NHS
Somerset
Clinical Commissioning Group

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

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

Version Number / Status:	1
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Summary and Purpose of Paper

This paper provides an update to Governing Body on Part A Corporate Risks which are new, escalated, de-escalated, increased, decreased, or closed in the CCG Corporate Risk Register (CRR) (extract 22/06/2021) since the full review by Governing Body on 27 March 2021.

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

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

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

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

Recommendations and next steps

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

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

New risks added to Corporate Risk Register in period

ID	Title	Description of risk	Current Rationale	Current Rating
463	CCG Financial Plan 2021/22	The CCG, as part of the wider Somerset Integrated Care System (ICS), is unable to submit a financial plan for 2021/22 which delivers the required financial targets and business rules set by NHS England and NHS Improvement.	Identified as high risk due to the current uncertainties regarding the confirmation and release of further planning guidance and system funding envelopes for the financial year.	20

Risks increased within Corporate Risk Register in period

ID	Title	Description of risk	Rationale for escalation	Current Rating
9	Growth across the Urgent and Emergency Care System	Increased demand on urgent and emergency care leading to delays in care in all parts of health and social care services (ambulance, A&E, GP primary care, 111 Out of Hours, transfers of care and cancellation of elective admissions). Compromising patient experience and safety and increased financial costs.	Increased demand in activity across all urgent and emergency care settings.	16 (from 12)

Risks reduced within Corporate Risk Register in period

ID	Title	Description of risk	Rationale for reduction	Current Rating
292	Workforce Sustainability	Workforce to support high quality and safe care is becoming increasingly challenging to sustain. Rural location and lack of University makes bringing in new recruits challenging. HEE Funding changes includes the removal of funding for nurse training. Additionally, an aging demographic and staff population with large proportion of workforce retiring increases the need to recruit.	Government 50k workforce plan for Somerset/South West on track to meet target for overseas nurse recruitment. Apprentice force programme is also on track.	12 (from 16)
406	COVID-19: Increased demand for mental health services	There is a risk that there could be insufficient capacity in mental health and wellbeing services to meet the increased levels of demand arising because of COVID. This is due to the direct consequences of COVID on individual health and wellbeing as well as the indirect, longer term consequences (e.g. recession, unemployment, child development).	Additional non-recurrent funding made available nationally to support anticipated rise in demand during 2021/22.	12 (from 16)
425	Ofsted/CQC SEND Inspection and Neurodevelopmental pathway	There is a risk of increased complaints relating to the fragmented pathway for ADHD and ASC. This is caused by the lack of a Somerset whole-system neurodevelopmental pathway with significant gaps and variable commissioning arrangements for ASC and ADHD; pre-diagnosis, assessment and post-diagnosis. Currently, CAMHS receiving increased requests for assessment and intervention for cases that do not meet MH criteria nor have a significant mental health presentation requiring CAMHS specialist response.	Further controls and assurance in place including multi-agency meetings taking place about the work programme.	12 (from 15)

Risks closed from Corporate Risk Register in period

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

Risks de-escalated from Corporate Risk Register in period

ID	Title	Description of risk	Rationale for de-escalation	Current Rating
362	LeDeR Programme	Insufficient capacity to complete LeDeR mortality reviews within timescales to meet NHSE/I target of 6 months from notification.	The risk has been reduced to amber as the April 2021 KPI has been achieved and a substantive LeDeR team is being recruited included a new LAC. However, most of these are new recruits and will need time to settle into the team and ways of working. The new NHSE/I policy and ICS leadership expectation mean that this remains a moderate risk. There is significant political and hence reputational impact.	9
386	COVID-19: Personal Protective Equipment (PPE) – protection and prevention	Maintaining adequate supplies of PPE to meet the hugely increased demand arising from COVID19. Supplies are required to meet mandatory quality checks. There is a risk to staff from COVID19 infection if adequate PPE is not provided. Patients may also then be at risk from infection.	PPE risk is considerably reduced. Contingent supplies in Somerset are good and national supply chain is robust. PPE cell has been stood down at present. Likelihood has reduced as the community infection rates and methods of control have increased so risk reduced considerably.	8

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

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

February 2021

Controlled Current Risk: Corporate - 61

Severity					
5	0	0	0	2	0
4	0	7	8	11	1
3	1	0	10	9	5
2	0	3	0	3	1
1	0	0	0	0	0
	1	2	3	4	5
	Likelihood				

