

Report to the NHS Somerset Clinical Commissioning Group on 30 July 2020

Title: Risk Update Report	Enclosure I
Version Number / Status:	0.1
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Clinical Lead:	Sandra Corry, Director of Quality and Nursing
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Purpose of Paper	<p>1 To update the Governing Body members on changes to the risk profile contained in the Corporate Risk Register (CRR: risk data as at 12.6.2020) since the last Governing Body full CRR risk report in March 2020 (risk data as at 26.02.2020). The format of this paper has been changed to reflect the move towards the Governing Body Assurance Framework (GBAF).</p> <p>The CRR has 40 risks with a risk score of ≥ 12; 35 are at a final approved status and 5 are not.</p> <p>Corporate Level Risks: to advise the Governing Body:</p> <ol style="list-style-type: none"> i. 4 risks have been closed. ii. 6 risks that have realised. iii. 8 risks escalated to the CRR. iv. 1 risk has been de-escalated from the CRR. v. of risks ≥ 12 current on hold due to COVID19 impact, awaiting further review. vi. 1 risk from the CRR has reduced its risk score. vii. no risks marked as not acceptable. viii. no risks breaching a risk key performance indicator (KPI). ix. risks with changed target risk scores. x. directorate level risks changed to corporate level risks. <p>Directorate Level Risks: to advise Governing Body that:</p> <ol style="list-style-type: none"> i. 3 corporate risks have been changed to directorate risks. <p>2 To advise Governing Body of risk comments from the Clinical Executive Committee (July 2020):</p> <ul style="list-style-type: none"> • Shaun Green referred to winter flu vaccination planning which is currently taking place and has the potential to create an additional risk that will be shared with the PPE risk. The PPE requirements for delivering flu vaccinations could have an impact on GP practices and community pharmacies and may impact on that service being delivered, for example, in processing the vaccination of potentially 100,000+ people in Somerset in a small period of time.
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	<p>3 To inform Governing Body that:</p> <ul style="list-style-type: none"> Integrated Urgent Care (IUC) risks review and update has not been reflected in the report due to the CCG and Devon Doctors meeting with the CQC on the 25th June 2020 which delayed the update to IUC risks. Grahame Paine has agreed to work jointly with Claire Miller in the development of risk reporting and GBAF to our committees and Governing Body.
Recommendation	To approve the updated Corporate Risk Register.
Previous GB/ Committee(s), Dates	Full CRR review approved at Clinical Executive Committee (CEC) on 1 July 2020.

Monitoring and Assurance Summary

This report links to the following CCG Strategic Themes:	<ul style="list-style-type: none"> Transform the effectiveness and efficiency of urgent and acute care across all Sustain and continually improve the quality of all services. 		
This report links to the following Somerset STP priorities:	The STP priorities are fundamental to informing the design and content of these two central Governing Body support tools, in terms of operational risks (CRR) and strategic risks (GBAF).		
	Any action required?		
	Yes	Yes	No
Equality Impact Assessment			✓
Quality	✓	As covered by risk action plans	
Privacy		No confidential information in included	✓
Stakeholder Engagement	✓	Through Lay Representation of Governing Body and Health & Care Strategy Engagement	
Financial / Resource / Sustainability	✓	As covered by risk action plans	
Legal/Regulatory	✓	Meets statutory obligations of the CCG in respect of good governance	
Freedom of Information		The report will become a public document when presented at Governing Body meeting	✓
Risk Assessment		No risk assessments identified for this report.	✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	Claire Miller		

Corporate Level Risks

Total Corporate level risks (final approved): = 64

Controlled Current Risk: Corporate

Severity	5			2	1	
	4		4	5	7	3
	3	1	2	9	11	6
	2		3	4	2	3
	1			1		
		1	2	3	4	5
						Likelihood

Corporate level risks by Domain:

Domain Name	Total	12	15	16	20
A. Impact on the safety of patient, staff or public (physical / psychological harm)	8	4	0	2	1
B. Quality / complaints / audit	1	0	1	0	0
C. Human resources / organisational development / staffing / competence	5	2	1	0	1
D. Statutory duty / inspections	21	3	5	4	0
E. Adverse publicity / reputation	3	0	0	0	0
F. Business objectives / projects	10	0	0	0	1
G. Finance including claims	11	6	1	1	1
H. Service / business interruption. Environmental impact	5	1	0	0	0

Corporate Level Risks by CCG Directorate:

CCG Directorate	Total	12	15	16	20
Quality & Nursing	11	8	0	1	2
Operations	28	6	5	1	0
Finance, Performance and Contracting	13	2	3	5	1
FFMF Strategy	11	0	0	0	1
Managing Director's / Chairman's Office	1	0	0	0	0

i. Closed corporate level risks

#	Title	Open ed		Risk Domain	Directorate	L	S	CC	Close d date	Narrative for rationale for risk closure
315	West One GP Practice	02/05/2019	P	Impact on the safety of patient, staff or public (physical/psychological harm)	Quality and Nursing	4	4	16	04/06/2020	All work related to harm has been undertaken and all patients with harm have had management plans put in place. The risks that relate to all primary care and the learning from the SI report will be managed on a new risk. Titled Primary Care Quality and Safety Risk
247	Adult MH Crisis and Home Treatment Teams Service Model	04/10/2017	S	Statutory duty/inspections	Operations	3	4	12	12/06/2020	we have seen significant investment in crisis services within Somerset, as well as additional funding for HTT and psychiatric liaison from NHS England, in addition to the work on the trailblazer and response to COVID which has seen the rapid implementation of a 24/7 all age mental health crisis line. Target of 95% is overachieving at 98% (march 2020).
369	Impact of Transport	08/01/2020	S	Service/business interruption/environmental impact	Operations	4	3	12	31/01/2020	
237	OOH Service Quality and Safety	12/06/2017	S	Quality/complaints/audit	Quality and Nursing	3	4	12	10/02/2020	

ii. Realised corporate level risks

#	Title	Open ed		Risk Domain	Directorate	L	S	C C	Realised Date	Rationale
323	Neuro Paeds	01/05/2019	S	Statutory duty/inspections	Operations	5	3	15	01/05/2019	Risk Referrals for behaviours that challenge has resulted in excessive demand for community/neuro paediatric assessment which cannot appropriately be met.
428	COVID19 - risk of nosocomial transmission	15/06/2020	S	Impact on the safety of patient, staff or public (physical/psychological harm)	Quality and Nursing	3	5	15	23/03/2020	There have been no occurrences of hospital COVID outbreaks. Outbreak numbers in Care Homes settings have been reduced from a high of 79 outbreaks recorded on 17 May down to 7 on 12 June 2020.
392	No commissioning lead manager for services for Neuro Rehab patients and gaps in service	05/02/2020	S	Quality/complaints/audit	Finance, Performance and Contracting	5	3	15	05/02/2020	
248	Access to CAMHS	04/10/2017	S	Statutory duty/inspections	Operations	3	4	12	01/01/2020	Access target of 34% is currently 22.5% (march 2020). However, the following have been put in place to respond to the issues. Significant expansion of MH services under the big tent programme, enhanced outreach and liaison, and additional investment to support. The system has also received additional funding for the mental health support teams in school from NHSE/I

#	Title	Open ed		Risk Domain	Directorate	L	S	C C	Realis ed Date	Rationale
135	Dementia Diagnosis Rates	17/09/2014	S	Statutory duty/inspections	Operations	4	3	12	04/04/2018	There are longstanding issues re achieving national standards for dementia services. Dementia activity has been put on hold nationally due to the COVID pandemic.
216	Dementia Care Plan Review	28/09/2016	P	Statutory duty/inspections	Operations	2	4	8	12/06/2020	There are long standing issues in relation to national standards for dementia services. Dementia activity has been put on hold at the present time in response to COVID.

iii. Corporate level risks escalated

#	Title	Open ed		Risk Domain	Directorate	L	S	CC	Rationale
412	FFMF Programme - Financial Sustainability benefits not delivered	12/06/2020	S	Business objectives/projects	Strategy FFMF	5	4	20	
386	COVID19: Personal Protection Equipment (PPE) - protection & prevention.	21/04/2020	C	Impact on the safety of patient, staff or public (physical/psychological harm)	Quality and Nursing	4	4	16	<p>PPE supplies in Somerset are mostly meeting demand. L and S remain at 4 due to exposure in:</p> <ul style="list-style-type: none"> Supply Chain: Wholesaler supply chain may not be back in place. Uncertainty of future supply at national or region level. Ecommerce solution: Volume of providers not authorised to use system limited; limited item ordering may not meet demand needs of providers accessing this system. Dental Practices: Between 20-30% of practices are opening. PPE for schools Exposure: Unclear on how many schools have opened with unknown delivery of all emergency packs as planned, but no issues escalated from schools. Spikes in infection: Winter and possible tourism flow. Mask Fits Solution: training and mask delivery dates set. Lack of clarity of PPE guidance.
430	SEND- Compliance to statutory and legal duties.	25/6/2020	S	Statutory duty/inspections	Quality & Nursing	4	4	16	Many controls are still in development. The effectiveness rating is representing the Written Statement of Actions only. Risk is not acceptable due to the paucity of data and current assurance.
431	SEND: Quality of service	25/06/2020	S	Quality/complaints/audit	Quality & Nursing	4	4	16	Many controls are still in development. The effectiveness rating is representing the Written Statement of Actions only. Risk is not acceptable due to the paucity of data and current assurance.
428	COVID19 - risk of nosocomial transmission	15/06/2020	S	Impact on the safety of patient, staff or public (physical/psychological harm)	Quality & Nursing	3	5	15	
392	No commissioning lead manager for	30/04/2020	S	Quality/complaints/audit	Finance, Performance and Contracting	5	3	15	

