

Title: Risk Management Report	Enclosure: H
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Version Number/Status:	2.1
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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 ICB Corporate Risk Register (CRR) at May 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. 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 note the Corporate Risk Register including the key movements during this period. These risks have been reviewed in detail via ICB Leadership Committee and Assurance Committees.

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

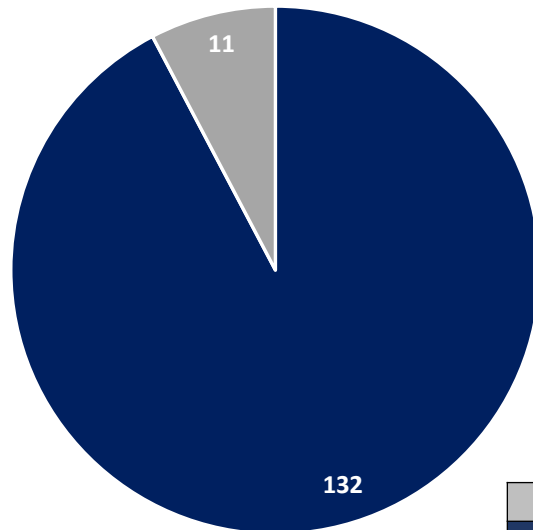
ICB Risk Management Report May 2023

EXECUTIVE SUMMARY

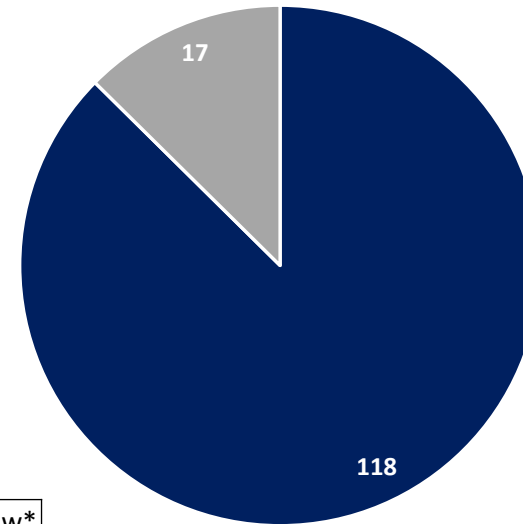
Corporate Risk Register

Total number of open risks on Datix (Strategic, Corporate and Directorate) in May 2023 is 135
Only those risks with the status Open – Active and Open – Accepted reported to committees

Status of Open Risks in January 2023



Status of Open Risks in May 2023



	Risks in holding area awaiting review*
	Open Risks – Active and Accepted**

* Indicates risks drafted, but yet to be completed or approved – not included in formal reporting

** Indicates risks approved and included in formal reporting

Note recommendation from Leadership Committee May 2023 to consider removing the status of 'holding area' on the basis risks are reviewed by Executive Leads, Risk Owners and relevant Assurance Committee.

CORPORATE RISK REGISTER HEATMAP

Corporate Risk Register – May 2023, total of 24 risks ≥ 15 , a net change of zero since the last reporting period

January 2023

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						

May 2023

LIKELIHOOD	5	0	0	7	5	0
	4	0	0	0	11	0
	3	0	0	0	0	1
	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				
ID NUMBER	TITLE	PREVIOUS SCORE	CURRENT SCORE	MOVEMENT
38	There is a risk the GP prescribing budget will be significantly exceeded for 2023/24	12	20	↑
143	There is possible risk to patients due to limited specialist dermatology provision within Somerset, delaying urgent 2 Week Waits.	20	20	→
222	There is a risk the GP workforce is insufficient to meet the needs of the population	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 Risk

CORPORATE RISKS BY SCORE

RISKS SCORED 16				
ID NUMBER	TITLE	PREVIOUS SCORE	CURRENT SCORE	MOVEMENT
140	There is a risk of patient harm in Emergency Departments due to lack of flow within the hospital beds	20	16	↓
255	There is a risk of delayed care of patients waiting for an ambulance, due to ambulance hospital handover times at hospitals	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	↓
327	There is a risk to the ICB of a failure to implement new statutory duties relating to Liberty Protection Safeguards	16	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 from referral for non-urgent conditions as outlined in NHS constitution	16	16	→
540	There is a risk of impact from Urgent Dental Care on wider Urgent and Emergency Care Services	12	16	↑
544	There is a risk of improvements in the health elements of the SEND programme not being sustained	16	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	16	→
566	There is a risk that Somerset ICB is unable to deliver obligations regarding delegated pharmacy, optometry and dental services post 04/23	-	16	New Risk

CORPORATE RISKS BY SCORE

RISKS SCORED 15				
ID NUMBER	TITLE	PREVIOUS SCORE	CURRENT SCORE	MOVEMENT
60	There is a risk of us breaching national thresholds for health care acquired infections	15	15	→
318	There is a risk of Children Looked After Health services not being delivered within statutory time frames	15	15	→
470	There is a risk that children and young people with trauma and with challenging behaviour, but no MH diagnosis, are unable to access appropriate support	15	15	→
547	There is a 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 will not have their needs assessed and met	15	15	→
560	There is a risk that the waiting times for autism assessment will continue to grow	15	15	→
572	The ICB has not fulfilled its statutory duty to implement the NICE TA guidance relating to Palforzia within 3 months	-	15	New risk
580	There is a possible risk to children on a child protection register due to GP's not completing case conference reports.	-	15	New risk

