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| <b>Title: Risk Management Report</b> | <b>Enclosure: G</b> |
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| Version Number/Status: | 2.0  |
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| Clinical Lead:         | N/A  |
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## Summary and Purpose of Paper

This paper provides an update to the Board on risks in the Corporate Risk Register (CRR) at 16/01/2023. The Risk Register includes all risks scored at 15 and above.

The full current Risk Register (CRR) is appended to provide an overview of the current risk profile and recent movements.

Each of the risks have been reviewed in detail by risk owners / handlers and the risk team in December 2022. Risks are also to be allocated to respective assurance committees for review.

Working with our system partners, and audit committee leads, we want to build on the progress made to date and further develop opportunities to enhance our system understanding of the risks we face, our risk appetite and to develop a board assurance framework. Further updates will be brought to the Board in due course.

## Recommendations and next steps

The ICB Board are asked to review and approve the Corporate Risk Register and note the key movements during this period. These risks have been reviewed in detail via Leadership Committee.

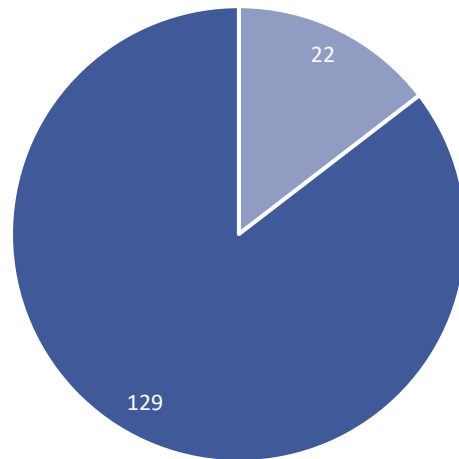
|                      |   |            |            |          |
|----------------------|---|------------|------------|----------|
| Equality             | N/A   |            |            |          |
| Quality              | As covered by risk action plans   |            |            |          |
| Safeguarding         | N/A   |            |            |          |
| Privacy              | By exception, confidential risks will only be reported through internal facing meetings |            |            |          |
| Engagement           | Not applicable  |            |            |          |
| Financial / Resource | As covered by Risk action plans   |            |            |          |
| Governance or Legal  | Meets statutory obligations of the ICB in respect of good governance                    |            |            |          |
| Sustainability       | N/A   |            |            |          |
| Risk Description     | No risk assessments identified for this report  |            |            |          |
| Risk Rating          | Consequence   | Likelihood | RAG Rating | GBAF Ref |
|                      | N/A   | N/A        | N/A        | N/A      |

# EXECUTIVE SUMMARY

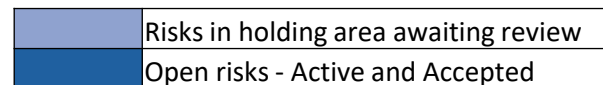
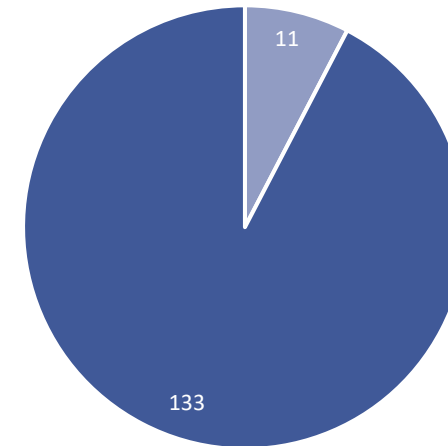
## Corporate Risk Register

**Total number of open risks on Datix (Strategic, Corporate and Directorate) in January 2023 is 144**  
Only those risks with the status Open – Active and Open – Accepted are reported to committees

**Status of Open Risks in October 2022**



**Status of Open Risks in January 2023**



# CORPORATE RISK REGISTER HEATMAP

Corporate Risk Register – January 2023, total of 24 risks  $\geq 15$

| LIKELIHOOD  | 5 | 0 | 0 | 6 | 7  | 0 |
|-------------|---|---|---|---|----|---|
|             | 4 | 0 | 0 | 0 | 11 | 0 |
|             | 3 | 0 | 0 | 0 | 0  | 0 |
|             | 2 | 0 | 0 | 0 | 0  | 0 |
|             | 1 | 0 | 0 | 0 | 0  | 0 |
|             |   | 1 | 2 | 3 | 4  | 5 |
| CONSEQUENCE |   |   |   |   |    |   |

