

**BERKSHIRE WEST CLINICAL COMMISSIONING GROUPS**  
Corporate Risk Register (August 2021)

| Risk Ref. No.                                 | GBAF Strategic Objective | Risk description, source and owner   | Inherent risk score |   |    | Required controls and actions to reduce/mitigate risk (with dates)  | Review Dates: (Monthly, quarterly) | Monitor/ Review body                      | Residual Risk Score and Rating |   |         | Is risk/ rating acceptable<br>Yes/No  |
|---|--------------------------|--|---------------------|---|----|---|------------------------------------|---|--------------------------------|---|---------|---|
|   |                          |  | L                   | I | RR |   |                                    |   | L                              | I | RRR     |   |
| <b>CATEGORY: Quality Lead: Nurse Director</b> |                          |  |                     |   |    |   |                                    |   |                                |   |         |   |
| Q1  | SO2                      | <p><b>Deprivation of Liberty Safeguards and LPS Implementation 2022:</b> The CCGs are at risk of not following legal processes in safeguarding vulnerable people as a result of annual reviews of patients receiving services funded and/or provided by CHC not having identified cases where a deprivation of liberty could be present in a community setting following the Cheshire West supreme court ruling in March 2014.</p> <p>Source: Continuing Health Care Service (CHC)</p>   | 3                   | 3 | 9  | <p>The adult safeguarding lead continues to be part of the LPS NHSE leadership group.</p> <p>Update: The CHC team have identified a WTE of 0.4 to work on the existing Dols waiting list supported by CHC management and head of safeguarding to address the backlog. Additional funds to commission a S12 doctor for cases as required is available up to 15k commissioning cases in progress. The S117 cases number need to be clarified and this may require additional consideration for CCG risk I case is in the COP another in. If required to source S12 doctor for LD. MH cases this will be discussed. Risk is too early to be reduced at this stage. Training for the 0.4 has been provided and Head of safeguarding provided a SOP and flow chart of DOLs for CHC. The risk remains and will be updated as cases progress.</p> <p>LPS risk from the MCAA is associated with this risk.</p> <p>With COVID 19 face to face assessment for MCA will be an increased risk and thus the s12 doctor option above will not be in operation. Meeting with the CHC dols worker this week.</p> <p>DOLS LEAD IN CHC Redeployed. No change Lead has returned to CHC supported by designated adult moving through waiting list. LPS update is on hold likely to be 2021 but CCG still need to plan and prepare. Designated lead suggested train more BIA in CHC team.</p> <p>Director of joint commissioning ,CHC , DON and safeguarding meeting sept to review arrangement. Dols allocated staff is leaving post.</p> <p>Vacancy Due to CHC Nurse leaving. MCA and DoLS post has been recruited to, secondment started in January 2021. MCA dol post commenced MCA policy and SOP in draft form. Post holder equires access to Shared drive for CHC to review cases for Dol awaiting access from CHC. The risk remains, as there is a waiting list. LPS and CCG as responsible body in april 2022 with national mandatory reporting, CCG and cHC will requires MCA LPS training and system review for compliance. LPS compliance will be built on evidenced based care planning and MCA application within CHC clinicians and commissioner role.</p> <p>The waiting list has been reviewed but there are challenging in cases being MCA ready for process a SOP has been drafted and directors CHC consulted. The SOP and need to be MCA ready has been raised to the Directors of quality and joint commissioning. In addition The LPS ( replacement of the Dol) due to be implimented in 2022 is an additional risk as this implimentation will require additional workforce for national data submission. The ICS CCG will be a responsible body and this CQC will have an inspection function for LPS.</p> <p>The 0.4 seconded Dol assessor is currently off on a period of long term absence (over 2 months). All Dol assessment and reviews will be placed on hold and the waiting list will remain unallocated. There is no capacity or resource to mitigate this. This risk has increased for the CCG with cases unable to be allocated, reviewed or applications progressed. This will be reviewed and carries a human rights, financial and reputational risks for the CCG. Both Quality and Commissioning Directors have been consulted and agreed that the risk should be increased. A further review will take place end of July 2021.</p> <p>1 new case order was completed approved. The MCA Dol post has become vacant and the post funding returned to CHC. BWCCG CHC directors have agreed to commission an external provider to complete Dol and work with the CCG legal team to address the backlog of cases. this will start with 6 cases and CHC considering additional support. LPS paper was submitted to Chief nurse by safeguarding designates in July for action with context, initial scoping and options. Advoacy contracting arrangements is ahigh risk for CCG and requires consideration on ICS ICP level for health as this wil need procurement to lead and tendering process. There is no current service commissioned in health. There is no update on the MCA LPS code waiting consultation.</p> <p><b>Last reviewed: August 2021</b><br/><b>Next review: september 2021</b></p> | Monthly                            | Quality Committee/ Safeguarding Committee | 4                              | 4 | 16<br>↑ | YES (Actions taken to mitigate risk as far as possible. National picture is the risk remains whilst the legislation process is under review.) |
