

Bromley Borough Based Board

DATE: 3 March 2022

Title	Bromley Borough Corporate Risk Register	
This paper is for noting .		
Executive Summary	<p>Commissioning health services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed. NHS Southeast London CCG is committed to make risk management a core organisational process and to ensure that it becomes an integral part of the CCG's practices and business planning.</p> <p>The CCG commits to a clear process of identifying risks and ensuring that they are suitably controlled through systematic review of the associated risk registers and the Board Assurance Framework (BAF).</p> <p>Risk review and updates on Datix continues to be developed. Conversations are still ongoing with risk owners to prioritise the highest scoring risks and to ensure that controls and assurances are in place and recorded.</p> <p>The attached reports provide full details of the Borough risk register as of 4th February 2022. There are 6 open risks on the Risk Register.</p> <p>The report provides detail on:</p> <ul style="list-style-type: none"> • Highest scoring risks • 2 risks within the register where the control measures have had no impact currently on the likelihood or consequence of the inherent risk • Closed risks 	
Recommended action for the Committee	The Bromley Borough Based Board is asked to note and discuss the Bromley Corporate Risk Register.	
Potential Conflicts of Interest	Not Applicable	
Impacts of this proposal	Key risks & mitigations	N/A

	Equality impact	N/A
	Financial impact	The financial risks are appropriately captured and reported on the risk register.
Wider support for this proposal	Public Engagement	This is an internal control process, and no patient engagement has thus taken place with respect to the process.
	Other Committee Discussion/ Internal Engagement	<p>The risk register report is also presented to SMT and the Clinical Strategy Group, which includes clinicians, Executives and Senior members of the Borough. The risk register is reviewed by SEL CCG Corporate, Risk and Emergency Planning Lead.</p> <p>Borough risk registers are considered from a South East London perspective at the SEL CCG Risk Forum monthly. Borough risks are also considered for escalation at this forum.</p>
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Executive sponsor:	Dr Angela Bhan	
Appendices	<ul style="list-style-type: none"> • Appendix 1: Bromley Borough Risk Register as of 4 February 2022 • Appendix 2: SEL Risk Management Approach 	

Bromley Borough Risk Report

March 2022

Overview



Summary of the risk register



Highlight extreme and any new or closed risks



Recommend approval of the register

Introduction

- This paper accompanies the presentation of the Bromley borough risk register to the Bromley Borough Based Board.
- Work continues to solidify use of the electronic risk management system-Datix and to refine the current report extraction process.
- The Bromley borough risk register has been populated from risks identified by teams and programmes.
- Risks escalated from the borough register will be included in the SEL risk register or SEL Board Assurance Framework, as appropriate.
- Each borough Associate Director reviews the risks for their areas on a monthly basis followed by a review at the Senior Management Team meeting.
- Under the SEL Risk Management Framework Borough Directors have executive responsibility for the management of risks at borough level.
- The Bromley risk register is included in Appendix 1.
- Details of the SEL-wide Risk Management Process are given in Appendix 2

Summary of residual risk scores

- Six risks have been identified by the Borough team for inclusion in the Bromley Borough Risk Register

Extreme risks	High risks	Moderate risks	Low risks	Total
2	2	1	1	6

- There are currently two extreme risks, two high risks, one moderate and one low risk being reported on the borough risk register.
- Risks are escalated to the SEL risk register where the response required or the nature of the risk indicates that the risk cannot be managed by a single borough.

Extreme risks

- Two risks have been identified as extreme: risks 165 and 166, which are Continuing Healthcare risks
- Both risks have been highlighted at previous Borough Based Boards. There has been no change to the highest scoring risks as the rating will have to remain until staffing issues and capacity is addressed.

