CORPORATE RISK REGISTER: DECEMBER 2021

KEY: text in red denotes changes to risks between reports

Risk Title	Risk Causes	Risk Description (IF)	Risk Effect (THEN)	Consequence (LEADING TO)	Project Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Risk Score target (what is the aim)	Reasoning for Current Score	Reasoning for Target Score	Risk Proximity	Controls & Assurances in Place	Actions Required
EXISTING RISKS AT OR ABOVE ESCALATION THRESHOLD FOR CORPORATE RISK SCORE (12+)																
1. Quality and safeguarding Compliance with statutory timescales for completion of Looked After Children (LAC) assessments and care leavers summaries	Current compliance with Initial Health assessments, review health assessments and health summaries for Looked After Children not meeting statutory timescales At entry to care system, initial health assessments must be undertaken within 20 days of notification, and thereafter annual for over 5s, 6 monthly for under 5s) A recent Ofsted inspection also identified the lack of evidence of statutory duty to supply care leavers (aged 16 and 17) with health summaries	the CCG is unable to evidence that its commissioned provider for Looked After Children health assessments has met statutory requirements	the CCG will be unable to provide assurance that the commissioned provider has met its statutory obligations	(1) Failure to deliver on key recommendations of Children's Services Improvement Plan (given services under statutory direction following Ofsted re-inspection and rating of inadequate) (2) Poor patient experience (3) Unidentified health needs not addressed in a timely and effective manner (4) Increased scrutiny from external stakeholders including NHS England	David Williams	Gilly Attree	Dr Karen West	20 (5*4)	16 (4*4)	9 (3*3)	4 (2*2)	March 2021: clear about where blockages are, with statutory timescale breach reasons are clear. Picture is known to be improving. Recommended reduced score 12 (4*3) Risk score reduced to 9 at Executive Committee on 22 March 2021 **May 2021: evidence tells us greatest difficulty with completeness of information from local authority partners to complete LAC assessments. This is being managed separately as an issue by the local authority with controls and assurance managed and reported through a health sub-group and corporate parenting panel. Numbers of assessments which exceed 28 day completion has largely improved and, even though there may remain some snagging issues, the overall risk is sufficiently low to justify the current remaining as is (9).**	Full staffing in place, LAC assessment target (and thus statutory requirement) consistently met	Immediate	**Controls:** (1) Joint Action Plan in place with Director escalation calls when required (2) Regular meetings held to identify issues and resolutions (monthly operational and monthly performance meetings), outside constituted committee arrangements). (3) Commissioner support provided - joint commissioners have worked with the LAC health provider to support improvements in the timeliness of meeting the statutory requirements for health summaries and health assessments. The commissioners are also supporting the Local Authority to consider how their internal systems can be amended to ensure effective joint working. (4) Corporate Parenting Panel scrutinises the LAC activity data from both the Local Authority and Buckinghamshire healthcare NHS trust and provides robust challenge. **Assurances:** (1) Monthly activity reports submitted to monthly operational and performance meetings. (2) Minutes from operational and performance meetings provided for assurance to Corporate Parenting Panel via single assurance report (3) Minutes from Corporate Parenting Panel (accountable to the Safeguarding Children's Partnership) are published online	None other than those already stipulated within the Joint Action Plan reporting to ICET on a monthly basis. Owner - Gilly Attree The most recent OfSTED monitoring report did not highlight any further areas of concern that had not been identified by BCC. Therefore the risk remains unchanged. The Improvement Board continues to meet to ensure adequate progress is being made in relation to the recommendations from OfSTED.