ID	Title	Current risk rating changed since last review date?	Description	Rating (Initial)	Rating (Target)	Controls in place	Gaps in Control	Assurance in place	Gaps in Assurance	Likelihood (current)	Consequence (current)	Rating (current)
38	There is a risk the GP prescribing budget will be significantly exceeded for 2023/24	Risk rating increased	Risk that medicines management Quality, Innovation, Productivity and Prevention (QIPP) programme may not deliver sufficient savings to meet growth in the prescribing budget. Inability to meet the planned budget allocated to GP prescribing.	20	12	<ol style="list-style-type: none"> The Medicines Management team set practice budgets and monitor and performance manage as best as possible practice spend in year. Somerset has the lowest prescribing costs in the South West region. Budget position is closely monitored and information presented to the Prescribing and Medicines Management group (PAMM) and practices routinely through dashboard, scorecards and governance structures. Work continues on supporting GP practices in reducing prescribing of over-the-counter medicines of low value and those causing harm and admissions. 2022/23 scorecard updated to deliver additional QIPP - general medicines stock shortages and drug tariff price rises creating additional risk. 	<ol style="list-style-type: none"> Shortage of sessional pharmacists currently reduces support to practices to improve quality and safety and cost effectiveness good scorecard progress. Low numbers of PCN pharmacists in some PCNs means that less structured medication reviews (SMRs) are completed, many of which involve deprescribing of medications <p>Somerset has one of the smallest medicine management teams in the region.</p> <p>COVID-19 has made controlling financial costs of prescribing less of a priority for GP practices.</p> <p>PCN national incentives are seen as a higher priority than ICB prescribing incentives.</p> <p>PCNs have recruited pharmacists historically commissioned by the CCG to control prescribing costs so gaps in workforce have appeared delaying financial control.</p>	The medicines management team set practice budgets which we monitor and performance manage as best as possible practice spend in year.	An in year budget adjustment is unlikely. Forecast overspend stands at over £4.3m at end of February 2023. Recent increases in generic prices have added to costs	(5) Will undoubtedly recur, possibly frequently	(4) Major	20
143	There is possible risk to patients due to limited specialist dermatology provision within Somerset, delaying urgent 2 Week Waits	Risk rating unchanged	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	<ol style="list-style-type: none"> Additional capacity - (UHBristol 2 week wait activity and Royal Devon and Exeter (routine activity) for patients who previously would have been seen at Muggrove Park. Financial support (at a premium) provided to UHB for an additional 40 2ww appointment slots per week. Weekly monitoring of referrals to understand any delays, where capacity is not meeting demand. Teledermatology (routine Advice & Guidance only) Service delivery model and associated implementation plan. Workforce plan for dermatologists Collaborative: Executive care board (ECB) Executive Lead and project manager recruited within Trusts to take the project forward. 2 week wait triage clinic 	<ol style="list-style-type: none"> Teledermatology (routine Advice & Guidance only) Service delivery model and associated implementation plan. Workforce plan for dermatologists 	Joint system programme manager recruited to redesign new service. Project plan for remodelling of current service. Service delivery model. Service delivery model implementation plan. Workforce plan for dermatologists	Teledermatology provision and use	(5) Will undoubtedly recur, possibly frequently	(4) Major	20
222	The GP workforce is insufficient to meet the needs of the population	Risk rating unchanged	If the GP workforce remains insufficient to meet the needs of the population, then patient services will suffer resulting in potential harm to patients.	16	12	<ol style="list-style-type: none"> Recruitment initiatives Overnight and monitoring of no criteria to reside Retention initiatives 	Information analyst support required. Opportunity to expand initiatives to further influence control measures already in place.	The People Board and PCCC which have oversight of local initiatives to sustain and increase the workforce.	The Primary Care Strategy currently in development is expected to identify further measures which could be taken to address workforce challenges in primary care including GP practices.	(5) Will undoubtedly recur, possibly frequently	(4) Major	20
142	There is a risk to patients whose discharge is delayed, awaiting out of hospital care	Risk rating unchanged	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	<ol style="list-style-type: none"> Action and improvement plan has been developed Overnight and monitoring of no criteria to reside 100 day discharge workplan in place, with metrics focused on improving discharges within the community Monitored through the Intermediate Care Board Winter Resilience Reporting is being established to monitor progress on the OPMH Beds and Care Pods which should support discharge GP Specification is being created to support patient discharge into intermediate care beds Intermediate Care contracts are being reviewed to include the expectation of weekend transfers to improve discharge and flow Focused work has taken place, to review patients waiting at Muggrove Park Hospital, which has resulted in some positive improvements. Similar work will now be undertaken at Yeovil District Hospital. Daily escalation calls Monitoring through the Adult Social Care Discharge Funds and Winter Funds No criteria to reside discussions are taken through the ICS exec route. <p>Intermediate Care Board suggest monitoring of -</p> <ul style="list-style-type: none"> VCSX unable to grow capacity which could reduce ability to off-set PW3 demand in periods of escalation Continued reduced ability to access long term OPMH capacity Continued reduced long term homecare capacity after care pod resource used Primary Care cover to support existing and further escalation beds this winter 	Improved communication across ICB teams.	<ol style="list-style-type: none"> Somerset Operational Oversight Group - meets on a weekly basis to review the position Monthly Intermediate Care Meeting Monthly Neighbourhoods Board Daily escalation calls 	Increased meetings with ICB colleagues	(5) Will undoubtedly recur, possibly frequently	(4) Major	20
141	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	<p>As required, support may include for practices that may need support:</p> <ul style="list-style-type: none"> Quality Assurance framework in place, which includes: <ul style="list-style-type: none"> Regular contact to monitor the contract requirements System and process in place to respond to any deviation or variation of the contract. Systems and process in place to support practices and respond to concerns for example, access to resilience funding. Re-prioritise ICB workloads to respond to urgent and important needs. Good quality relationship established with general practice and facilitating the sharing of information at the earliest opportunity. Regular liaison with CCG Review of soft intelligence such as patient surveys Regular liaison with Local Medical Committee and Primary Care Networks 	<p>Typical gaps may include:</p> <ul style="list-style-type: none"> Lack of assurance around governance arrangements Over reliance on locum GPs Lack of patient safety culture within general practice Lack of flexibility and responsiveness to gaps in general practice leadership and governance. Lack of systems for primary care data sharing for quality monitoring purposes 	<p>Quality Assurance Framework in place as part of contract review process with GP practices.</p> <p>Governance process for responding to actions required as a result of quality assurance visit outcomes.</p> <p>National process for supporting practices to apply for resilience funding.</p> <p>Regular operational meetings established where needed. National contract standards</p>	<p>Typical gaps may include:</p> <ul style="list-style-type: none"> Lack of evidence of good governance arrangements Shift patterns within practices 	(5) Will undoubtedly recur, possibly frequently	(4) Major	20
140	There is a risk of patient harm in Emergency Departments due to lack of flow within the hospital beds	Risk rating decreased	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. There is a risk of patients having a poor experience, spending longer in hospital and an increased risk of infection and decompensation	16	9	<ol style="list-style-type: none"> A&E Somerset Delivery board Somerset Operational Oversight Group meetings Somerset Escalation calls when required SWASFT - Handover delays meeting - twice monthly with an ambulance handover improvement plan in place Hospital Ambulance Liaison Officer (HALO) - handover/patient flow Frailty Assessment Unit - direct access for SWASFT 111 Validation programme - validated before cases come to ED or 999(Devon Doctors). ED validation for 111 on-line programme scheme. NHS 111 First - demand management for pandemic and winter demand management. Same Day Emergency Care streaming with direct access for Ambulance Crews 100 Day Discharge workplan in place across the acute and community settings to improve flow A No Criteria to Reside Trajectory as been developed with associated actions to improve discharge and flow Winter Schemes have been identified and are being implemented to support demand and capacity across winter Surge Plan and bed capacity modelling Infection Prevention and Control policies for each provider. Escalation Framework. <p>Preventative:</p> <ol style="list-style-type: none"> Winter Plan Infection Prevention and Control policies for each provider. Escalation Framework. <p>Detective:</p> <ol style="list-style-type: none"> Audit for the Discharge to Assess model to build a service that has the capacity to support earlier discharges with enablement services. Bed capacity modelling. 	<p>Winter Schemes plan (Intermediate Care, additional escalation beds, Think 111 First)</p>	<ol style="list-style-type: none"> Daily Escalation calls - minutes Operational Oversight Group meeting - minutes Ambulance Handover Improvement Plan and Trajectory Winter Assurance and Improvement Framework in development 	<p>Winter Schemes plan & implementation performance reports/Intermediate Care, additional escalation beds, Think 111 First)</p>	(4) Will probably recur, but is not a persistent issue	(4) Major	16