#	Title	Open ed		Risk Domain	Directorate	L	S	CC	Rationale
	services for Neuro Rehab patients and gaps in service								
425	Ofsted/CQC SEND Inspection and Neurodevelopmental pathway	12/06/2020	S	Quality/complaints/audit	Operations	5	3	15	
390	COVID19: Clinical safety.	29/04/2020	S	Impact on the safety of patient, staff or public (physical/psychological harm)	Quality and Nursing	3	4	12	

iv. Corporate level risks risk has been de-escalated from the CRR.

190 – Pandemic flu (risk a risk score of 12 to 8): The need to review and test pandemic flu plans remains on the horizon of the local EP system partners but there needs to be national reviews and exercises completed before this can be taken forward. Elements of the plan have been tested by covid-19 and locally outbreak management plans have been tested and strengthened as a result of system working during the outbreak. Note: We aim to close this risk as new COVID19 risks have superseded this risk.

v. Corporate level risks >=12 current on hold due to COVID19 impact, awaiting further review.

#	Title	L	S	CC
260	ON HOLD - FFMF Programme - Resource capacity to deliver not understood, planned or in place	4	4	16
401	ON HOLD FFMF - NCSOC Engagement with PCN	4	4	16
424	ON HOLD - FFMF Programme - Benefits not delivered	5	3	15
423	ON HOLD - FFMF Programme - Mental Health - Capital Investment not deliverable	4	3	12
414	ON HOLD - FFMF Programme is not transformational in its approach	4	3	12

vi. Corporate level risks in the CRR with reduced risk score

202 - CCG 2020/21 Budgets (from a risk score of 20 to 16). This reflects the 2020/21 financial year, which has a degree of uncertainty around the financial position, but not a definite financial deficit. The CCG has not yet delivered a balanced financial plan and uncertainty around funding levels and expenditure commitments currently exist

x. Corporate level risks with changed target risk scores

323 - Neuro Paediatrics from 4 to 6, due to a reassessment of the risk.

xi. Directorate level risks changed to corporate level risks

392- No commissioning lead manager for services for Neuro Rehab patients and gaps in service (risk score L5 * S3 = 15)

Note: The Risk Management Group identified a new risk to reflect No commissioning lead manager for Stroke patients and gaps in service (risk score L5 * S3 = 15).

Directorate Level Risks

i. Corporate level risks changed to directorate level risks:

- 203 – Delayed transfer of care (risk score 6): Changed to directorate level as a result of Covid19 and the new discharge guidance and the newly implemented Somerset Hub for Coordinating Care. This risk is part of the suite of IUC risks that will be updated after March 25th meeting.
- 297 - Dermatology GPw - Access to Clinical Supervision (risk score 16): In the current COVID19 situation this risk is now altered; new models of care may assist with demand and capacity management. Current practitioners as of 31 March 2020 were up to date with supervision requirements and support arrangements. If practitioners identify a case that they need assistance with there is capacity for this to occur informally. Therefore safety risk to patients is assessed as low, whilst activity is reduced and focussed on urgent cases. The CCG will likely be held jointly liable in the case of any clinical negligence case due to lack of formal supervisory arrangements for some practitioners, so now the risk rating relates to regulatory risk.
- 322 - CFS/ME Service Review (risk score 16): £60k service at directorate level to be represented equitably at directorate level.

ID	Title	Opened	2019/20 Q4 Rating	2019/20 Q1 Rating	2019/20 Q2 Rating	2019/20 Q3 Rating	Likelihood (current)	Severity (current)	Risk Score (current)	Approval status	Description	Directorate (Contact)	Risk Impacts	Risk Hazards	Controls in place	Assurance	Gaps in Control	Gaps in Assurance	Current Acceptable	Current Rationale	
327	Implementation of Liberty Protection Safeguards	15/08/2019				12	4	3	12	Final approval	There is a risk that the CCG may not be able to fully implement the Liberty Protection Safeguards (LPS) which are expected to be implemented in October 2020. The LPS gives new duties and powers to CCGs and hospitals to authorise a deprivation of liberty. This function was previously undertaken by Local Authorities. As a responsible body, if the CCG does not implement systems and processes to ensure CHC funded clients are lawfully deprived of their liberty through the authorisation process, it risks eligible clients having their human rights unlawfully breached – the responsible body potentially incurring financial penalties from the courts. Balance between safety and financial risk.	Quality and Nursing			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. Therefore, until the documents are released, detailed planning about implementation cannot be undertaken. However, some actions are being taken. 1. CCG Designated Nurse is leading a Local Implementation Network, along with the Local Authority, using information disseminated through regional and national groups. Inaugural meeting has been held 2. CCG Designated Nurse is working with safeguarding teams in the trusts and CHC to provide support and seek assurance of progress. The mechanism for this is already in place through the safeguarding adults dashboard completed by Trusts 3. CHC team to scope number of		Preparatory work underway in advance of publication of the new regulations in January 2020. The CCG has not currently allocated resources to support the implementation of LPS. There is a risk that without these resources, the CCG may be unable to meet its duties and breach Article 5 and 8 Human Rights, and/or other areas of quality and performance may be affected. A business case has been taken to the weekly directors meeting and has not progressed further. The draft code of practice, regulations and impact assessment have not been published since the last review of this risk. The risk rating remains the same.				
286	>52 week waits for treatment	10/08/2018	15	15	15	16	4	4	16	Final approval	A small number of patients waiting for planned care more than 52 weeks resulting in poor experience of care. In December 2019, (on a Somerset Commissioned basis) there were 6 patients waiting in excess of 52 weeks against a plan of 0 breaches (3 of these patients are awaiting treatment at TST, and 4 at Other Providers (Weston x 1, UBHT x 1, Mount Stuart Hospital x 1). The causation relates to an increase in the number of patients cancelling treatment late in the pathway following a long wait due to capacity constraints. The greatest risk to delivery is a further increase in the number of patients waiting in excess of 40 weeks (particularly within General Surgery, Trauma and Orthopaedics and Ophthalmology) as a result of patient complexity resulting in delays to treatment and patient choice. On a TST Trust-wide basis, the Trust reported 43 >52 week waits against a zero ambition; an additional risk to clearance of the 52 week backlog is capacity constraints within the Maxillofacial and Clinical Immunology services	Finance, Performance and Contracting			When the contract is in place: monthly contract performance review with TST, monthly performance meeting, Finance and Performance Committee, System Performance Group and System Assurance Forum. Trajectory agreed (as part of the 2019-20 planning round) for there was to be zero by December 2019. In December 2019, (on a Somerset Commissioned basis) there were 6 patients waiting in excess of 52 weeks against a plan of 0 breaches (3 of these patients are awaiting treatment at TST, and 4 at Other Providers (Weston x 1, UBHT x 1, Mount Stuart Hospital x 1). T&S improvement plan (Driver Diagram) and trajectory in place with weekly PTL tracking to monitor progress (and risks) against the plan. RD&E, Trust has improvement plan in place (which has been shared with Somerset CCG) but anticipates in the region of 37 very long waits in March 2020 on a trust-wide basis, so there is		Somerset CCG in collaboration with system partners committed to having zero >52 week waits by December 2019. This links with actions in FP93. Removing delays due to repeated patient choice or specialities that have national capacity deficit, the number of 52ww cases has reduced to target. The CCG review harm reviews and are working with TST to strengthen the harm review process. We are also looking at ways to review patient experience whilst waiting for surgery- End of April 2020				
246	18 week RTT	29/09/2017	20	20	20	16	3	4	16	Final approval	Breach of constitutional 18 week referral to treatment target (national standard of 92%). Some patients will wait in excess of 18 weeks for treatment resulting in poor patient experience and possible harm. The percentage of patients waiting less than 18 weeks marginally improved in December 2019 although remain behind the local improvement trajectory for a fourth month: The number of patients on an incomplete pathway was in line with plan in December reducing to 39,130 (against a plan of 40,210) but the proportion of patients waiting less than 18 weeks remain behind plan (82.1% vs. plan of 83.3%) due to a higher level of 18 week breaches during the year. The Somerset System has been awarded additional funding in order to clear 52 week waits by the end of March 2020.	Finance, Performance and Contracting			*SCG 18 week performance in December 2019 was 82.2% against a plan of 83.3% with TST having the greatest impact on SCG under performance. Meetings where discussions take place: monthly contract performance review with TST, monthly performance meeting, Finance and Performance Committee, System Performance Group and System Assurance Forum. Trajectory ambition to achieve performance of 83.1% by March 2020. Ongoing review of 'referral diversion programme' underway to establish if the demand from T&S is being diverted to YDH for selected procedures in selected specialities. The Somerset System has been awarded additional funding in order to clear 52 week waits by the end of March 2020.		Effective care schemes from 19/20 are embedded as Business as Usual and the proposed demand management initiatives for 19/20 include Effective Referrals, Direct Access Diagnostics, Diagnostic Efficiencies, Virtual Reviews, Group Consultations, Patient Self Management/Patient Activation, First Contact Practitioner, Out Patient Effectiveness, Appropriate and Patient Initiated Follow Up. It is an ongoing, evolving programme. To equalise waiting lists across Somerset a referral diversion scheme commenced in April 2019 with a plan to divert 1200 referrals per month from TST to YDH in general surgery, ophthalmology and T&O. Extrapolating the figures for the period to date it is difficult to determine which of the bookings to YDH from the TST catchment would have been booked to YDH anyway. To compliment RMC monitoring, activity is being tracked across both Providers and monitoring of clock stops by practice has been implemented to underpin discussions with the Providers with additional mitigation to be agreed as required.				

