NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 25 November 2021

Title: Risk Management update Report	**Enclosure H**

Version Number / Status:	1
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Summary and Purpose of Paper

This paper provides an update to Governing Body on Part A Corporate Risks which are new, escalated, de-escalated, increased, decreased, or closed in the CCG Corporate Risk Register (CRR) (extract 11/11/2021) since the full review by Governing Body in July 2021.

Effective risk management underpins achievement of all the CCG corporate aims:

- Safety and quality of care
- Leading the development of strategy which will meet the needs of the Somerset population
- Improved population health for the people of Somerset
- Value for money
- Environment - ensuring Somerset's infrastructure is fit for purpose and digitally enabled wherever possible

The report also links to the Somerset STP / ICS priorities:

- Enable people to live healthy independent lives
- Ensure safe, sustainable, effective, high quality, person centred support
- Provide support in neighbourhood areas
- Value all people alike
- Improve outcomes for people through personalised, co-ordinated support

Recommendations and next steps

Governing Body is asked to approve the additions and amendments to the CCG Corporate Risk Register identified in this report.

Impact Assessments – key issues identified				
Equality	N/A			
Quality	As covered by risk action plans.			
Privacy	No confidential information included in Part A risks.			
Engagement	Through Lay representation of Governing Body and Health and Care Strategy Engagement.			
Financial / Resource	As covered by risk action plans.			
Governance or Legal	Meets statutory obligations of the CCG in respect of good governance and internal systems of control.			
Risk Description	No risk assessments identified for this report.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref
	N/A	N/A	N/A	N/A

New risks added to Corporate Risk Register in period

No new risks have been added to the Corporate Risk Register in this period.

Risks closed from Corporate Risk Register in period

ID	Title	Description of risk	Rationale for closure	Current Rating
471	Rotational Paramedics	More ARRS specialist and advanced paramedics are recruited into PCNs and other settings, meaning an imminent risk of shortfall of SWASFT's most highly qualified and invested paramedics.	This risk no longer resides on the Dorset CCG or SWASFT risk registers. Therefore, this risk can be closed and removed from the Somerset CCG risk register as we have a system approach to this risk.	Risk closed
472	Transformation Plan Timescales	There is a risk that the Transformation Schemes will not be implemented within the specified timescales in the Transformation Delivery Plan.	This risk no longer resides on SWASFT or Dorset CCG risk registers. Therefore, it can be closed/removed from the Somerset CCG risk register as we have a system approach to this risk.	Risk closed
473	SWAFT Contract	There is a risk that SWASFT will not be able to deliver the Ambulance Response Time (ARP) standards given the level of funding available from commissioners. This needs to address the affordability gap between financial expectation from SWASFT and the cost of providing additional resources to deliver the standards.	After discussions with Quality team, it was recommended this risk should be closed as the subject is covered in an already open risk (212 – Ambulance Call Stacking). Going forward, risk 212 will be jointly reviewed between Urgent Care / Quality teams.	Risk closed

Risks de-escalated from Corporate Risk Register in period

No risks were de-escalated from the Corporate Risk Register in this period.

Risks reduced within Corporate Risk Register in period

ID	Title	Description of risk	Rationale for reduction	Current Rating
463	CCG Financial Plan 2021/22	The CCG, as part of the wider Somerset ICS, is unable to submit a financial plan for 2021/22 which delivers the required financial targets and business rules set by NHS England and NHS Improvement.	Identified as medium risk due to the likely certainty that the H1 position can be delivered, however risk remains due to the current uncertainty with regard to the confirmation and release of H2 planning guidance and system funding envelopes for H2 of the financial year.	12 (from 20)

Risks escalated to Corporate Risk Register in period

No risks have been escalated to the Corporate Risk Register in this period.

Risks increased within Corporate Risk Register in period

ID	Title	Description of risk	Rationale for escalation	Current Rating
212	Ambulance Call Stacking	People may experience delays for ambulances due to high levels of demand (i.e call stacking) affecting patient experience and safety. This involves stacking of Cat 2, Cat 3 and 4 outside of national thresholds calls due to the availability of resources and/or high demand and this could affect patient safety, patient experience, staff morale and performance.	Risk score increased due to system pressures and SWAST declaring a major incident 07/09/2021.	25 (from 20)

Risks increased within Corporate Risk Register in period (cont.)

222	GP workforce sustainability	Compromised patient experience due to GP primary care workforce shortages, resulting in reduction in GP practice services, reduced access to appointments and consequent impact on other sectors of NHS services, such as 111, OOH and A&E.	There is still a very serious risk to the overall primary care workforce particularly because there are a large number of GPs over the age of 50 and although the CCG has a wide range of programmes in place to support primary care workforce, the risk remains significant. Although workforce levels are increasing, there are still considerable gaps impacting on ability to meet current levels of demand.	16 (from 12)
292	Workforce Sustainability	Workforce to support high quality and safe care is becoming increasingly challenging to sustain. Rural location and lack of University makes bringing in new recruits challenging. HEE Funding changes includes the removal of funding for nurse training. Additionally, an aging demographic and staff population with large proportion of workforce retiring increases the need to recruit.	Increase in risk due to challenges in recruitment to acutes, primary care and social care. System wide issues.	16 (from 12)

Risks increased within Corporate Risk Register in period (cont.)

364	Somerset Integrated Urgent Care Service - OOH Service Problems	Delay in out-of-hours - calls and visits. There is a risk of patient harm due to delays in call back and visits. Risk relates to high service demand and reduced fill of clinical rota.	28/07/21 - agreed to increase the scoring of this risk to 15 due to, triage performance, fluctuating home visit performance	15 (from 12)

CORPORATE LEVEL RISKS (inclusive of part A and Part B risks)

5x5 Matrix heat map showing overview of ratings for all Corporate risks

June 2021

Controlled Current Risk: Corporate - 65

Severity					
5	0	0	0	1	0
4	0	7	4	10	2
3	1	5	9	12	3
2	0	3	2	4	1
1	0	0	0	0	0
	1	2	3	4	5
	Likelihood				

November 2021

Controlled Current Risk: Corporate - 69

Severity					
5	0	0	0	0	1
4	0	4	4	9	2
3	0	3	13	12	7
2	0	4	4	5	1
1	0	0	0	0	0
	1	2	3	4	5
	Likelihood				

