Meeting: Strategic Commissioning Board

Meeting Date	01 February 2021	Action	Consider
Item No	08	Confidential / Freedom of Information Status	No
Title	Strategic Commissioning Board Risk Register		
Presented By	Lynne Ridsdale, Deputy Chief Executive		
Author	-		
Clinical Lead	-		
Council Lead	-		

Executive Summary

Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

This report provides an update in respect of the five strategic risks which are captured on the CCG's Governing Body Assurance Framework (GBAF) which have been assigned to the Strategic Commissioning Board for oversight:

- Lack of effective working with key partners which influence the wider determinants of health (level 15);
- Urgent Care System - Re-design (level 12);
- Creation of Integrated Care System (level 12), new risk;
- Lack of effective engagement with communities (level 10); and
- Assuring decisions are influenced by all staff including clinicians (level 10).

Reviews have been completed against all 5 risks and the Strategic Commissioning Board is advised that there has been a reduction in the level of risk in respect to the Urgent Care Re-design risk.

Recommendations

It is recommended that the Strategic Commissioning Board:
- Receive the Strategic Commissioning Board Risk Registers;
- Review the information presented; and
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial implications?	Yes	☐	No	☐	N/A	☒
Are there any legal implications?	Yes	☐	No	☐	N/A	☒
Are there any health and safety issues?	Yes	☐	No	☐	N/A	☒
How do proposals align with Health & Wellbeing Strategy?	The report reflects risks identified to delivery of the Health & well-Being Strategy					
How do proposals align with Locality Plan?	The report reflects risks identified to delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?	The report reflects risks identified to delivery of the Commissioning Strategy					
Are there any Public, Patient and Service User Implications?	Yes	☐	No	☐	N/A	☒
How do the proposals help to reduce health inequalities?	Through the effective management of risk associated with delivery programmes identified to support wider commissioning and delivery agenda, improved outcomes will be delivered.					
Is there any scrutiny interest?	Yes	☐	No	☒	N/A	☐
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact	Yes	☐	No	☒	N/A	☐

Implications						
Assessment required?						
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This is a report on risks associated with delivery of work programmes and does not required an EA.						
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☐	No	☐	N/A	☒
Additional details						

Governance and Reporting		
Meeting	**Date**	**Outcome**

Strategic Commissioning Board Risk Register Report

1.   Introduction

1.1.   The Strategic Commissioning Board Risk Register reflects those risks which have been identified as potential to impact on delivery of the agreed strategic objectives and are assigned to the Strategic Commissioning Board, as a sub-committee of the Governing Body for oversight.

1.2.   The report presents the risk position and status as at **05 January 2021.**

2.   Background

2.1.   Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.

2.2.   Once identified, each risk should be assigned a risk owner, who is responsible for ensuring day-to-day management and undertaking regular re-assessment of the risk level, taking into account changes in context, controls and assurance.

2.3.   Good practice also recommends assigning risks to Boards, Committees and Sub-Committees to provide a further level of objective and collective oversight, review and assurance. The CCG supports this level of good practice as set out in the CCG's approved Risk Management Strategy.

2.4.   The report includes a summary risk register (Appendix A) and a more detailed reflection of each risk (Appendix B) along with a narrative of the key changes in the reporting period relevant to each risk.

2.5.   The Strategic Commissioning Board should consider the updates provided in the context of the wider agenda, raising any additional points for consideration.

3.   Strategic Commissioning Board Risk Register

3.1   There are currently five risks included on the Strategic Commissioning Board Risk Register.

3.2   The following narrative reflects the current position of each risk following review by the risk owner and risk manager.

Risks with no reported change

3.3   During the reporting period **3** risk has remained unchanged.

- **GB2021_PR_1.1 Lack of effective engagement with communities**

3.4   The risk review in January 2021 resulted in no change to the risk score of 15, against

a target level of 10 to be achieved by March 2021.

3.5 Although good progress has been made this risk will remain at this level whilst public engagement picks up significant pace.

3.6 The performance and outcomes framework remains under development and will incorporate health and well-being outcomes to ensure these are addressed through onward reporting to the Health and Well-Being Board once approved.

3.7 Work continues and is developing well to ensure the Bury 2030 Strategy and the Corporate Plan reflects the contribution of the OCO.

- **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**

3.8 As previously reported, this risk reached its target level of 10 in November 2020 and remains on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.

