

**BERKSHIRE WEST CLINICAL COMMISSIONING GROUPS  
Corporate Risk Register (November 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 Yes/No
			L	I	RR				L	I	RRR	
<b>CATEGORY: Quality Lead: Nurse Director</b>												
Q1	S02	<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. 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 implemented in 2022 is an additional risk as this implementation 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. Sep LPS paper was submitted to Chief nurse by safeguarding designates in July for action with context, initial scoping and options. Advocacy contracting arrangements is a high risk for CCG and requires consideration on ICS ICP level for health as this will 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>September 2022 No update on MCA LPS code. ICS steering group across BOB will be booked to look at LPS for the local forum to feed into for governance and for advocacy commissioning for health to be a priority. Chief nurse will chair. LPS readiness tool submission to NHSE from S.G designate 25.09.22. Current Dol system escalation to director from S.G lead re operational management and resource of co-ordinator and clinical queries from cases being assessed externally. External company is proceeding and positive progress on CCG obtaining medical letters is around 80% complete and all required care plans submission from CHC have been achieved on the backlog cases to allow assessments. External company aim for dec for all submitted to legal is on track . Designate and CHC manager to provide flow chart of the Gaps operational of the resource of current operational support to be actioned.</p> <p><b>Last reviewed: October 2021</b> <b>Next review: November 2021</b></p>	Monthly	Quality Committee/ Safeguarding Committee	4	4	16 ↔	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 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>BOB strategy ‘Building a great place to work’ is led by Will 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> <b>Next Review: March 2021</b></p>	Quarterly	Quality Committee	4	4	16	↔	NO (national issue, however we are working as ICS to improve local picture)
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 BfC 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> <b>Next review: April 2021 2020</b></p>	Quarterly Monthly	Joint LAC meeting with Council LAC meeting	4	4	16	↔	NO (risk remains unacceptable until we can evidence maintenance of this long-term)
Q12	SO1, SO2	<p>Care home staffing - issues with the recruitment of staff and the quality-of-care staff available.</p> <p><b>New Risk Added: October 2021</b></p>	5	4	20	<p>7.11.19 - National social care recruitment drive underway promoting the important role of care staff. Care home managers starting to use value-based recruitment and social media to promote vacancies.</p> <p>1.10.20 – to continue to monitor</p> <p>5.11.20 – LA providing workforce support to care home since pandemic, if required</p> <p>7.1.21 – issues with covid positive staff and recruitment of new staff during the pandemic., LA monitoring and supporting care homes.</p> <p>4.3.21 - national recruitment campaign and BCA in discussions with RBWM regarding a joint project to promote local recruitment into the sector. Locally DM and KP meeting with RBH workforce lead on offering care home nurses opportunity to shadow acute nurses as a way of attracting nurses to care homes.</p> <p>6.5.21 – more difficult esp with prospect of mandatory vaccination, going abroad to see family and not able to return. Staffing levels variable – low occupancy and low staff levels its manageable at present. RBWM LA in partnerships with BCA piloting a ‘Care friends’ apps to help recruitment and retention of staff. Offer free to all RBWM providers. Monitor uptake and outcomes.</p> <p>Locally DM and KP meeting with RBH workforce lead on offering care home nurses opportunity to shadow acute nurses as a way of attracting nurses to care homes on 22nd June 2021.</p> <p>5.8.21 – Further concerns on workforce sustainability with the guidance stating all care home works must have had the covid 10 by the 11th November 2021 to continue working in a care home. LA working with care homes of workforce issues. This risk has been logged on the vaccine group risk register.</p> <p>DM and KP met with RBH and shared offer RBH offer with the steering group and to take forward care homes to be able to access RBH care assistant waiting list.</p> <p>7.10.21 – escalate concerns regarding insufficient care home workforce to quality committee</p> <p><b>Risk Reviewed: Oct 2021 KP/JTS</b> <b>Next review: Nov 2021</b></p>	Monthly	Care Home Meetings	5	4	20		No

CATEGORY: Finance Lead: Chief Finance Officer (RC)												
F1	S03	The medium term financial plans contain significant risk to delivery of the CCG's/ICB control total.  Source: CFO <b>Risk Description Updated November 2021</b>	4	4	16	The CCG has achieved breakeven against the allocation set for H1, and is forecasting to break even for the remainder of 2021-22. A return to the pre-pandemic framework (which is likely in 2022-23, but which is not known with any certainty prior to the publication of the 22-23 framework) would expose the CCG's underlying deficit. This has been calculated as c£30m in a recent exercise. The CCG will work closely with OCCG and BCCG to develop a recovery plan for the ICB and with other ICS partners on wider system recovery. FRG continues to meet at place.  <b>Last reviewed: Nov 2021 CFO/Finance Committee</b> <b>Next review: Dec 2021</b>	Governing Body, Finance Committee and FRG	Monthly	4	4	16 ↔	YES