Corporate level risks by Domain

June 2021

Domain Name	Total	12	15	16	20
A. Impact on the safety of patient, staff or public (physical / psychological harm)	15	8	0	3	1
B. Quality / complaints / audit	2	2	0	0	0
C. Human resources / organisational development / staffing / competence	7	2	0	1	0
D. Statutory duty / inspections	17	2	1	6	0
E. Adverse publicity / reputation	3	0	0	0	0
F. Business objectives / projects	7	1	0	0	1
G. Finance including claims	7	1	0	0	1
H. Service / business interruption. Environmental impact	4	0	1	0	0
I. Contracting and Commissioning	3	0	1	0	0

November 2021

Domain Name	Total	12	15	16	20	25
A. Impact on the safety of patient, staff or public (physical / psychological harm)	11	6	1	3	0	1
B. Quality / complaints / audit	2	2	0	0	0	0
C. Human resources / organisational development / staffing / competence	4	0	1	2	1	0
D. Statutory duty / inspections	10	3	2	5	0	0
E. Adverse publicity / reputation	0	0	0	0	0	0
F. Business objectives / projects	2	1	0	0	1	0
G. Finance including claims	2	2	0	0	0	0
H. Service / business interruption. Environmental impact	1	0	1	0	0	0
I. Contracting and Commissioning	3	1	2	0	0	0

Corporate Level Risks by CCG Directorate

June 2021

CCG Directorate	Total	12	15	16	20
Quality & Nursing	14	5	2	3	1
Operations	27	9	0	3	1
Finance, Performance and Contracting	15	2	1	4	1
FFMF Strategy	6	0	0	0	1
Managing Director's / Chairman's Office	3	0	0	0	0

November 2021

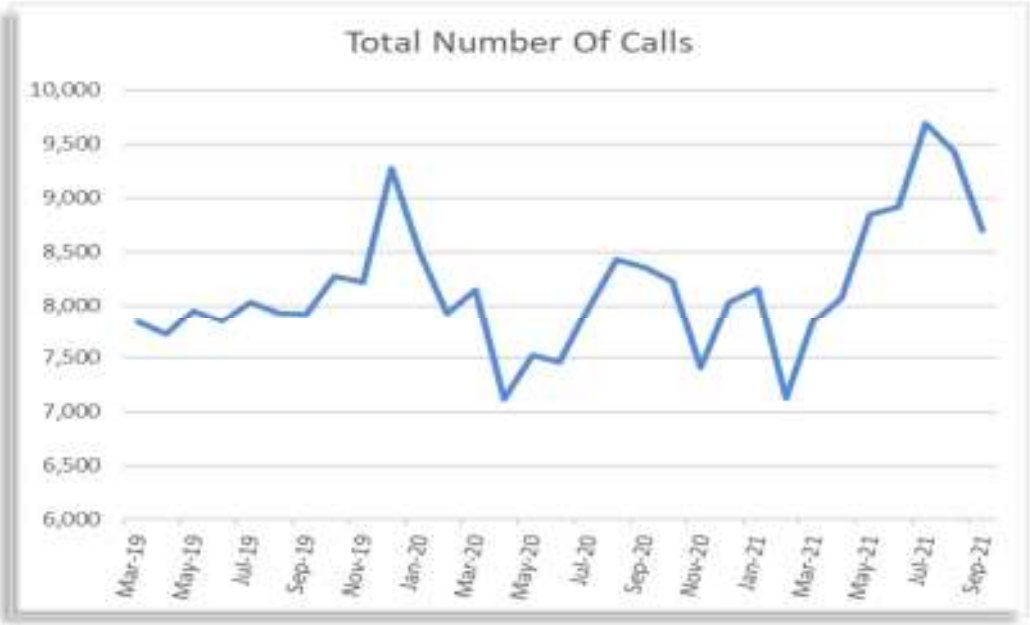
CCG Directorate	Total	12	15	16	20	25
Quality & Nursing	12	5	4	2	0	1
Operations	12	6	1	4	1	0
Finance, Performance and Contracting	9	4	1	4	0	0
FFMF Strategy	2	0	1	0	1	0
Managing Director's / Chairman's Office	0	0	0	0	0	0

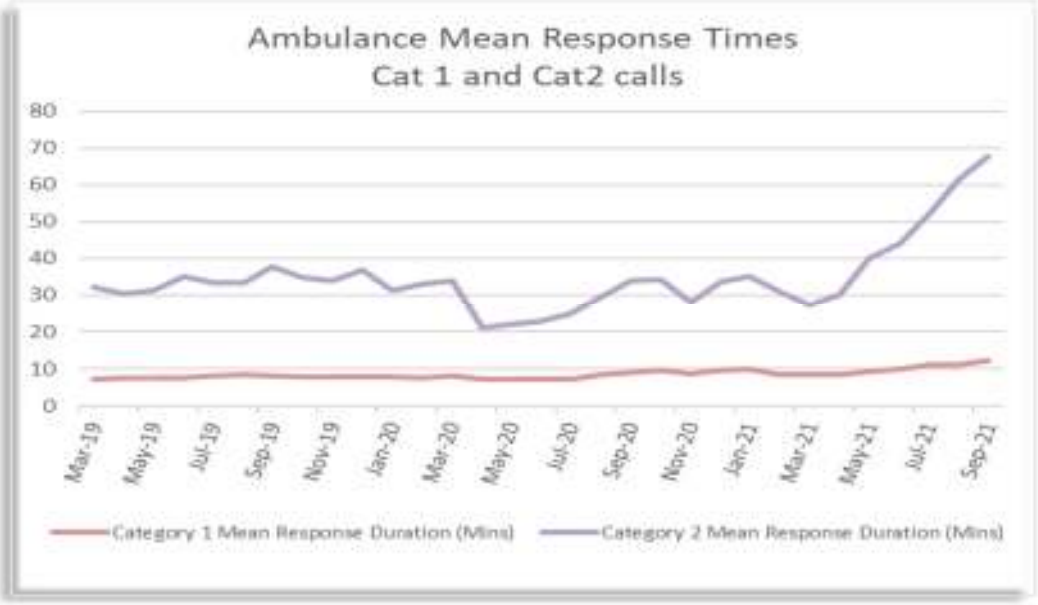
Appendix to Governing Body Risk Register paper – SWAST Risk

(Risk Score 25)

This paper provides supplementary information regarding the SWAST risk and the actions being taken to keep patients safe whilst the Somerset system is in escalation and patients may wait longer for an ambulance than the recommended national waiting times.

The charts below demonstrate the increase in calls to SWAST and the waiting times (in minutes) for both category 1 and category 2 calls. It is noted that call volume has significantly increased since March 2021.