248	Access to CAMHS	04/10/2017	16	16	16	12	3	4	12	Final approval	New KPI and dashboard framework in draft and to be agreed at commencing CYPMH Operational Group to support delivery of the access and quality standards. New CYPMH performance report will be reported quarterly. Single Point of Access and additional CAMHS Transformation services all fully operational.	Operations				New KPI and dashboard framework in draft and to be agreed at commencing CYPMH Operational Group to support delivery of the access and quality standards. New CYPMH performance report will be reported quarterly. Single Point of Access and additional CAMHS Transformation services all fully operational.	Investment has been agreed for early intervention services through the 'Big Tent' project has been divided into two categories: The Wellbeing Service and Creating an Alliance through Community and Voluntary Sectors. Training is underway and group and one to one sessions have commenced using the iThrive framework. Priorities have been outlined for the new CYPMH Strategic Plan which has been discussed at the Mental Health Programme Board, Collaborative Group and C&F Scrutiny Committee. Operational and Collaborative groups are being planned for January and February 2020 to turn the priorities into key activities and firm commitments. A formal draft will be completed in by early April 2020	On hold due to COVID-19		Risk has materialised. Access target of 34% is currently 22.5% (march 2020). However, the following have been put in place to respond to the issues. Significant expansion of MH services under the big tent programme, enhanced outreach and liaison, and additional investment to support. The system has also received additional funding for the mental health support teams in school from NHSE/1
212	Call Stacking (A&E)	21/01/2016	25	20	20	20	4	5	20	Final approval	People may experience delays for ambulances due to high levels of demand (i.e call stacking) affecting patient experience and safety. In particular 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.	Quality and Nursing				STP system partners' collaboration to support improved performance against Ambulance Response Programme being overseen by NHSE to ensure performance against Ambulance Response Programme (CAT 1 to 4) is achieved by the end of financial year 2020/21. Dorset CCG as lead commissioner and SCW CSJ; Bi-Monthly Quality Assurance Group; monitoring of Serious Incidents; monitoring of Trust Board and Quality Committee papers including risk register and associated deep dives. Ambulance quality indicators (outcomes) being reviewed regularly. Current status is that SWASFT are performing higher than the national average on all outcomes indicators.	Mitigation actions currently being implemented - Additional resource for shift fill to increase validation - High Intensity Users work stream - 6 weekly task and finish groups. Mapping in with primary care (top 10 HILUs). - Involvement of village agents. Academic Health Science Network & police running pilot for calls to the 9s. - Mental health social worker in SWAST hub - Review of Directory of Services content ongoing - Evaluation of Deliot - Primary care Primary Care Network. - Same day requests through CAS - Musgrove have HALO - Crisis Café - non medical alternative to mental health The risk has been through a process of review between Operational and Quality & Nursing directorates. The CCG have not experienced (and do not expect) multiple fatalities in Somerset linked to this risk which would need to be reflected as a score of 25 if this was to change. The team	Number of incidents not available to CCG currently		
285	Cancer Targets	09/08/2018	20	16	16	16	4	4	16	Final approval	"Some patients will not be diagnosed and treated for cancer in a timely manner with impact on patient experience and safety. Performance of the 2 week suspected cancer treatment standard was an improved 90.5% in December 2019 against the 93% standard, as a result of capacity challenges in the suspected Lower Gastrointestinal pathway at both TST and YDH. Performance of the 62 day treatment standard (for treatment within 62 days of urgent GP referral) has decreased in December to 81.1% (which is behind trajectory) there is a risk that pressures within the gastrointestinal pathway will lead to challenges in delivery of the 62 day standard. During 2018/19 SCCG saw an 18% increase in 2 week demand, and during 19/20 a further 5.7% increase. Alongside this SCCG has seen a 7.3% increase in the number of patients diagnosed and treated following an urgent cancer referral."	Finance, Performance and Contracting				During 2019/20 the Executive Care Delivery Board established 3 sub-groups to the Board to understand the key drivers of the significant increase in referrals to the two week wait cancer pathway (gynaecology, colorectal and urology) and to agree improvement actions as required and Cancer. Cancer continues to be significant area of focus at the monthly Performance Meetings with the Trusts and at the Somerset System Assurance Group. There is a link to Risk 10 (Diagnostic Treatment - Diagnostic Waiting times), with a Deep Dive upon Endoscopy capacity undertaken at the December System Performance Group meeting in December (11/12/19). External funded has been allocated to T&S to support diagnostic improvements, with much of this funding focused upon endoscopy delivery. This will have a positive impact on both routine and cancer capacity which in turn will have a positive impact upon performance.	A wide range of improvement initiatives are underway and include adoption of new innovations in diagnostic testing (including FIT testing and EBUS), re-design of triage, changes to care pathways and strengthening of the referral form. Urologists in Somerset are being trained to undertake Template Biopsies (urology) which will also speed up the patient pathway). In addition there is a focused project of the colorectal cancer pathways to streamline the processes and to reduce patient waits. Additional diagnostic funding awarded to T&S to address the endoscopy diagnostic backlog. Additional capacity in CCG Cancer Team to deliver improvements across the system.			
256	Case Management of CHC funded patients at home	28/02/2018	12	12	12	12	4	3	12	Final approval	Quality and Safety of care provided to CHC funded patients may be compromised as case management is not commissioned through provider partners. Individual case oversight is needed to ensure patients care is adequate, safe and appropriate to meet needs.	Quality and Nursing				CHC staff are providing a case management function as part of the review process within CHC. This reduces capacity for CHC core business which impacts on CHC teams achievement of CHC quality standards e.g referral to decision in 28 days and fast track case reviews.	Strategic agreement needs to be secured to include case management of CHC funded individuals by Community Nursing and LD services. A business case has been developed and will be considered through CCG process and Through Fit For My Future, no date for agreement as yet. Options of case management through provider partner Service Level Agreements will be explored. Meeting planned for April 2020	None		

