20 financial control total	Now - 31-Mar 20	4 (Likely)	4 (Major)	16 (High)	Reduce	<ul style="list-style-type: none"> → £25.4m has been identified through 10 programmes containing 61 schemes. → There is a timetable of milestones to meet to assure the CCG that the QIPP Plan for 19/20 is moving forward. → PIDs are currently being appraised by QIPP Control Group and going to Financial Recovery Board, before being sent to Finance & Performance for approval. A time table has been communicated for this piece of work. → 100% of QIPP built into 5 of the top 6 acute contracts (BHT outstanding) → The QIPP Report presented to FRB on 20/03/2019 detailed the risks in the QIPP Programme 2019/20. → A monthly Financial Recovery Board providing oversight of delivery → Weekly QIPP Control Group providing check and challenge on delivery. → A monthly Finance & Performance Committee providing overall monitoring of the position and decision-making on PIDs → Monthly highlight reports to provide assurance of progress → The Delivery Framework V8.5 provides a framework for QIPP delivery → A dedicated PMO to QIPP 	<ul style="list-style-type: none"> → Continue to push the PIDs through the appraisal process ensuring scheme leads meet with finance, BI, PMO and contracts as part of the process. → Approved PIDs to be monitored assuring the CCG that mobilisation is happening so that savings can begin as planned. → Work with commissioners to put plans in place to deliver the identified QIPP - prioritising the "Big Ticket" schemes first. → Obtain the detail of the BHT CIP schemes, as these may reduce costs for BCCG and add to the QIPP total. → Prepare for the first Joint Programme Board between BCCG and BHT which is 13/05/2019. → Work with LCCG on re-establishing a Joint Programme Board with LCCG, BCCG and L&D. 	<ul style="list-style-type: none"> → First and Second NHSE submissions completed. → Work in progress on preparing for the new Joint Programme Boards. → 20 + schemes approved at F&P on 27/03/2019. → Initial analysis has been undertaken regarding BLMK repatriation, which could have an impact in 19/20. 	29/03/2019	4 (Likely)	4 (Major)	16 (High)	4	→	Finance & Performance Cts	Malcolm Miller	Matt Hollex	Active
132	QR143	04.04.19	1	Escalated from the Quality Risk Register As a result of L&D staff sickness BHT have been unable to fully implement arrangements for a shared post with L&D to provide two long day clinics on Monday, Tues and there is now a risk that patients will not be seen in a timely way to meet the Breast Cancer 2 week wait target which may result in poorer outcomes for some patients		4 (Likely)	4 (Major)	16 (High)	Reduce	<ul style="list-style-type: none"> 1.0 New Locums obtained to work at BHT, commencing 08/04 and 15/04/19 2.0 Triage of patients on 'backlog list' has appropriately diverted 27 patients for Ultrasound Scan 	<ul style="list-style-type: none"> 1. Update to be provided by BHT Radiography Services manager and BCCG Cancer Senior Commissioning manager (ongoing) 2. Data set for March to be reviewed when validated to check extent of breaches and number of patients affected (May 2019) 3. Establish level of breaching at as 03-04-19 4. Check progress on reduction of breaches (end April) 	<ul style="list-style-type: none"> 03-04-2019 This risk has re-emerged following closure in February 2019 (QR137) and now is likely to have an effect on the whole 2wv Breast cancer pathway. Bedford Hospital and Luton & Dunstable Hospital had set up a shared post, with consolidation of clinics at Bedford into two long days Monday, Tues but this was not fully implemented due to staff sickness. Re Control 1 - 2 new locums appointed to start 08-04-19 and 15-04-19 however this may not increase capacity too quickly as induction period is to be expected Re Action 1 - request for update made by Senior Quality manager 03-04-19 Re Control 2 and Action 3 - 87 patients on 'backlog' list with longest breach at 24 days v target of 14 days with 27 women offered US scan as appropriate when clinically triaged 	04.04.19	4 (Likely)	4 (Major)	16 (High)	1	→	ICQC	Anne Murray	Gil Turrell	Active