National standard for category 1 calls is 7 minutes

National standard for category 2 calls is 18 minutes

A patient story will be read out during the Governing Body meeting to give an example of 'see and treat' for a patient within their own home. This patient story was discussed at SWAST's Board meeting as an example of learning from a missed diagnosis.

Below is a summary of the quality and patient safety issues relating to SWAST and the actions being taken by the CCG and system partners to mitigate these risks:

Quality and Patient Safety Issue	Actions being taken
SWAST have been in REAP Black escalation since 16th June 2021 with a major incident declared on 7th September 2021 due to over 500 patients in the call stack. Major incident has now been stood down although SWAST remain in a critical incident due to increased demands on the service.	Working with system partners to manage clinical risk to patients. Capacity management within the Accident and Emergency Service and Clinical Hubs in line with actions in the Clinical Safety Plan. Clinical re-validation for Cat 3 and 4 calls within the Clinical Assessment Service. HALO cover on site to maintain appropriate clinical oversight and operational activity. Somerset Trusts working with SWASFT to identify actions that can be taken to minimise ambulance handover delays.
SWAST not meeting Category 1 calls	Standard Operating Procedure piloted at Treliske and Bristol Royal Infirmary to immediately hand over patient in ED if the ambulance is required to respond to Category 1
2 x serious incidents reported regarding potential harm to Somerset patients as a result of long waits and hospital handover delays	A system-wide workshop is taking place with all commissioners across the southwest to Review, Learn, Improve from all serious incidents. Rapid Response falls service development, and in reach community training program for care homes. Development of a set of urgent and emergency care quality and patient safety metrics for Somerset. These metrics have been reviewed by CCG Directors, Directors of Nursing and will be used for Silver escalation calls to be able to take a proactive approach to patient safety.

SOMERSET CCG - CORPORATE RISK REGISTER November 2021 PART A

ID	Title	Statement of Risk	Opened	2019/20 Q2 Rating	2019/20 Q3 Rating	July 2020 rating	Nov 2020 rating	March 2021 rating	June 2021 rating	Likelihood (current)	Consequence (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating (Target)	Current Rationale
9	Growth across the Urgent and Emergency Care System	Inability for capacity to meet demand of Urgent and Emergency Care across Somerset (ambulance, A&E, GP primary care, 111 Out of Hours, transfers of care and cancellation of elective admissions).	29/07/2013	16	16	16	12	12	16	4	4	16	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative 1. Somerset Surge planning group - fortnightly 2. Escalation Calls - twice weekly/OPEL increased. 3. Somerset Urgent Care Operation Group and Somerset A&E Delivery Board. Preventative: 4. Rapid Response service - Intermediate Care Service team support to enable patients to remain at home. 5. GP 999 Car - hospital avoidance scheme 6. Monitor and Review Framework - Somerset OPEL framework. 7. Clinical Assessment Service Revalidation - Devon Doctors	8	16.06.21 - Reviewed scoring to remain at 16 due to increased demand in activity across all UEC 28/7/21 - agreed to leave scoring at 16
10	Diagnostic Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	09/05/2013	16	16	16	16	16	16	4	4	16	Finance, Performa	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillience Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	9	Somerset patients have waited longer for their diagnostic test or procedure leading to a significant increase in the number of patients waiting in excess of 6 and 13 weeks. Diagnostic waiting times have been impacted throughout the Covid-19 pandemic due to a combination of reduced diagnostic (and day case theatre) capacity as a result of social distancing in OP/diagnostics waiting areas, compliance to IPC regulations in theatre and patients choosing to delay treatment. The longer waiting times in diagnostics will have an impact upon the Cancer and RTT pathways and unmet demand for 20/21 or long wait patients from the active diagnistic waiting list could present via an emergency (A&E) route.
25	Performance Targets	Inability to meet the integrated performance monitoring targets as outlined in the 2020-21 planning guidance, Oversight and Improvement Framework and the 5 Year Long Term Plan.	29/07/2013					16	16	4	4	16	Finance, Performa	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillience Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	9	For some considerable time Somerset patients have waited longer for their first definitive treatment resulting in backlogs across a range of specialities/modalities; these backlogs have been further compounded by the Covid-19 pandemic due to the reduction in Out Patient, Diagnostic and Theatre capacity throughout this period. As referrals restore to pre pandemic levels there is a risk that these backlogs will continue to accumulate due to the limitation of securing additional capacity. There are workforce constraints across a number of the specialities / diagnostic modalities due to the level of vacancies or short term issues due to staff isolation. There is a risk that patients waiting longer for treatment or those yet to present (unmet demand during 20/21) could present at the hospital via emergency routes.
38	GP Prescribing Budget	Inability to meet the planned budget allocated to GP prescribing.	01/04/2014	12	12	12	12	12	12	4	3	12	Quality and Nursin	Finance including claims	1. The medicines management team set practice budgets and monitor and performance manage as best as possible practice spend in year. Somerset has the lowest prescribing costs in SW region. 2. Budget position is closely monitored and information presented to the PAMM and practices routinely through dashboard, scorecards and governance structures. 3. Work continues on supporting GP practices in reducing prescribing of OTC medicines of low value and those causing harm and admissions. 4. 2021/22 scorecard updated to deliver additional QIPP - general medicines stock shortages and drug tariff price rises creating additional risk.	4	The risk always exists while a challenging budget is set and its likelihood and consequence are therefore related to budget set and engagement of GP practices in delivering mitigating actions identified by the medicines management team.
143	Dermatology	Inability to meet national standards for dermatology services.	30/01/2015	16	15	15	12	12	12	3	4	12	Operations	Statutory duty/inspections	1. Additional capacity -(UHBristol 2ww activity and Royal Devon and Exeter (routine activity)for patients who previously would have been seen at Musgrove Park. 2. Financial support (at a premium) provided to UHB for an additional 40 2ww appointment slots per week. 3. Weekly monitoring of referrals to understand any delays, where capacity is not meeting demand. 4. Teledermatology (routine Advice & Guidance only) 5. Service delivery model and associated implementation plan. 6. Workforce plan for dermatologists Collaborative: 7.Elective care board 8. Funding agreed for new Somerset Service. Project group commenced for new service to commence April 2022.	6	This risk is an overarching view of Dermatology. The rating matches the risk rating for the other, more specified dermatology risks. The project plan for remodelling of current service in place with the aim of a system wide service April 2022. Funding has agreed through Elective Care Board for remodelling of the service. Risk is escalated as currently some assurance is provided from the alternative measures have been put in place, however some of the service delivery is reliant on out of county provision which is not sustainable by the providers and may be withdrawn at any time (hence proximity of 31/3/21) and will affect the performance of this risk's controls. The greatest level of assurance (overseen by the system via ECB) comes from the development of systemwide plan to deliver a financially and sustainable model which will deliver stronger risk controls but not until 2022. Agreed as a priority programme of work as part of the Planned Care Transformation Group. The CCG is also pressing NHSE to convene a South West summit to address the issue as it is recognised that a regional networked solution is probably required. New funding invested into service with project group set up for commencment of new Somerset service April 2022