# CORPORATE RISKS BY SCORE

| RISKS SCORED 20 |  |                |               |          |
|-----------------|--|----------------|---------------|----------|
| NUMBER          | TITLE  | PREVIOUS SCORE | CURRENT SCORE | MOVEMENT |
| 9               | There is a risk of extended waiting times and delays across the system due to increased demand across the urgent and emergency care system | 16             | 20            | ↑        |
| 140             | Risk to patient harm in emergency departments due to lack of flow throughout our hospitals   | 20             | 20            | →        |
| 143             | There is a risk of patient harm due to limited specialist dermatology provision in Somerset  | 12             | 20            | ↑        |
| 222             | The GP workforce is inadequate to meet the needs of the population   | 16             | 20            | ↑        |
| 363             | There is a risk of gap in provision of Clinical Shift Fill for 111 and out of hours  | 20             | 20            | →        |
| 542             | There is a risk to patients whose discharge is delayed, awaiting out of hospital care  | 20             | 20            | →        |
| 565             | There is a risk that several GP services across Somerset are unable to meet demands of the population and regulatory standards             | -              | 20            | New      |

# CORPORATE RISKS BY SCORE

| RISKS SCORED 16 |  |                |               |          |
|-----------------|--|----------------|---------------|----------|
| NUMBER          | TITLE  | PREVIOUS SCORE | CURRENT SCORE | MOVEMENT |
| 255             | There is a risk of harm to patients as a result of delayed ambulance responses and hospital handover times.  | 25             | 16            | ↓        |
| 285             | There is a risk that patients will wait longer than the access waiting time required by the specific Cancer standards  | 16             | 16            | →        |
| 292             | There is a risk that the ICS-wide workforce across Somerset is not sustainable and able to meet the demands in health and care   | 20             | 16            | ↓        |
| 322             | There is a risk of harm as CFS/MECFS/ME service provision is inadequate for population needs   | 16             | 16            | →        |
| 327             | ICB may breach its statutory duties, resulting in a risk to patient safety and wellbeing if a person is deprived of their liberty without the authorisation of due legal process.  | 15             | 16            | ↑        |
| 448             | There is a risk of adverse impact to ICB computer systems and networks in the event of a cyber attack  | 16             | 16            | →        |
| 449             | There is a risk that patients will wait longer than 18 weeks for their first definitive elective treatment.  | 16             | 16            | →        |
| 518             | There is a risk of emergency admissions due to the lack of community based Respiratory Services in Somerset  | 20             | 16            | ↓        |
| 544             | If improvements in delivery of high quality and timely assessments within the SEND programme are not sustained then children with SEND needs will not receive the support they require, resulting in not achieving their full potential. | 8              | 16            | ↑        |
| 561             | There is a risk of lack of adequate capacity within Somerset to enable prompt diagnosis and management of TB cases and contacts.   | -              | 16            | New      |
| 564             | There is a risk of an increased rate of serious health issues from poorly controlled diabetes  | -              | 16            | New      |

# CORPORATE RISKS BY SCORE

| RISKS SCORED 15 |  |                |               |          |
|-----------------|--|----------------|---------------|----------|
| NUMBER          | TITLE  | PREVIOUS SCORE | CURRENT SCORE | MOVEMENT |
| 60              | There is a risk of breaching health care acquired infections (HCAI) thresholds set by UK Health Security Agency (UKHSA).   | 15             | 15            | →        |
| 318             | If Somerset Children Looked After who are resident both in and out of Somerset do not receive timely health services they are at increased risk of short and long term health inequalities | 15             | 15            | →        |
| 470             | Risk that CYP who have or are experiencing trauma do not receive a well-being / mental health service irrespective of location   | 15             | 15            | →        |
| 547             | Risk of poor Dental Access for Children Looked After and Care Leavers  | 15             | 15            | →        |
| 559             | There is a risk that children and young people with a learning disability may not get the support they need  | -              | 15            | New      |
| 560             | There is a risk that the waiting times for autism assessment will continue to grow   | -              | 15            | New      |

