

**Primary & Urgent Care Risk Report**

<b>Reference:</b>	P - 16/044
<b>Entry Date:</b>	Jul-16
<b>Review Date:</b>	13/03/2018
<b>Risk Status:</b>	<b>Accepted</b>

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

<b>Movement Symbols</b>
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	4	8

<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	Patrick Mulcahy, Associate Director of Urgent Care
<b>Overseeing Committee:</b>	Local Delivery Board
<b>Risk Source:</b>	

**Risk Description (including the effect if the risk):**  
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care. Additional staffing issues in GWH ED indicate patient experience and safety cannot be assured.

**Existing Controls / Assurance:**  
**STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI**  
Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter  
South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity  
ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;  
Monthly contract performance review meetings and routine performance management arrangements.  
Daily and weekly reports and dashboards on acute performance.  
Group Urgent Care Networks.  
Quality and Safeguarding Reporting.  
Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance.

<b>Actions required to mitigate risk:</b> Agreed escalation process in place with CCG support x 3 acutes as required.	<b>Due Date</b>	<b>Progress against actions:</b> Winter Resilience Plan v9 submitted and received NHSE/NHSI ongoing assurance responses Weekly Winter Planning leads call (all commissioners and providers across STP) South System focus on weekly Senior Decision Makers meeting; capacity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes Discharge / Break the System event planned 14th November at SFT OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary Monitoring of DTOC position in place with supportive action planning in place to assist patient flow
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<b>Position on previous Governing Body report:</b>	1 (Joint)
<b>Suggested position for next Governing Body report:</b>	1

# Corporate Services Risk Report

<b>Reference:</b>	C - 14/038
<b>Entry Date:</b>	23/02/2015
<b>Review Date:</b>	13/03/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

<b>Movement Symbols</b>
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

<b>Executive Lead:</b>	Mark Harris, Chief Operating Officer
<b>Operational Lead:</b>	Jenny Hair, Workforce Lead
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	Audit of workforce capacity across Health & Social Care system

**Risk Description (including the effect if the risk):**  
Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of safe high quality care both now and in the future.

**Existing Controls:**

1. Each organisation monitors their key workforce gaps and takes remedial action eg recruitment drives. Wiltshire system wide workforce capacity audits undertaken Feb 15, May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data monitored at CQRM meetings and local delivery Board meetings
- 2 STP workforce work stream (also called Local Workforce Action Board) meets monthly and is developing strategy and action plans for common challenges
- 3 UWE courses for nonmedical postgraduate education in place and HEE funded places made available to primary and community care in Wiltshire.
- 4 Wiltshire Workforce Action Group (WWAG) looks at collaborative operational solutions to common challenges, presently concentrating on recruitment of carers/HCA's
- 5 Strengthened links with Health Education England (HEE) through HEE south west and HEE Wessex
- 6 Wiltshire Community Education Provider Network (CEPN) established and delivering collaborative initiatives for primary care
- 7 STP Apprenticeships Network established
- 8 STP Training leads network established