3.9 Since last reporting the Health and Well-being Board membership has been refreshed to include representation from wider public services. Governance structures have been strengthened by the formation of a Neighbourhood Development Group and the development of the place-based neighbourhood model continues to be strengthened**.**

3.10 On-going public engagement continues. The latest iteration of the Bury 2030 Strategy was launched on the 31st October 2020 and is subject to an extended consultation period to the end of January 2021.

- **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians**

3.11 As previously reported, this risk reached its target level of 10 in November 2020 and remains on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.

3.12 However, the risk owner has anticipated that this risk will remain on the GBAF for 2021/2022 due to a period of uncertainty regarding the creation of an Integrated Care System (ICS) and the disestablishment of CCG's which has a potential to decrease and recognise the voice of staff and clinicians in decision making.

3.13 To mitigate against the potential loss of mandated and elected clinical leadership in the borough it is proposed that a clinical and professional senate is in shadow form by the 31/3/2020 and fully embedded by March 2022.

3.14 On-going dialogue remains in place particularly around the integrated budget and cost saving plans for 2021/22 with close oversight from the Strategic Commissioning Board.

3.15 The CCG has recently enhanced the current clinical leadership situation through recruitment of one new Clinical Director post.

Risks that have reduced in score

3.16 During the reporting period **1** risk has reduced in score.

- **GB2021_PR_1.3 Urgent Care – Re-design 2020/21**

3.17 The risk review in January 2021 has seen the risk reduce from a level 16 and has met its target level of 12. This risk will remain on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.

3.18 The likelihood of 4 (likely) has reduced to 3 (possible) as the urgent care system redesign model remains on track and developing confidence regarding its maturity and implementation. In addition, evidence of managing under challenging circumstances through the COVID phases has proved to be successful. This can be evidenced through the roll out of the COVID vaccination programme across the system. In addition, the CCG maintains close working with HMR CCG to ensure A&E hospital attendances are deflected appropriately.

3.19 The proposed model for Intermediate Care (IMC) has now been approved by the Strategic Commissioning Board in January 2021 for implementation in June 2021.

3.20 As previously reported, discussions remain underway with the LCO to implement the IMC model; however, this is now subject to the development of the integrated delivery structure. Updates will be reported through future risk reviews.

Risks that have increased in score
3.21 During the reporting period **0** risks have increased in score.

Risks that have reached their target level
3.22 During the reporting period **1** risk has reached its target score.

- GB2021_PR_1.3 Urgent Care – Re-design 2020/21

Risks recommended for closure
3.23 During the reporting period **0** risks have been recommended for closure by the risk owner.

New Risks
3.24 During the reporting period **1** new risk has been added to the risk register.

- **GB2021_PR_1.5 Creation of ICS (Integrated Care System)**

3.25 This new risk has been added to the risk register at the request of the Audit Committee following consideration of the NHSE/I consultation paper 'The next steps to building strong and effective integrated care systems across England' released on 26 November 2020.

3.26 This risk, which is defined in the context of loss of voice at a local level to continue to deliver improvements needed at place and which continue to build on the good work achieved to date, has been classified as a principal risk to the organisation and placed on the GBAF in January 2021.

3.27 The Risk Owner has determined that the primary impact of this risk as currently described is associated with Service Quality – Patient Experience, Reputation and

Health Inequalities with an overall impact score of 4 (high) and a likelihood score of 3 (possible), resulting in a risk score of 12, against a target level of 10 to be achieved by March 2022.

3.28 Five (5) existing controls are currently managing this risk:
- Local governance structures reflect the proposal;
- Shadow operating of revised governance;
- Approved corporate plan which sets priorities for the borough;
- Bury 2030 strategy; and
- Generic Communications and Engagement Strategy which supports the public message.

3.29 To further reduce any increase to the risk three (3) mitigating actions have been identified to close existing gaps:
- Local response approved through local governance groups and submitted to NHSE/1 by 08/01/2021;
- Shadow governance arrangements to be designed; and
- Bespoke Communication Strategy to address this agenda.

3.30 To progress the mitigating actions a local response to the consultation has been submitted which recommends option 2. The governance schedule for progression has been followed and the submission deadline of 08 January 2021 has been met.

3.31 To develop shadow governance arrangements an indicative approach to governance has been outlined within a briefing paper and once scrutinised will be developed further.

