

Report to the NHS Somerset Clinical Commissioning Group on 22 July 2021

Title: Risk Management Update Report

Enclosure J

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 22/06/2021) since the full review by Governing Body on 27 March 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 Assess	ments – key issues identified
Equality	N/A

Quality	As covered by risk action	As covered by risk action plans.				
Privacy	No confidential informati	on included in Pa	rt A risks.			
Engagement	Through Lay representa Engagement.	Through Lay representation of Governing Body and Health and Care Strategy Engagement.				
Financial / Resource	As covered by risk action	n plans.				
Governance or Legal	Meets statutory obligation internal systems of contri		respect of good go	vernance and		
Risk Description	No risk assessments identified for this report.					
	Consequence	Likelihood	RAG Rating	GBAF Ref		
Risk Rating	N/A	N/A	N/A	N/A		

New risks added to Corporate Risk Register in period

ID	Title	Description of risk	Current Rationale	Current Rating
463	CCG Financial Plan 2021/22	The CCG, as part of the wider Somerset Integrated Care System (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 high risk due to the current uncertainties regarding the confirmation and release of further planning guidance and system funding envelopes for the financial year.	20

Risks closed from Corporate Risk Register in period

ID	Title	Description of risk	Rationale for closure	Current Rating
427	COVID-19: Children and Young Persons (CYP) Mental Health access rate	There is a risk that Somerset will not achieve the 35% CYP access rate target for 2021/22. This is due to pressures related to COVID-19 which have impacted the previous steady increase in rate, alongside limited year on year investment and issues regarding data collection.	With changes to the national access definition (from two counts to one), alongside the growth in CYP services including MHSTs for 2021/22, there is confidence that we will achieve the national standard this financial year.	Risk closed
397	CCG Financial Plan 2020/21	In March 2020 the CCG, 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. For 2020/21 the interim plan did not deliver the full Clinical Commissioning Group business rules and identified a financial gap to the required financial improvement trajectory. In addition, the Clinical Commissioning Group's draft financial plan assumed a high level of programme savings opportunities for which detailed delivery plans required further development across the Somerset system.	2020/21 financial year concluded. New risk raised in relation to 2021/22 financial planning process.	Risk closed

Risks de-escalated from Corporate Risk Register in period

ID	Title	Description of risk	Rationale for de-escalation	Current Rating
362	LeDeR Programme	Insufficient capacity to complete LeDeR mortality reviews within timescales to meet NHSE/I target of 6 months from notification.	The risk has been reduced to amber as the April 2021 KPI has been achieved and a substantive LeDeR team is being recruited included a new LAC. However, most of these are new recruits and will need time to settle into the team and ways of working. The new NHSE/I policy and ICS leadership expectation mean that this remains a moderate risk. There is significant political and hence reputational impact.	9
386	COVID-19: Personal Protective Equipment (PPE) – protection and prevention	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.	PPE risk is considerably reduced. Contingent supplies in Somerset are good and national supply chain is robust. PPE cell has been stood down at present. Likelihood has reduced as the community infection rates and methods of control have increased so risk reduced considerably.	8

Risks reduced within Corporate Risk Register in period

ID	Title	Description of risk	Rationale for reduction	Current Rating
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.	Government 50k workforce plan for Somerset/South West on track to meet target for overseas nurse recruitment. Apprentice force programme is also on track.	12 (from 16)
406	COVID-19: Increased demand for mental health services	There is a risk that there could be insufficient capacity in mental health and wellbeing services to meet the increased levels of demand arising because of COVID. This is due to the direct consequences of COVID on individual health and wellbeing as well as the indirect, longer term consequences (e.g. recession, unemployment, child development).	Additional non-recurrent funding made available nationally to support anticipated rise in demand during 2021/22.	12 (from 16)
425	Ofsted/CQC SEND Inspection and Neurodevelopmental pathway	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.	Further controls and assurance in place including multi-agency meetings taking place about the work programme.	12 (from 15)

Risks escalated to Corporate Risk Register in period

ID	Title	Description of risk	Rationale for escalation	Current Rating
436	Adoption Medical Advisor Service	Judicial review has identified that Somerset have provided an Adoption Medical Advisor service that is not compliant with the Adoption Statutory Guidance, the Adoption Agency Regulations or the Care Planning Regulations. Review has also identified a gap in the commissioning of the provision of key obstetric and neonatal information to the Adoption Medical Advisor in order to conform with the Adoption Statutory Guidance.	Additional Medical Advisor capacity secured until February 2022. Additional administrative support secured until July 2021. Difficulties in achieving obstetric and neonatal information sharing escalated to Women and Children's Commissioner, Director and Deputy Director of Nursing, CCG and Paediatric Service Lead, Somerset Foundation Trust Substantive CLA Nurse post with lead for adoption to commence post in April 2021. QC being asked to advise CCG.	15