255	There is a risk of delayed care of patients waiting for an ambulance, due to ambulance hospital handover times at hospitals	Risk rating decreased	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. 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 SWASFT.	25	12	<p>Collaborative:</p> <ol style="list-style-type: none"> SWASFT 2 weekly meetings (performance, activity levels, handover, workforce) Finance Information System Committee (FISC) - Monthly meetings, NHS Devon contract lead for performance, contract, activity) Hospital (Yeovil District Hospital (YDH) and Somerset Foundation Trust (SFT)) handover meetings with A&E Somerset Delivery Board - monthly A&E Somerset Delivery Board - monthly Devon Doctors and Care UK meetings - to reduce 999 and ED dispositions to enable resourcing to be able to meet Cat 1 ARP standards. Validation programme - to establish which calls do not require Cat 1 and Cat 2 disposition and ED. High Intensity User (HIU) task and finish group - frequent access to Urgent Care services. Hospital Ambulance Liaison Officer (HALO) position in place to support hospital handovers in Somerset only Virtual Wards - key component of the surge capacity plan through the ability to manage patients outside of the hospital environment Alternative Pathways Workshop - Working collaboratively with SWASFT, SFT, YDH and community ensuring any alternative pathways have been captured on the DDS ensuring SWAST have the best referral route for patients which can be referred on scene instead of a conveyance into hospital Handover Escalation Plan - EDs agreed actions for each level determined by SWASFT performance, for example confirming the current cat 1 emergency handover arrangements and agree any further actions. GP Community Pharmacy Consultation Service (CPCS) - The rollout of the community pharmacist consultation service is reducing the pressure relating to minor illness conditions across primary care as well as the ambulance service and the wider IUCS The Somerset Hub for Coordinating Care - The role of this hub is to support both admission avoidance and hospital discharge through one central point, coordinating all the intermediate care capacity across the community. This work will support discharges and reduce hospital handover delays Falls and Frailty (Interoperability Toolkit - ITK) Link - we are working as regional joint commissioners to establish a push model in the first instance. Lou Balton to identify SWAST IT person to link in with Dos leads and system leads for ITK preparation and capability to receive calls pushed from SWAST CAD. Urgent Community Response (UCR) - The two-hour response is designed to reduce preventable hospital admission. The referral source will typically be from general practice, NHS 111, A&E/Jamae day emergency care, frailty assessment units, ambulance services, self-referral, carer referral or community-based health and social care (including care homes). Mental Health Clinician in the Ambulance Hub - We have invested in mental health clinicians in the clinical hub. We anticipate seeing a significant reduction in see and treat and see and convey for patients with mental health need by focusing on improving the offer at the hear and treat stage. There has been a significant proportionate reduction in ED conveyance for MH patients since implementation. <p>Preventative:</p> <ol style="list-style-type: none"> Our people plan - SWAST workforce plan. Mental Health Directory of Service revision. Somerset Ambulance Car provision. 	There are no gaps in control currently identified.	<ol style="list-style-type: none"> Joint system handover action plan reviewed bi-monthly - Excel spreadsheets capture many of the mitigating schemes as listed above Regular contract meetings - minutes Daily information received from SWASFT in UC inbox Daily Escalation Calls - minutes Fortnightly SWAST handover meetings - notes SLiK reviews received daily - reports 	Formal notes, capturing actions at touchpoint meetings	(4) Will probably recur, but is not a persistent issue	(4) Major	16
285	There is a risk that patients will wait longer than the excess waiting time required by the specific cancer standards	Risk rating unchanged	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	<p>Collaborative:</p> <ol style="list-style-type: none"> System Assurance group ICS. ICB Governing Body. ICS System Assurance Forum (SAF) and Quality Committee and System Quality Group (SQG) ICS Excess meeting. A&E, Elective care and Cancer delivery boards Contract and performance meetings. Activity and Performance meeting <p>Preventative:</p> <ol style="list-style-type: none"> Annual Operational Plan requirements relating to diagnostic delivery SWAG Alliance Plans Local and external improvement / transformation plans and trajectories 	<ol style="list-style-type: none"> Delivery of all Cancer 22/23 Operational Planning requirements and delivery of all system oversight framework ambitions. Improvement / Transformation Plans and Trajectories. 	Cancer waiting time performance and monitoring of Cancer demand at a tumour site level will not meet either the national operation standard, regional recovery ambition or internal recovery reports/meetings: IBAK, exception report and detailed appendix, weekly performance scorecard, bi weekly elective brief and reported by exception to System Assurance Forum.	Cancer waiting times performance at a tumour site level will not meet either the national operation standard, regional recovery ambition or internal recovery trajectories.	(4) Will probably recur, but is not a persistent issue	(4) Major	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	Risk rating decreased	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	<ol style="list-style-type: none"> Local and external improvement / transformation plans and trajectories Refreshed Somerset System People Board and new People Delivery Group Governance (from Feb 2023) System Assurance Forum (for workforce programme oversight) Development of a Somerset Workforce Strategy and Plan overseen by the People Board (encompassing Somerset People Plan) 400 People Function Outcomes Dashboard development Emerging Primary Care Strategy Joint Forward Plan and Operational Planning Engagement with HSE for Workforce Scenario Planning (1-5-10 years) Engagement in the development of the Health and Care College Model (Bridgewater) talent Hub work programme for System Staff Retention, and nursing System Programme Plan refresh (including: Widening Participation; Apprenticeships; Access to FE / HE training; Leadership Development) Local pathways development programme by providers to support staff into registrant roles 	<ol style="list-style-type: none"> Long term System Workforce Plan Somerset People / Workforce Strategy 	<ol style="list-style-type: none"> Existing People Board Highlight reports Somerset People Plan programme reports Single Oversight Framework Workforce data IEE Reports 	System Workforce Dashboard (ID ICS People Function outcomes)	(4) Will probably recur, but is not a persistent issue	(4) Major	16