2. INTEGRATED COMMUNITY SERVICES DEVELOPMENT: Provider Capacity & Resource	Capacity, workload volumes and vacancies Development of Primary Care Networks, Direct Enhanced Service Contract and some re-alignment of commissioning responsibilities	providers cannot identify resource to work as part of the steering groups or multidisciplinary delivery teams	we will not be able to inclusively design and deliver the new care model.	The inability to deliver the benefits of integration to the population of Bucks including patient care, more effective use of resource and improved staff wellbeing	Robert Majilton	Steve Goldensmith	Robert Majilton	12 (4*3)	16 (4*4)	16 (4*4)	4 (2*2)	**April 2021: risk unchanged given ongoing pandemic second wave**	BAU resumes post pandemic. Council service re-configuration completed	0-3 months	**Controls:** (1) ICP Community Integrated Care Board to be re-established, led by Gill Quinton (BCC). (2) new workforce roles and joint provider posts. (3) CCG reviewing opportunities for system incentives (4) Monthly Community Transformation Group to be established to oversee PCN DES implementation **Assurances:** (1) progress to report through ICP Community Integrated Care Board once re-established. (2) Papers and minutes associated with Community Transformation Group	None other than action plans to be monitored through ICP Community Integrated Care Board and Community Transformation Group. **Review monthly whilst pandemic continues. Owner - Steve Goldensmith**
3. MSK Contract status	BHT have been unable to take on the role of prime provider as set out in the agreed system specification, while the CSU have stepped back from this responsibility. CareUK are currently out of contract and working on implied terms. Lack of CCG oversight and contract management limits effective control on the system. There is lack of oversight of activity levels being charged by providers on PBR contracts. This means that there is little control of overspend in these areas. There currently is no system wide contract for iMSK service.	no contract monitoring systems are put in place for PBR contracts . If the following areas of the project are not resolved than this may impact the progress of the project and the wider transformation programme Areas include: * System commitment to progress implementation of MSK pathway * No contract in place with MSK provider * Contract Support and monitoring arrangements * Contract monitoring arrangements * Agree contract arrangements with provider to ensure that system efficiencies are achieved * Variation in provider contracts (PBR/Block) leading to non-system incentives and instability	the system may overspend on planned MSK budget.	This may impact ability to engage with transformation programme or with ongoing provision. This includes: * contract monitoring arrangements and overspend * Variation in provider contracts (PBR/Block) leading to non-system incentives and instability * Lack of engagement in programme	Matan Czaczkes	Neil Flint	Diane Hedges	16 (4*4)	16 (4*4)	12 (4*3)	4 (2*2)	**April 2021: risk unchanged whilst pandemic continues.**	Supporting work resumes post pandemic and contract issues resolved	Immediate	**CONTROLS:** A strategic meeting was held on 28/05/19 to determine courses of action to move this work forward with exec representation from CCG and BHT. An action plan has been developed which includes looking at commercial / contractual models, operational model, financial savings assumptions and a review to ascertain any amendments to the anticipated service to ensure it reflects the system and population needs / context. A review of First Contact Practitioner role within the future landscape (PCNs) is under way. The iMSK steering group carried out a detailed review of the specification in a workshop on 25/07/19. Using the output of this workshop the specification was redrafted and represented at the iMSK steering group on 26/09/19. Though widely accepted, a number of key changes have been requested, specifically with regards to details of the prime provider model. An action was agreed for the programme SRO (David Williams), programme manager (Matan Czaczkes) and CCG representatives (Neil Flint, Raj Thakkar) to meet and discuss this issue. An updated version of the spec was shared and signed off by 24/10/19. With this updated specification in hand the CCG is now in place to design a contractual approach to underpin MSK provision in the county. Based on advice from procurement specialists, it will be necessary to retender the community MSK and community imaging contracts currently held by CareUK as the newly agreed specification constitutes a material change to the service. **ASSURANCES:** A strategic board is now in place and monitoring this on a monthly basis (progress of the project).	Neil Flint and BHT due to review status before end of March 2021.