| ID  | Title  | Current risk rating changed since last review date? | Description   | Rating (Initial) | Rating (Target) | Assurance in place  | Likelihood (Current)                                   | Consequence (Current) | Rating (Current) | Current Rationale  |
|-----|--|---|---|------------------|-----------------|---|--|-----------------------|------------------|--|
| 9   | There is a risk of extended waiting times and delays across the system due to increased demand across the U&E Care System      | ↑   | There is an increase in demand for urgent and emergency services across Somerset leading to extended 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). This increase in demand is leading to patient safety issues due to delays in transfers of care and increased financial costs. There is currently an inability for capacity to meet demand of Urgent and Emergency Care across Somerset in all services.  | 16               | 8               | 1. Daily Escalation Calls - minutes<br>2. Silver & Gold meetings - minutes<br>3. A&E Delivery Board - minutes<br>4. UCOG - minutes<br>5. Monthly Reports from schemes in place that mitigate activity which evidence what resources have been saved within the system   | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | Due to the heightened escalation for both Acute Trusts from provisional to a formal OPEL 4 and SWAST going into a Business Continuity Incident form the 28/12/22 have agreed to increase the Current Risk Scoring to a 20.   |
| 60  | There is a risk of us breaching our statutory requirements for health care acquired infections, UK Health Security Agency      | ↑   | If Infection Prevention and Control (IPC) measures are not followed correctly this can result in potential development/breaches of UKHSA thresholds and result in a risk to patient safety and reputational risk.   | 12               | 9               | Risk Factor reviews, of outbreaks, deaths and any unusual circumstances.<br>minutes of meetings.<br>Quality improvement workstreams working groups.   | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | Work to be undertaken as part of business as usual (BAU) and awaiting reduction targets from NHSE and for review of collaborative work streams<br><br>Risk remains at 15 all HCAI have increased nationally following the pandemic including the Somerset picture.   |
| 140 | Risk to patient harm in ED departments due to lack of flow within the hospital beds  | →   | Extended delays in ED departments which is resulting in patient harm is being caused by the lack of flow in the hospital bed stock. The main impacts of hospital flow are lack of social care provision and bed closures for infection control reasons.<br>There is a risk of patients having a poor experience, spending longer in hospital and an increased risk of infection and decompensation  | 16               | 9               | 1. Daily Escalation calls - minutes<br>2. Operational Oversight Group meeting - minutes<br>3. Ambulance Handover Improvement Plan and Trajectory<br>4. Winter Assurance and Improvement Framework in development  | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | Increase in demand is causing increased pressure on a regular basis, Covid is also impacting on ward closures and staffing. The system is still in an OPEL 4 position.   |
| 143 | There is possible risk to patient's due to limited specialist dermatology provision within Somerset, delaying urgent 2WW       | ↑   | If patients are referred for a two week wait cancer referral for Dermatology, then the reliance on out of county providers is resulting in patients waiting longer to be seen (associated patient harm). This is a consequence of the closure of the Taunton Service in 2017.   | 20               | 6               | Joint system programme manager recruited to redesign new service.<br>Project plan for remodelling of current service<br>Service delivery model.<br>Service delivery model implementation plan.<br>Workforce plan for dermatologists   | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | Significant harm has been identified in a number of patients due to the delays.  |
| 222 | The GP workforce is inadequate to meet the needs of the population   | ↑   | If the GP workforce remains inadequate to meet the needs of the population, then patient services will suffer resulting in potential harm to patients.  | 16               | 12              | The People Board and PCCC which have oversight of local initiatives to sustain and increase the workforce.  | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | There is still a very serious risk to the overall primary care workforce particularly because there are a large number of GPs and Nurses over the age of 55 and although the ICB has a wide range of programmes in place to support primary care workforce, the risk remains significant.<br>Although workforce levels are increasing, there are still considerable gaps impacting on ability to meet current levels of demand. It is assessed as a current likelihood of above 50% probability of the risk materialising. |