327	There is a risk to the ICB of a failure to implement new statutory duties relating to Liberty Protection Safeguards	Risk rating unchanged	If the ICB does not adequately allocate resources required to operationally implement the Liberty Protection Safeguards (LPS) process within the CHC 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	<p>There is an ICB LPS working group which meets bi weekly to co-ordinate implementation of LPS with the ICB a responsible body</p> <p>The Designated Nurse attends regional and national groups to remain updated of developments to ensure the ICB is doing all it can in preparation for LPS implementation</p> <p>The ICB participated in the consultation process for the draft code of practice</p> <p>Staff roles and responsibilities between the Designate and CHC Safeguarding Manager have been devised to clarify lines of responsibility</p> <p>A LPS Lead post has been approved by Board and is now in the recruitment process</p>	<p>The controls cannot be fully implemented until the publication of the Code of Practice and the Government has not provided a date as to when this will occur</p> <p>ICB LPS business was resubmitted, but not approved by the Board, therefore further discussions will have to consider alternative plans</p> <p>As the ICB has not currently allocated sufficient resources to support the implementation of LPS</p> <p>Some controls relating to scoping are in place but unknowns remain in relation to cost of advocacy and recruitment / training of AMCPs / costs of acquiring medical diagnosis and additional training requirements (organisational wide and signatory specific)</p> <p>Further audit to validate CHC related data to enable scoping - due to ICB capacity</p> <p>The following gaps can not be completed until these are both the final versions of the Code and regulations are published (not expected before Winter 22 / spring 23)</p> <p>Staff training</p> <p>Development of system wide tools and process</p>	<p>Minutes, action tracker, work plan and draft delivery timeline for the ICB LPS working group</p> <p>LPS HSE readiness audits and maturity matrix documents</p> <p>Copies of consultation responses from ICB and system wide</p> <p>A system wide memorandum of understanding for advocacy and the AMCP service</p> <p>An established ICB LPS implementation team</p> <p>A system wide memorandum of understanding for advocacy and the AMCP service</p> <p>An established ICB LPS implementation team</p> <p>Board approved training strategy for the ICB</p> <p>System wide approved pathways for LPS rollout</p>	If the date is finalized then the delivery timeline can be finalised and work commenced <p>An approved business plan</p> <p>An established ICB LPS implementation team</p> <p>A system wide memorandum of understanding for advocacy and the AMCP service</p> <p>An established ICB LPS implementation team</p> <p>Board approved training strategy for the ICB</p> <p>System wide approved pathways for LPS rollout</p>	(4) Will probably recur, but is not a persistent issue	(4) Major	16
448	There is a risk of adverse impact to ICB computer systems and networks in the event of a cyber attack	Risk rating unchanged	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	<p>Cyber Security Action Plan in place to manage this risk.</p> <p>Incident management exercises.</p> <p>Cyber Attack Card for a cyber incident - tested and approved by NHSE representative.</p> <p>Discussion points for NCSC Cyber Security Toolkit for Boards complete & ready for ICB Board to review.</p> <p>Risk updates shared with Board.</p> <p>South West Regional Organised Crime Unit (SW ROCCU) run decisions & disruptions training session.</p>	NCSC Cyber Security Toolkit for Boards	The ICB has a structured assurance plan in place with effective, audited controls.	Report on NCSC Cyber Security Toolkit for Boards	(4) Will probably recur, but is not a persistent issue	(4) Major	16
449	Risk that patients will wait longer than 18 weeks from referral for non-urgent conditions as outlined in NHS constitution	Risk rating unchanged	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	<p>Collaborative:</p> <ol style="list-style-type: none"> System Assurance group ICS. ICB Governing Body. ICS System Assurance Forum (SAF) and Quality Committee and System Quality Group (SQG) ICS Excess meeting. A&E, Elective care and Cancer delivery boards Contract and performance meetings. Activity and Performance meeting <p>Preventative:</p> <ol style="list-style-type: none"> Annual Operational Plan requirements relating to diagnostic delivery SWAG Alliance Plans Local and external improvement / transformation plans and trajectories 	<ol style="list-style-type: none"> Delivery of all RTT 22/23 Operational Planning requirements and delivery of all system oversight framework ambitions. Improvement / Transformation Plans and Trajectories. 	RTT waiting time performance and monitoring of elective demand at a speciality level is reported through the following reports/meetings: IBAK, exception reports and detailed appendix, weekly performance scorecard, bi weekly elective brief and reported by exception to System Assurance Forum.	RTT waiting times performance (patients waiting in excess of 18 weeks) at a Speciality level will not meet either the national operation standard, regional recovery ambition or internal recovery trajectories.	(4) Will probably recur, but is not a persistent issue	(4) Major	16
540	There is a risk of impact from Urgent Dental Care on wider Urgent and Emergency Care Services	Risk rating increased	Recent change in urgent dental care 'trage provider' has potential unintended consequences on other parts of the UEC System. The change in pathway will lead to more calls into 111, including repeat callers, which in turn will affect performance and potential for increased walk-ins to ED, due to limited face-to-face slots and current lack of remote prescribing of antibiotics. Increase in urgent dental care activity reported in EDs and 999 alongside requests from patients to own GPs.	12	4	<p>Collaborative:</p> <ol style="list-style-type: none"> NHS Somerset working with NHSE/J regional team, supporting their conversations with Devon Doctors, to support remote prescribing. NHSE/J regional team continue working with dental practices to increase the number of urgent care dental slots. Devon Doctors reviewing 111 dental activity to understand impact on resources and performance. NHS Somerset updating both EDs given potential for an increase in dental walk-ins. NHS Somerset basing with both SWAST and Somerset LMC about increase in cases now being seen ICB exploring with NHSE for access to service advisor module support to field an element of the Somerset Dental call activity. 	None identified at present	Ongoing work within NHS Somerset but resolution sits within NHSE Regional Commissioning Team. ICS-level discussions at Think 111 First Clinical Group monthly.	Ongoing work within NHS Somerset but resolution sits within NHSE Regional Commissioning Team.	(4) Will probably recur, but is not a persistent issue	(4) Major	16