5. Primary Care: gender identity	Lack of access for Gender Identity patients to pharmaceutical hormone treatments and to specialist services. Specialist services refuse to initiate or provide hormone treatment and expect GPs to prescribe. GPs feel this is outside their competencies and refuse. Current NHSE guidance states that GPs are expected to provide hormone treatments. Specialist centres are now refusing to accept referral without a statement from the GP that they are willing in the future to prescribe, GPs are not willing and therefore cannot refer their patients. This is open to legal challenge.	If a gender dysphoria patient feels that they have not received adequate support to meet their health care needs	the patient or representative may launch legal challenge	Financial and reputational impact which is difficult to define because there is no legal precedent and therefore likely size of payable damages cannot be identified.	Jessica Newman	Wendy Newton	Robert Majilton	20 (5*4)	20 (5*4)	12 (4*3)	8 (4*2)	**March 2021: no change unless complaints arise.** **Recent flurry of requests; Chiltern House does not have current clinician and has utilised Cressex where necessary, but this is part of current contract.**	All possibilities to commission an intermediate service from our secondary care providers has been explored but declined	Immediate	**Controls:** Provision of Gender dysphoria hormone treatment included in the 3 APMS contracts which the CCG holds (Mandeville Practice, Aylesbury and Chiltern House Medical Centre and Cressex Health Centre in High Wycombe). **Assurances:** ongoing monitoring through the Primary Care Team and escalation as necessary to the Executive Committee through the Corporate Risk Register.	No actions unless live complaints arise
6. System wide 4 hour national target -A&E	Lower than 95% of patients spending 4 hours or less in A & E	Providers are unable to achieve the 4 hour waiting time target by 31st March 2021	Unable to meet related statutory duty	(1) Poor patient experience (2) longer waits (3) overcrowded department (4) Loss of Financial Resilience Fund (FRF)	Caroline Capell	Nicola Newstone	Robert Majilton	16 (4*4)	12 (4*3)	12 (4*3)	8 (4*2)	Covered by Quality and Performance Report	BAU restored post pandemic	0-3 months	**Controls:** Robust winter plan in place; Winter Director recruited and in post from December 2018. **Assurances:** Daily & Weekly rhythm to forward plan predicted demand, manage adverse weather & improve system resilience. Strategic System oversight through A&EDB and ICS Implementation Board	Under revised ICS arrangements, there is an A&E/UEC delivery board which has oversight of the system work streams designed to achieve the 4 hour performance.
9. ICP Service design and engagement framework	Absence of framework owned by the ICP for large scale change	If the ICP does not develop a clear framework for how it considers and consults on large scale change which includes the community model	individual Providers will make tactical decisions on services and patients will not be consulted in the appropriate manner.	Services will not be placed and designed according to population health needs and the community will not be consulted on the changes leading to challenge on decisions made and disruption to transformation effort	Robert Majilton	Neil Philips	Robert Majilton	12 (4*3)	12 (4*3)	12 (4*3)	4 (2*2)	This remains a risk until the framework is agreed and applied **March 2021: risk unchanged until proposals for change are stepped back up**	BAU restored post pandemic	3-6 months	Consultation completed Summer 2019 Subsequent Governance: ICP Partnership Board on 8 October 2019 Health and Wellbeing Board on 5 December 2019. This would come into effect from April 2020 once agreed. https://democracy.buckscc.gov.uk/documents/s145139/Service%20Design%20and%20Engagement%20Framework%20-%20November%202019.pdf The above was reported and presented at HWB on 05/12/19: this was approved and signed off by the HWB Board Partnership Board minutes: *KP noted this paper was for information. It explained engagement across the system including county council services and is being led by the Health and Wellbeing Board (and will move responsibility to the H&WB). The Chair explained that this is a tool kit, one can pick and choose elements of the tool rather than use in its entirety*	None except for governance as described