Risks increased within Corporate Risk Register in period

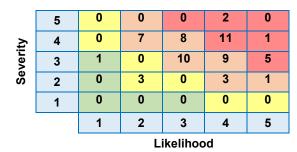
ID	Title	Description of risk	Rationale for escalation	Current Rating
9	Growth across the Urgent and Emergency Care System	Increased demand on urgent and emergency care leading to delays in care in all parts of health and social care services (ambulance, A&E, GP primary care, 111 Out of Hours, transfers of care and cancellation of elective admissions). Compromising patient experience and safety and increased financial costs.	Increased demand in activity across all urgent and emergency care settings.	16 (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

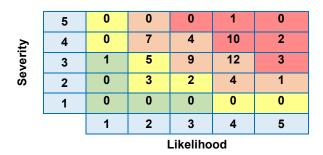
February 2021

Controlled Current Risk: Corporate - 61



June 2021

Controlled Current Risk: Corporate - 65



Corporate level risks by Domain

February 2021

Domain Name	Total	12	15	16	20
A. Impact on the safety of patient, staff or public (physical / psychological harm)	14	8	0	3	1
B. Quality / complaints / audit	2	1	1	0	0
C. Human resources / organisational development / staffing / competence	5	2	0	2	0
D. Statutory duty / inspections	19	3	2	6	1
E. Adverse publicity / reputation	3	0	0	0	0
F. Business objectives / projects	5	1	1	0	1
G. Finance including claims	7	2	0	0	0
H. Service / business interruption. Environmental impact	4	0	1	0	0
I. Contracting and Commissioning	2	0	0	0	0

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

Corporate Level Risks by CCG Directorate

February 2021

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

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

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9	Growth across the Urgent and Emergency Care System	Inability for capacity to meet demand at largest and foregroup Care across foreward penchance, ABL, GP primary cons, 311 Data Haues, transfer of care and cancellation of elective admissions).	29/07/2013	26	16	16	12	n	4	4	55	Operations	impact on the taskey of patient, staff or public (physical/psycholi gical harm)	Calarama La Barana Agai Annagana Manana Magai Cala Superta Subara Manana Manana Magai Cala Superta Subara Manana M		s.18.2.2 - Anomeni using to ministra 16.6 at to homenal danardi in scholy umas al UC
10	Diagnostic Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&G)	09/05/2013	25	16	16	55	16	4	4	56	Finance, Performance and Contracting	Statutory duty/inspections	Januarian Lienni Aurono prog K. L. Leeni Aurono prog G. K. L. Cell Leeni Aurono prog L. L. Cell Leeni Aurono and L. Leeni Aurono and L. L. Cell Leeni Aurono and Leeni Aurono and J. Aurono and Auro	9	In propose of any energy and ener
25	Performance Targets	Inability to meet the integrated performance monitoring targets as outlined in the 2020-21 planning guidance, deveright and improvement Framework and the S Year Long Term Plan.	29/07/2013					16	4	4	55	Finance, Performance and Contracting	Statutory duty/inspections	Salaharan Katalan Salaharan Sa	9	term controls to wat is allocativity of processing is understand. As lease, date and actions its address vality track and access as a and of CONDA Special formation of the address of the
28	GP Prescribing Budget	tubility to next the planed budget allocated to GP prescribing.	01/04/2014	£	12	12	12	12	4	à	12	Quality and Nursing	Finance Including claims	1. In control on a negative in the out of the out of the process and the second sec	4	Pars for young with y during the last of a 1 to 1
142	Dematology	isability to meet national standards for dematology services	30/01/2015	55	15	15	12	12	а	4	12	Operations	Statutory duty/inspections	Evidence and the second s	6	The first an energy over downlong, the origination of an energy of the state of the
212	Ambulance Call Stacking	Ambured decard ecosels copuly multing in decig caving priori Jum	21/0/2016	20	20	20	20	20	4	5	20	Quality and Nursing	impact on the safety of patient, staff or paids gical haves]	 If the CE Visition where CF Chine determines frames and provide the tight hands in the unders and tribles before a development for improvements to the Visit of the Visition of the Chine and the Visit of the Visition of the Vi	5	webb to servely assess to searce as the queues of the galaxy decreases that free years decreases and years and the searce of the galaxy decreases and the galaxy

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242 capa Safeg	scies and reaced actsy in parcting ren Team	The produces of capacity for the standard pair of designation declare subgraving children .	08/09/2017		22	12	20	16	4	4	55 Quali	ty and resa	Haman burosi/organic asional dispresi/Latir (competence	Navandar - Segund faster means plaste of fasterup par- tenor means shadoo ja fas segun for sand finada datan ad fasted Ohj - Segund faster means particular to Social means and particular data - Segund fast for digital data means particular data at a segund faster segund faster daga data at a second of - Segund fast for digital data means particular - NoE particular graded lands data daga dag on.	4	Regard for GC can brief the S11 13 133 bits dependence are engeness in place a white white well approxibilities S1C approximation is an engeness in place a white well approxibilities S1C approximation is an engeness in place a structure of the S1C approximation is an engeness in the S1
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255 Catego Cate	UASET ory 1 and agory 2 simance	Breach of Cotegory 1 and Cotegory 2 SWAGT Ambulance Response Performance (ARP) standard.	01/02/2018	25	15	15	55	16	4	4	55 Oper		Statutory hylinspections	1 2007 Temportage independences activity of sectors available 1 2007 Temportage independences activity of sectors and available 2007 Temportage independences activity of sectors activity of sectors and available 2007 Temportage independences activity of sectors activity of sectors activity of sectors activity of sectors 2007 Temportage independences activity of sectors activity of sec	¢	All 2014 starts in the first 1 blags? Findly, dates single units increasing and 000181 and 1. April Cri 1 Jann Manuster & Janna et al. 2 Jann