202	CCG 2020/21 Budgets	26/04/2016			12	12	20		4	4	16	Final approval	Risk of overspend and/or reduction in services to meet 2020/21 budget provision. The Somerset STP does not achieve the financial improvement trajectory agreed at plan.	Finance, Performance and Contracting			Monthly monitoring within the CCG and across the STP is in place to monitor the system financial position. Discussions are ongoing between Somerset STP Leaders, NHS England and NHS Improvement in respect of actions required to mitigate any financial pressures.	The CCG Finance and Performance Committee and the Somerset Partnership Executive Group (PEG) are responsible for monitoring progress against CCG and Somerset System financial plans.	Financial plan for 2020/21, as part of the wider Somerset STP, submitted a draft financial plan for 2020/21 which did not deliver the required financial targets set by NHS England. In addition to the financial gap to the required financial improvement trajectory the Clinical Commissioning Group's financial plan assumes a high level of programme savings opportunities for which detailed delivery plans require further development across the Somerset system. Financial and operational planning for 2020/21 has currently been suspended during the COVID-19 crisis. NHS funding arrangements have changed significantly during the COVID-19 pandemic. Guidance is currently pending in respect of national financial reporting requirements for CCGs during this time. The Somerset health system needs to continue to work together to identify and deliver against improvement and transformation plans. A range of detailed CIP and QIPP plans will continue to be developed across the Somerset system.	None		
368	CCG Safeguarding Adults Provision	13/12/2019					12		3	5	15	Final approval	There is a risk that the CCG will not be able to intervene in a timely way to safeguard adults as we do not meet the requirements set out in the National Intercollegiate Document, and the expectations set by NHS England	Quality and Nursing			Prioritisation of Work plan by Designated Nurse for Safeguarding Adults Temporary support from Designated Children's nurse on Domestic Homicide reviews		A business case was completed and approval for a full time band 8a agreed, recruitment is underway. Other plans include review of other safeguarding functions within the CCG. End of August 2020	0		
236	Court of Protection cases	14/07/2017					12		4	3	12	Final approval	Changes in Case Law have resulted in an increase in the number of cases the CCG is required to take to the Court of Protection in order to ensure that individuals' human rights are not breached. Until the Liberty Protection Safeguards are implemented, there are a number of individuals who are funded by the CCG and live in supported living that may require a legal framework to authorise the Deprivation of Liberty. The only framework available is currently through the Court of Protection. This may mean that a small number of individuals are not appropriately safeguarded.	Quality and Nursing		Case Review by CHC team to identify and prioritise those cases that require an application to the Court of Protection Provision of Legal Advice to CCG to support the CCG in fulfilling their functions		The actions in place to address this are: Provision of bespoke Court of Protection training to relevant 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	0			
428	COVID - risk of nosocomial transmission	15/06/2020							3	5	15	Awaiting final approval	Spread of COVID as a result of health and care service delivery - meaning spread of COVID infection for people working, visiting or staying overnight in a health or care setting	Quality and Nursing	Spread of COVID as a result of health and care service delivery - meaning spread of COVID infection for people working, visiting or staying overnight in a health or care setting	Number of Outbreaks in hospital and care home settings	Sufficient PPE and social distancing arrangements to resume routine healthcare activity Knowledge and understanding of how best to balance risks between enjoying social freedoms, avoidance of economy damage and controlling the COVID virus Full understanding and compliance with COVID procedures	Growing waiting list to occur in care home settings	Yes	There have been no occurrences of hospital COVID outbreaks. Outbreak numbers in Care Homes settings have been reduced from a high of 79 outbreaks recorded on 17 May down to 7 on 12 June 2020.		
386	COVID19: Personal Protection Equipment (PPE) - protection & prevention.	21/04/2020							4	4	16	Final approval	Maintaining adequate supplies of PPE to meet the hugely increased demand arising from COVID19. Supplies are required to meet mandatory quality checks. There is a risk to staff from COVID19 infection if adequate PPE is not provided. Patients may also then be at risk from infection.	Quality and Nursing	1. Increased COVID19 transmission. 2. Increased mortality rates. 3. Reduced supply of items, some specific items. 4. Staff sickness. 5. Unplanned staff absence. 6. Litigation. 7. Delay of care.	1. Increased COVID19 cases. 2. Change in COVID19 guidance. 3. Actions from misunderstanding of COVID19 guidance. 4. Logistics. 5. Prioritisation. 6. Quality of PPE. 7. Supply chain instability. 8. Post lockdown demand change.	1. Patient Stock Reports for Acute Providers received from Regional Team. 2. Report showing how many Social & Primary Care providers have registered on the solution. 3. E-mails received from Providers requesting urgent support for PPE supply. 4. E-mails received from Providers confirming that Wholesalers have been approached prior to requesting urgent support for PPE supply. 5. Bulk Order Request Forms requesting PPE (Primary Care).	2. Report showing how many Social & Primary Care providers have registered on the solution. 3. E-mails received from Providers requesting urgent support for PPE supply. 3. Limited reporting for make-shift PPE use and PPE demand and supply. 4. E-mails received from Providers requesting urgent support for PPE supply. 5. Bulk Order Request Forms requesting PPE (Primary Care).	Yes	PPE supplies in Somerset are mostly meeting demand. L and S remain at 4 due to exposure in: Supply Chain: Wholesaler supply chain may not be back in place. Uncertainty of future supply at national or region level. eCommerce solution: Volume of providers not authorised to use system limited; limited item ordering may not meet demand needs of providers accessing this system. Dental Practices: Between 20-30% of practices are opening. PPE for schools Exposure: Unclear on how many schools have opened with unknown delivery of all emergency packs as planned, but no issues		

390	COVID19: Reduced clinical safety.	29/04/2020					3	4	12	Final approval	The COVID19 pandemic has reduced the clinical safety of care due to the demands for workforce, equipment, medicines, provider capacity and clear guidance. Guidance has been changing frequently.	Quality and Nursing	1. Section 42 notice to CCG. 2. Harm and/or death. 3. Quality of care delivered. 4. Litigation.	1. Change of guidance. 2. Actions arising from guidance misinterpretation. 3. Ventilator supply does not meet demand. 4. Oxygen supply does not meet demand. 5. Workforce supply and/or skill set does not meet demand. 6. Medicine supply does not meet demand. 7. Inequitable service. 8. Ambulance capacity. 9. Planned care stepdown. 10. Remote working.	TBC	TBC	TBC		
238	Cyber Security	18/04/2017	12	12	12	12	3	4	12	Final approval	Malignous disruption to a critical IT system. Cyber risk is increasingly prevalent across healthcare sector as the cyber threats continue and become more sophisticated and can impact on the delivery of safe patient care, key information assets as well as business processes. Action plan for regular testing of security arrangements and maintenance and update of identified security gaps. Full action plan in place for the CCG.	Operations		<ul style="list-style-type: none"> Up to date IT operating systems and business continuity plans in place to ensure critical services can continue. Specific controls include: <ul style="list-style-type: none"> Effective SCW Information Security Management System including IT security framework and IT security assurance plan for CCG. SCW implementation of Cyber Security framework that is based on Department of Health '10 Steps to Cyber Security'. Information Governance Privacy Impact Assessment process including the System Level Security policy review. Annual Penetration Tests aligned with ISO 27001 standards. For year 2017/18, penetration test was performed by NHS Digital during March 2017 as a part of CareCERT Assure early adopters programme. IT security incident handling policy. SCW IT business continuity plans and disaster recovery plans. CareCERT advisory/bulletins, notifications, scanning and React service in place and effectively delivered by SCW. 	<ul style="list-style-type: none"> Free to attend Cyber Awareness sessions for senior staff to help build the cyber aware message in the region. These are likely to start in November or December 2019. Security training and testing on-going Data Security and Protection Toolkit assessments and assurances to be a requirement in all contracts – on-going Resolve national configuration barriers to enable removal of GP admin user rights – review autumn 2019 Risk rating was reviewed at IGRMCC in August and remains as is. CCG action plan updated with majority of actions completed. Await new NHS/National Cyber Security Centre information to inform 2019 Cyber Security Action Plan Signed up to Cyber Associates Network. Continue discussion with Audit Committee Chair and SCWCSU for technical support. 				
135	Dementia Diagnosis Rates	17/09/2014	16	16	12	12	4	3	12	Final approval	There is risk that people and their families will not receive an early diagnosis for dementia to assist with treatment, planning and adaptation for care. Joint Dementia Strategy and action plan.	Operations		<ul style="list-style-type: none"> Work has been started to match the diagnosis codes from the Memory Assessment Service with EMIS to ensure that diagnosis is correctly imputed into GP systems March 2020 NHS England have invested £15,000 to improve Dementia Diagnosis in Somerset. The money will be used to work with the Primary Care Networks to set up support services for patients diagnosed with dementia to ensure that following diagnosis support is available. March 2020 Review of CHC records to match dementia diagnosis with EMIS records as currently there is a recording issue March 2020 Working with GP surgeries to review patients within Nursing and Residential Homes to ensure that patients are receiving a correct diagnosis of Dementia and that the records are recorded within the EMIS system. March 2020 Review of current Dementia diagnosis pathway to be undertaken by GP Lead. March 2020 	Currently on hold due to COVID-19		This risk has materialised. There are longstanding issues re achieving national standards for dementia services. National ambition for diagnosis rates is 66.7% local Somerset rate is currently 57.0% (April 2020) Dementia activity has been put on hold nationally due to the COVID pandemic.		