F2	S03	2021-22 CCG, ICP and ICS Efficiency Programme not delivering sufficient recurrent savings.  Source: CFO <b>Risk Description Updated October 2021</b>	4	4	16	The CCG's 21/22 plans include a modest efficiency requirement, this is likely to be achieved. As per F1 the financial regime for 2022-23 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 the pandemic efficiency plans were put on hold but work has started with the programme boards and within the ICS to develop a new plan for 22/23.  <b>Last reviewed: Nov 2021 CFO/Finance Committee</b> <b>Next review: Dec 2021</b>	Weekly  Monthly  Monthly	ICP CFOs  ICP Unified Exec with feedback to Finance Committee and GB  Programme Boards/PMO FRG meeting Finance team supported by PMO	4	4	16 ↔	NO (Schemes still being identified and delivery requires strengthening)
CATEGORY: Primary Care Commissioning Committee (PCCC) Lead: Director of Primary Care (HC)												
PrCS	S01, S02	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.	4	4	16	PCOG Aug21 agreed extension of current contract from Mar22 to Sept22 with walk-in element suspended to allow further time for public engagement / possible formal consultation. Further extension now being sought to Mar23 addressing any impact organisational changes may cause.  Risk of adverse impact on ED and core primary care identified. Mitigating actions agreed at UECPB linking to broader plan to address increased demand in primary care and ED minor illness activity post-lockdown. Areas of action 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), further exploring 'overflow' models, use of community pharmacy consultation service, urgent community response care capacity, potential streaming / divert system in ED.  Reading Same Day Access Project Group reinstated to oversee project. Engagement exercise commenced 4 September and running to 4 October. Outputs of this and mitigation plan, along with review of ED and primary care activity in suspension period to be used to finalise commissioning intentions and re-procurement timetable.  <b>Last reviewed: August 2021 PCOG</b> <b>Next review: December 2021 PCOG</b>	Monthly	PCCC	4	4	16 ↔	No - action required as set out in mitigating actions
CATEGORY: Strategic Risks Lead: To be confirmed												
S3	S03	Central South Western CSU delivery impacts adversely on the CCG's ability to deliver objectives.  Source: Issues Log (CSU)	4	4	16	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.  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.  NCA in-housing business case on hold due to requirement to focus on business critical activity during the COVID19 period. Performance for residual services with CSU is reviewed on a monthly basis.  <b>Last reviewed: April 2021</b> <b>Next review: May 2021 KS</b>	Monthly  Monthly	BOB ICS Architecture delivery group  SLA meeting with CSU	4	4	16 ↔	Yes
CATEGORY: UEC Programme Board Lead: Operations Director (MM)												
UC1	S01, S02	<b>Description:</b> There is a risk that A&E 4 hour performance of 95% may not be achieved.  <b>Source:</b> Constitutional Standard  <b>Owner:</b> Urgent and Emergency Care Programme Board (UECPB)	5	3	15	<b>Required Controls:</b> Well established reporting structure to UEC Programme Board with robust performance reporting and mechanisms to identify and address issues impacting on performance.  <b>Actions to Reduce/Mitigate</b> The likelihood for the 4 Hour Performance Risk (UC1) has been increased to 5 due to capacity issues COVID pressures and building work being done all resulting in a recent decrease in performance. Launch of NHS 111 First campaign and reopening of WIC should support reduction in attendances in ED. Implementation of elements of UEC Strategy e.g. SDEC & Optimising ED. <b>May 2021:</b> development of system wide urgent same day action plan to address significantly increased numbers of attendances. <b>August 2021:</b> WIC remains suspended, Urgent on the Day action plan monitored weekly initially now bi-weekly	Monthly	Urgent and Emergency Care Programme Board  OPEL 4 actions as required	5	4	20 ↑	Yes (challenged performance reflects the national picture with high attendances at ED and high levels of Urgent on the Day demand elsewhere in the community)

															<p>action plan monitored weekly initially how busy.</p> <p>Investment agreed to support ED Streaming and additional Urgent on the Day capacity in Primary Care.</p> <p><b>November 2021:</b> increased likelihood from 4 to 5 and impact from 3 to 4. Due to significant pressure in the system and increasing attendances to ED. Board focus on addressing actions in UEC 10-Point Recovery Plan and RBH rapid improvement event to support.</p> <p><b>Last Reviewed: Nov 21</b> <b>Next Review: Dec 21</b></p>				