10. Long Term Plan ambitions, effectiveness of Primary Care Networks and assurance on deployment of funding associated with Direct Enhanced Service (DES) contracts	CCGs have a role in developing Primary Care Networks as part of implementation of the NHS Long Term Plan. As part of this is a delegated authority to the CCG Primary Care Commissioning Committee to *Assure deployment of funding associated with Primary Care Network Direct Enhanced Services*. Network Contract DES directions were introduced from 1 April 2019 and will remain in place, evolving annually, until at least 31 March 2024. Supporting guidance for this states that "*The success of a PCN will depend on the strengths of its relationships, and in particular the bonds of affiliations between its members and the wider health and social care community who care for the population. Non-GP providers will be essential in supporting delivery.*" The BMA has also published supporting guidance on deployment alongside that of NHE England/ LMC is also engaged nationally as a significant stakeholder	Primary Care Networks are unable to meet the deliverables of national Direct Enhanced Service specifications	National specifications for Direct Enhanced Services will not be met	(1) Reduced quality of care in services offered (2) Additional PCN roles not appropriately or effectively deployed (3) Loss of income for Primary Care Networks (4) ambitions of the NHS Long Term Plan will not be met	Kate Holmes	Simon Kearey	Kate Holmes	25 (5*5)	16 (4*4)	12 (4*3)	4 (2*2)	48/48 practices now signed up to the national Directed Enhanced Service (DES) - so risk evolved to relate to meeting the deliverables as opposed to agreeing the deliverables. Risk changes from IF relating to agreeing the specification to meeting the deliverables of the specification. Risk score remains the same. **March 2021: evaluation has now taken place with ongoing light touch monitoring of DES contracts**	National specifications for Direct Enhanced Services are met	Immediate	**CONTROLS** (1) Separate corporate risk in relation to Long Term Plan and role of Primary Care Networks (2) BOB ICS primary care group **ASSURANCES** (1) Assurances to CCG Primary Care Commissioning Committee (2) BOB ICS primary care group	Action: It was agreed that BOB ICS primary care group could take this forward. Questions that need to be asked are what we want the PCNs to achieve and what does primary care recovery look like within the DES or outside. Action: RB to raise clinical chairs of West Berkshire and Oxfordshire CCG

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11. Anticoagulation procurement	CCG is currently undertaking a process, with providers, of developing the system anti-coagulation service. The CCG has previously agreed a • clinical model • business case • Use of the collaborative procurement process which evaluates and encourages integrated care • Delegated authority to extend existing contracts to the Deputy AO & CFO for alternative anticoagulation service to replace current mosaic of provision, with intention to unify to a single model. It was noted a collaborative framework already exists to encourage collaboration and integration (used previously for 24/7). Preferred clinical model (allowing for conflicts of interest; options paper only in respect of clinical model recommendation with no financial details) was recommended by the CCG Executive Committee. Governing Body later to be assured on the process followed and to award contract. Delegated authority also requested given existing contracts end in March, with option to extend so ensure robust transition (to Robert Majilton (Deputy AO) and Kate Holmes (Chief Finance Officer), to approve procurement stages and any extension of existing AQP contracts.	anticoagulation service for Buckinghamshire (in line with preferred model Two Tier with transitional quality improvement) not completed with award of contract by 31 March 2022 (when updated AQP replacement short term contracts end)	Primary Care will continue to lack the appropriate skills to initiate NOACs and to monitor warfarin	• Warfarin patients being switched to a NOAC which is less cost effective for the CCG • Increased clinical risk to patients of bleeds or sub-optimally treated strokes • An increased clinical risk of patients developing a disability through sub-optimally treated strokes • Reputational damage for the organisation • Some patients cannot be switched to a NOAC so these may be left untreated • Patients may be refereed to secondary care for prescribing and monitoring of a NOAC. This would increase referrals.	Robert Majilton	Janice Craig/ Anoop Shah	Robert Majilton	15 (5*3)	12 (4*3)	12 (4*3)	4 (2*2)	March 2021: risk unchanged - long term intentions remain the same, meanwhile education programme in place up upskill GPs to prescribe anticoagulants in primary care **May 2021: new AQPs issued to existing providers to maintain service continuity whilst procurement re-visited during 2021/2022. Burnham HC decided not to further participate and given notice - working with BHT on continuity for their patients.