212	Ambulance Call Stacking	Ambulance demand exceeds capacity resulting in delays causing patient harm	21/01/2016	20	20	20	20	20	20	5	5	25	Quality and Nursin	Impact on the safety of patient, staff or public (physical/psychological harm)	1. 999 and ED Validation within IUC Clinical Assessment Service 2. 111 Online – Validation of ED and 999 (lower acuity) dispositions 3. High Intensity Users work stream - 6 weekly Steering and implementation group. Mapped local High Intensity Users schemes and MDMs. Scheme in development for implementation Winter 2020. 4. GP999 car contract extended as an alternative to DCA. 5. Directory of Services nil returns reviewed regularly for pathway development 6. Primary Care Network. Same day requests through CAS 7. Somerset HALO- supporting both acute sites (Winter 2020) 8. Crisis Café - non medical alternative to mental health. Virtual alternatives in place. 9. 24/7 Crisis line expansion mental health services 10. Two Full time Trusted Assessors in post (YDH and MPH) to aide acute hospital flow 11. The LARCH (Listening and Responding to Care Homes) collaborative is Somerset wide – preventing avoidable hospital admission from care homes [inc. use of RESTORE2 and Treatment escalation plans]) 12. Same Day Emergency Care – admission avoidance 13. Intermediate Care/Home First redesign including doubling capacity of Rapid Response and Pathways out of hospital. (On trajectory plan for Winter 2020) 14. Trusted Assessor project	5	Unable to currently accurately assess risk score as SW system risk. The Quality Assurance Sub Group have identified that as a system, we need to look at the entire urgent care journey and not an isolated point in the urgent care flow. Therefore end to end reviews will take place to identify pain points within the our local systems and learning will be shared across the SW to improve patient flow through the urgent care system. Updated 09/09/2021 - increase due to system pressues and SWAST declaring a major incident 07/09/2021
222	GP workforce sustainability	Over a number of years, planning for primary care workforce did not deliver the required capacity against primary care activity. There were specific drivers of the risk including national changes to pension and tax rules.	23/01/2017	12	12	12	12	12	12	4	3	16	Operations	Human resources/organisational development/staffing/competence	Primary Care Workforce overseen by Local Workforce Action Board. CCG sustainability policy used to monitor, engage and support practices experiencing critical workforce challenges on a case by case basis. Primary care heatmap in development to reflect current pressures	8	There is still a very serious risk to the overall primary care workforce particularly because there are a large number of GPs over the age of 50 and although the CCG has a wide range of programmes in place to support primary care workforce, the risk remains significant. Although workforce levels are increasing, there are still considerable gaps impacting on ability to meet current levels of demand.
236	Court of Protection cases	Potential breach of statuary duty of SCCG as a public body to act lawfully and for policies and procedure to reflect primary legislation (Mental Capacity Act 2005 and deprived of their liberty under Article 5 (Right to Liberty and Security) of the Human Rights Act 1998.	14/07/2017		12	12	12	12	12	4	3	12	Quality and Nursin	Statutory duty/inspections	1. Case Review by CHC team to identify and prioritise community DoL cases that require an application to the Court of Protection. 2. One year of funding to appoint a CoP Assessor to address the backlog of cases and annual resubmissions. 3. CoP Assessor in post. 4. Mental Capacity Act (MHCA) training for CHC team.	4	1) Latest review highlights a backlog of of 36 cases that have been ordered in priority to complete based on restrictions in the care arrangements, risk and objections. 2) Appointment of CoP Assessor for 1 year secondment commenced Jan 21. 3. LPS is due to be implemented in April 2022 which will outline a new authorisation process. The 12 month funding will fall short of LPS implementation date. 4. Business case to implement LPS presented and put on hold – informed that the Board are awaiting announcement from government about new funding to support CCG to meet new statutory responsibilities. 5) MCA and legal literacy training completed with 60 staff in attendance. 6) gaps in controls and assurance now reduced. 7) change in risk handler has resulted in a change in evaluation of the risk rating but it does not represent new or increased levels of risks identified. The actions in place to address this are; Provision of bespoke Court of Protection training to relevent CCG staff To continue to prioritise cases under the current framework. The implementation of the Liberty Protection Safeguards as set out in the Mental Capacity Amendment Act (2019)may reduce this risk, but this can not be determined until publication of the Code of Practice, the Regulations and the Impact Assessment Cases progressed by the Court of Protection Assessor (through one year funding)
248	Access to CYP Services	CYP with mental health needs are not getting the support they require.	04/10/2017	16	12	12	12	12	12	3	4	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Single Point of Access and additional CAMHS Transformation services all fully operational, and MHST services are continuing to expand with 2 additional teams due to come online in 2021/22. Re data, we have invested with SFT to do a detailed piece of work to ensure all applicable activity is captured and upskilling clinicians to include this accordingly. This has also been supported by the national change in definition. The latest local data suggests that performance is circa 60% on the new definition, and almost 30% on the 2 contacts definition.	8	Latest data shows fairly static performance. However, we know that the issues with data completeness mean that this is not an accurate picture. As demand for CYP services continues to grow due to COVID, there is no change to the risk level.