143	Dermatology	30/01/2015	16	16	16	15	5	3	15	Final approval	<p>Patients with non-urgent, urgent and 2 week wait suspected cancer services may have delays in access to treatment as a consequence of closure of the dermatology service in April 2017.</p> <p>This reduction in service provision is accompanied by rising demand. Patients are having to travel to Exeter and Bristol to access secondary care Dermatology Services. Current demand for 2 week waits is increasing beyond capacity available from out of county providers.</p>	Operations			<p>The CCG has agreed additional capacity with UHBristol (2ww activity) and Royal Devon and Exeter (routine activity) for patients who previously would have been seen at Musgrove Park. Financial support (at a premium) provided to UHB for an additional 40 2ww appointment slots per week.</p> <p>Weekly monitoring of referrals to understand any delays, where capacity is not meeting demand.</p> <p>Teledermatology in place in some areas of the County (routine Advice & Guidance only)</p>	<p>Working with UHB on potential solutions to support wider uptake of Telederm, to reduce demand into secondary care. Exploring alternative Telederm solutions, and also in communication with RD&E regarding expanding their Telederm offer.</p> <p>Explore opportunities to expand the Community Dermatology Service, particularly in the East of the county.</p> <p>Agreed as a priority programme of work as part of the Planned Care Transformation Group.</p> <p>Exploring options for closer working between Somerset Providers, mapping current resource and pathways.</p> <p>NHSE conducted a regional piece of work on demand and capacity planning (2018) which the CCG has contributed to. 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.</p>				
10	Diagnostic Treatment	09/05/2019	16	16	16	16	4	4	16	Final approval	<p>Patients waiting for diagnostic tests increasing risk of delayed treatments. Performance against the 99% standard in January 2020 was 91.9% against an ambition of 90.1%, with the key challenged modality being Endoscopy. The Provider who has the most significant impact upon SCCG is TST who has improvement plans in place to increase capacity during Q4.</p>	Finance, Performance and Contracting			<p>SCCG continues to experience extended diagnostic waiting times at TST; the Trust has an improvement trajectory and underpinning Action Plan in place with progress tracked on a monthly basis. The pressures are predominantly within Endoscopy (and to a lesser extent CT) with an improvement seen in the radiology modalities (MRI and non-obstetric ultrasound). The challenges within endoscopy have an impact upon the diagnostic cancer and RTT pathways.</p> <p>A Driver Diagram (for TST) is updated on monthly basis, which outlines the key improvement actions by modality and is reviewed at the monthly performance meeting with the Trust, at the System Assurance Forum and System Performance Group. There is a link to Risk 285 (Cancer Targets), and a Deep Dive upon Endoscopy capacity took place in the SPG December meeting (11/12/2019).</p> <p>TST has been awarded national funding to increase capacity during the winter period.</p>	<p>TST have procured additional MRI and endoscopy capacity to address the accumulated backlogs. The new MRI scanner is now operational (and additional mobile capacity remains in place) and the 3rd CT scanner is fully operational, from February (with mobile capacity retained). Additional Endoscopy weekend sessions are being run, with a further increase in capacity from January 2020.</p> <p>Additional national funding has been awarded to the TST to address the backlog and to achieve a further performance improvement.</p> <p>The increased cancer demand will continue to place a challenge on the routine waiting times and the position continues to be closely monitored and additional capacity sought as required. "</p>				
312	E-zec Non-Emergency Patient Transport Service Sustainability	18/02/2019				15	5	3	15	Final approval	<p>There are concerns about the longer term viability of the contract and risk of E-zec giving notice. Rolling year to the end of January 2019 journeys and mileage were up against plan by 10% and 21% respectively. This reflects general growth in activity at the acute trusts, increased patient complexity and the impact of choice and movement to specialist centres away from local bases. These longer distances result in single-occupancy loads and loss of efficiencies. Many of the discharges are being booked late impacting on scheduling and add to cost-pressures. This is affecting relationships particularly at T&S. Performing is recognised against indicative activity plan on quarterly basis. The delay in recovering this financial balance is adding to the financial pressures.</p>	Finance, Performance and Contracting			<p>Activity is generally considered good, particularly for our Somerset providers; however discharge processes are often too short notice and patients are not always ready for collection which results in journey cancellations. Patient transport is defined as a commissioner requested service so can not be stopped without alternatives in place.</p> <p>As a result of Covid-19, the RAP and AQN have been put on hold pending a return to b.a.u. Evidence of improved management and staff recruitment. Performance against key indicators to the end of March showed marked improvement. Business needs to return to steady state before considering sustainability of cost base and finances. National minimum wage uplift at 5.8% will have significant impact on staff retention if provider is unable to keep pace with market.</p> <p>1/ Work with the local trusts to seek improvements to discharge planning</p>	<p>2019/2020 inflationary uplift was agreed by T&S in July which will allow small increases in staff wages. Commissioners have also looked at ways of improving efficiencies and reducing the cost of operations, including restricting hours at night. Longer term financial sustainability remains uncertain. It is assumed the budget shortfall remains at around £150k once uplift has been applied. Application pending with Better Care Fund to support Home First pathway journeys.</p> <p>11.11.19 - No resolution on additional funding is in place. Operational Manager has resigned which is reflective of current challenges. Concern as we move into winter - is sufficient resourcing in place and no funding to support additional crews?</p> <p>02.12.19 - Concerns have now been escalated through DoFs. Risk of providers not working as a system to agree strategy and way forward. Meeting of commissioners to be convened within 2 weeks to agree next steps.</p> <p>31.12.19 - Increasing frequency of poor performance of county, loss of staff and</p>	None			

412	FFMF Programme - Financial Sustainability benefits not delivered	12/06/2020					5	4	20	Final approval	Programme on hold due to Covid19 - review scheduled July 2020 (Transferred risk from FFMF Risk Register - not new risk) Financial benefits do not meet required levels, or are not delivered on time. Impacted further by pause to Programme during Covid19.	Strategy FFMF	1. Financial savings will not be achieved. 2. Reduction in finances available within system. 3. Knock on impact to delivery of other services			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 July 2020	N/A	N/A		
64	Financial Management	05/08/2019			12		4	4	12	Final approval	The CCG fails to ensure effective financial management/control resulting in further financial pressures and requiring additional savings plans to be put in place	Finance, Performance and Contracting	Lack of financial control and failure to deliver financial objectives and statutory financial performance targets.			A draft financial plan for 2020-21 was submitted to NHSE on 5th March 2020. Through a robust financial management, monitoring and reporting process within the CCG we ensure that: -Strategic financial issues are identified and reported -Arrangements are in place to ensure sound financial control -Monthly finance reports are produced to inform the CCG Governing Body and Finance and Performance Committee of the latest financial position. -Joint System financial reporting on a Monthly basis to the STP to identify any financial/performance issues and variance and to inform discussions to identify plans for mitigating actions. -System focus on turnaround and Transformation plans to reduce costs across the Somerset system. The CCG continues to develop Financial Recovery plans in conjunction with system partners for 2020/21 and beyond.	Operational and financial planning for 2020/21 has been suspended during the COVID-19 crisis period. Further guidance from NHSE/ is awaited regarding when this will resume and what will be required NHSE/ are also considering and have yet to confirm financial reporting requirements for CCGs for the initial period of 2020/21 during the COVID-19 crisis. National reporting from CCGs for month 1 of 2020/21 will be required for COVID-19 related expenditure commitments only. Current guidance from NHSE/ has requested CCGs not to upload budgets for 2020/21 into ledgers until further notice.	Financial monitoring, reporting and governance processes remain in place within the CCG as usual, but will be limited by the level of financial information available and guidance around financial reporting requirements provided by NHSE/ during the COVID-19 crisis period.		
222	GP workforce sustainability	23/01/2017	12	12	12	12	3	4	12	Final approval	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. Current mitigation's include skill-mix, developing extended practitioner roles and target practice groups to share operating functions. Risk of reduced access to GP primary medical care in a defined area/s should a GP service decide to give notice on their contract or suffer short term shortage of medical workforce. Reduced quality of GP service due to reduction in GP workforce numbers.	Operations			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.	Develop the provider workforce through workforce planning, support development of more robust provider groups to support practices. Work closely with LMC to support practices in difficulty. Use CCG sustainability policy to monitor, engage with and support practices that are experiencing critical workforce challenges as required. This is part of the local implementation of the NHS long-term plan which has to be in place by 27 September 2019. Work is ongoing with partner agencies to continue to improve primary care workforce. LWAB reviewing training needs for all staff groups across the community, including expansion of nurse prescribing over next 12 months to June 2020. We have renewed focus on workforce as a top priority for the Primary Care commissioning teams.				