| 255 | There is a risk of delayed care to patient's waiting for ambulance, due to ambulance hospital handover times at hospitals.     | ↓   | SWASFT ambulance performance has been of increasing concern, given hospital handover delays and increased ambulance response times over the 7 minute Ambulance Response Performance (ARP) standard for Category 1 incidents, and 18 minute ARP standard for Category 2 incidents. Ambulances may not reach the patient within a timely and safe manner.<br>This has resulted in patient harm, which have been reported through PSIRF (serious incident) report, incident being received from other system partners as well as being identified through regular meetings with SWAST. | 25               | 12              | 1. Joint system handover action plan reviewed bi-monthly - Excel spreadsheet (captures many of the mitigating schemes as listed above)<br>2. Regular contract meetings - minutes<br>3. Daily information received from SWASFT in UC inbox<br>4. Daily Escalation Calls - minutes<br>5. Fortnightly SWASFT handover meetings - notes<br>6. SBAR reviews received daily - reports   | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Cat 1 & 2 response times continue to deteriorate, along with a deterioration in handovers, with 1518 hours lost over the period of October 2022 alone. However, time lost in Somerset handovers constitutes 2.2% of total SWASFT lost hours. Where we are not meeting response times, this has an impact on patient experience and patient safety.<br><br>25/11/22 - was agreed to change risk from 25 to 20   |
| 285 | There is a risk that patients will wait longer than the access waiting time required by the specific Cancer standards          | →   | If we experience increased cancer or unscheduled demand or any unexpected workforce or capacity issues, patients could wait longer than the specified access timeframe within the one or all of the 9 Cancer standards. If this occurs it will have a consequential impact on their cancer, diagnostic or RTT pathway. The consequential impact of this is poor patient experience and potentially clinical harm and breach of the rights and pledges covering access to health services as outlined within the NHS Constitution (last published January 2022).                     | 16               | 9               | Cancer waiting time performance and monitoring of Cancer demand at a tumour site level is reported through the following reports/meetings: IBAR, exception report and detailed appendix, weekly performance scorecard, bi weekly elective brief and reported by exception to System Assurance Forum.  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | The current risk rating of 16 is due to NHS Somerset continuing to not meet the 9 Cancer standards and continue to have instances of patients waiting in excess of 62 and 104 days prior to their first definitive Cancer treatment.   |
| 292 | There is a risk that the ICS-wide workforce across Somerset is not sustainable and able to meet the demands in health and care | ↓   | The rising demand for health and care services across Somerset ICS requires a sustainable level of employed workforce across all areas (including for example all aspects of primary care; social care; mental health; community; acute as well as corporate and support services); and the volunteer workforce. Effective recruitment and retention of the ICS workforce is required.  | 20               | 8               | 1. Existing People Board Highlight reports<br>2. Somerset People Plan programme reports<br>3. Single Oversight Framework Workforce data<br>4. HEE Reports   | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | The national supply of domestic workforce across all health and care professions remains challenging. There are a range of systemic factors impacting the attraction, recruitment and retention including - both long-standing and current context. Current context factors include: consequences of covid and individual health and wellbeing and the cost of living and pay issues.  |
| 318 | Risk of Children Looked After Health services not being delivered within statutory time frames                                 | →   | If Somerset Children Looked After who are resident both in and out of Somerset do not receive timely health services they are at increased risk of short and long term health inequalities.   | 15               | 8               | * Multi agency operational and strategic group minutes available<br>* Service Specification agreed by both Somerset FT and YDS<br>* Improved performance reporting in place on a monthly basis<br>* Evidence of improved care pathway via individual case review  | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | Backlogs from hesh summer when a high number of children became looked after continues to have an impact on current delivery processes despite additional clinical capacity being found. Non attendance at appointments for a variety of reasons is further impacting on this issue.   |