255	SWASFT Category 1 and Category 2 Performance	Breach of Category 1 and Category 2 SWASFT Ambulance Response Performance (ARP) standard.	01/02/2018	15	15	15	16	16	16	4	4	16	Operations	Statutory duty/inspections	Collaborative: 1. SWASFT 2 weekly meetings (performance, activity levels, handover, workforce). 2. FICSC - Monthly meetings. Dorset CCG (contract lead for performance, contract, activity). 3. Hospital (YDH and SFT) handover meetings via A&E Somerset Delivery Board - monthly 4. A&E Somerset Delivery Board - monthly 5. Devon Doctors and Care UK - to reduce 999 and ED dispositions to enable resourcing to be able to meet Cat 1 ARP standards. 6. Validation programme - to establish which calls do not require Cat 1 and Cat 2 disposition and ED. 7. High Intensity (HRU) task and finish group - frequent access to UC services. Preventative: 8. Our people plan - SWASFT workforce plan. 9. Mental Health Directory of Service revision. 10. GP 999 Car provision.	6	During August 2021 SWAST reported an internal Critical Incident. The declaration is in relation to demand, we had a stack of over 500 calls overnight and started today with over 300. We have had poor call answering performance and over 20 calls at any one time waiting for answer. We currently have 341 calls waiting for response. Yesterday we lost almost 900hrs due to Acute Trust handover delays. VH58 is in place as are all REAP and Escalation actions – we have stood up all resourcing to respond to the major incident as per our IRP. SWAST de-escalated from our MI status on 10th September 1126 this morning but remain in an internal critical incident at OPEL 4 and surge level 4. Whilst we are in a slightly better more stable position we are still seeing high levels of activity with in excess of 250 waiting calls and significant handover delays at a number of our regional EDs. Obviously we will give you the county level details on the 1230 call It was agreed to not change the Risk score on due to the following: 1) Increased number of Covid Positive cases within SWAST and the Acute Trusts coupled with Covid related staff abstraction. 2) System continues to support by maintaining minimal handover delays and IUC CAS validation reducing lower acuity patients in 999 stack
285	Cancer Targets	Patients not attending Primary Care with symptoms has led to potential unmet demand and longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	09/08/2018	16	16	16	16	16	16	4	4	16	Finance, Performa	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillience Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	9	Somerset patients have experienced longer waiting times following a suspected cancer referral or for their first definitive cancer treatment (31 and 62 day pathway). Cancer waiting times (for suspected cancer referral and treatments) have been impacted throughout the Covid-19 pandemic due to reduced out-patient, diagnostic and theatre capacity as a result of social distancing in OP/diagnostics, compliance to IPC regulations in theatre and the loss of theatre capacity to support critical care expansion. The combination of these factors have resulted in an increase the number of patients waiting in excess of 62 days or 104 days for the first definitive cancer treatments (against the 62 day standard). The reduction in suspected cancer referrals during 20-21 increases the risk that some of this unmet demand could present via emergency routes and lead to patients presenting with a later stage of cancer and lead to poorer outcomes.
292	Workforce Sustainability	Inability to meet demand for workforce (volume and skillset) in Somerset.	30/09/2018	20	20	20	16	16	16	4	4	16	Quality and Nursin	Human resources/organisational development/staffing/competence	Collaborative: 1. Local Workforce Action Board (LWAB) chaired by Chris Squire. 2. Social care network forum and Primary Care Workforce Implementation Groups set up under LWAB to identify priorities and actions needed across the system 3. Workforce planning groups Detective: 4. Independent review workforce analysis conducted to inform LWAB and local providers with recommendations. Preventative: 5. Early Adopter site for Maternity Care Assistants and working with Universities to Assist. 6. Local pathways development programme by Providers to support staff into registrant roles. 7. Strategic apprenticeships plan. 8. Nurse degree training access via local provider. 9. Breaking barriers project 10. Clear project. 11. HEE Pooled training allocation budgets. 12. Long term plan workforce plan. 13. Local Workforce Action Board action plan. 14. Degree pathway 15. Career pathways for critical roles. 16. One year system workforce / NHS People Plan.	8	collaboratively look at 'hot topic' areas across the system. HEE Bridgwater and Taunton College have now made the decision to achieve a partnership with UWE given their commitment to support local delivery of FdSc Nursing Associate from September 2020 and BSc Nursing from September 2021, subject to NMC approval. Long term plan submitted with significant plans for workforce. LWAB Terms of Reference have been reviewed and governance structure verified to align delivery groups to system workforce priorities. Breaking barriers project commenced, building community capacity & resource. Somerset high performing on numbers of apprenticeships with many in development (e.g. pharmacy technician). Agreed degree pathway now developed for TNA in Somerset. Successful bid to develop system wide health and wellbeing offer for staff. Breaking barriers project agreed to support Somerset. Number of career pathways mapped out on critical roles. 4 workforce planning groups being set up to workforce development funding to fund projects including increasing PACR and NMP training courses. One year system workforce action plan developed, integrated with NHS People Plan with a number of initiatives underway. Last LWAB highlight report status was amber. Gov 50k workforce plan Somerset/South West on track to meet target for oversea's nurse recruitment. Apprentice force programme is also on track, therefore risk reduced to 12. Increase in risk due to challenges in recruitment to acutes, primary care and social care. System wide issues.
318	Risk of Children Looked After Health services not being delivered within statutory time frames	Children and young people who are Looked After by Somerset County Council do not consistently have access to high quality, timely and relevant health services and are at risk of long term and escalating physical and mental health needs into adulthood. Delays in the provision of high quality health services within statutory time frames also impact on transitions from foster care into permanent adoptive homes.	20/05/2019					15	15	5	3	15	Quality and Nursin	Statutory duty/inspections	Monthly multi-agency assurance meeting to review each planned IHA to ensure measures are in place for it to be completed within statutory timeframes New Medical CLA lead appointed at YDH and meeting planned to discuss provision of IHAs Named doctor appointed and to be tasked with supporting YDH to facilitate regular clinics for IHAs rather than the current ad hoc arrangement Designated Nurse to present detailed analysis of current IHA service and constraints to PSQAC in October 2021	8	Risk remains at 15 due to lack of improvement in overall performance of IHAs and number of complex issues negatively impacting on the system's ability to deliver this service on time