Risk ID	Risk Description	Control Summary
165	<p>Capacity issues in the CCG Team will result in failure to meet Funded Nursing Care and Continuing Healthcare KPI's</p> <p>There is a risk that:</p> <p>a) lack of capacity in the CCG team and lack of timely support from LBB means review of Funded Nursing Care (FNC) and Continuing Health Care patients is not carried out in a timely manner leading to failure to meet KPIs including the age of CHC assessments carried out within 28 days and age of assessments completed in the community and;</p> <p>b) appeals to PUPOC decisions are upheld by IRP and the Ombudsman. This could lead to diminution of service quality for patients, adverse effects on organisational reputation, inability to achieve Quality Performance Premium and failure to achieve QIPP target.</p> <p>c) the suasion of CHC, FNC and Fast Track 3 month reviews and annual reviews. Could lead to diminution of service quality for patients, adverse effects on organisational reputation and an adverse impact on the CHC budget. The risk is that the CCG will not be able to perform its Continuing Healthcare statutory functions.</p>	<p>FNC and CHC Reviews.</p> <p>Team management restructured and being actively recruited to.</p> <p>Vacancies covered with agency staff.</p> <p>Arrangements in place with LBB to expedite timely MDT decisions.</p> <p>Action plan with milestones in place agreed with NHSE to achieve:</p> <p>a) KPIs.</p> <p>b) Outstanding Claims: All PUPOC assessments completed to deadline. NHSE Appeals Procedure being followed</p> <p>c) Restructure of Team finalised</p>
166	<p>Continuing Healthcare packages agreed in the community could potentially involve deprivation of liberty</p> <p>There is a risk that CHC packages in the community could be agreed which involve a deprivation of liberty without reference being made to the judicial oversight of the Court of Protection DoLs procedures leading to civil or criminal action against the CCG</p>	<p>CHC assessors receiving training on DoLs awareness. Staff trained on the Mental Capacity Act. Care packages focussed on best interests of clients and include multi disciplinary assessments and family/carer involvement., High risk cases identified and Community DoLs approval granted by Court of Protection.,</p> <p>CHC Lead and complex case manager to meet monthly to review level of risk. To develop a work plan to identify patients in own home who will require a community DOL's or LPS from 2022</p>

New and closed risks

- There have been no new risks for Bromley opened during the last month.
- There is one risk that had closed since the last presentation at the Borough Based Board meeting, which is Risk ID 153, relating to budget impact on service delivery.
- This risk was rated at 3 and has closed as the CCG has allocated a recurrent budget to ensure the ongoing additional costs are met.

Risk ID	Risk Description	Reason for closing
153	<p>Bromleag Care Practice budget impact on service delivery Bromley CCG has procured a new APMS contract to provide enhanced care to patients in care homes in Bromley. Bromleag Care Practice commenced on 1 May 2020. There is a risk that service delivery will be adversely affected as result of ongoing expenditure over and above budget, due to innovative nature of this provision.</p>	<p>The CCG has allocated a recurrent budget to ensure the ongoing additional costs are met. The financial review is ongoing and will ensure funding adjustments are made if required. This matter is reported to the Bromley Primary Care Operational Group.</p>

Recommendations

- The Borough Based Board note and approve the Borough Risk Register.
- Note the extreme risks and closed risk for the borough.