Actions required to mitigate risk:	Due Date	Progress against actions:
<p><b>A: Wiltshire Workforce Action Group</b></p> <ol style="list-style-type: none"> <li>1. Promote and advertise Proud to Care Wiltshire website, using social media to market further</li> <li>2. Use Proud to Care resources at recruitment/career fairs</li> <li>3. Continue to promote the care certificate free high quality resources to providers</li> </ol> <p><b>B: Wiltshire CEPN</b></p> <ol style="list-style-type: none"> <li>1. Develop and promote a Wiltshire Primary Care recruitment website</li> <li>2. Increase the number of student placements in primary care as it is known these often convert to new employees</li> <li>3. Implement actions arising from national GP Nursing 10 point plan</li> <li>4. Promote new roles in primary care to develop a broader staff offer and improve resilience</li> <li>5. Work with NHS England, Swindon and B&amp;NES on workforce plans for primary care as part of the GP Forward view.</li> </ol> <p><b>C: STP Workforce Work Streams</b></p> <ol style="list-style-type: none"> <li>1. STP Apprenticeship network promotes, shares information and develops high quality apprenticeships across the network and to smaller employers who have not got the infrastructure and expertise to do so at present</li> <li>2. STP Training leads network established common training priorities and developing actions to deliver on those</li> <li>3. STP Workforce strategy being developed on behalf of the LWAB</li> <li>4. STP cost control group looking at joint recruitment and also international recruitment of nurses</li> <li>5. Workforce Lead post – current CCG post holder leaving in early June resulting in a gap before replacement.</li> </ol>	<p>A1. 31/5/18 A2. 30/09/18 A3.30/09/18</p> <p>B1. 30/09/18 B2. 31/03/19</p> <p>B3. 30/09/18 B4. 30/09/18 B5. 30/06/18</p> <p>C1. 30/09/18</p> <p>C2. 30/09/18</p> <p>C3. 31/07/18 C4. 30/09/18 C5. 31/07/18</p>	<p><b>Wiltshire WAG</b> Website developed and advertised through leaflets, posters in GP surgeries, leisure centres and attendance at a small number of recruitment fairs. Next steps to promote through social media; Ad hoc use at recruitment fairs, next steps to develop a more coordinated plan and have bases for the storage of resources for fairs;</p> <p>On-going action required to promote quality resources and develop portability of learning to other providers.</p> <p><b>Wiltshire CEPN</b> www.welcometowiltshire.nhs.uk launched March 2018. Social media marketing campaign commencing April to July 2018; Wiltshire will share a portion of 2 new educational facilitator posts across the STP. B&amp;NES post recruited Feb 18. Re-advertising for Swindon post at present. Funded by HEE. Also funding for training mentors required to support students in placements and refresher training for those already qualified has been undertaken; Action plan being developed with CEPN funding a number of short term projects to support this development; Physicians associates, nursing associates, first contact physiotherapists all being promoted; High level, plans on pages developed and being refined. Applications for international GP recruitment initiative made.</p> <p><b>STP Workforce Work Streams</b> Active network of employers who pay into the Apprenticeship levy. Developing networks for smaller employers to learn and benefit from the procurement of quality training providers by the main network. Procurement of training provider for Nursing Associate role taken place and helping nudge discussions around workforce planning within organisations. Set of metrics being developed; HEE Funded UWE post graduate non-medical modules allocated across STP providers to a value of £165,000 to develop more advanced practitioners; Aim is to have a draft strategy by July 2018; Scope of project being defined.</p>

<b>Position on previous Governing Body report:</b>	4
<b>Suggested position for next Governing Body report:</b>	2

## Community, MH and LD Risk Report

<b>Reference:</b>	CJ-17/050
<b>Entry Date:</b>	24/10/2017
<b>Review Date:</b>	09/05/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>	<b>Movement Symbols</b>
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

<b>Executive Lead:</b>	Ted Wilson
<b>Operational Lead:</b>	Myfanwy Champness
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	Audit Report

<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.												
Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	5	15		3	5	15	↔		1	5	5

**Risk Description (including the effect if the risk):**  
**There is a risk that** -The lack of compliance with the Children's Continuing Care national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages could adversely affect patient outcomes and the CCG's reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing care' to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in.

**Existing Controls / Assurance:**  
 Existing referral for CHC is going through the adult CHC process until an appropriate children's governance structure can be established. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.

<b>Actions required to mitigate risk:</b>	<b>Due Date</b>	<b>Progress against actions:</b>
CHC to review existing packages of care to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard.	Jun 18	Not yet carried out. CCG CHC team reluctant to take handover of cases until there is someone in post who will ultimately be responsible for leading on cases going forwards.
Process and care package documentation to be developed which is compliant with the continuing care framework.	Jul 18	to begin following recruitment of additional staff to manage children's CHC
CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Jul 18	Case for recruitment to be developed by safeguarding lead

<b>Position on previous Governing Body report:</b>	6
<b>Suggested position for next Governing Body report:</b>	3

## Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 17/046
<b>Entry Date:</b>	29/08/2017
<b>Review Date:</b>	11/05/2018
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	Tracey Strachan, Deputy Director of Primary Care
<b>Overseeing Committee:</b>	Clinical Executive/PCJCC
<b>Risk Source:</b>	Operational Risk

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		3	4	12	↓		2	3	6

**Risk Description (including the effect of the risk):**  
 Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

**Existing Controls / Assurance:**  
 CCG working with LMC and individual practices to support.  
 Locality plans being developed and proposal for increased project management in localities being drawn up.  
 Regular review of impact of resilience work in practices.  
 Monthly GPFV/GP Resilience board. Resilience Oversight Panel being developed.  
 Support for practice mergers where agreed.  
 Governing Body approved release of £200k GMS reserves to support resilience programme. £125k required at year end.