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6 Cancer Tan	Longer waiting times may load to poor patient outcomes, and patients providing with an emergency route (through A&G)	09/08/2015	55	16	16	54	: 16		4	4	8	Finance, Performance and Contracting	Statutory duty/inspection	A store summaries	4	The General Laters In a contrast to protocols and trans the higher priority galaxies (FL 12) (2) for get an upper 1-32) softward and upper description (2) and (2) of the second of the
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Somers Integrat Ungent C Service Prof	d inability to provide safe out of hour del services.	62/09/2015		15	15	11	1 12	2	4	a	12	Operations	impact on the safety of patient, staff or public [physical/psychol gical harm]	Janatoran J. Jacky Jarob - weeky with OCC, Group Roder and Deven CCC. 2. Control How medicipant Branch Branch Persentation B. C. C. Forger and Anna Angelly, 3. C. C. Tangarande pilo.	9	Design protection and partnership with monotoning by COL. Serverse in the emails high due to workforw focused, Awating DP cases performance (exploremented and Cot 2020) - report too been monotod converting working work due to the latern subanitized by GOOL.

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405	Physical Health Checks for vulnerable groups (e.g. SMI, LD, ED and dementia)	Physical health needs not being met for vulnerable groups.	30/06/2020				16	4	4	5	Operations	safety of patient, staff or public	Insensation (E. S. September 1997), algorithe the Querter for Algorithe means, (E. S. September 1997), and (E. S. September 1997), and (E. S. September 1997), and (E. S. September 1997), (E. S. September 1997), and (E. S. September 1997), and (E. S. September 1997), and (E. S. September 1997), (E. S. September 1997), and (E. S. Sept	6	The public head in a purpose on adjust to a stand public head of public 2012, this indexing the approximation barries of public 2012, this indexing the approximation barries of public and the public approximation of public and the public approximation of public approxim
406	COVID-19: Increased demand for meetal health services	There is a risk that COVID-related mental health demand could outstrip scapply in meetal health services	90/06/2020				16	4	a	2	Operations	safety of patient, staff or public	Anomation A base additional capacity (MAK Structurentian worknewn) C. Stemark of an agenty (MAK Structurentian worknewn) C. Stemark of an agenty (MAK Structurentian worknewn) C. Stemark of a stepart of the stemark of a stepart of a stepart (maked in a sectior baset) regiones C. Stepart of the stepart of the stepart of a stepart	6	excitations and the second sec
409	Preventable deaths from suicide in relation to COVID19 and aftermath	Preventable deaths from suicide.	30/06/2020			12	12	4	а	12	Operations	impact on the safety of patient, staff or public (physical/psycholo gical have)	Statistican Nonania Nonania 2) A small of the statistican of the 2) A small of the statistican of the statis	9	The source of constant of an indexes should guardients, and means A special stranged and the source of an indexes and an index
412	FFM6 Programme - Financial Sustainability benefits not delivered	Programme fails to deliver suttimable financial benefits.	12/06/2020			20 20	20	5	4	20	Strategy (FMI)	Business abjectives/project s	1. sectorizati or yose espected hands hands within langters gin- Secretar 2003. 2. Sectorization of yose espected hands within the trade of family manual secretary, and pully as y heatment imposed to a share drags, not making using ensaigned 2. Sectorization of yose in the discussion of the of programs have a shared with the growne secret. Sectorization of yose strange to readments- relations of the family with the discussion of the family sectorization of the discussion of the discussion of the family sectorization of the family sectorization of the discussion of the family sectorization of the family sectoriz	9	Ingenen wirk ninn falning mawy finst ONDRI geneticis wirkig Inweskillig of Fazers is sin gelageef Geleff Vickillig Internation org. midel.
413	Patients with complex needs (inc. 5117 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	а	4	12	Operations	impact on the safety of patient, staff or public (physical/psycholo gical harm)	heneralari Di Polema Haraja waka (ja S.D.) ponining Popond. Di Sangharanari. Di Cangha ang and	4	1 i solonojni koji te tra za plane ob kolt se stating revesi i s tranj vana kosar di te ka zi sosoba prost te nova djusiga anka d'orne Ankaja Regnal de filosofe ta nor ta nor regnost gapada de bol anteria, 101 na CCC durig te na na lakite.