544	There is a risk of improvements in the health elements of the SEND programme not being sustained	Risk rating unchanged	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.	16	2	A business case was written to support funding of these posts on a substantive basis. Business cases are not being considered in 2023/2024 so some temporary monies have been found from this year's budget to extend the posts to March 2024. SFT have agreed to continue to host the posts and accepted the funding to be carried over to 2023/2024	Fixed-term funding until March 2024 of: 1.0 band 6 to take on a lot of the operational work and release the DCO/Deputy DCO to do more strategic work and training 1.0 band 3 coordinating the provider contributions Business case will be resubmitted in the next financial year	Ongoing service delivery improvement plan to ensure continuous quality improvement and best use of resource.	Quarterly reporting.	(4) Will probably recur, but not a persistent issue	(4) Major	16
561	There is a risk of lack of adequate capacity within Somerset to enable prompt diagnosis and management of TB cases and contacts.	Risk rating unchanged	Lack of a 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. 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	Service review in progress. A business case is being developed for 2023/24	-Adequate staffing Confusion over pathways	-Migrant working group TB working group	-Access to data	(4) Will probably recur, but not a persistent issue	(4) Major	16
566	Risk that Somerset ICB is unable to deliver obligations regarding delegated pharmacy, optometry and dental services post 04/23	New risk	From April 2023, ICBs take on the delegated responsibility for the commissioning of dental, optometric and pharmaceutical services. In order to retain current expertise and maximise efficiencies across the South west, it has been agreed that the existing workforce will form a commissioning hub to undertake the function. There is a risk that the commissioning hub will not have the capacity to be able to fully meet the needs of the ICB. The ICB's ability to influence the work of the hub across the south west may be minimal, thereby affecting both reputation and the care provided to the population of Somerset.	20	8	Pre-delegation assessment framework completed. First draft of safe delegation checklist submitted to regional team, jointly developed with regional team and SW ICBs, with input across key ICB colleagues. Agreement to recruit 4 ICB members of staff - quality, comms, commissioning and finance. First and final draft of safe delegation checklist. Finance and Quality SOP developed. MOU developed. Delegation agreement and MOU signed and in place. SW transition plan and oversight group in place. Somerset operational groups in place. ICB has access to sharepoint for hub delegation documentation.	As part of safe delegation checklist work, the regional team have agreed to share various pieces of documentation - not all has been received. The regional team are developing a system to enable ICBs access to the documentation on an ongoing basis.	ICB transition group in place, reporting to Directors, PCCC and ICB Board. Internal audit programme of work. Safe delegation checklist and check in meetings with regional team. Completed Primary Care Assurance Framework. Internal audit recommendations agreed. Transition plan includes undertaking revised primary care assurance framework. SW Primary Care Operational Group set up. Development workshop with Board.	Decision-making framework with Collaborative Commissioning Hub to be finalised workshop to take place 21st March. Regional team asked to complete primary care assurance framework to set a baseline. Included within transition plan.	(4) Will probably recur, but not a persistent issue	(4) Major	16
60	There is a risk of us breaching national thresholds for health care acquired infections	Risk rating unchanged	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	E coli a) County wide E coli reduction group. System membership. Surveillance of all cases to identify risk factors to identify themes and inform actions. Countywide hydration group. MRSA Zero tolerance approach in all providers and ICB. Identifying risk factors and introducing quality improvement workstreams which will be reviewed on a monthly basis with the introduction of Review, Learn and improve meeting. C diff Trajectories set for providers, review of MDAs and COMA cases and assessed for lapses of care. Identifying risk factors and introducing quality improvement workstreams which will be reviewed on a monthly basis with the introduction of Review, Learn and improve meeting. C diff Surveillance of community cases to identify trends and targeted areas for improvements Somerset Infection Prevention and Antimicrobial Assurance Committee (quarterly/where all providers attend. Quarterly reports presented to ICB Quality and Governance Committees. Alignment with the Patient Safety Incident Response Framework.	More system wide working and collaboration across Somerset to identify specific target groups.	Risk Factor reviews, of outbreaks, deaths and any unusual circumstances. minutes of meetings, Quality improvement workstreams working groups.	Minutes/formal notes to any future system wide meetings. Continue to build collaborative working relationships across the system.	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15
318	Risk of Children Looked After Health services not being delivered within statutory time frames	Risk rating unchanged	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	* Provision of additional Paediatrician clinics to relieve Initial Health Assessment, (IHA), backlog in December 2022 * Provision of additional 2 substantive WTE Band 6 CLA nurses in post from May 2022 as part of Year 3 Investment by ICB * Provision of additional Band 6 and Band 7 CLA nurse within the Adoption team. * Improved scrutiny of health assessment pathway and targeting of assessments that are likely to be late * Improved accuracy in performance data * Improved multi agency collaborative working * Multi agency operational and strategic groups meet regularly * Additional Health and Social Care meetings taking place to address specific process issues * Additional nursing and medical resource now in post * Robust care pathway in place and embedded	* Statutory timeframe for IHA's remains at 20 working days which affects our ability to deliver this complex process on time given the amount of variables involved * Engagement with foster carers and social workers to ensure booked appointments are adhered to * Fluctuations in numbers of children being looked after each month * Inability to influence health assessment timings for children placed out of county who are unable to travel back to Somerset for an assessment * Short notice cancellations by foster carers and children * Difficulty booking correct translators for face to face IHA appointments due to translation service capacity and death of relevant and wide ranging languages required * Capacity issues in out of county providers resulting in significant delays for children who are unable to travel back to Somerset for an assessment Increased awareness by potential referrers (both CYP and involved others) as to where they can seek initial support)	* Multi agency operational and strategic group minutes available * Service Specification agreed by both Somerset FT and VDS * Improved performance reporting in place on a monthly basis * Quarterly exception reporting by Provider * Evidence of improved care pathway via individual case review	* Increased numbers of non attended appointments related to inability of Social Worker and Foster Carer to facilitate appointment attendance * Increased numbers of notifications that children have become Looked After * Increased numbers of notifications from Local Authority delayed * Escalation audit trail available when out of county children are unable to access a statutory health assessment within the 28 day timeframe	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15
470	Risk of CYP with trauma, challenging behaviour but no MH diagnosis aren't able to access appropriate support	Risk rating unchanged	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". Falling to address these needs can result in increased needs and poorer outcomes later on.	20	6	* The WSDA IPS working group understand the current gaps in our ASD and ADHD pathways to better support and understand the well-being and Mental Health needs of those currently referred to our ASD and ADHD pathways when their needs relate to behavioural and emotional support. We provide two excellent services for CYP who present in ED with emotional distress (Mosaic, Ipsi)and these services enable CYP to remain in the community with support thus reducing / avoiding a hospital / crisis admission. * Development of the Children and Young People's Focus and Action Group with representation from CAMHS, VCSE mental health providers, education, inclusion, CAMHS and Parent Carer Forum to understand local issues and create solutions as per the Somerset's CYP MH Transformation Plan. * We have delivered a significant growth in services in 2021/22, with specific focus on children looked after by Somerset, crisis and bringing forward the key worker initiative. * Our expansion of MSTs and alignment of our Community Wellbeing Service will support the identification of children requiring support in terms of their traumatic experiences. The joint between the Somerset ICB and our local authority partners has significantly moved our shared understanding forward and as such services are both planned and further developed. This has been strengthened by the Mental Health, Learning Disability and Autism Programme Board for CYP. * Tier 2.5 service * Piroens Service expansion and subsequent procurement in place	Regular meetings with NtSEI in place Weekly programme board meetings with system partners Standing Item at the Focus and Action Delivery Group (collective of all system partners and parent reps) underpinned by CYP feedback and formal evaluation Actions are recorded and accounted for via minutes and local action planning	-Lack of JSNA data Evidence via our local data collect that we are responding to increased numbers of CYP who are successfully able to reach out for support and receive the same	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15	
547	Risk of poor Dental Access for Children Looked After and Care Leavers	Risk rating unchanged	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	* Escalation to NtSE SW Dental Commissioning Team on a case by case basis * Regular meetings with NtSE to hear first hand about the work they are doing * Assurance statement provided by NtSE that NtSE Dental reforms will be put in place * Oral health prevention services prioritise Children Looked After in Somerset and will also offer one off assessments * Local Authority in their role as Corporate Parent will pay for private dental assessments and treatment if all other options have been explored and dismissed	* There is a need for NHS dental contract reform as the current contract does not incentivise NHS dental work * There are a number of dentist vacancies in Somerset * Local commissioning of dental services would facilitate services that are responsive to local need. Absence of a well resourced NHS dental service in Somerset which has the capacity to prioritise the needs of Children Looked After and Care Leavers who are one of the populations' most vulnerable groups and most likely to suffer long term health inequalities and be high users of health and social care services will take place from April 2023	* NtSE South West Specialist Dental Commissioners are meeting with Children Looked After Designates on a two monthly basis to update them on progress made. Minutes are available for these meetings * NtSE South West assist in the management of individual Children Looked After and Care Leavers requiring a dental. Case management information is available to evidence this workstream * Somerset FT CLA Nursing Team are providing evidence of escalations to NtSE and the outcomes of the escalation	* Performance dashboard illustrates that all Children Looked After have an up-to-date dental assessment * Numbers of escalations to NtSE reduce or stop completely * Fewer children and young people attend urgent and unscheduled care settings with dental issues * Longer term CLA and Care Leavers have improved oral hygiene and present to emergency dental services much less frequently	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15