Appendix 1: Bromley Risk Register

Bromley Open Full Risk Register as at 6 February 2022

Risk ID	Risk Title	Risk Description	Risk Type	Initial Rating	Control Summary	Assurance in Place	Gaps in Control Summary	Current Rating	Target Rating
105	Risk that the provision of equipment in the community exceeds the budget	There is a risk that the provision of equipment in the community exceeds the budget set for the financial year with a lack of understanding on requirements for provision of equipment in the community taking into consideration increasing acuity of patients being discharged and also remaining within their own homes	Finance	20	Matrix system in place limiting the number of equipment authorisers & on-going review of activity, Bi-monthly Budget meeting with Local Authority (Budget Holder). * Matrix system in place limiting the number of equipment authorisers & on-going review of activity * Bi-monthly budget meetings with LBB who is the contract lead. * Review of equipment provision - with focused Clinical lead in place. Outcome of review will establish a robust process and budget.	Current overspend is known, Situation reviewed and monitored at Bromley Therapy Board, CCG / LBB established formal review with Clinical lead support (July - October)	Review of equipment provision	12	4
165	Capacity issues in the CCG Team will result in failure to meet Funded Nursing Care and Continuing Healthcare KPI's	There is a risk that: a) lack of capacity in the CCG team and lack of timely support from LBB means review of Funded Nursing Care (FNC) and Continuing Health Care patients is not carried out in a timely manner leading to failure to meet KPIs including the age of CHC assessments carried out within 28 days and age of assessments completed in the community and; b) appeals to PUPOC decisions are upheld by IRP and the Ombudsman. This could lead to diminution of service quality for patients, adverse effects on organisational reputation, inability to achieve Quality Performance Premium and failure to achieve QIPP target. c) the suasion of CHC, FNC and Fast Track 3 month reviews and annual reviews. Could lead to diminution of service quality for patients, adverse effects on organisational reputation and an adverse impact on the CHC budget. The risk is that the CCG will not be able to perform its Continuing Healthcare statutory functions.	Capacity	15	FNC and CHC Reviews: Team management restructured and being actively recruited to. Vacancies covered with agency staff. Arrangements in place with LBB to expedite timely MDT decisions. Action plan with milestones in place agreed with NHSE to achieve KPIs. b) Outstanding Claims: All PUPOC assessments completed to deadline. NHSE Appeals Procedure being followed c) Restructure of Team finalised	Continuing recruitment to vacant substantive posts in process. Ensuring people who may be entitled are assessed now through training programmes that increase awareness- ongoing. Recruitment of bank staff (e.g. from leavers). Continue to explore possible solutions with LBB - ongoing	Staffing establishment of clinical assessors incomplete. CHC Manager post vacant. LBB's ongoing ability to meet agreed working arrangements. Ability to maintain KPIs in quarter 4. Potential for future PUPOC claims against unassessed periods of care. Backlog of unassessed new claims	15	6
166	Continuing Healthcare packages agreed in the community could potentially involve deprivation of liberty	There is a risk that CHC packages in the community could be agreed which involve a deprivation of liberty without reference being made to the judicial oversight of the Court of Protection DoLs procedures leading to civil or criminal action against the CCG	Staff	15	CHC assessors receiving training on DoLs awareness. Staff trained on the Mental Capacity Act. Care packages focussed on best interests of clients and include multi disciplinary assessments and family/carer involvement. High risk cases identified and Community DoLs approval granted by Court of Protection. CHC Lead and complex case manager to meet monthly to review level of risk. To develop a work plan to identify patients in own home who will require a community DoL's or LPS from 2022	Ongoing staff training, CCG to consider adding a Memorandum of Understanding to the existing Partnership arrangements between the Local Authority and the CCG under section 75 National Health Services Act 2006 under 'Additional Services'	Lack of capacity of CHC staff, High turnover of staff. Process in which community DoLs assessments and care package applications take place. Long standing issues of capacity and training on the completion of the DoL's. The team needs to include staff who are qualified Best Interest Assessors.	15	3