| 322 | Service provision is not adequate for population needs for CFS/ME  | →   | If patients are referred by GPs to the CFS/ME Service, they are experiencing significant waits. The service currently is made up of a small team consisting of a 35.5 clinical hours per week. Long Covid has also impacted on the service due to fatigue referrals. Service is underfunded in line with current activity.  | 12               | 2               | - Review currently being undertaken   | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Risk of patients coming to harm due to long delays in accessing service.   |
| 327 | There is a risk to the ICB of a failure to implement new statutory duties relating to Liberty Protection Safeguards            | ↑   | If the ICB does not adequately allocate resources required to operationally implement the Liberty Protection Safeguards (LPS) process within the CFC team, then the ICB may breach its statutory duties resulting in a risk to patient safety and wellbeing if a person is deprived of their liberty without the authorisation of due legal process.  | 20               | 6               | - Minutes, action tracker, work plan and draft delivery timeline for the ICB LPS working group<br>- LPS NHSE readiness audits and maturity matrix documents<br>- Copies of consultation responses from ICB and system wide<br>- Document produced outlining roles and responsibilities<br>- ID for the LPS Lead post  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | The CQC will monitor this and this will affect the ICB's rating if the LPS legislation is not implemented robustly. Initial scoping indicates the number of CFC eligible clients would be more than one case a week, thus scoring a likely level of occurrence.  |
| 363 | There is a risk to service delivery due to a gap in provision of Clinical Shift Fill for 111.                                  | →   | If 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 111. This leads to pressures on operational capacity and clinical safety of the service which results in delays in patients receiving call backs / face-to-face appointments.  | 25               | 9               | 1. Rota fill updates which are discussed and recorded in team summaries<br>2. Minutes from Daily Escalation Calls<br>3. Morning and midday Sitraps in team inbox<br>4. Rota reports via the MCRM with action trackers<br>5. Quarterly recruitment update to MCRM<br>6. Somerset 111 Improvement Plan, which includes recruitment & attrition, trajectory vs actual, reviewed every Thursday<br>7. Summer Incentives Scheme Dashboard, collating evidence on benefit should a case for further investment be needed across the winter period | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | Shift fill within Out of Hours has improved, but there continues to be concern for clinical and non-clinical shift fill across Somerset 111. ICB monitors a DDOC and PPG RAP weekly, with further updates at MCRM. The challenge is the recruitment market, with ongoing difficulties despite improvement measures being put in place.   |
| 448 | There is a risk of adverse impact to ICB computer systems and networks in the event of a cyber attack                          | →   | If Somerset ICB's computer systems and networks were subject to a cyber attack, then there could be an adverse impact on the organisations ability to conduct its business, resulting in disruption to services across the organisation and potential data breach.  | 20               | 10              | The ICB has a structured assurance plan in place with effective, audited controls.  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Cyber Security is a concern for all organisations using IT networks and systems, and the ICB has a structured assurance plan in place to manage this risk. The current rating reflects the overarching national and international cyber landscape.   |
| 449 | Risk that patients will wait longer than 18 weeks from referral for non-urgent conditions as outlined in NHS constitution      | ↓   | If we experience increased routine, cancer or unscheduled demand or any unexpected workforce or capacity issues, patients could wait longer than 18 weeks for first definitive elective treatment. If this occurs it will be underpinned by longer waiting times in the diagnostic and cancer pathways. The consequential impact of this is poor patient experience and potentially clinical harm and breach of the rights and pledges covering access to health services as outlined within the NHS Constitution (last published January 2022).                                    | 16               | 9               | RTT waiting time performance and monitoring of elective demand at a speciality level is reported through the following reports/meetings: IBAR, exception report and detailed appendix, weekly performance scorecard, bi weekly elective brief and reported by exception to System Assurance Forum.  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | The current risk rating of 16 is due to NHS Somerset continuing to not meet the 18 week standard and continue to have instances of very long waits (> 78 and >104 week waits), although currently delivering in line with reduction ambitions as included within the 22/23 operational plan.   |