327	Implementation of Liberty Protection Safeguards	There is a risk to patient safety and wellbeing if a person is deprived of their liberty without the authorisation of due legal process. There is also a risk of a breach of CCG duties, breach of articles 5 and 8 of the Human Rights Act, along with financial claims all arising from the inability to implement the Liberty Protection Safeguards (LPS).	15/08/2019		12	12	12	12	12	4	3	12	Quality and Nursin	Impact on the safety of patient, staff or public (physical/psychological harm)	The Regulations, the Code of Practice and the Impact Assessment have not yet been published. The Code of Practice has not yet been released for consultation. All these documents will provide statutory guidance on how the scheme will be implemented and will describe the funding available to do this. These documents will set out the controls that will be needed but this has not been published at this time Therefore, until the documents are released, detailed planning about implementation of the controls cannot be undertaken. However, some actions are being taken which provide early controls 1. ICS governance for implementation has been established with a joint LPS board supported by an operational group 2. The trusts have been reporting the number of people who are deprived of their liberty via the safeguarding adults dashboard for the past 18 months. this will provide data enabling the scoping of cost, services and planning for delivery. This has been a validated by a snapshot audit that took place in February 3. CHC team to scope number of people likely to need assessments 4. Two staff members have gained the qualification necessary to complete the assessment of people who are objecting to their care arrangements. The CCG funded this training 5. CCG Designated Nurse undertaking awareness raising sessions for relevant teams within the CCG and in other relevant forums outside the CCG 6 NHS England have provided a training day for executives which was attended by all three trusts and are supporting a regional working group for LPS that will feed into the SW NHS EI ICS areas through the Designated Professionals Forum 7 Business case for funding implementation 8 Staff training; including GP practices 9 Development of system wide tools and process	6	A parliamentary Statement has been released in relation to the Mental Capacity Amendment Act (2019) in relation to the Liberty Protection Safeguards (LPS). The original intention was for the LPS to be implemented in October 2020. The statement notes that this is now no longer possible In order to achieve effective implementation, the aim is now to have full implementation of the LPS by April 2022 A draft code of practice and regulations will be made available in due course; the statement advises that this will happen well in advance of the target date Because the LPS will not be implemented for over a year the current consequence is moderate because it does not apply as yet 19 March 2020 -Update the risk score and rationale above remain the same pending publication of the code of practice. Local LPS Board will be recommencing and NHS England and NHS Improvement South West Group has begun to provide support and oversight of implementation Update 26 May 2021-The Risk score and rationale remain the same due to the pending Code of practice not yet shared for consultation. There is no official confirmation that there will be a delay in the implementation of the LPS in April 2022.
361	Harms from Falls	Harm and burden on individuals and their families from falls. Coupled with increasing demand on hospital services arising from hospital admission when the person does not have a medical problem.	08/11/2019		12	12	12	12	12	4	3	12	Quality and Nursin	Impact on the safety of patient, staff or public (physical/psychological harm)	Prevention of falls is a complex multi-layered issue connected with health issues, social issues and the home and built environment. Falls prevention activities are built into a wide range of services across Somerset in all health and social care settings, but there are always further measures which can be taken to improve prevention. Current infra-structure includes risk assessment and prevention strategies in formal care settings; individual falls risk assessments (FRATIS; fracture risk assessments (FRAX); Somerset Integrated falls triage and sign-posting service; Medication Reviews; Homes Safety Checks; Medication Review: Managing orthostatic blood pressure (sudden reduction of BP on standing from lying and sitting); Strength and Balance Classes; Staying Steading classes. Somerset Falls Network to co-ordinate prevention work and development improvement work. COVID: Care Home de-conditioning exercise programme has commenced in partnership with SASP (Somerset Activity and Sports Partnership)	6	Whilst it is desirable to progress improvement work this is in balance with other more pressing priorities around control of COVID and resources being deployed to support care homes. The planned improvement activities are to be targeted mainly through care homes which is more difficult to organise during COVID pandemic.
363	Somerset Integrated Urgent Care Service - Clinical Shift Fill	Inability to fill to core levels triage and face to face shifts .	02/09/2019		15	15	12	12	12	5	4	20	Operations	Human resources/organisational development/staffing/competence	1, Twice weekly shift fill information with enhanced information on shift fill / clinician type per day / per hour starting 22 Jul 2021 2, Daily sitrep including GP OOH Opel score and validation position 3.. Contract Review meeting - monthly.43. Fortnightly CQC meetings and reports 4. Twice weekly IUC Capacity Cell Calls (Somerset and Devon IUCSs) alongside further updates at Somerset system escalation calls 5. Currently in discussion with DDOC to development a combined clinical queue between Devon and Somerset IUCS to support resilience of both services 6. Dx operating model in place from 18th January 2021 and review of rota requirements being undertaken by DDOC 7. Summer incentive scheme (covering both Somerset and Devon IUCSs) to support shift fill live from June 2021 8. 12 week Clinical Workforce Plan completed	9	CCG expect performance to be consistently over 80% overall shift fill before risk can be reduced. 20/5/21 - From April the new IR35/OP21 arrangements have come into place and this is causing DDOC significant shift fill issues, we are working with them on a mutual aid SOP. Following RMG in June, it was decided this risk should be a 12. CCG expect performance core shift fill to be consistently above 80% overall shift fill before risk can be reduced. 20/5/21 - From April the new IR35/OP21 arrangements have come into place and this is causing DDOC significant shift fill issues, we are working with them on a mutual aid SOP. As at 28 July 2021, development of mutual aid SoP along with Escalation SoP (linked to service delivery issues due to shift fill) is progressing: as updated at MCRM 28 July 2021 Following RMG in June, it was decided this risk should be a 12. Due to ongoing challenges and deteriorating position, impacted further by knock-on system pressures, CCG discussed increasing risk score to 20 with provider at MCRM 28 July 2021
364	Somerset Integrated Urgent Care Service - OOH Service Problems	Inability to provide safe out of hours services.	02/09/2019		15	15	12	12	12	5	3	15	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative: 1. Touch point calls - weekly with CQC, Devon Doctors and Devon CCG. 2. Contract review meeting with Devon Doctors. Preventative: 2. CQC improvement plan - performance and quality. 3. Clinical recruitment plan. 4. Integrated Urgent Care lead clinician with the Clinical Advisory Service.	9	Strong controls and partnership with monitoring by CQC. However risk remains high due to workforce hazards. Awaiting DX code performance (implemented end Oct 2020) - report has been received and currently working on the data that has been submitted by DDOC. 28/7/21 - agreed to increase the scoring of this risk to 15 due to, triage performance, fluctuating home visit performance