Appendix 1: Bromley Risk Register

Bromley Open Full Risk Register as at 6 February 2022

Risk ID	Risk Title	Risk Description	Risk Type	Initial Rating	Control Summary	Assurance in Place	Gaps in Control Summary	Current Rating	Target Rating
172	Inequality in accessing vaccine for vulnerable groups unable to travel around the borough	There is a risk of inequity of access to vaccine for most vulnerable groups/those least able to travel around borough due to site locations being less accessible.	Reputational	12	Practices are able to operate satellite clinics to ensure patients who are otherwise not taking up the offer are invited to their local GP practice., Borough plan will identify and determine outreach provision for vulnerable groups., CCG will work with LA to use existing outreach mechanisms to identify and engage with groups where uptake needs to be improved., Review designated sites throughout programme to determine whether provision requires reconfiguration to better reach vulnerable groups across the borough., Comms and Engagement plan in place overseen through the Lambeth Vaccine Steering Group in turn reporting to the Lambeth Together Executive Group, Covid Wave Two funding allocation	Fortnightly LBB/CCG Vaccine Inequalities Group, plus sub-groups., Weekly Bromley Vaccination Taskforce engages with sites on inequalities, A local PCN plan in development for generating demand and continued uptake, Oversight maintained at SEL level (SVOC)	There are none listed on the register	3	6
243	Borough Financial Balance in 21/22	There is a risk that the borough will not manage within its delegated financial allocation during 21/22. The H1 (April 2021 to September 2021) allocation is agreed. The H2 (October 2021 - March 2022) allocation has not been confirmed. There is an Interim finance regime in place due to the Covid pandemic.	Finance	12	H1 budgets have been signed off with budget holders; Monthly financial reporting; Finance Report is a standing agenda item at Bromley Borough Based Board meetings., The final H1 position was an underspend of £129k; Monthly financial reporting; Finance Report is a standing agenda item at Bromley Borough Based Board meetings., H1 & H2 budgets have been signed off with budget holders; Monthly financial reporting; Finance Report is a standing agenda item at Bromley Borough Based Board meetings., The M9 Monthly financial position was £308k underspent; Finance Report is a standing agenda item at Bromley Borough Based Board meetings.	Budget Holders meet on a monthly basis with financial management staff; Additional funding to offset additional covid costs were received in H1; South East London CCG wide groups are being re-established to jointly share savings ideas and opportunities., Budget Holders meet on a monthly basis with financial management staff; Additional funding to offset additional covid costs were received in H1; South East London CCG wide groups are being re-established to jointly share savings ideas and opportunities. The SEL H2 financial allocation has been confirmed and Bromley delegated budgets are being refreshed., Budget Holders meet on a monthly basis with financial management staff; Additional funding to offset additional covid costs were received in H1 & H2; South East London CCG wide groups are being re-established to jointly share savings ideas and opportunities., The SEL H2 financial allocation has been confirmed and Bromley delegated budgets have been agreed.	H2 financial allocation to be confirmed (including covid allocations); Unpredictable demand for continuing healthcare/packages of care and prescribing which could lead to overspends; Possible additional demand for services as we emerge out of the covid pandemic., The expenditure position for the final quarter of financial year 21/22 is not known at this stage. However, it is unlikely that expenditure trends will vary significantly during this period.	6	6
267	Kent House Hospital Tier 4 CAMHS	There is a risk that the Tier 4 hospital CAMHS service based in the borough of Bromley and commissioned by South London Partnership with accountability to NHS England, may not achieve required standards of care for extremely vulnerable children and young people. May be adversely impacted by the frequent changes in senior leadership.	Clinical	12	There is an active campaign to recruit to the Clinical Director role. At this time the previous role holder who is stepping up is looking after the post., Kent House Hospital are actively recruiting to fixed term posts have been difficult to recruit to. These are highly specialist roles, two doctors have resigned, one whole time equivalent doctor is being covered at present but will be on long term leave from December. Leaving 0.8 whole time equivalent doctor post out for recruitment. Lack of communication with LADO is also a risk, with improvements needed. Whilst there has been proactive recruitment, they are not able to get cover for all posts. This is likely to lead to capping of beds with 10 beds available rather than the usual 17. The Social work post has been covered by agency, however there has been difficulty in retaining a social worker with the level of experience to manage cases at Kent House. This has led to some of the safeguarding processes being delayed i.e. LADO. There remains 0.5 WTE social work outstanding. There has been a turnover of hospital directors (2 since January) which is currently covered by the Priority Group Regional Director, however he is not based at the site., Designated Nurse is having ongoing discussions with South London Partnership Mental Health Collaborative which are currently two monthly as standard practice. Additional meetings were to take place and correspondence to be received regarding updates on staffing., Liaison as necessary with CQC, ongoing discussions with the clinical director for Kent House Hospital. There is a process in place for reporting and escalating any issues and concerns to the Safeguarding Children Partnership., Regular meetings and correspondence with Bromley LADO to ensure partnership communications is maintained., Designated Nurse has planned a site visit with the independent chair of the Safeguarding Board in December., Kent House communicating with South London Partnership and Designated Nurse and be supported by the LADO.	South East London Interim Director of Quality and Head of Safeguarding informed of recent allegations. NHSE are informed by SLP and Designated Nurse to send an email on this., Communication established between provider South East London Partnership, CQC where relevant and the Safeguarding Partnership leading to transparency and NHSE., Kent House communicating with South London Partnership and Designated Nurse and be supported by the LADO.	There are none listed on the register	12	9