559	There is a risk that children and young people with a learning disability will not have their needs assessed and met	Risk rating unchanged	There is no learning disability service for children and young people in Somerset. If it continues that there is no service, then children and young people with a learning disability will not get their needs appropriately assessed and identified resulting in deficits in their development (including emotional, social and educational needs) and ability to achieve their potential resulting in poorer health outcomes and increased pressure on families leading to potentially more family breakdown. Additionally, from a system perspective identifying needs and interventions to manage these needs at an earlier stage are both effective and cost efficient. The risk of not addressing the needs of this group could also prove to be detrimental to the wider system.	20	4	Ongoing System discussions as how to best address this gap within financial constraints	A service to be commissioned	Reporting to the Mental Health and Autism Programme Board	Service specification with service and performance monitoring	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15
560	There is a risk that the waiting times for autism assessment will continue to grow	Risk rating unchanged	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	<ul style="list-style-type: none"> Ensure staffing levels and work force planning results in full utilisation of clinics Having the right number of admin staff to ensure letter, reports, appointments are timely and thus reducing the risk of DNA's or unfiled clinic spaces The correct skill mixes and pairings. Ensuring senior clinicians aren't paired together. Also, ensure that staff unable to diagnose alone are paired with senior clinician. No 2 AP to be paired together. Regular clinical supervision and complex case discussion to be available to individual cases are concluded in a timely manner. Appropriate clinic spaces have been identified and booked in advance. All staff aware where they are due to be around the county. Careful planning and advance notice of leave to ensure clinics are covered when clinicians on leave. Agreed sickness cover 	<ul style="list-style-type: none"> Reconfiguration of service Restricted access Investment to recruit additional staff to meet demand WLI being considered for 2023/24 	<ul style="list-style-type: none"> Issue reported via SEND Improvement Board, SEND Delivery Group, SEND partnership group and Mental Health Learning Disability and Autism Programme Board Business case for investment present to Mental Health Learning Disability and Autism Programme Board to be considered in Feb 23. 	Continuation of performance monitoring which is already established	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15
572	The ICB has not fulfilled its statutory duty to implement the NICE TA guidance relating to Palforzia within 3 months	New risk	Somerset has not achieved its statutory duty of implementing NICE TA769. Palforzia has a complex dosing schedule which local allergy service is currently unable to fulfil. It is believed no South West provider has a service for the drug so no pathway exists out of area.	15	10	Deputy Director of Clinical Effectiveness and Medicines Management has approached secondary care teams to see if Somerset has a pathway for children with peanut allergy	A service needs to be commissioned to fulfil the NICE TA	Nil	NICE evidence supports Palforzia use	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15
580	There is a possible risk to children on a child protection register due to GP's not completing case conference reports.	New risk	There is a risk that children's health information is not being adequately shared within child protection procedures as GP are not consistently completing requests for this information through case conference reports to support child protection procedures. This may result in potential life changing decisions being made about / for children without any consideration of health information or the impact this may have to their health needs.	20	4	<p>Safeguarding GP is supporting GP's to complete the child protection case conference report when poor quality has been identified and shared with the Safeguarding GP.</p> <p>Payment is offered to encourage completion from GP's.</p> <p>Audits have taken place to indicate the completion rate of child protection conference reports on a couple of occasions since 2018, though this is what has identified the prevalence of the concern as return rates have reduced.</p>	<p>Ongoing pressures in relation to GP workload which are likely a contributing factor to the non completion of case conference reports.</p> <p>More regular audit would be advisable and required so concerns can be addressed in a timely manner.</p>	<p>Data collated quarterly to evidence which practices are claiming for completion of GP CP conference reports.</p>	<p>There is currently no robust method in place to assure ourselves of quality and completion rates.</p> <p>As a system we are unclear on whose responsibility this is to ensure good quality and completion of these reports.</p>	(3) May recur occasionally	(5) Catastrophic	15