405	Physical Health Checks for vulnerable groups (e.g. SMI, LD, ED and dementia)	Physical health needs not being met for vulnerable groups.	10/06/2020					16	16	4	4	16	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1) 4 Physical health support workers (SFT), aligned to the Open MH model. 2) Contractual arrangement for health checks with primary care under the PCIS. 3) Winter funding/outreach funding. Collaborative: 4. Multi-directorate programme board established 5) Touch points meetings with NHSEI. 6) Regular reporting	6	The physical health check programme was subject to a national pause in the early part of 2020/21, thus reducing the opportunity to undertake physical health checks and appropriate follow up interventions. Proximity of June 2021 due delay in data for the national standard of physical health checks for vulnerable groups 2020/21. For 2021/22, NHSEI has announced that QOF will now cover all six health checks under the SMI programme which will make a huge difference in delivery in 2021/22. Due to the ongoing pressures relating to COVID, which reduce F2F opportunities for care, and increasing demand on primary care as a whole (particularly as we move into winter), the health check programme has been significantly impacted. There is no automatic data flow in place from primary care, and therefore the data set is not as full as other areas. However, there is a national programme to set this up in place. The consequences relate to patient health and wellbeing, noting the significant mortality gap between those with an SMI/LD and those without, as well as reputational risk and regulatory action, noting that regionally there is intense and increasing scrutiny on performance in this area.
406	COVID-19: Increased demand for mental health services	There is a risk that COVID-related mental health demand could outstrip supply in mental health services across NHS and VCSE services. It is unclear how long the primary impacts on emotional wellbeing and mental health will last, nor the secondary impacts (e.g. recession, unemployment, child development)	10/06/2020					16	12	4	3	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1. Alliance additional capacity (CMHS transformation workstream) 2. Demand and capacity model. 3. Prevention agenda (emotional wellbeing, resilience and wider determinants of health) included in mental health response. 4. Funding to meet anticipated increase in demand. Collaborative: 5. MHLDA cell and public health meetings. 6. CCG and NHSE/I meetings 7. Non-recurrent funding has been made available nationally to support anticipated rise in demand this financial year 8. COMF allocation via Public Health is contributing towards managing demand/need in the context of COVID	6	Given the ongoing health and socio-economic implications of COVID, including further national lockdowns, it is likely that demand for mental health services will increase, as well as an increase in acuity/complexity. There is already some evidence that demand is growing. If capacity is unable to keep pace with growth in both demand and complexity, existing services could be overwhelmed with some patients getting insufficient support to meet their needs. This could have consequent risks of deterioration of condition and therefore increased intensity and cost of intervention (thereby increasing the demand to inpatient facilities and thus increasing the risk of out of area placements), increased suicide rates and self harm, alongside workforce burnout. Demand and capacity modelling work is underway at SFT and due to commence in CCG June 2021. CCG continuously monitoring demand for services in the context of COVID19. CCG aim to harness increase in community support (as a result of COVID19) going forward. Awaiting the national model of future demand to inform the local response, required funding and completion of the Somerset demand and capacity model. Further review of this risk will then take place to ensure consequence of the risk and controls needed reflect the needs of Somerset. Due to the pressures on local primary care services, PCNs have not been in a position to engage with the CMHT programme as originally envisioned. Awaiting clarification of whether additional funding will be made available nationally to support increase in demand for mental
409	Preventable deaths from suicide in relation to COVID19 and aftermath	Preventable deaths from suicide.	10/06/2020					12	12	12	4	3	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative: 1. Suicide prevention strategic partnership board (quarterly). Preventative: 2. Mind Line 3. Outreach for middle aged men, and additional funding being provided by NHSEI for 2021/22 4. Somerset FT and volunteer providers earlier intervention programme (long term plan, Community MH services expansion- Primary care focus). 5. Crisis home treatment services	9	Risk escalated considering all evidence including pandemics and research, increase is expected although ambition is zero suicides. Impact of COVID19 will not be known 2021 to 2022 so risk remains at score 12. Two thirds of people who commit suicide are not in contact with health providers so a system focus is needed. Heat map of areas deprivation and intelligence mapping is a recognised opportunity for the improvements of suicides. Increase funding for suicide prevention for Somerset (MH investment standard) to be utilised to improve the decrease of suicides & early intervention. Proximity set due to unknown impact of hazards from COVID19. The men's outreach piece is being progressed by PH, with funding ready to be commissioned for the procurement/allocation process.
412	FFMF Programme - Financial Sustainability benefits not delivered	Programme fails to deliver sustainable financial benefits.	12/06/2020					20	20	20	20	5	4	20	Strategy FFMF	Business objectives/projects	1. Identification of system expected financial benefits within long term plan - December 2019 2. Detailed modelling to be undertaken within each workstream to set out financial model, assumptions, and profile any investment required to achieve change, and resulting savings envelope 3. Consideration of expected savings to be discussed at Fit For My Future Programme Board - Postponed until Programme resumes 4.Review processes for moving from strategy to transformation - discussion at PEG in December 2019, further discussion at FFMF Programme Board in January 2020. To be picked up following review of Programme October 2021	9	Programme under review following recovery from COVID19 pandemic working. Remodelling of finances to take place post Covid19 including intermediate care model.
413	Patients with complex needs (inc. S117 provision)	Patients with complex needs are accessing care in which the CCG does not have sufficient oversight of the quality of care provision.	12/06/2020						12	12	3	4	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1) Patients with complex needs (inc. S117 provision) Proposal. Collaborative: 2) Complex case panel.	6	It is moderately likely that there are patients with health needs that are not being reviewed in a timely manner because of the lack of a streamlined process for reviews of packages outside of normal pathways. Proposal under discussion to move to a more integrated approach with local authority, SFT and CCG sharing the risk and activities.
425	Ofsted/CQC SEND Inspection and Neurodevelopmental pathway	Inability to maintain quality of service for ADHD and ASC.	12/06/2020					15	15	15	12	4	3	12	Operations	Quality/complaints /audit	Looking to commission a new whole system neurodevelopmental pathway. CCG lead identified. A series of multi-agency meetings have been taking place in regard to this work programme.	6	A team lead has been identified to develop the pathway and work is underway with system partners. Further sessions have been scheduled with partners, with decisions expected to be made by end March 2021