Actions required to mitigate risk:	Due Date	Progress against actions:
Continuous assessment of practice risk. Continued support as per agreed principles. Development of exit strategy for support - including alternative provision. Development of county wide provider organisation and potential risk sharing. Continued and enhanced support to locality working.	Actions in place	Ongoing GPFV/resilience meetings. Practice provider organisation being developed. Reducing number of practice showing vulnerability Agreed principles and criteria for GP resilience support/funding for 18/19 at Clinical Executive in January 2018.

<b>Position on previous Governing Body report:</b>	1 (Joint)
<b>Suggested position for next Governing Body report:</b>	4

## Acute Commissioning Risk Report

<b>Reference:</b>	A - 14/025
<b>Entry Date:</b>	11/05/2015
<b>Review Date:</b>	12/04/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Overseeing Committee:</b>	RTT Steering and Delivery Meetings. Escalation to CRM Meetings
<b>Risk Source:</b>	Planned Care Programme S - 14/025

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	3	12	↓				0

<b>Risk Description (including the effect if the risk):</b> There is a risk, that as a CCG we will not achieve the NHS Constitutional target for patients to be treated within 18 weeks of referral for elective care which impacts on performance, clinical risk and and constitutional risk.
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<b>Existing Controls / Assurance:</b> Monitoring arrangements: 1. Pan-CCG RTT assurance group. 2. Provider / CCG RTT WG monthly. Escalates issues as required to CRMs. 3. CRMs monthly with each provider. 4. CSU contacts any non local providers that report a 52 week wait to ensure a 'to come in' (TCI). 5. Remedial Action Plan in place with GWH. 6. Remedial Action Plan in place with RUH. 7. Demand escalation framework at RUH to flag emerging issues. 8. Deep dives by specialties as required e.g. Cardiology at RUH. 9. Proactive redirection of referrals away from challenged specialties / providers as necessary to reduce waits for patients.
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<b>Actions required to mitigate risk:</b> 1. Continued monitoring of remedial action plans in place for RUH and GWH via monthly dedicated assurance meetings with each provider. 2. Weekly dashboards with RUH and GWH to facilitate proactive review and remedial recovery actions. 3. Review of GWH & RUH trajectories for 18/19	<b>Due Date</b> 12/05/2018	<b>Progress against actions:</b> - RTT action plan developed. Analysis of waiting list including longest waiters (.46 weeks) . Draft action plan shared with NHSE. Actions continuing include: 1. Waiters being offered choice elsewhere to reduce waits in Jan/Feb. 2. Pre-referral outsourcing. 3. Backlog reviews and regarding offer of choice provider to first outpatient appointment.
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<b>Position on previous Governing Body report:</b>	7
<b>Suggested position for next Governing Body report:</b>	5

## Acute Commissioning Risk Report

<b>Reference:</b>	A - 15/034
<b>Entry Date:</b>	
<b>Review Date:</b>	12/04/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

<b>Movement Symbols</b>
These are contained within the movement drop down list.
◊ - No change
↗ - Increase
↘ - Decrease

**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	3	4	12

Current Score	L	C	T	M
	3	4	12	↔

Target Score	L	C	T
			0

<b>Executive Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	

**Risk Description (including the effect if the risk):**  
Service provision for PPCI and acute stroke services may be restructured impacting on the population of Wiltshire following a network review.

**Existing Controls / Assurance:**  
Attendance at network meetings to understand proposal and impact.

<b>Actions required to mitigate risk:</b> Discussions with acute providers to confirm impact and plans following network options appraisal.	<b>Due Date:</b> 12/05/2018	<b>Progress against actions:</b> 1. Submissions to network review by CCG and providers. 2. STP clinical leadership group to discuss. 3. No update provided from clinical network on next steps and timeframes post publishing of recommendations. Update to be obtained from network.
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<b>Position on previous Governing Body report:</b>	8
<b>Suggested position for next Governing Body report:</b>	6

## Acute Commissioning Risk Report

Reference:	A - 17/071
Entry Date:	25/07/2017
Review Date:	16/04/2018
Risk Status:	Accepted

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

<b>Movement Symbols</b>
These are contained within the movement drop down list.
◊ - No change
↗ - Increase
↘ - Decrease

**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T
	4	3	12

Current Score	L	C	T	M
	4	3	12	↔

Target Score	L	C	T
	2	2	4

Executive Lead:	Lucy Baker - Acting Director of Acute Commissioning
Operational Lead:	Jill Whittington - Commissioning Manager
Overseeing Committee:	
Risk Source:	MSK STP Workbook

**Risk Description (including the effect if the risk):**  
**MSK** - The provider does not deliver an effective, high quality service through capacity or capability constraints.