**	Award of contract when AQP replacement short term contracts end (these currently expected to be extended for a further year)	More than 6 months	**CONTROLS:** (1) CONFLICTS OF INTEREST member GPs who are partners in practices, practices which are in turn members of FedBucks or Medicas, both GP Provider companies. These companies could, by themselves or in collaboration with others, submit a procurement application to run a service. Mitigations identified and applied at committee meetings in line with actions/decisions as required (2) CCG has agreed that we will proceed with CCG Collaborate Framework assurance process/framework to help providers identify their financial model and preferred contracting model. (3) Meanwhile, provision of short 12 month contract with 3 month notice period agreed to replace existing AQP contracts (under delegated authority, from 1 April 2020). (4) Active phase of co-production being progressed. **ASSURANCES:** (1) reporting this risk through committee as necessary dependent on score (for information, no additional action required in relation to conflicts of interest)	Ongoing work with BHT and primary care on re-visiting procurement and co-production with aim to preferred applicant by end January 2022. Owner - Associate Director of Medicines Management
12. Care homes access to Care Centric/patient records	The COVID-19 pandemic raises particular challenges for care home residents, their families and the staff that look after them. Where flows of data exist between care homes, primary care practices and other organisations, appropriate data security and protection arrangements must be in place to ensure compliance with the common law duty of confidentiality and GDPR. A recent initiative has instigated rollout of NHS Mail between practices and care homes to support these flows. However additional data security and protection arrangements are otherwise limited. There have not historically been any formal data processing and/or sharing agreements in place between primary care practices and care homes, neither has there been Data Privacy Impact Assessments (though the flows do effectively pre-date GDPR in effect from May 2018). There is no separate DPIA in place for the introduction of NHS Mail. Care homes, either individually or through the national companies that run them, are in the process of completing NHS Digital Data Security and Protection Toolkit submissions as processors of NHS data. However the deadline for 2019-20 submission has been extended by NHS Digital to 30 September 2020. There are data security and protection arrangements in place for My Care Record (i.e. shared care records/Care Centric) which is a potential solution. This already has in place a data sharing agreement to which signatories are member practices and other NHS organisations. There is an on boarding process to become a	implementation of care home access to shared care records is not data security and protection assured	implementation will be non-compliant with legal frameworks including GDPR and on boarding requirements for My Care Record	1. Lack of appropriate evidence for data security and protection requirements 2. Non-participation by member practices/authorisation from member practice Data Protection Officers/Caldicott Guardians/senior partners 3. Increased risk of information governance breach 4. CCG will not be able to effectively deliver integrated care which could in turn lead to patient harm	Patrick Reed	Lesley Corfield	Robert Majilton	20 (5*4)	16 (4*4)	12 (4*3)	6 (3*2)	**March 2021 actions as described remain open due to lack of capacity - implementation of controls by the Data Protection Officer delayed as a result**	All care homes can evidence "Standards Met" for NHS Data Security and Protection Toolkit	Immediate	Controls 1. Project Management arrangements to oversee implementation and data security and protection assurance 2. My Care Record on boarding checklist completion for all participating care homes / national companies 3. Communications with member practices as data controllers that the above have been completed and implemented Assurances 1. Reporting to CCG DPO as delegated risk owner	Project Management resource to be identified. Owner - Anna Lewis, timescale - May 2020 Resource not yet identified Implementation of other controls - CCG DPO and project management resource identified Owner - Russell Carpenter, timescale - June 2020 Delayed due to capacity constraints
13. Hydroxychloroquine testing	Hydroxychloroquine, sold under the brand name Plaquenil among others, is a medication used to prevent and treat malaria. It can also be used to treat conditions like lupus or arthritis. Locally, Buckinghamshire has a formulary shared care protocol for prescribing and monitoring guidance for hydroxychloroquine therapy. http://www.bucksformulary.nhs.uk/docs/Guideline_795FM.pdf This was last reviewed by the Clinical Guidelines sub-group 11 December 2019 and uploaded 7 January 2020 It is known that some people who take hydroxychloroquine for more than five years and/or in high doses are at increased risk of damage to their retina, the light sensitive layer of cells at the back of the eye. This is	an eye screening service is not commissioned Hydroxychloroquine testing	current backlog will remain (350)	1. increased risk of sight loss amongst cohort 2. because shared care protocol says they should be screened but they are not, GPs are not prescribing treatment 3. Frimley consultants infer referring back to Bucks consultant for which there is no intervention	Shona Lockie	Anoop Shah	Robert Majilton	20 (5*4)	16 (4*4)	12 (4*3)	4 (2*2)	October 2020: now working with BHT to implement the long overdue hydroxychloroquine service. Providing evidence that funding has been confirmed. March 2021: deferred whilst pandemic ongoing and staff redeployed to other duties **Aug 2021: Risk update - still no screening service provision from BHT and stalling of the project has been escalated to the Divisional Director at BHT**	New service into effect and existing backlog eliminated	Immediate	**Controls** 1. Ongoing discussions with potential provider 2. Business case for funding after discussions with potential provider **Assurances** 1. Monitoring through this risk.	