428	COVID - nosocomial transmission	Inadequate infection prevention and control measures for community and acute settings.	15/06/2020			15	12	16	16	4	4	16	Quality and Nursin	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative. 1. Quarterly IPC Committee 2. Fortnightly huddles with DIPC 3. Fortnightly operational IPC leads meetings across system 4. Weekly COVID19 Health Protection Board across system. 5. Members of IPC SW Steering group. 6. Attendance to outbreak meetings and IMTs 7. Vaccination programme across the community and health care sector. Preventative 6. PHE guidance on the use of PPE for staff and where appropriate for patients and visitors in health and care settings. 7. Protocol for Restriction of non-essential visitors to health and care settings. 8. Protocol for the Practice of social distancing principles, especially where PPE is not being used in health and care settings. 9. IPC strategy 10. Outbreak management plans (from providers) 11. Infection Prevention Control (IPC) action plan 12. IPC Workforce capacity increase. 13. COVID19 vaccination programme.	12	Somerset, the CCG co-commission Weston Hospital which takes 20% of its patients from Somerset. Outbreaks are monitored and managed through PH and IPC team through outbreak notifications. Risk likelihood increased to 4 due to reduction of effectiveness of controls. This is due to a new highly contagious variant, reduction in compliance of IPC policies and practice in care homes, PPE fatigue, incorrect assumptions on transmission in care homes (especially for homes where staff have received their COVID19 vaccination). Risk escalated due to outbreak cases increase significantly in a short period of time in care homes (and subsequent death rate), reducing capacity for IPC to meet demand to support care homes and to address areas on non-compliance; additionally possibility of further variants and unknown efficacy of COVID19 vaccine. Proximity of 14/02/2021 to reflect these factors and potential further increases from relaxation of lockdown during latter 2020 together with winter pressures until end March 2021. IPC team post successfully interviewed and offer accepted Dec 2020.
443	Influenza Vaccination Season 2020/21	Compliance with 2020/21 Flu vaccination target (75% of people in high risk group).	26/08/2020							3	4	12	Finance, Performa	Quality/complaints /audit	Collaborative: 1. Somerset system flu group (meet every 2 weeks) Preventative 2. NHS E Guidance document for flu programme. 3. Communication plan (reducing reputational hazard and increasing uptake). 4. CCG implementation plan (plan to outline GP plans and or CCG additional capacity including workforce). 5. National Guidance for Social distancing.	4	Risk escalated with regard to ability to achieve 75% at risk groups ambition target, this is largely due to the pace of distribution of available vaccine stock, and there are some smaller at risk groups that have a lower uptake. It should be noted that the Somerset System is in line with our peer groups regionally, however risk remains that this may have an impact on urgent care from the cohort of patients within the flu vaccine target. Somerset CCG continues to hold bi-weekly flu meetings with key system partners to discuss operational and strategic challenges and issues, generate additional guidance for Primary Care to support General Practice to facilitate influenza vaccination clinics and offer financial reimbursement for any additional influenza vaccine clinic costs that Primary Care incurs due to Covid 19 and Social distancing requirements and the increased ambition targets.
449	Referral to Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	29/09/2017					16	16	4	4	16	Finance, Performa	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Survellience Group 4. ICS Execs meeting. 5. A&E and Elective care delivery boards 6. Contract and performance meetings 7. Activity and Performance meeting 8. Adherence to prioritisation according to the Royal College of Surgeons Prioritisation Guidance to ensure patients are treated in order of urgency to avoid harm 9. Weekly review of the Patient Treatment List (PTL) to review urgency and escalation of any patients identified as at risk of clinical harm 10. Adherance to new RTT MDS dashboard Preventative: 11. Phase 3 Covid Re-Start Plans 20/21 12. Operational planning 21/22 13. Improvement / transformation plans and trajectories	9	Somerset patients have experienced longer waiting times for their first definitive treatment (and delays in the diagnostic phase of the pathway will lead to a deterioration in longer waiting times. RTT Out Patient (non-admitted) and In Patient (admitted) waiting times have been impacted throughout the Covid-19 pandemic due to reduced out-patient, diagnostic and theatre capacity as a result of social distancing in OP/diagnostics, compliance to IPC regulations in theatre, the loss of theatre capacity to support critical care expansion and patient choice (covid and non-covid related). The combination of these factors have resulted in an increase the number of patients waiting in excess of 52 and 78 weeks and 24 months. The reduction in routine and suspected cancer referrals during 20-21 increases the risk that some of this unmet demand could present via emergency routes and lead to patients presenting with a later stage of cancer and lead to poorer outcomes.
463	CCG Financial Plan 2021/22	The CCG, as part of the wider Somerset ICS, is unable to submit a financial plan for 2021/22 which delivers the required financial targets and business rules set by NHS England and NHS Improvement.	25/01/2021						20	4	3	12	Finance, Performa	Finance including claims	Regular meetings are held across the ICS to discuss and identify actions, including savings and investment plans, to enable the delivery of balanced financial plans across the Somerset health system. Discussions are ongoing between Somerset ICS leaders, NHS England and NHS Improvement in respect of actions required to mitigate any financial pressures. National guidance in respect of the 2021/22 planning round is anticipated to be released in early April 2021.	8	Identified as medium risk due to the likely certainty that the H1 position can be delivered, however due to the current uncertainty with regard to the confirmation and release of H2 planning guidance and system funding envelopes for H2 of the financial year, risk level remains high.
476	Prescribed opioid dependency	Poor quality of life and increased demands on health and care services created by people dependent on prescribed opioids.	07/04/2021							5	3	15	Strategy FFMF	Commissioning and Contracting	Prescribing Incentive Scheme to reduce prescribing of opioid pain killers. Recognised clinical risk with considerable clinical evidence and publication which does assist with shaping clinical prescribing practice, including Public Health England Review published September 2019 "Dependence and withdrawal associated with some prescribed medicines: An evidence review"	6	Although there are initiatives ongoing to reduce prescribing rates, there are significant numbers of people in Somerset dependent on prescribed opioids with inadequate support available to them to: - find better ways to manage their pain - improve the consequent adverse effects on their quality of life, health and wellbeing - reduce the continuing cost and demand on health and social care services
488	Succession planning for the Continuing Health Care Team	Succession planning for the CHC team may create uncertainty as the Associate Director of CHC Services is due to retire soon and a number of senior CHC members have retired or are about to.	13/07/2021							5	3	15	Quality and Nursin	Human resources/organisational development/staffing/competence	Introduce succession planning for the CHC team to reduce the possible destabilisation of the team. Acquire skilled staff to support the function into the future.	15	It is necessary to introduce succession planning for the CHC team to reduce the possible destabilisation of the team. Acquire skilled staff to support the function into the future.
498	Provision of obstetric and neonatal information for the assessment of Looked After children	Statutory health assessments and adoption health reviews as detailed at Regulations 15 and 17 or The Adoption Agencies Regulations, (2005), are not compliant without inclusion of obstetric and neonatal information.	26/07/2021							5	3	15	Quality and Nursin	Statutory duty/inspections	Administrative and nursing support is now in place to support the adoption pathway	4	Yeovil District Hospital have begun to build an electronic solution to provide obstetric and neonatal information to the adoption and CLA health assessment process. Somerset Foundation Trust have not yet had the capacity to begin this work. Next meeting to review progress scheduled for early November 2021.

499	Non-Emergency Patient Transport Service (NEPTS) Re-Procurement	The procurement is happening during the pandemic. Delays in process, reduced market interests, raised costs, and reduced performance.	27/07/2021							4	3	12	Finance, Performa	Commissioning and Contracting	Project lead times that allow time to prepare, evaluation and mobilise new services Market engagement event to raise market interest and assess likely response Undertake robust financial modelling Consider levers and sanctions ref E-zec negotiations	4	The procurement plans are proceeding but risks are still present. There is a market engagement event on 21 October at which point the level of market interest should become clearer and risks will be reassessed.