Closed

ID	Title	Current risk rating changed since last review date?	Description	Rating (initial)	Rating (Target)	Controls in place	Gaps in Control	Assurance in place	Gaps in Assurance	Likelihood (current)	Consequence (current)	Rating (current)	Closed date	Narrative for rationale for risk closure
132	Risk to the delivery of ICB programmes due to provider distress in the general practice and primary care sector.	Risk rating unchanged	<p>Risk to the delivery of ICB programmes due to provider distress in the general practice sector.</p> <p>A combination of demand, demographic change, workforce, funding, morale and business model challenges are presenting significant challenges to general practice. This in turn may jeopardise the delivery of key ICB strategies. In addition, there is an emerging risk related to business costs including energy bills, which may lead to businesses including GP surgeries closing.</p> <p>Work is now commencing on a new ICS primary care strategy that will include workforce. This is due to be completed by Christmas 2022.</p> <p>There has been increased numbers of retirement and resignations combined with a struggle in recruitment of new substantive GP's, plus increased competition for First Contact Practitioners.</p> <p>The cost of Locum cover has also increased by 25-100% in the past 12 months and is often isn't available to cover absences, leading to a reduction in GP capacity</p>	12	6	<ol style="list-style-type: none"> 1. New Primary Care Strategy to be developed by the ICB CMO which will include workforce and investment actions. 2. Review of GP services undertaken as part of Fit for my Future. 3. The ICB has taken on delegated responsibilities from NHS England in order to have the necessary powers to commission a sustainable GP sector. 4. Communicating system constraints to all providers and general public. 5. Sign-posting so that patients in need of urgent, high priority care (eg cancer) and emergencies can access essential service. 6. Programme of work in place through The Somerset Training Hub. 	<p>ICB is supporting practices to improve sustainability and integration.</p> <p>ICB continues to work with the LMC to identify and support struggling practices.</p> <p>The ICB is continuing to co-ordinate workforce activities and help develop a primary care strategy which will deliver a sustainable primary care position in Somerset.</p>	<p>Primary Care Programme in place which includes workforce and investment actions.</p> <p>ICB Primary Care resilience support is in place.</p> <p>Regular workforce sitreps by the LMC.</p>	No gaps identified.	(4) Will probably recur, but is not a persistent issue	(4) Major	16	04/01/2023	Risk reviewed with Associate Director of Primary Care Development, recommending closure as the risk essentially captures the same GP workforce risk identified and updated in 222.
571	NICE TA753 December 2021- cenobamate	Risk rating unchanged	Cenobamate for treating focal onset seizures in epilepsy. Tertiary epilepsy centre in Bristol has insufficient capacity to initiate Somerset Patients on this drug as required by TA 753	15	6	There is no control in place as Bristol have no capacity to consider Somerset patients	An application has been made to Medicines Program Board (formally PAMM) to allow Somerset FT to initiate cenobamate	None presently, Patients have to make do with primary care medications	Patients would comply with NICE guidance	(5) Will undoubtedly recur, possibly frequently	(3) Moderate	15	22/03/2023	By agreeing that the trust can initiate rather than a tertiary centre we have mitigated this risk so patients should have access if clinically required.