Risks that have not been reviewed in the reporting period

3.32 During the reporting period **0** risks have not yet been reviewed.

4 Risk Summary

4.1 The following summary is provided to the Strategic Commissioning Board:

	Jan	Jan %
Total Risks on Report	**5**	
New Risks	1	
Risks reduced since last report	1	20.0%
Risks increased since last report	0	0.0%
Risk that have reached target level	3	60.0%
Low Risks (1-3)	0	0.0%
Medium Risks (4-6)	0	0.0%
High Risks (8-12)	4	80.0%
Significant Risks (15-25)	1	20.0%
Risks reviewed in this period (January 2021)	5	100.0%
Risks yet to be reviewed (January 2021)	0	0.0%

Risks to be reviewed for next report (April 2021 due date)	5	100.0%

5   Recommendations

5.1   The Strategic Commissioning Board is asked to:
- Receive the Strategic Commissioning Board Risk Register;
- Review the information presented;
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Lynne Byers
Interim Risk Manager
January 2021

Appendix A: Strategic Commissioning Board Risk Register: CCG Summary

Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
GBAF	GB2021_PR_1.1	Lack of effective engagement with communities	28-Nov-2016	20	**05-Jan-2021**	15	10	▬	Apr-2021
GBAF	GB2021_PR_1.3	Urgent Care System - Re-design 2020/21	14-Aug-2019	20	**05-Jan-2021**	12	12	⬇	Apr-2021
GBAF	GB2021_PR_1.5	Creation of ICS (Integrated Care System)	04-Dec-2020	16	**04-Dec-2020**	12	8	**New**	Apr-2021
GBAF	GB2021_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	**05-Jan-2021**	10	10	▬	Apr-2021
GBAF	GB2021_PR_4.1	Assuring decisions are influenced by all staff including clinicians	29-Nov-2016	20	**05-Jan-2021**	10	10	▬	Apr-2021

Appendix B: Strategic Commissioning Board: CCG Detailed Risk

Risk Code & Title	GB2021_PR_1.1 Lack of effective engagement with communities				
Risk Statement	1.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Will Blandamer	🛑	▬	
Current Issues					

	Original Risk				**Current Risk**				**Next Risk Review**	**Target Risk**			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
28-Nov-2016	5	4	20	05-Jan-2021	5	3	15	**Apr-2021**	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey 6. New Strategic Commissioning Board in place October 2019 **7. Health and Well-being Board (role reformatted)**	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Self-care has an increased focus in the refreshed locality plan 2017 4. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 5. Neighbourhood engagement models under development 6. Joint Comms & Engagement Team in place. 7. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy	**Gap(s) in controls:** 1. Engagement Strategy related to the locality plan not yet in place 2. Slow pace in respect of the implementation required to deliver the transformation programme **Gap(s) in assurances:** 1. Unable to monitor the strategy as currently being developed

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.1d Scrutiny of the health and wellbeing of the local population to be built into regular reporting	31-Mar-2021	Will Blandamer	**The role of the Health and Well-being Board has been reformatted. The outcomes framework is still under development and will include health and well-being outcomes to ensure these are addressed through onward reporting to responsible committees once approved.**	60%	▶	In Progress
1.1g Ensuring the work on Bury 2030 Strategy and the Operating Plan reflects the particular contribution of the OCO	31-Mar-2021	Will Blandamer	**The Bury 2030 Strategy and Operating Plan continue to develop with full participation.**	**70%**	▶	In Progress

Risk Code & Title	GB2021_PR_1.3 Urgent Care System - Re-design 2020/21				
Risk Statement	1.3 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer	🔴	⬇️	
Current Issues					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	4	5	20	05-Jan-2021	4	3	12	Apr-2021	4	3	12	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 (urgent care treatment centre, NWAS Green Car **(approved)**, same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity **5. Working closely with HMR CCG to appropriately deflect A&E hospital attendances**	**Gap(s) in controls:** 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Capacity of LCO to oversee implementation of new model 3. Understanding the impact of the covid **Gap(s) in assurances:**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.3e Primary Care Committee to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	31-Mar-2021	Will Blandamer	**Confidence levels continue to improve through the development and implementation of the urgent care model. This can be evidenced through the roll out of the COVID vaccination programme across the locality**	90%	▶️	In Progress
1.3f Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC	31-Jan-2021	Will Blandamer	**The SCB received and approved the proposed IMC model in January 2021 for implementation in June 2021.**	**100%**	✅	Completed
1.3i Discussions commenced to hand over implementation of new model when agreed to the LCO	31-Mar-2021	Will Blandamer	**This action remains subject to the development of the integrated delivery structure.**	20%	▶️	In Progress