| ID  | Title  | Current risk rating changed since last review date? | Description   | Rating (Initial) | Rating (Target) | Assurance in place  | Likelihood (current)                                   | Consequence (current) | Rating (current) | Current Rationale  |
|-----|--|---|---|------------------|-----------------|---|--|-----------------------|------------------|--|
| 470 | Risk of CYP with trauma, challenging behaviour but no MH diagnosis aren't able to access appropriate support                     | →   | There is a risk that there is a group of children who have experienced trauma, exhibit challenging behaviour, but do not have an underlying mental health condition are not able to easily access appropriate support. If these needs are not effectively met, these children and young people are likely to interact with other services and organisations across the system, including health, youth justice, education and social care and there is a risk that they are "falling through the gaps." Failing to address these needs can result in increased needs and poorer outcomes later on.  | 20               | 6               | Regular meetings with NHSEI in place<br><br>Weekly program board meetings with system partners<br><br>Standing item at the Focus and Action Delivery Group (collective of all system partners and parent reps) - underpinned by CYP feedback and formal evaluation<br><br>Actions are recorded and accounted for via minutes and local action planning  | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | The implications of not responding to the unmet need of this group of CYP will create significant downstream challenges and create poorer outcomes for CYP and their families / carers.<br><br>There is active work underway to both plan for and meet the needs of these CYP and this will see further positive developments throughout 2023.   |
| 518 | There is a risk of emergency admissions due to the lack of community based Respiratory Services in Somerset                      | New risk  | If there is no support for people with respiratory disease in the community, then there will be an increase in emergency admissions, resulting in a higher risk of infection.   | 20               | 8               | 'Hospital at Home' programme  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Although there is 'Hospital at Home', there is not a consistent community based respiratory service and therefore a risk of emergency admission.   |
| 542 | There is a risk to patients whose discharge is delayed, awaiting out of hospital care  | New risk  | There is a system risk in relation to the number of patients whose discharge is delayed, awaiting some form of out of hospital care. These patients exist in mental health services, community-based services, community hospitals and in our acute hospitals, as well as in our Discharge To Assess Service. Alongside this, there is a further group within our population, whose care needs are unmet at home. Unless we can improve the delays, we will not be able to achieve the reductions in elective waiting times that we are planning, nor maintain through our Urgent Care System. This presents some patient experience and financial risk.  | 20               | 9               | 1. Somerset Operational Oversight Group - meets on a weekly basis to review the position<br>2. Monthly Intermediate Care Meeting<br>3. Monthly Neighbourhoods Board<br>4. Daily escalation calls  | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | There is a high probability that this risk will frequently occur if robust mitigations are not put in place and these will have major consequences on patient experience and the system being able to deliver the elective standards. The risk has been reviewed at the Intermediate Care Board.   |
| 544 | There is a risk of improvements in the health elements of the SEND programme not being sustained                                 | →   | If improvements in delivery of high quality and timely assessments within the SEND programme are not sustained then children with SEND needs will not receive the support they require, resulting in not achieving their full potential.<br><br>There are two fixed term posts (Agenda for Change 1 x Band 6 and 1 x Band 3) within the ICB which if made permanent would provide the necessary mitigation to sustain improved services.  | 16               | 2               | Ongoing service delivery improvement plan to ensure continuous quality improvement and best use of resource.  | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Fixed term funding ends in March 2023. The additional capacity put into the SEND team supporting the improvements as required by the SEND written statement of action will no longer be sustainable. This will have significant implications for system relationships, partnership working, organisational reputation and the quality and most importantly the experience of children, young people and their families undergoing an assessment for an EHCP. |
| 547 | Risk of poor Dental Access for Children Looked After and Care Leavers  | →   | There is currently poor access to an NHS dentist for Children Looked After and Care Leavers. This is having both immediate and longer term effects on their oral health resulting in dental decay, infection and dental pain and over reliance on emergency and unscheduled care services. Inability to access statutory dental assessments also leads to the ICB reporting poor performance.   | 15               | 6               | * NHSE South West Specialist Dental Commissioners are meeting with Children Looked After Designates on a two monthly basis to update them of progress made. Minutes are available for these meetings<br>* NHSE South West assist in the management of individual Children Looked After and Care Leavers requiring a dentist. Case management information is available to evidence this workstream   | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | Risk remain unchanged with little progress on NHSE commissioning and contractual work with significant gaps in commissioned services still in place and no incentives to prioritise NHS patients over private work.  |