De-escalated from CRR

ID	Title	Current risk rating since last review date?	Description	Rating (initial)	Rating (Target)	Controls in place	Gaps in Control	Assurance in place	Gaps in Assurance	Likelihood (current)	Consequence (current)	Rating (current)
9	There is a risk of extended waiting times and delays across the system due to increased demand across the U&E Care System	Risk rating decreased	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	Collaborative 1. Somerset Surge planning group - fortnightly 2. Escalation Calls - daily/OPEL increased. 3. Somerset Urgent Care Operation Group and Somerset A&E Delivery Board. Preventative: 4. Rapid Response service - Intermediate Care Service team support to enable patients to remain at home. 5. Somerset Doctor Ambulance Car - hospital avoidance scheme 6. Monitor and Review Framework - Somerset OPEL framework. 7. Clinical Assessment Service Revalidation - Devon Doctors	Lack of capacity within Adult Social Care and Community Hospitals Provider Sickness Provider staffing/workforce	1. Daily Escalation Calls - minutes 2. Silver & Gold meetings - minutes 3. A&E Delivery Board - minutes 4. UCOG - minutes 5. Monthly Reports from schemes in place that mitigate activity which evidence what resources have been saved within the system	1. Notes in escalation calls will highlight any improvements in capacity and staffing levels	(3) May recur occasionally	(4) Major	12
363	There is a risk to service delivery due to a gap in provision of Clinical Shift Fill for IUCS.	Risk rating decreased	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 IUCS, including 111 since HUC mobilisation March 2023. 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. Twice weekly shift fill information with enhanced information on shift fill / clinician type per day / per hour starting 22 Jul 2021 2. Daily sitrep including GP OOH Opel score and validation position 3. Contract Review meeting - monthly (MCRM). 4. Twice weekly IUC Capacity Cell Calls alongside further updates at Somerset system escalation calls 5. Dx operating model in place from 18th January 2021 7. Summer incentive scheme (covering Somerset IUCSs) to support shift fill live between Aug - Sept 2022 8. Quarterly updates on recruitment at MCRM 9. ICB Quality Lead works closely with Governance Team including attending Quality Committees (ongoing) 10. Regular updates via weekly IUCS capacity call	Lack of clinical resources	1. Rota fill updates which are discussed and recorded in team summaries 2. Minutes from daily Escalation Calls 3. Morning and midday Sitreps in team inbox 4. Rota reports via the MCRM with action trackers 5. Quarterly recruitment update to MCRM 6. Somerset 111 Improvement Plan, which includes recruitment & attrition, trajectory vs actual, reviewed every Thursday 7. Summer Incentives Scheme Dashboard, collating evidence on benefit should a case for further investment be needed across the winter period 8. Regular updates via weekly IUCS capacity call including updates on recruitment of non NHS pathways clinicians to plug gap.	Performance data from service provider	(4) Will probably recur, but is not a persistent issue	(3) Moderate	12
322	Service provision is not adequate for population needs for CFS/ME	Risk rating decreased	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.	9	2	Current review of service being undertaken to understand population need	Currently do not have oversight of Current demand and capacity Impact of long Covid on service	Review currently being undertaken	Review of current demand and capacity Business case to be developed	(3) May recur occasionally	(3) Moderate	9

De-escalated from CRR

564	There is a risk current provision for long term monitoring and control of diabetes in the community is not meeting patient need.	Risk rating decreased	Insufficient monitoring and control of diabetes in the community is leading to a risk of patients having poorly controlled diabetes for extended periods. Poorly controlled diabetes is strongly linked with serious health complications including stroke, cardiovascular disease and renal failure. Therefore, poor diabetes control across the population is likely to result in reduced life expectancy and poorer quality of life for patients with diabetes, and increased demand for primary and secondary care services to manage these complications.	16	9	Diabetes patients offered annual checks GP treatments Risk stratification in place for diabetes, which is starting to work in Yeovil Primary Care Network 3 Consultants offering virtual clinics to practices across Somerset MyWay Diabetes platform (9,000 diabetes patients currently registered) FitBit project starting with patients with diabetes Perioperative care plan in place	Not all patients with diabetes take up the offer of an annual check Limited access to structured education, with no face-to-face programme in place (as was pre-COVID) Difficulties recruiting substantive specialist staff Time limited funding (1 year only)	Percentage of annual checks ... GP practice treatment targets (currently at 30%) Risk stratification project Number of virtual clinics that take place and action points from each meeting Monthly report of number of users of MyWay Diabetes Verbal reports on attendance figures for FitBit project Fortnightly Steering Group for perioperative care plan, and action notes from this	Increased rate of take up for annual checks Face-to-face programme would have restarted, with attendance reports being available Specialist staff would have appointments in place, with attendance reports Finance reports on long-term funding	(4) Will probably recur, but is not a persistent issue	(3) Moderate	12
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