	Growth across the Urgent and Emergency Care System	29/07/2019	16	16	16	16	4	4	16	Final approval	Increased demand on urgent care leading to delays in care in all parts of health and social care services (ambulance, A&E, GP primary care, 111 Out of Hours, transfers of care and cancellation of elective admissions). Compromising patient experience and safety and increased financial costs.	Operations			<ul style="list-style-type: none"> • Acute frailty assessment service (CAF) being run by Devon Doctors ensuring that patients benefit from greater access to a clinician and receive a better experience by completing their episode of care. These changes should have a positive impact on the numbers of referrals to face-to-face assessments (within GP OOH), referrals to ED and referrals to 999. • Regular Monitoring at Urgent Care Operational Group, A&E Delivery Board and Contract Review Meetings against the performance of all providers • Careline at St Margaret's Hospice for care homes has been identified to support care homes so patients are not admitted as an emergency • Consultant Connect provides access for healthcare professionals to Consultants in certain specialties at VDH and RUH for advice and guidance • Acute frailty service at MPH and VDH comprises comprehensive geriatric assessment can result in patients being discharged home without further review. 	<ul style="list-style-type: none"> • The operational services have been extended with one car starting in the West of the county 7 days a week, and one car starting in the East of the county 2 days a week. • System Assurance Forum have identified priority schemes to support the system in response to the increasing level of growth across the Urgent and Emergency Care System. Collectively these schemes mitigate significant growth through a combination of admission avoidance and length of stay reduction which should improve flow throughout the hospitals and improve A&E Performance. • Somerset CCG are working with the CSU to understand the growth in attendances and admissions and what impact the System Assurance Forum schemes will have. This work is ongoing and will be reported through the System Assurance Forum • The Single Point of Access (SpOA) service has now been rolled out with access for Healthcare Professionals, Paramedics, Blood Results and Care Homes to provide GPs with direct access to clinical advice. Direct Booking is now available from 111 			
361	Harms from Falls	08/11/2019			12		4	3	12	Final approval	People may not be adequately protected from harm from falls due to less than optimum primary and secondary falls prevention services. Somerset has the second highest count of falls admissions in the South West for patients aged 65 or over. If prevention strategies were successful in reducing falls related admissions this would be better for individuals who fall and the population in general in terms of resource utilisation.	Quality and Nursing	As the population ages increased adverse impact on people vulnerable to falling and increased demand on health and care services. Having a fall can have devastating and far reaching consequences for both the individual and impact on use of health and social care resources. It is estimated 4% of all adult social care spend is attributable to falls and fractures, in Somerset in one year this would be 2.9m. The estimated cost of one hip fracture in Somerset is £7,169 (as at 2017).	Poor provision for prevention and response to falls.	<ul style="list-style-type: none"> 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 Steadying classes. Somerset Falls Network to co-ordinate prevention work and development improvement work. 	<ul style="list-style-type: none"> Non-injury rescue service being scoped to prevent hospital conveyances. Initial exploration is currently at the stage of reviewing movement to a single harmonised community emergency call pendant service. Scoping of an exercise / strength and balance classes targeted at the most high risk older people populations resident in care homes or receiving home package of care. Complete feasibility and resource capacity / funding requirements (trained instructors) by 31 March 2020. This has been compromised by requirements for social distancing arising from COVID and staff resource for the development work. Test feasibility of community located Raizer Chairs synonymous with community Defib, but would need to be operated by the formal health and care workforce as training and assessment required. Scope by 30 April 2020. Need to check progress as Somerset Care had ordered some Raizer Chairs but it is not known if they were delivered and put into use following COVID 	Delays in implementing the planned additional controls.	Yes	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
323	Neuro Paeds	29/07/2019		16	15		5	3	15	Final approval	Access routes to neuro paediatric services have been temporarily revised to direct referrals to more appropriate services for behaviours that challenge. Whilst these changes bed down there will be disruption to referral pathways. CYP over the age of 5 with mild to moderate behaviour symptoms are likely to be returned to GP. The pressure felt in the system is now shifting towards Schools and families, due to the changes to the neuro paediatrics referral criteria and pathways.	Operations	Potential for school refusal Potential for family and/or placement breakdown GPs are not clear of route to support for CYP with behaviours that challenge CYP do not achieve academically and socially	CYP, their families/carers, and education settings, misinterpret and potentially mismanage the CYP. This could lead to poor mental health issues.	<ul style="list-style-type: none"> Currently, referrals that have been rejected by the Community and Neurobehavioral Paediatrics Teams are being reviewed by multiagency professionals before being passed back to the child's GP to provide additional advice where appropriate. The Woman and Children's Health Commissioning Team are actively working on solutions to the ongoing issues children with behaviours that challenge (ASC and ADHD traits) face. In March 2020 CCG was informed that where there is a weight of other professionals' views that assessment is warranted then CYP over 5 years would be seen. Co-production experience/pathway sessions: <ul style="list-style-type: none"> - 3 with parent carers (October 19 to January 20) - 1-2 with providers (Feb/March 20) - 1 collaborative all stakeholder session (post Covid-19) Adverse Childhood Experiences (ACEs) 	<ul style="list-style-type: none"> CCG Women and Children's team is working with system partners to gain regular reports to evidence that the controls are in place. 	Planned controls have been impacted by Covid-19	Reports of numbers of CYP reviewed by multiagency professionals and outcomes of review Reports of number of over 5s seen following professionals' support	Currently difficult to pursue implementation of controls due to impact and management of Covid-19.

392	No commissioning lead manager for services for Neuro Rehab patients and gaps in service	30/04/2020					5	3	15	Final approval	<p>There is no commissioning lead manager within the CCG for services for Neuro Rehab patients whose acquired brain injury was not caused by stroke or for any other type of neurological conditions needing intensive rehabilitation within their own home.</p> <p>There are a number of gaps in the commissioned pathways for people with acquired brain injuries and other complex neuro conditions requiring rehabilitation, and the absence of a commissioning lead means that there is no provision for monitoring current activity, managing issues that arise from pathway gaps, investigating quality issues, responding directly to patients and families, and looking to secure safe and effective service models. Elements of this have been addressed in an ad-hoc manner depending on the route into the CCG</p> <p>The CCG commissions in-patient beds in the Somerset Neuro Rehab Centre (SNRC) service from Musgrove, but if a patient is clinically appropriate for the SNRC there is no clear pathway or means for patients to access other services.</p>	Finance, Performance and Contracting			<p>Under previous portions members of the contracts team developed knowledge in respect of these brain injured patients. In the absence of robust commissioning arrangements, the team continues to be asked to play a supportive role in facilitating the discharge from acute beds for often complex patients who are not appropriate for the SNRC or a Somerset community hospital stroke unit (if capacity exists, which is rarely the case). Som Par is commissioned to provide a few hours of senior OT support to assist the CCG in determining an appropriate placement and to also assist in facilitating discharge from the neuro rehab placement when rehab potential has been fulfilled.</p> <p>CHC is sometimes involved in assessing and funding the patients at the end of their rehab placement and follows usual CHC practices.</p> <p>On occasions the quality team is approached to support funding requests for neuro rehab placements.</p>	<p>Each issue is managed on a case by case basis, and in an ad hoc manner, by any number of different staff members, with no continuity to understand themes and trends, and so potential risks.</p> <p>The contracts team has asked NHS England (who commission neuro rehab for the most complex patients) to provide information on which CCGs commission neuro rehab well in the South.</p> <p>3 CCGs have been identified. It is recommended that the CCG reviews what is working well in these other health communities and implement changes necessary to address current gaps.</p>	Not aware	
425	Ofsted/CCQ SEND Inspection and Neurodevelopmental pathway.	12/06/2020					5	3	15	In holding area, awaiting review	<p>There is a risk of increased complaints relating to the fragmented pathway for ADHD and ASC. This is caused by the lack of a Somerset whole-system neurodevelopmental pathway with significant gaps and variable commissioning arrangements for ASC and ADHD; pre-diagnosis, assessment and post-diagnosis. Currently, CAMHS receiving increased requests for assessment and intervention for cases that do not meet MH criteria nor have a significant mental health presentation requiring CAMHS specialist response.</p>	Operations	Reputational risk, negative publicity (particularly in light of the SEND inspection), poor experience of care for patients		Looking to commission a new whole system neurodevelopmental pathway	SEND inspection action plan	None identified	Need to establish the governance and oversight arrangements
38	Prescribing Budget	01/04/2014		12	12		4	3	12	Final approval	<p>Risk that medicines management. Quality, Innovation, Productive and Prevention (QIPP) programme may not deliver sufficient saving to meet growth in the prescribing budget.</p> <p>Additional price rises have taken place from Aug 2019 which make budget overspend increasing likely.</p>	Quality and Nursing		<p>1. Prescribing budget has historically been well managed and delivered significant freed-up resources for Commissioners.</p> <p>2. Budget position is closely monitored and information presented to the PAMM and practices routinely through dashboard, scorecards and governance structures.</p> <p>3. Work continues on reducing prescribing of OTC medicines and medicines of low value</p> <p>4. 2019/20 scorecard updated to deliver additional QIPP - generic stock shortages and NCSO drug tariff price rises creating additional risk.</p> <p>Additional £1.2m added to Category M costs for this year.</p>	<p>1. Continued support to practices to improve quality and safety and cost effectiveness good scorecard progress</p> <p>2. Care home reviews and de-prescribing continued and extended in year</p> <p>3. Work continues on reducing prescribing of OTC medicines and medicines of low value</p>			
19	Quality Innovation and Prevention (QIPP) Savings	29/07/2013		12	20		5	4	20	Final approval	<p>Failure to achieve cost improvement plans fails to release cash savings for in year budget and sustainable models of care.</p> <p>Providers in year Cost Improvement Plans (CIP) reviewed and agreed at system wide level as part of Annual Operating Plan.</p> <p>Risk of overspend or reduction in services if providers and commissioners are unable to identify and deliver QIPP workstreams impacting the financial sustainability of health services within Somerset.</p>	Finance, Performance and Contracting		<p>The Somerset STP have a shared Operational Plan, Financial Recovery Plan and agreed Memorandum of Understanding (MoU) for 2019/20 which are all under-pinned by a requirement to deliver QIPP and CIP delivery is now a standing agenda item for the Somerset system Transformation Programme Board, Finance Group and Assurance Forum and regular progress reports are provided to these groups and to regulators.</p> <p>The Somerset system is not anticipating delivery of it's financial targets for 2019/20, which is partly due to a £6m shortfall against the system's QIPP Programme</p>	<p>Risk increased as the Somerset system is anticipating a £6m shortfall against the system QIPP Programme. This projected shortfall is largely against targets set for Acute Settings of Care and System Corporate Savings. Further action has been put in place to mitigate for 20/21:</p> <ul style="list-style-type: none"> Developing financial framework to ensure funding is set aside of monies to pay back in future. Every organisation has met their minimum target of 1.6%/1.1% CIP in 2019/20 on a recurrent basis. Set 2.5% cost improvement programme for 20/21 in line with previous years delivery. Dof's developing plans to address the remaining £8.5m. 			
326	Relying on out of date referral information rather than using EMIS Viewer	13/08/2019			12		4	3	12	Final approval	<p>Organisations are relying on Somerset Primary Link to attach patient information to referrals - which they request from the GP Practice to send through a summary - when they should be accessing EMIS Viewer to see the latest patient information. Therefore, by relying on static information attached to the record, there is a risk and this information will be out of date by the time the patient attends their appointment.</p>	Operations		Digital enablement to provide access to EMIS Viewer for all Trust departments. Digital Delivery Board oversight.		Trusts have supported through Digital Delivery plan. Not considered a priority operationally.	None	