Ongoing discussions with potential provider. Timescale - ongoing, owner - Neil Flint, Head of Planned Care
14. Data Flow Mapping and Data Sharing Agreements	This is a specific requirement of the toolkit to submit and is high risk given Caldicott 2 and anticipated numbers of flows 1.4.1 Provide details of the record or register that details each use or sharing of personal information. 1.4.2 When were information flows approved by the Board or equivalent?	the CCGs do not have a comprehensive list of agreed inbound and outbound data flows with corresponding data sharing agreements which specify data controller and data processor arrangements. Not able to establish legal basis for each flow.	the CCG would not be able to provide adequate assurance against Data Security and Protection Toolkit requirements	(1) breach of Caldicott 2 principles in receiving or sending data that is patient identifiable outside where agreed exceptions are deemed to apply. (2) breach of Data Protection Act 2018 compliance requirements)	Robert Majilton	Lesley Corfield	Robert Majilton	20	12	12 (4*3)	2 (1*1)	Impact remains the same if we are non-compliant, but likelihood reduced based on routine monitoring and assurance of compliance taken through IGSG September 2020 - this register still needs updating and is an area of highest risk. **March 2021: - no change, risk remains as previously scored.**	Re-occurs every year when re-submitting Data Security and Protection Toolkit	3-6 months	As above toolkit risk All data assets were mapped and risk assessed as part of previous years Asset Register/Risk Assessment Exercise Separate register of data processing activities in place for COVID-19 - reported to CCG Audit Committee as part of DPO report.	To mitigate gaps in control and/or assurance: these are described in a separate report to CCGs' SIRO, called SIRO's report and then to IGSG. Owner - Paul Antony/Russell Carpenter. Timescale - ongoing.
15. Asset Register	(1) Data Security and Protection Toolkit requirement 1.4.3: "Provide a list of all systems/information assets holding or sharing personal information"	the CCGs do not have a comprehensive list of information assets	the CCG would not be able to provide adequate assurance against Data Security and Protection Toolkit requirements	(1) breach of Caldicott 2 principles in receiving or sending data that is patient identifiable outside where agreed exceptions are deemed to apply	Robert Majilton	Lesley Corfield	Robert Majilton	20 (5*4)	12 (4*3)	12 (4*3)	2 (1*1)	Impact remains the same if we are non-compliant, but likelihood reduced based on routine monitoring and assurance of compliance taken through IGSG September 2020 - this register still needs updating and is an area of highest risk. **March 2021: risk unchanged**	Re-occurs every year when re-submitting Data Security and Protection Toolkit	3-6 months	As above toolkit risk All data assets were mapped and risk assessed as part of previous years Asset Register/Risk Assessment Exercise	To mitigate gaps in control and/or assurance: these are described in a separate report to CCGs' SIRO, called SIRO's report and then to IGSG. Owner - Paul Antony/Russell Carpenter. Timescale - ongoing in line with annual toolkit compliance
17. Data Protection Impact assessments	(1) all QIPP project are required to have in the minimum a DPIA screening	all projects cannot evidence a screening Data Protection Impact Assessment having been undertaken prior to approval or the mandate and subsequent business case (at any time when there is a Verto spot check)	the CCG may have unauthorised data flows with other NHS partners or third parties	(1) breach of Caldicott 2 principles in receiving or sending data that is patient identifiable outside where agreed exceptions are deemed to apply	Robert Majilton	Lesley Corfield	Robert Majilton	20 (5*4)	12 (5*2)	12 (5*2)	2 (1*1)	November 2019 - process has been strengthened to ensure ongoing compliance February 2020 - QIPP projects that specifically involve data are limited in number and do have DPIA undertaken where data analysis is known to form part of scope. September 2020 - score increased to 12 to prompt escalation to Executive Committee given numerous examples where DPIA not completed for projects prior to signing of contracts October 2020: The Executive Committee agreed to the re-moderated score of 12. **March 2021: risk unchanged**	Cannot be eliminated as risk of non-compliance always present	Immediate	Controls: (1) Verto Approval Process – EIA PIA QIA governance arrangements Assurances: (1) routine monitoring through PMO and quarterly IGSG	DPIA completion only in relation to individual QIPP projects