| Q2  | SO2                      | <p>There is a collective risk to provider workforce management, total establishment staffing levels.</p> <p>All provider organisations with the local health economy have detailed risk regarding workforce. More specifically this is with reference to patient facing staff at a variety of AfC bands, within a number of clinical specialities.</p> <p>Therefore, there is increased reliability on bank and agency staff which poses a risk to the continuity of patient care and has a financial impact.</p> <p>Source: CCG Quality Team<br/>Risk added December 2017</p> | 4                   | 4 | 16 | <p>There are a number of methods of monitoring the workforce key performance indicators; this is completed on a monthly basis as per contractual requirement. These included:</p> <ul style="list-style-type: none"> <li>• Turnover</li> <li>• Sickness</li> <li>• Agency spend</li> </ul> <p>Additionally vacancy rate, recruitment and retention plans are discussed during Quality Assurance Visits. Within the ICP Quality Committee and the Clinical Quality Review Meetings – provider commissioner interface, there are requests for 'deep dives' relating to Human Resource issues and provider actions to mitigate significant risk.</p> <p>The ICP has developed more robust workforce governance, with the development of a 4th workforce metric "Create a sustainable workforce that supports new ways of working." To facilitate this change the ICP Workforce Board has developed a collaborative system with all of the ICP boards, who will now report their workforce activity in to the ICPWB. The board then reports each quarter into the ICP Delivery Board with 'Deep Dives' for the Unified Exec as requested.</p> <p>RBR strategy 'Building a great place to work' is led by Will</p>   | Quarterly                          | Quality Committee                         | 4                              | 4 | 16<br>↔ | NO (national issue, however we are working as ICS to improve local picture)   |

|  |          |   |   |   |    |   |   |  |        |        |         |   |
|--|----------|---|---|---|----|---|---|--|--------|--------|---------|---|
|  |          |   |   |   |    | <p>BOB strategy building a great place to work to be led by Mr Hancock of the ICS work stream. Identified 5 work streams critical in which to deliver the strategy.</p> <p>1) Culture and Leadership 2) Recruitment and resourcing 3) Productivity 4) Retention, transforming pathways for AHPs and GPNs 5) Planning and change modelling capacity.</p> <p>Demand and capacity modelling being completed to high risk areas with Berkshire West - those requiring decontamination of rooms etc therefore increased tie between patients.</p> <p><b>Last reviewed: February 2021 DM</b><br/><b>Next Review: March 2021</b></p>   |   |  |        |        |         |   |
| Q3   | SO1, SO2 | <p><b>Looked After Children: Initial Assessments.</b> There are risks to children arising from failures to meet the requirement for initial assessments to be made within 20 days of child becoming looked after, (along with subsequent delays in producing a care plan and onward referrals, and health reviews at prescribed intervals).</p> <p>(Removed from risk register Feb 2016. Reinstated August 2016.)</p> <p>Inherent score raised from 9 to 15 August 2019 and to 16 in October 2020</p> | 4 | 4 | 16 | <p>There is a failure of completion of IHAs within statutory timescales in Reading (under Children's Services Brighter Futures for Children).</p> <p>In Reading there has been a significant deterioration over Q2 of 2020 and delays are now at a level of significant safeguarding concern. Work continues with CCG, BHFT (provider) and BFFC to attempt to resolve this issue but continually without success.</p> <p>Compliance has dipped to its lowest level for some time. Due to the significant deterioration, the risk has been raised and the CCG Designate for CIC has written to DCS, ADCS, Director for Quality and Improvement in BFFC, and the Lead Member for Children in Reading Borough Council, to request urgent organisational response. The matter is now involving the Corporate Prenting Panel for accountability and oversight of progress. Some progress had been made in December 2020 but this needs careful monitoring. Update as of March is that there is inconsistent progress but some is being made. The risk remains as stated until there is a significant period of sustained change.</p> <p><b>Last reviewed: March 2021 2020 LS</b><br/><b>Next review: April 2021 2020</b></p> | Quarterly<br>Monthly                      | Joint LAC meeting with Council<br>LAC meeting  | 4<br>4 | 4<br>4 | 16<br>↔ | NO<br>(risk remains unacceptable until we can evidence maintenance of this long-term) |