430	SEND- Compliance to statutory and legal duties.	25/06/2020					4	5	20	In holding area, awaiting review	SEND- breach of Children & Families Act; Disability Code of Practice	Quality and Nursing	1. Special measures enforcement for the CCG 2. Requires improvement rating from Ofsted 3. Children remaining within services into adulthood. 4. Harm to children and families. 5. Improvement notice.	1. Paucity of data 2. Unknown activity volume - Potential large increase if some conditions (Autism, ADHD). 3. Different operating models within Somerset. 4. Capacity issues to redesign service/pathways. 5. Joint responsibility with the local authority.	1. Governance and leadership structure for system. 2. Approved Written Statement of Actions. 3. Pathway development plan for ADHD and ASC. 4. Joint commissioning plan for ADHD and ASC. 5. Standardised Education, Health and Care Plans (EHCP)	Governance and leadership structure for system. 2. Approved Written Statement of Actions. 3. Pathway development plan for ADHD and ASC. 4. Joint commissioning plan for ADHD and ASC. 5. Standardised Education, Health and Care Plans (EHCP)	1. Governance and leadership structure for system. 2. Approved Written Statement of Actions. 3. Pathway development plan for ADHD and ASC. 4. Joint commissioning plan for ADHD and ASC. 5. Standardised Education, Health and Care Plans (EHCP)	No	Many controls are still in development. The effectiveness rating is representing the Written Statement of Actions only. Risk is not acceptable due to the paucity of data and current assurance.	
431	SEND: Quality of service	25/06/2020					4	4	16	In holding area, awaiting review	Quality of the service being delivered for SEND is not high enough for the children of Somerset. The SEND service is currently not compliant with the required standards with significant risk to patients if unresolved. A SEND inspection as the independent review outlined improvements with a mandatory Written Statement required by Aug 2020.	Quality and Nursing	1. CCG fail CQC inspection of SEND services 2. CCG receive formal notice to provide Written Statement of Action in 70 days. 3. Reputation 4. Harm to children with needs not being met.	1. Variance of quality of service within Somerset. 2. Capacity within Somerset health system to deliver the required improvements.	TBC	TBC	TBC	No	Many controls are still in development. The effectiveness rating is representing the Written Statement of Actions only. Risk is not acceptable due to the paucity of data and current assurance.	
365	Somerset Integrated Urgent Care Service - Added Activity	02/09/2019			12		4	3	12	Final approval	Additional activity over what was planned when procuring the service, as a result of this the provider may seek additional funds from the CCG	Finance, Performance and Contracting			Contractual Terms and relevant CRM meetings, internal strategy meetings.	Short term winter monies investment to stabilise and prevent the Contractual process being enacted by Devon Doctors. Investment Document, Medium term - working group workshops to inform the level of investment required. Longer Term Strategy Work, working with Primary Care to enable us to get a shared cost for the recruitment of clinical staff. Data Quality insufficient to corroborate suggestion that activity is above contract due to poor reporting by provider. A series of meetings to address this is underway. 17.3.2020 - COVID19 activity may be offset from national funding.				
366	Somerset Integrated Urgent Care Service - Care UK Concerns	06/12/2019			15		5	3	15	Final approval	Concern over Care UK 111 performance and limitations in having oversight and assurance on this due to sub-contracting arrangements.	Finance, Performance and Contracting		Being addressed through CRMs. Our original risk was the streaming of patients through 111 for Under 5s and over 75s, but the system changed so all calls were put through to CARE UK (this change happened the end of Sept 19) since then performance has dropped significantly and has been difficult to understand causes improvement plan due to DDOCs being commissioner of the sub-contract. There have been national changes to Pathways 18/NHS111 that have contributed to the reduction in performance.	Improved Feedback through escalation calls on validation rates, 111 Data is being provided on a weekly basis that informs a forward view position of shift fill. Discussed in CRM Meetings and through KPIs, visibility if they have gone through national Contingency and agreed triggers that show when are in escalation and tri-party meetings with Devon Docs, BNSSG and Somerset CCG, better communications, meetings with Lesley Holt from NHS as well as other CCSS. Also Care UK have been invited to the next CRM in June 2020. Escalated visibility with devon doctors. Tried to invest in improved validation but due to service demands this has not been realised to date and we continue to work with Devon Doctors to resolve this. We also have an internal meeting with Geoff Sharp and David Freeman to discuss contractual levers and penalties.					
364	Somerset Integrated Urgent Care Service - Service Problems	02/09/2019			15		3	5	15	Final approval	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. Non-performance against national KPIs and quality standards Poor data integrity limiting oversight of IUC service true position	Operations		Virtual contract meetings in place. additional work is required and this is part of the ongoing discussions with DDOC re CAS modelling, activity and investment, alongside the Multi Agency Working Group that is currently discussing improvement opportunities with IUC including CAS as means of being the key point to UC system demand management. Winter monies has been agreed with DDOC to support improved clinical shift fill and CAS validation over Winter (1 November - 31 March) with longer-term investment being discussed. Additional winter monies for 111 is also payable to DDOC to support Care UK contract over winter.	Improving classification of urgency to 6 different options so that clinicians can determine the highest priority cases					