18. Resilience within General Practice	Several practices in Bucks are experiencing difficulty in sustaining core primary care services. The reasons for this are varied and each practice is affected differently. The collective impact risks destabilising current delivery of primary care across a wider area.	A practice informs the CCG that they are experiencing difficulties or are identified as being at risk. Resilience of practices in the Wycombe Locality is a particular risk. There may be difficulties in sustaining core primary care services.	There may be difficulties in sustaining core primary care services.	·Unsustainability of individual practice leading to difficulties in delivering primary medical services. ·Instability of the individual practice impacts on other local practices creating further instability. · CCG not fulfilling statutory responsibility. ·Ability to deliver transformation agenda hindered by resources being diverted to address resilience issues. ·Loss of reputation. ·Poor patient outcomes.	Louise Smith	Jessica Newman	Robert Majilton	20 (5*4)	16 (4*4)	16 (4*4)	12 (4*3)	**22/04/21 PCOG:** There is potential for a crisis in Primary Care as Secondary Care takes a period for rest and recovery, Primary Care holds patients on waiting lists at a time when patients are increasingly expecting face-to-face appointments and services to return to normal and primary care is continuing to deliver the Covid Vaccination Programme. The risk is that the workload will become unmanageable and primary care staff will take the brunt of increasing frustrations from the public leading to increased levels of sickness and resignation. The Clinical Harms Group has demonstrated a drop in cancer diagnosis, due to patients not coming forward and holding off visiting GPs during the Pandemic for fear of Covid. **The PCOG AGREED to increase the risk scoring to 16, and recommended escalation to the Executive Committee meeting in June.** **PCOG reviewed 29/07/2021- Risk score to remain unchanged.**	Cannot be eliminated as the pandemic continues	Immediate	Controls: CCG to identify and work with at risk practices using GPRP to improve resilience. Appointment of Locality Co-ordinator for Wycombe. To assess risk across the locality and advise PCOG. Assurances: Completion of Primary Care risk register using E-Declaration responses and quality indicators including CQC liaison. Response to highlighted risks via CCG support processes	Gaps in controls and assurances: On-going liaison between practices and primary care / BSM team to support resilience. PCOG 22/04/21 Action update: To increase the risk scoring to 16, and recommended escalation to the Executive Committee meeting on 24th June.

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Risk Title	Risk Causes	Risk Description (IF)	Risk Effect (THEN)	Consequence (LEADING TO)	Project Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Risk Score target (what is the aim)	Reasoning for Current Score	Reasoning for Target Score	Risk Proximity	Controls & Assurances in Place	Actions Required
19. Anticoagulation (Burnham Health Centre) Warfarin	BHC as an AQP provider has given 3 months notice for cessation of the service (service provision ended /came into effect from 1st July 2021). BHT had agreed to take over the anti-coagulation provision of 189 patients. BHT subsequently were then unable to take over the full service provision (unable to undertake the in-house clinic at GP surery) immediately, due to lack of staff capacity. Of the service BHT have so far taken over the the administration and the home visit aspects of the service.	Warfarin is a high risk medication that requres regular montiroing. Lack of patient monitoring could result in a patient admisssion, and higher risk of bleeding or risk of clots (stroke/lung clots DVT) or fatality occuring.	Lack of monitoring could result in a patient admisssion, and higher risk of bleeding or risk of clots (stroke/lung clots/ DVT etc.)	