| <b>CATEGORY: Finance Lead: Chief Finance Officer (RC)</b>  |          |   |   |   |    |   |   |  |        |        |         |   |
| F1   | S03      | <p>The financial plan contains significant risk to delivery of the CCG's control total particularly in relation to:</p> <ul style="list-style-type: none"> <li>• CIP identification and delivery (see risk F2)</li> <li>• Non-local/IS activity growth.</li> <li>• High cost individual placements</li> <li>• Prescribing</li> </ul> <p>Source: CFO</p>   | 4 | 4 | 16 | <p>Although the CCG is planning breakeven against the allocation set for H1, the financial framework for the second half of the year is uncertain and a return to the pre-pandemic framework would expose the CCG's underlying deficit. This has been calculated as c£32m in the recent run rate exercise. work is underway to develop an efficiency programme to deliver £1026k (0.28% of allocation) savings in H1 and to contribute to closing the H2 gap. The CCG will also work closely with OCCG and BCCG to develop a recovery plan for the CCGs and with othe ICS partners on wider system recover. FRG continues to meet at place.</p> <p><b>Last reviewed: Aug 2021 CFO/Finance Committee</b><br/><b>Next review: Sept 2021</b></p>   | Governing Body, Finance Committee and FRG | Monthly  | 4      | 4      | 16<br>↔ | YES   |
| F2   | S03      | <p>2020/21 CCG, ICP and ICS Efficiency Programme not delivering sufficient recurrent savings.</p> <p>Source: CFO</p> <p>Risk Description Updated April 2020</p>   | 4 | 4 | 16 | <p>The CCG's 21/22 H1 plan includes a modest efficiency requirement which it likely to be achieved. As per F1 the financial regime for H2 and beyond is unknown but in the context of the 5 year allocations set in the LTP and the current run rate, the CCG will need to deliver c4% of recurrent savings in order to restore financial sustainability. During 2020/21 efficiency plans were put on hold but work has started with the programme boards to develop a new plan across 21/22 H2 and 22/23</p> <p><b>Last reviewed: Aug 2021 CFO/Finance Committee</b><br/><b>Next review: Sept 2021</b></p>   | Weekly<br>Monthly<br>Monthly              | ICP CFOs<br>ICP Unified Exec with feedback to Finance Committee and GB<br>Programme Boards/PMO<br>FRG meeting<br>Finance team supported by PMO | 4<br>4 | 4<br>4 | 16<br>↔ | NO<br>(Schemes still being identified and delivery requires strengthening)            |
| <b>CATEGORY: Primary Care Commissioning Committee (PCCC) Lead: Director of Primary Care (HC)</b> |          |   |   |   |    |   |   |  |        |        |         |   |
| PrC5   | SO1, SO2 | <p>Failure to confirm commissioning intentions for Reading Walk-in-Centre after 31 March 2021 could lead to gap in provision or need to negotiate further extension at short notice with associated costs / risk of procurement challenge.</p>  | 4 | 4 | 16 | <p>PCOG agreed Aug21 should seek six month extension of current contract to September 2022 with walk-in element suspended. Extension discussions have commenced with Provider.</p> <p>Impact of walk-in service suspension being mitigating through schemes to increase primary care capacity and respond to minor illness presentations in ED. Other mitigation include: building intelligence about activity in primary care, audit/review answering messages, expedite move to cloud-based, receptionist support/training, activating direct booking by 111 call handlers (currently just clinicians), following up practices highlighted in HW survey, providing expertise on handling large volumes of calls (from OOH and possibly external support), use of community pharmacy consultation service, urgent community response care capacity.</p> <p>Reading Same Day Access Project Group reinstated. Engagement exercise intended to run in Sept21. Outputs of this along with review of ED and primary care activity in suspension period to be used to finalise commissioning intentions and re-procurement timetable.</p> <p><b>Last reviewed: August PCOG</b><br/><b>Next review: September PCOG</b></p>   | Monthly                                   | PCCC   | 4      | 4      | 16<br>↔ | No - action required as set out in mitigating actions                                 |
| <b>CATEGORY: Strategic Risks Lead: To be confirmed</b>   |          |   |   |   |    |   |   |  |        |        |         |   |
| S3   | S03      | <p>Central South Western CSU delivery impacts adversely on the CCG's ability to deliver objectives.</p> <p>Source: Issues Log (CSU)</p>   | 4 | 4 | 16 | <p>The in-housing programme is largely complete but the Business Intelligence/ DMS and Digital Transformation business cases are on hold due to the requirement to align resource and support across BOB CCGs. However there are now some very significant performance issues related to the IT/GPIT/Corporate IT/Digital and BI service lines which have been escalated to CSU and within the ICS and for which recovery plans will be required.</p> <p>BOB ICS has identified Back Office as a key theme for financial recovery but this has not progressed to any extent recently. However, a group has now been established to look at the future of CSU service delivery.</p>  | Monthly<br>Monthly                        | BOB ICS Architecture delivery group<br>SLA meeting with CSU  | 4<br>4 | 4<br>4 | 16<br>↔ | Yes   |