UC2	SO1, SO2	<p><b>Description:</b> There is a risk that the Ambulance Service does not achieve the national standards for responding to emergency 999 incidents.</p> <p><b>Source:</b> National Standard Programme.</p> <p><b>Owner:</b> SCAS Contract Review Meeting</p>	3	3	9	<p>Continued monitoring of Category 1 2, 3 and 4 targets at SCAS Contract Review Meetings</p> <p>Monthly calls with SCAS to identify and address performance challenges at both contract level and CCG level.</p> <p>June 2021: SCAS contingency planning for potential impact of final unlocking of COVID restrictions</p> <p>August 2021: increased likelihood to 4 due to increasing demand and escalation to REAP 4.</p> <p>November 2021: Increased likelihood from 4 to 5 and impact from 3 to 4 due to significant pressure and worsening of 999 call answering .</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>•funding to support increase in call handler recruitment and a number of initiatives to further strengthen staffing numbers</li> <li>•Quality teams across Hampshire and TV that work on the SCAS contract monitoring incidents to see if there are any incidents as a result of this. Assurance received there has been no negative impact or harm to patients to date.</li> </ul> <p><b>Last Reviewed: Nov 21</b> <b>Next Review: Dec 21</b></p>	Monthly	<p>SCAS Contract Review Meetings</p> <p>UEC Programme Board</p>	5	4	20	↑	Yes (actions demonstrably reducing risk)						
UC4	SO1, SO2, SO4	<p><b>Description:</b> There is a risk that the anticipated impact of IUC on downstream activity (999 calls and A&amp;E attendances) will not be fully realised.</p> <p><b>Source:</b> Service Specification</p> <p><b>Owner:</b> UEC Programme Board</p>	3	3	9	<p><b>Required Controls:</b> Monitored performance of agreed KPIs.</p> <p>Actions to Reduce/Mitigate Risk: Performance discussed and monitored monthly at 111 contract review meetings and there is an agreed service development plan.</p> <p>NHS 111 First delivered as per national roll out including additional clinical input into CAS</p> <p><b>June 2021:</b> significant increase in call volumes is creating challenges in validating those calls that would benefit non-clinical review. Material impact on 999 demand as a result of higher volumes and acuity of patients contacting 111. SCAS are recruiting to fill their vacancy levels and also we are reviewing a business case across TV/BOB for further investment and escalating through NHSE/I for national funding.</p> <p><b>August 2021:</b> funding decision on business case regarding IUC workforce funding awaited.</p> <p><b>November 2021:</b> increased likelihood from 4 to 5 and impact from 3 to 4 due to 40% increase in call volumes for 111 and poor performance in answering calls in timely manner.</p> <p>Mitigations include:</p> <ul style="list-style-type: none"> <li>•SCAS have funding and plans to further strengthen the service and are starting to see increases in staffing numbers but it takes time to recruit and train the staff</li> </ul> <p><b>Last Reviewed: Nov 21</b> <b>Next Review: Dec 21</b></p>	Monthly	BOB UEC Board	5	4	20	↑	Yes (There is an agreed service development plan)						
UC5	SO1, SO2, SO3, SO4	<p><b>Description:</b> Number of people remaining in hospital who do not meet the criteria to reside under the Hospital Discharge Guidance above acceptable thresholds.</p> <p><b>Source:</b> Hospital Discharge service Policy &amp; Operating Model August 2020</p> <p><b>Owner:</b> Rapid Community Discharge Steering Group; UEC Programme Board and United Executive (flagship project)</p> <p><b>Risk added: October 2020</b></p>	5	3	15	<p><b>Required Controls:</b> Daily reporting and monitoring of Ready to Go list. Daily scrutiny by BOB ICS. weekly scrutiny by Directors Discharge Meeting. Weekly RCD Steering group</p> <p><b>Actions to Reduce/Mitigate Risk:</b> . Dedicated hospital discharge team in place for acute with agreed escalation process. Community hospitals now mirroring discharge reporting. Ongoing discussions at UE re funding of permanent 7 day service</p> <p>RCD SG review project risk register on weekly basis.</p> <p><b>August 2021:</b> Increased both likelihood and impact scores by 1 due to increase in patients on Medically Optimised for Discharge list.</p> <p><b>Last reviewed: Nov 2021</b> <b>Next Review: Dec 2021</b></p>	Monthly	Rapid Community Discharge Steering Group; UEC Programme Board and Unified Executive (flagship project)	5	4	20	↑	Yes (actions demonstrably reducing risk)						
<b>CATEGORY: Long-term Conditions Programme Board Lead: Operations Director (SC)</b>																			
LTC2	SO1, SO2	<p>Staff morale and loss workforce</p> <p><b>New Risk added: October 2021 SB</b></p>	4	4	16	<p>Clear communication strategy, stakeholder involvement. Risk updated due to loss of medical staff. Ongoing engagement with staff across both RBFT and BHFT by Senior Leaders.</p> <p><b>Last reviewed: November 21</b> <b>Next review: December 21</b></p>	Monthly	Long Term Conditions Programme	4	4	16	↔	No. Ongoing engagement with staff led by provider organisations						
LTC4	SO1, SO2	<p>Location and community bed modelling</p> <p><b>New Risk added: October 2021 SB</b></p>	4	4	16	<p>Engagement with BHFT and CCC colleagues to determine and work towards achieving oversight of the larger impact on the community bed base and support the potential locations for the service. Steering Group meeting held on 25 November to progress discussions regarding the proposed clinical service model.</p> <p><b>Last Reviewed: November 21</b> <b>Next review: December 21</b></p>	Monthly	Long Term Conditions Programme	4	4	16	↔	No. Work is ongoing to agree the clinical model and align to community bed modelling						