**Existing Controls / Assurance:**  
 MSK Board  
 CCG Governance / Assurance

<b>Actions required to mitigate risk:</b> 1. Accessible services in the right place which meet need/priorities	<b>Due Date</b> 16/05/2018	<b>Progress against actions:</b> During the mobilisation phase the CCG will seek assurance from WH&C that they will seek to work in partnership with other organisations to enhance their capacity. This will include working with Wiltshire Council to deliver leisure based services. Levers and penalties will be built into both the mobilisation and delivery phases to ensure that the CCG is able to address performance issues as they arise. E.g Milestones built into mobilisation phases for release of investment funding.
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Position on previous Governing Body report:	11
Suggested position for next Governing Body report:	7

## Quality Risk Report

<b>Reference:</b>	Q - 15/034
<b>Entry Date:</b>	28/04/2016
<b>Review Date:</b>	11/05/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>	<b>Movement Symbols</b>
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

<b>Risk Rating</b>
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	3	9		3	4	12	↔		2	3	6

<b>Executive Lead:</b>	Dina McAlpine, Director of Nursing & Quality
<b>Operational Lead:</b>	James Dunne, Associate Director of Safeguarding, CHC, SPP, s117
<b>Overseeing Committee:</b>	Q&CG
<b>Risk Source:</b>	Operational

**Risk Description (including the effect if the risk):**  
 Currently, there are 6 cases (5 LD and one physical disability) which the Local Authority has agreed are not eligible for CHC but have refused to transition these over to Social Care funding and has refused offer of funding, without prejudice, for the health interventions which the Local Authority believe should be funding by the CCG. Consequently, the CCG continues to fund, without prejudice, full cost at significant financial risk to the CCG despite the agreement that all 6 cases are not CHC.

**Existing Controls / Assurance:**  
 Legal advice taken with Beachcrofts LLP for individual cases.  
 All 6 cases have a 'cease funding' letter issued by the CCG after 28 days reflecting the unanimous decision by both Health and Social Care that they are not eligible for CHC.

<b>Actions required to mitigate risk:</b> Meet with CCGs to consider list of interventions.	<b>Due Date</b> 22.05.18	<b>Progress against actions:</b> High level meeting with Local Authority partners in December 2016 agreed that joint Health and Social Care care plans would be completed on these 6 cases to determine any ongoing health needs. Meeting scheduled for 15 September 2017 between Local Authority and CCG to review the 6 care plans. Assurance to be sought in advance of the meeting that these have been jointly constructed by social care and health. Formal meeting between CCG (Interim Chief Officer, Director of Nursing & Quality, Chief Financial Officer and Associate Director of CHC and Safeguarding) and Wiltshire Council (Graham Wilkins, Interim Director of Adult Social Services) on 11 January 2018. Council will share information about how another CCG overcame these issues. 13/4/18: Wiltshire Council has reviewed the 6 jointly written care plans but does not agree with the findings of the CCG. A meeting was held on 17 April between NHSE, Wiltshire Council and the CCG looking at a process for resolution. In advance of this the CCG will liaised with NHSE and the other 2 CCGs in the STP to suggest which interventions should be health and which should be social care funded. It is intended that the three CCGs with their relevant local authorities will discuss the suggestions with support from NHSE and ADASS. Feedback from these discussions and the proposed way forward will be discussed at the next Governing Body
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<b>Position on previous Governing Body report:</b>	12
<b>Suggested position for next Governing Body report:</b>	8



## Quality Risk Report

<b>Reference:</b>	Q - 15/029
<b>Entry Date:</b>	04/08/2015
<b>Review Date:</b>	13/04/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>
L - Likelihood
C - Consequence
T - Total

<b>Movement Symbols</b>
These are contained within the movement drop down list.
ó - No change
ñ - Increase
ò - Decrease

<b>Risk Rating</b>
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	2	3	6		3	4	12	↔		3	2	6

<b>Executive Lead:</b>	Dina McAlpine, Director of Nursing & Quality
<b>Operational Lead:</b>	James Dunne, Associate Director of Safeguarding, CHC, SPP, s117
<b>Overseeing Committee:</b>	Q&CG
<b>Risk Source:</b>	Operational

**Risk Description (including the effect if the risk):**  
 Lack of agreement regarding eligibility recommendations for six CHC cases with Local Authority, of which four are LD, have lead to formal disputes and continuing CCG funding dating back to 2015 in some cases. This holds significant financial risk for the CCG. The LA does not agree with the current dispute process for resolving disagreements regarding CHC eligibility. Consequently the CCG has been unable to progress six cases to the dispute panel and has continued to fund, without prejudice, at a significant financial pressure.