363	Somerset Integrated Urgent Care Service - Shift Fill	02/09/2019				15	3	5	15	Final approval	Availability There is pressure on operations as a result of the level of clinical uptake in shifts and the reducing pool of clinicians who are regularly filling shifts. Also, clinical resources are not allocated where they are most required. This leads to pressures on operational capacity and clinical safety of the service	Operations		Rota in place with RED shifts to ensure clinical safety - clinical workforce recruitment plan in place to encourage greater shift uptake. - Formal rota review completed, "Project J" went live 2 Sept 2019	Continue to monitor the service through regular contract monitor meetings (using incidents and complaint data) to inform our decisions. Escalation calls used to inform shift fill deficit remaining; CCG seeing a reduction in the deficit in shift fill. Work has begun with system partners for integrated workforce solutions.		
318	Statutory Children Looked After Health services not delivered due to commissioning gaps	20/05/2019			12	15	5	3	15	Awaiting final approval	Somerset Children Looked After who are resident both in Somerset and outside of Somerset are at high risk of not receiving statutory health assessment and needs led healthcare in a timely way due to gaps in commissioning and service provision. February 2020 - above risk further exacerbated by current and potential long term absence of Specialist CLA Nurse. March 2020 - above risk further exacerbated by implementation of measures to halt the spread of coronavirus, (COVID-19), requiring cessation of all face to face statutory health assessments and development of telephone assessment service. Implementation of CLA Transformation programme following approval of CLA Business case has not been implemented due to necessity of implementing COVID-19 measures and redeployment of staff etc.	Quality and Nursing	<ol style="list-style-type: none"> Unnecessary delays for CLA whose plan is adoption with an increasing risk of prospective adoptive parents looking outside of Somerset for a child to adopt Increasing numbers of CLA and Care Leavers, (correlating to the continuing upwards trend of increased numbers of children becoming looked after in Somerset), reaching adulthood with unmet health needs, an inability to manage their health needs and successfully access health services independently and having a negative view of the effectiveness of Health professionals. Increasing numbers of CLA and Care Leavers requiring access to Tier 3 and 4 CAMHS, Substance Misuse and Adult Emotional and Mental Health services No decrease in the numbers of CLA and Care Leavers referred to specialist eating disorder services No decrease in the number of CLA who go missing No decrease in the number of CLA and Care Leavers at risk of offending and are involved in the Criminal Justice System. 	<p>CLA service review completed and CLA Business Case proposing three year investment and transformation plan was agreed by the CCG before the start of the pandemic.</p> <p>Providers have agreed in principal to implementation of newly developed CLA Activity and Performance Dashboard but this has been paused due to need to prioritise Covid-19 pandemic</p> <p>Band 4 Team Administrator commenced full time role within Provider CLA Nurse Team in January 2020 and has now completed induction period</p> <p>Band 8A Named Nurse for CLA has been recruited by Somfar and is currently completing induction programme</p> <p>All Statutory Health Assessment work now taking place via telephone call with the child/carer due to COVID-19 safety measures. This is an</p>	<p>Performance databases now developed and initially agreed</p> <p>Regular meetings between Designated Nurse and Provider CLA Nurse Ops Manager to support team whilst they induct new team members and manage long term sickness.</p> <p>Standard Operating Procedure for Medical Advisor roles currently being drafted</p> <p>Designated Professionals to participate in CLA Named Nurse induction</p> <p>Development of "Decliner Pathway" for those CLA decline to access an Initial Health Assessment</p>	0	
255	SWASFT Category 1 and Category 2 Performance	01/02/2018	15	15	15	15	5	3	15	Final approval	Ambulance staff vacancy rate, being mitigated through recruitment campaign and rota re-alignment to better match service demand. Under-performance against Category 1 and Category 2 Mean and 90th Percentile target. Ambulances may not reach the patient within a timely manner.	Operations	<p>regional meetings are being held with the SWAST local team. Issues are being highlighted with the lead commissioner and at the SWAST Integrated Quality Performance Management Group meetings. Of the 10 Ambulance Trusts across England only 1 Trust (West Midlands) are meeting the new targets following the role out of the new ARP targets.</p> <p>SWASFT are working with West Midlands to understand what they are doing to deliver against the targets. Ambulance staff vacancy rate, being mitigated through recruitment campaign and rota re-alignment to better match service demand. Somerset is currently over-establishment (+10 staff) and on track re 'Our People Plan'. Breakglass clause funding is being used to support increasing activity via DCA (agency) at Shepton Mallet. Somerset's sickness leave rate is down to 6.5% and no longer an outlier. Local / Trust work is being done on decreasing wrap-up times, which has seen a recent increase, partly due to improved</p>	<p>There are a high proportion of calls falling into Category 2, making it extremely difficult to reach the target. This has been raised with SWASFT</p> <p>A Joint Improvement Plan between SWASFT and all commissioners, has been developed to be actioned and delivered locally to address areas of concern and improve performance. The main focus for this plan is seeking to mitigate NHS 111 activity, particularly those resulting in H&T / S&T - currently discussions with IUC provider progressing. HIU Task and Finish Group meets regularly (starting May 2019); UC Team currently mapping HIU work across Somerset. UC Team Project Manager devising business case for Somerset Falls Support Service: this will also support SWAST performance by freeing up resources.</p> <p>HIU Task and Finish Group established within Somerset, with the aim to use QI methodology to identify problems and change ideas across the whole UEC system regarding this cohort of patients. Group also receives support from NHSE /</p>			
243	Vacancies and decreased capacity in Safeguarding Children Team	08/09/2017			12		4	3	12	Final approval	There is a risk that we will not be able to intervene in a timely way to safeguard children due to capacity in safeguarding children team. This arises from vacant Designated Doctor Safeguarding Children (SGC) post and secondment of Deputy Designated Nurse SGC.	Quality and Nursing	<ol style="list-style-type: none"> Named and designated doctors in the provider organisations will not have access to (in the required timescales) supervision in respect of safeguarding for children (some of this supervision would not be covered by current experience within the CCG e.g. child sexual abuse medicals). Access (within the required timescales) will not be available to group supervision for primary care staff in respect of safeguarding children. Limited capacity from CCG to contribute to and lead on the multi agency or single agency case reviews. Limited capacity from CCG to ensure lessons learnt from single or multi agency case reviews are implemented by NHS providers Limited capacity from the CCG to contribute to case reviews where the case may meet the requirements for a serious case review and/or a multi agency review for system improvement. Limited capacity from the CCG for strategic safeguarding leadership for the health system in Somerset. Limited capacity from the CCG to contribute to the safeguarding children training programme. Limited capacity from the CCG to contribute to the safeguarding children partnership audit programme (impacts negatively to system improvement) <p>a) Impact point 1: formal supervision cannot be undertaken by current staff at the CCG as this is not clinically appropriate. b) Difficulty in recruiting to designated doctor for children's safeguarding (nationally and regionally) post, especially in the South West of UK due to nature and responsibility of work (Chair of National network NNDHP has confirmed this). c) The pool of available people to fulfil this post is extremely limited. This post can be filled by a natural progression from another role, being a named doctor (from within a health system) - most organisations have a very small number of named doctors. GP paediatric and Paediatricians need more system oversight and therefore are not a direct replacement. d) Lack of clarity and challenges between priority of statutory and non-statutory work.</p>	<p>Designated Doctor safeguarding Children post currently covered with an interim, who is committed to staying in post until October 2020, supporting transition arrangements.</p> <p>Named Doctors SGC undertaking CSA medicals currently receiving specialist CSA supervision and support from Bristol SARC. Inability to recruit to 5 session a week permanent Des Dr SGC is despite recruitment campaigns and support from the local NHS providers. Advice sought from the National Network for Designated Health Professionals (NNDHP) and the Royal College of Paediatrics and Child Health (RCPC); recruitment is a national issue</p> <p>Changes have been made in the team configuration to increase strategic oversight of children's safeguarding but there remains a gap in the safeguarding children team to meet the minimal best practice guidance service provision. Draft paper written and shared internally within the CCG; regarding recruiting to the vacant post using alternative pool of recruits.</p>	<p>Strategic capacity of SGC team reviewed with Deputy Director of Quality and Nursing on a monthly basis. Additional calls and emails placed to NNDHP; to ascertain next steps in relation to proposal to recruit from CCG Named GP pool.</p>	None	

79	Weston Area Heath Trust	11/12/2019	12	12	12	12	4	3	12	Final approval	<p>Future clinical and financial sustainability of services at Weston Area Health Trust. Difficulty to maintain full range of district general hospital services due to small size of service and recruitment of clinical specialists. A&E overnight services temporarily suspended in August 2017. Future being overseen by North Somerset Sustainability Board.</p> <p>Current services provided at Western Area Trust are financially and clinically unsustainable in current form.</p>	Operations			<p>North Somerset CCG are leading on the Business Case process to find a sustainable solution for services at Weston. This includes consultation with patients and users of the services. Somerset CCG are involved in this process and the Governing Body and Scrutiny Committees will be required to approve any changes. Some reps are invited to the steering group to assure the CCG that proper involvement for the people of Somerset who use Weston services is delivered.</p>	<p>A set of proposals have been published for the future of Weston Area services (including the trust). Somerset CCG are supporting N Somerset in this process. The Healthy Weston consultation ended on Friday 14 June. The final decision making business case recommending which proposals will be taken forward has been produced and will be taken to Somerset GB and Scrutiny committee once a date has been identified. CCG have made their recommendation. Merger is on track for 01/4/2020</p> <p>BNSSG have approved the business case.</p>		
292	Workforce Sustainability	30/09/2018	20	20	20	20	5	4	20	Final approval	<p>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.</p>	Quality and Nursing			<p>Local Workforce Action Board (LWAB) chaired by Hayley Peters. Independent review workforce analysis conducted to inform LWAB and local providers with recommendations. Range of initiatives such as:</p> <ul style="list-style-type: none"> - Early adopter site for Maternity Care Assistants and working with Universities to Assist. - Somerset providers to develop local pathways to support staff into registrant roles. - A strategic approach to apprenticeships developed. - Nurse degree training access via local provider being actioned via LWAB - Breaking barriers project agreed to support Somerset; building community capacity. - Clear project - HEE Pooled training allocation budgets. 	<p>- A range of initiatives are underway</p> <p>- Action Plan to inform Local Workforce Action Board programme in progress. Bridgewater 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.</p> <p>- Long term plan submitted with significant plans for workforce.</p>		