| 559 | There is a risk that children and young people with a learning disability may not get the support they need                      | →   | If there is no commissioned learning disability service for children and young people, then children and young people with a learning disability may not get the support they need, resulting in poorer health outcomes and increased pressure on the wider system.   | 15               | 4               | - Reporting to the Mental Health and Autism Programme Board   | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | The risk is realised and persistent. Adverse effects of children and young people and their families are potentially significant.  |
| 560 | There is a risk that the waiting times for autism assessment will continue to grow   | →   | If appropriate action is not taken, then the waiting times for autism assessment will continue to grow, resulting in poor patient and family experience with poorer outcomes.   | 15               | 6               | - Issue reported via SEND Improvement Board, SEND Delivery Group, SEND partnership group and Mental Health Learning Disability and Autism Programme Board<br>- Business case for investment present to Mental Health Learning Disability and Autism Programme Board to be considered in Feb 23.   | (5) Will undoubtedly recur, possibly frequently        | (3) Moderate          | 15               | The risk is realised and the impact (growing waiting lists) will continue.   |
| 561 | There is a risk of lack of adequate capacity within Somerset to enable prompt diagnosis and management of TB cases and contacts. | New risk  | Lack of an adequate capacity for TB across the Somerset system will prevent prompt diagnosis and management of cases and their close contacts. Without an identified service this could result in lower treatment completion rate amongst cases which could lead to development of outbreaks, multi-drug resistant TB or premature mortality.<br><br>Low prevalence areas are not funded for latent TB screening however we have pockets of populations across Somerset including 1 contingency hotel from high prevalence countries who need to follow national guidance for assessment to identify if active TB is present and latent TB screening if following the displaced persons/asylum seekers pathway. | 16               | 4               | - Migrant working group<br>- TB working group   | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | Cases may not be managed and monitored appropriately if adequate resources and staffing are not allocated.   |
| 564 | There is a risk of an increased rate of serious health issues from poorly controlled diabetes                                    | New risk  | If patients with diabetes do not have well controlled diabetes, then this could lead to serious health complications, including stroke, heart attacks and renal failure. This could result in reduced life expectancy.  | 16               | 9               | Percentage of annual checks ...<br>GP practice treatment targets (currently at 30%)<br>Risk stratification project<br>Number of virtual clinics that take place and action points from each meeting<br>Monthly report of number of users of MyWay Diabetes<br>Verbal reports on attendance figures for FitBit project<br>Fortnightly Steering Group for perioperative care plan, and action notes from this   | (4) Will probably recur, but is not a persistent issue | (4) Major             | 16               | From the evidence of patients not having well-controlled diabetes, there is an increased likelihood of serious health issues occurring from this, with an increased possibility of a reduced life expectancy. If more controls are put in place to help target those who need additional help, then this would decrease the risk rating.   |
| 565 | There is a risk that several GP Services across Somerset are unable to meet demands of the population and regulatory standards   | New risk  | If General Practices across Somerset are unable to provide safe, well led, caring and responsive services then the health needs of the population will not be met resulting in patient safety incidents and poor-quality care and experiences.  | 20               | 8               | Quality Assurance Framework in place as part of contract review process with GP practices.<br>Governance process for responding Quality Assurance Framework in place as part of contract review process with GP practices.<br>Governance process for responding to actions required as a result of quality assurance visit outcomes.<br>National process for supporting practices to apply for resilience funding.<br>Regular operational meetings established where needed.<br>National contract standards | (5) Will undoubtedly recur, possibly frequently        | (4) Major             | 20               | There is significant pressure on the sustainability of general practice services in Somerset, with the principle factor being the lack of sufficient clinical workforce. Although, plans are in place and being further developed to support practices, the risk remains high that practices could fail and be at risk of closure.   |