The Practice will experience increased volume of patient enquiries regarding the warfarin service. Potentially increased complaints or litigation- reputation of the practice damaged Practice will be unable to anticipate the monitoring frequency and the available appointment/clinic times to book patients (as this is dependant upon patients medications and how unwell the patients are)	Robert Majilton	Janice Craig/ Anoop Shah	Robert Majilton	25 (5*5)	20 (5*4))	20 (5*4)	12 (4*3)	Recruitment of a Warfarin anti-coag nurse is underway within BHT- however there is no expected start date determined and the recruitment process may take several months until the post is filled. Delay due to BHT seeking clarity with regard to whether or not the Medacy agency is an approved agency. The agency have advised they are currently contracted for the DMARD project- which is contracted with BHT, have previously provided anticoagulation services and are CQC registered. The CCG are querying the possibility of contracting an extension under an alliance contract, Wexham Park Hospital anticoagulation service do not have capacity to provide support in the interim. August 2021: Reviewed by Executive Committee 26/08/2021. Escalation to Governing Body. **28.10.21- Executive Committee Approved increase of Risk Score to 20.** **[UPDATE 30.09.21] Service provision:** oBHT have now taken over all aspects of the service. One weekly in-house clinic by BHT team, held at BHC, has commenced as of 27.9.21. (No feedback from BHT/BHC as of yet). oAll patients have been referred from BHC to BHT and all patients requiring visits have been seen, most are at the other BHT sites with no issues. **Risks & mitigations:** **Domiciliary visits risk** - BHT struggling with the number of patients requiring home visits and no cover over a weekend. BHC do not have the capacity to support this. **Domiciliary visits mitigation –** This will hopefully be relieved slightly by the in-house clinic now being run as some of these 'home visits' patients would come into BHC clinic. -Identified that referrals to district nurses could be done to help with phlebotomy if needed for urgent INR. DNs are part of BHT teams so BHT should refer the patients to DN team rather than asking the GP practice to. **Sustainability of service provision:** BHT are currently still recruiting but staff numbers still not sufficient. Senior nurse running the in-house clinic already working overtime and will at some point be taking the time back. **Patient clinical incident: 1 severe incident been reported due to failure of ongoing monitoring resulting in patient hospitalisation due to a severe stroke.**	TBA Exec	Immediate	Mitgations: **Coverage continues for the month of July**- practice staff who were currently running the clinic are continuining to conduct the clinic in the surgery. Locum agency have been contacted who have sourced 2 pharmacists with the required skill set to overtake the in-house clinic in surgery. (HOWEVER SEE REASON FOR SCORING) BHT-Recruitment of Warfarin anti-coag nurse is underway- but is no expected start date determined (may take several months). BHT have reviewed the staffing structure between the NOAC Team and Warfarin Nursing Teams- and have agreed that they will pick up the in house clinic service provision as cover until nurse recruitment is in place.	
20. Meeting the Continuity of Care (CoC) as a default model of care for March 2023	The CoC plan has been refreshed for 21/22 for all 3 trusts but there is concern on reaching the goals set by NHSE/I. There is not a % to aim for but there is an operational priority to ensure that CoC is the default model of care for March 2023. Following the release of the parliamentary committee report on CoC, the goals for CoC/guidance will be revised to be released later this year.	There is not a % to aim for but there is an operational priority to ensure that CoC is the default model of care for March 2023.	Risk that goals set by NHSE/I will not be reached by March 2023	Potential to not reach the CoC goals set as an operational priorty by NHSE/I for March 2023	Director of Midwifery	David Williams	Debbie Simmons BOB LMSN SRO	20 (4*5)	20 (4*5)	20 (4*5)	9 (3*3)	At a BOB LMS meeting it was asked that each CCG record the CoC and transformation risk. As a BOB LMS this will be reviewed BOB-wide to see what is possible to do. A birth rate plus review has been re-commissioned. The focus will be on high-risk women and health inequalities. This risk will be held on the register. Trusts will mitigate by implementing CoC models or remodel their teams, increase recruitment drive, engage in staff consultations, look into sustainable funding models to support an uplift in CoC and skill mix reviews. 26th August 2021- discussed at Executive Committee- further review requested. **23rd Sept 2021- discussed at Executive Committee- monitoring ongoing.**	TBA Exec		Escalate to SE Team, HOM's/BBMs. Trusts will mitigate by implementing CoC models or remodel their teams, increase recruitment drive, engage in staff consultations, look into sustainable funding models to support an uplift in CoC and skill mix reviews. Following the release of the parliamentary committee report on CoC, the goals for CoC/guidance will be revised to be released later this year. BOB LMNS Conducting a review with each Maternity Unit to assess impact and response required as all units running on Business Continuity.	BOB LMNS Conducting a review with each Maternity Unit to assess impact and response required as all units running on Business Continuity.
Covid 19 Risk Register Risks- Transferred to CRR in September 2021																