**Existing Controls / Assurance:**  
 Robust use with MDT approach;  
 Existing dispute process.

<b>Actions required to mitigate risk:</b> Engagement with Local Authority to redraft dispute process with draft policy.	<b>Due Date</b> 31.05.18	<b>Progress against actions: Joint review planned.</b> A series of meetings have taken place with Local Authority partners. This is being escalated with the expectation that dispute panels will then be scheduled and heard. Local Authority have provided a draft procedure, Director of Nursing and Quality has reviewed draft and this cannot be accepted in its current form. Further collaboration with the local authority is required to reach agreement. Director of Nursing & Quality to liaise with newly appointed interim Director of Adult Social Care, Tracy Daszkiewicz.
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<b>Position on previous Governing Body report:</b>	13
<b>Suggested position for next Governing Body report:</b>	9

## Quality Risk Report

<b>Reference:</b>	Q - 15/032
<b>Entry Date:</b>	29/02/2016
<b>Review Date:</b>	16/04/2018
<b>Risk Status:</b>	Action Required

### Risk Rating Abbreviations

L - Likelihood  
C - Consequence  
T - Total

### Movement Symbols

These are contained within the movement drop down list.

ó - No change  
ñ - Increase  
ô - Decrease

### Risk Rating

Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↔		1	4	4

<b>Executive Lead:</b>	Dina McAlpine, Director of Nursing & Quality
<b>Operational Lead:</b>	Lynn Franklin / James Dunne
<b>Overseeing Committee:</b>	Q&CG
<b>Risk Source:</b>	Change in case law

### Risk Description (including the effect if the risk):

The CCG supports approximately 40 people who are CHC eligible and require care in their own home. The CCG is obliged to ensure that these individuals are not being deprived of their liberty if a) the individual is subject to continuous supervision and control, b) the person is not free to leave. The CCG currently lacks assurance that those individuals who do not have capacity to consent to their care arrangements are not being unlawfully deprived of their liberty and this could expose the CCG to legal challenge.

### Existing Controls / Assurance:

Audit to identify cohort of patients subject to this ruling.  
Existing care plans should demonstrate least restrictive care option.  
CHC assessors and CTPLD health staff have received training on DoLS in the community by Beachcrofts.

### Actions required to mitigate risk:

Preparation and approval of policy/procedure for domestic DoLS assessments.  
Beachcroft to adapt policy into toolkit;  
Send out letters to families/GPS explaining and booking assessment;  
Assess capacity;  
Proposal for Best Interests Assessor to be appointed from Safeguarding monies.  
Deeper dive assessment of cases including the reassessment of capacity. Standard precedent letters to engage with Healthcare professionals and families provided by Beachcrofts.  
  
Process to be embedded into CHC and s117 standard assessment of risk process.

### Due Date

30-09-16  
31-08-17  
30-09-17  
30.04.18  
  
30-11-17  
31.05.18

### Progress against actions:

Including review of capacity as part of annual review is seen to be the safest approach. The CPTLD will quickly undertake to identify objecting patients to provide information for the CCG to undertake risk stratification.  
Three patients who are objecting have been identified. Next steps being identified in order to ensure potential deprivations are lawfully authorised.  
23/8/16: Domestic DoLS assessments underway with policy/procedure to be written to ensure parity across all individuals.  
23/6/17: Beachcroft have conducted domestic DoLS training for CCG and CTPLD staff. The CCG has purchased a toolkit and precedent letters. The policy and procedure for assessing domestic DoLS will be written and then adapted by Beachcrofts into the toolkit. All funded CCG patients will then be revisited to assess for domestic DoLS and the first 5 assessments will be tested for quality by Beachcrofts.  
13/4/18: Domestic DoLS policy has been written and is now with Beachcrofts. Precedent documents being used to start the process with the test cases.

<b>Position on previous Governing Body report:</b>	14
<b>Suggested position for next Governing Body report:</b>	10