Risk Code & Title	GB2021_PR_1.5 Creation of ICS (Integrated Care System)				
Risk Statement	1.5 - Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Will Blandamer	🔴	New	
Current Issues	. NHSE/I released 26/11/2020 consultation signalling creation of ICS (Integrated Care System) and disestablishment of CCG (subject to legislation) . Potential for work that has already progressed to address needs across the Bury locality to be derailed within a 'one way' GM approach . Potential for loss of locality memory and knowledge . Potential that Bury CCG is unable to influence what is retained at a place-based level to deliver best outcomes for the local population . Potential loss of mandated and elected clinical leadership in the Bury system				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating	**Next Risk Review**	Impact	Likelihood	Rating	Target Date
04-Dec-2020	4	4	16	04-Dec-2020	4	3	12	**Apr-2021**	4	2	8	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
. Governing Body oversight . Strategic Commissioning Board oversight . Engagement in Greater Manchester Governance arrangements	. Local governance structures reflect the proposal . Shadow operating of revised governance . Approved corporate plan which sets priorities for the borough . Bury 2030 strategy . Generic Communications and Engagement Strategy which supports the public message	Gaps in current controls: . Shadow operating arrangements still to be designed in full . Bury 2030 strategy not yet approved (March 2021) . A clear public communication strategy specific to this agenda Gaps in current assurances: NHSE/I outcome of consultation paper and response submissions

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
1.5a Local response approved through local governance groups and submitted to NHSE/1 by 8/1/2021	08-Jan-2021	Will Blandamer	**Response paper has been submitted which recommends option 2. There is an agreed governance schedule for progression and so far, the SCB, GP membership, informal cabinet and execs have been cited. Item has also been considered by PAG, Bury System Board meeting/ LCO Board meeting formal cabinet, SCB and GB approval (under delegation) before deadline of 8/1/2021**	100%	✅	Complete
1.5b Shadow governance arrangements to be designed	31-Mar-2021	Lisa Featherstone	**Indicative approach to governance including within the briefing paper.**	5%	▶️	In Progress
1.5c Bespoke Communication Strategy to address this agenda	31-Jan-2021	Will Blandamer		0%	⚠️	Check Progress

Risk Code & Title	GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health				
Risk Statement	2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer	🔴	▬	
Current Issues					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	5	4	20	05-Jan-2021	5	2	10	Apr-2021	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board **(reformatted)** 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board 5. **Neighbourhood Development Group established**	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc) 4. Council and CCG Operating Plan under development - timeline December 2020	Gap(s) in controls: 1. Potential failure of a systematic process to oversee the implementation of a number of high-level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear Gap(s) in assurances: 1. None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1d Continue with on-going engagement as the Bury 2030 Strategy develops	31-Mar-2021	Will Blandamer	**The latest iteration of the Bury 2030 strategy was launched on the 29/10/2020 and is subject to an extended consultation period to the end of January 2021.**	70%	▶	In Progress

Risk Code & Title	GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians				
Risk Statement	4.1 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer	🔺	▬	
Current Issues					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
29-Nov-2016	5	4	20	05-Jan-2021	5	2	10	Apr-2021	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group 10. Weekly Primary Care Webinar	1. Clinical Director and Executive Director involvement in all key decision-making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer. 5. OCO Senior Team restructure now complete 6. **Additional Clinical Director (CCG) appointed**	**Gap(s) in controls:** 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review **Gap(s) in assurances:** 1. Different decision-making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored 3. System wide Clinical Reference Group yet to be strengthened

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
4.1.f Development of a clinical and professional senate	31-Mar-2022	Will Blandamer	**Due to the formation of the ICS and disestablishment of the CCG there is a potential loss of mandated and elected clinical leadership, to mitigate against this a proposed development of a clinical and professional senate has been identified. Shadow form expected 31/3/2021**	0%	▶	Assigned
4.1b Continued development, engagement and involvement of all staff	31-Mar-2021	Will Blandamer	**On-going support provided across the organisation**	90%	▶	In Progress
4.1e Strengthening relations between the OCO and LCO	31-Mar-2021	Will Blandamer	**Relations continue to be strengthened through joint meetings**	90%	▶	In Progress

Strategic Commissioning Board
Risk Register