Appendix 2: SEL risk management approach

The risk registers will operate in a matrix structure with each risk assigned by:

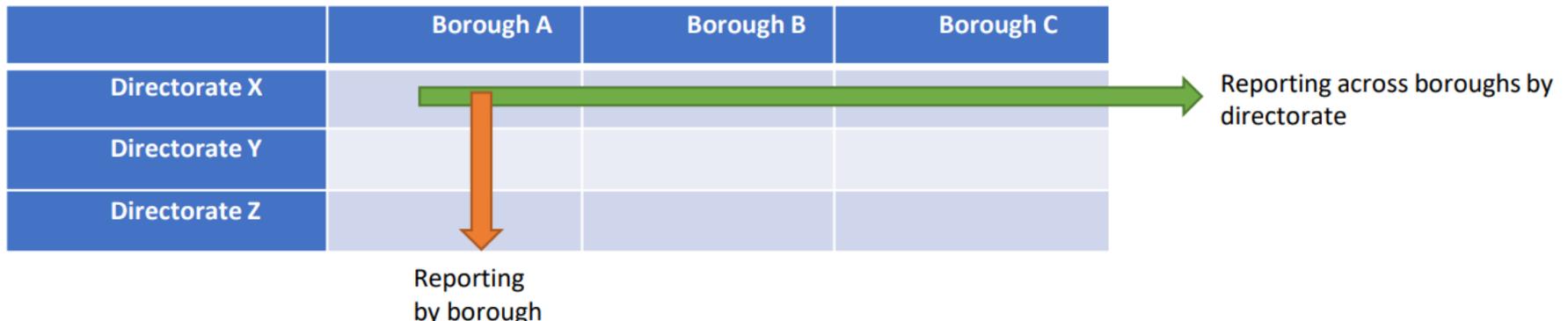
a) Directorate

b) Sphere of impact:

- Directly references/ affects CCGs delivery of corporate objectives – included on BAF
- Has an impact in more than one borough – SEL Risk register
- Is managed centrally (e.g. acute performance) – SEL Risk register
- Risk originates within and affect only impacts one boroughs outcomes – borough risk register

The risk registers will be multi layered to enable reporting of risks by directorate in total, by directorate

for borough, or by borough in total:



Appendix 2: SEL risk management approach

Operational process

Borough risk registers will be managed by the borough governance leads, with local risk owners identified. Borough governance leads will arrange bi-monthly reviews with the risk owners to encourage re-evaluation of the risk scoring, mitigations in place and progress on control gap actions required.

For risks on the SEL risk register, the Corporate, Risk and Emergency Planning lead will manage the review and evaluation process with the risk owners concerned.

The Corporate, Risk and Emergency Planning lead will also set up and chair an SEL Risk Review Group, comprising the borough governance leads, AD for Corporate Operations, SEL governance and business support lead, and SEL Corporate services manager, to ensure there is cross borough oversight of the risks in each borough register and identify risks which may need to be promoted to the SEL risk register; or, where similar risks appear on multiple borough registers, determine if a SEL risk is also required.

BAF risks will continue to be considered by the Governing Body.

Appendix 2: SEL risk management approach

Reporting

BAF risks will be reported at each Governing Body meeting, and at each IGP committee. The IGP committee will also review the SEL risk register on a six monthly basis, with the SEL Corporate, Risk and emergency planning lead using their discretion to raise any significant concerns to the IGP Committee in the intervening period if required. Borough risk registers should be reviewed by the Borough based Board at each meeting