June 2021

Controlled Current Risk: Corporate - 65

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

Corporate level risks by Domain

February 2021

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

June 2021

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

Corporate Level Risks by CCG Directorate

February 2021

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

June 2021

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

SOMERSET CCG - CORPORATE RISK REGISTER JULY 2021 (22.06.2021) PART A

ID	Title	Statement of Risk	July 2020 Rating	Nov 2020 Rating	March 2021 Rating	Likelihood (current)	Consequence (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating (Target)	Current Rationale
9	Growth across the Urgent and Emergency Care System	Inability for capacity to meet demand of Urgent and Emergency Care across Somerset (ambulance, A&E, GP primary care, 111 Out of Hours, transfers of care and cancellation of elective admissions).	16	12	12	4	4	**16**	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative 1. Somerset Surge planning group - fortnightly 2. Escalation Calls - twice weekly/OPEL increased. 3. Somerset Urgent Care Operation Group and Somerset A&E Delivery Board. Preventative: 4. Rapid Response service - Intermediate Care Service team support to enable patients to remain at home. 5. GP 999 Car - hospital avoidance scheme 6. Monitor and Review Framework - Somerset OPEL framework. 7. Clinical Assessment Service Revalidation - Devon Doctors	8	16.06.21 - Reviewed scoring to remain at 16 due to increased demand in activity across all UEC
10	Diagnostic Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	16	16	16	4	4	16	Finance, Performance and Contracting	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillance Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	9	The proportion of patients waiting in less than 6 weeks has declined from 93.6% in February (pre-Covid) to 65.4% in April (latest month) with longer waiting times across all diagnostic modalities, and equates to an increase in 6 week waits from 610 (in February 2020) to 4362 (in April 2021). System continues to work collaboratively and proactively to understand the issues, risks and actions to address waiting times and access as a result of COVID19. System Partners have a joint understanding of position (single version of the truth) and plans continue to be developed to recover performance by 31st March 2021. System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels also currently being examined and monitored. The 21/22 (H1) Operational Plan has been co-designed with the Providers and the agreed plans show the level of diagnostic activities (in selected modalities namely MRI, CT, Ultrasound, Endoscopy and Echocardiography) forecasted by month. Potential unmet demand during the pandemic which could present at the hospital via emergency routes Clearance of accumulated backlogs (with increase in the number of 62 day breaches (diagnosed and un-diagnosed) and increased incidence of 104 day waits
25	Performance Targets	Inability to meet the integrated performance monitoring targets as outlined in the 2020-21 planning guidance, Oversight and Improvement Framework and the 5 Year Long Term Plan.			16	4	4	16	Finance, Performance and Contracting	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillance Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	9	System continues to work collaboratively and proactively to understand the issues, risks and actions to address waiting times and access as a result of COVID19. System Partners have a joint understanding of position (single version of the truth). System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels continue to be examined and monitored, with deep dives to understand any changes in the patterns of demand. System partners are working collaboratively upon the 2021/22 operational plans (activity & performance, workforce, finance and narrative plan(s)); the draft plan is due for final submission on 02/06/21 Potential unmet demand during the pandemic which could present at the hospital via emergency routes; as a result additional demand is be projected in the non-elective plans to take this into account.
38	GP Prescribing Budget	Inability to meet the planned budget allocated to GP prescribing.	12	**12**	12	4	3	12	Quality and Nursing	Finance including claims	1. The medicines management team set practice budgets and monitor and performance manage as best as possible practice spend in year. Somerset has the lowers prescribing costs in SW region. 2. Budget position is closely monitored and information presented to the PAMM and practices routinely through dashboard, scorecards and governance structures. 3. Work continues on supporting GP practices in reducing prescribing of OTC medicines of low value and those causing harm and admissions. 4. 2020/21 scorecard updated to deliver additional QIPP - general medicines stock shortages and drug tariff price rises creating additional risk.	4	The risk always exists while a challenging budget is set and its likelihood and consequence are therefore related to budget set and engagement of GP practices in delivering mitigating actions identified by the medicines management team.
143	Dermatology	Inability to meet national standards for dermatology services.	15	12	12	3	4	12	Operations	Statutory duty/inspections	1. Additional capacity -(UHBristol 2ww activity and Royal Devon and Exeter (routine activity)for patients who previously would have been seen at Musgrove Park. 2. Financial support (at a premium) provided to UHB for an additional 40 2ww appointment slots per week. 3. Weekly monitoring of referrals to understand any delays, where capacity is not meeting demand. 4. Teledermatology (routine Advice & Guidance only) 5. Service delivery model and associated implementation plan. 6. Workforce plan for dermatologists Collaborative: 7.Elective care board	6	This risk is an overarching view of Dermatology. The rating matches the risk rating for the other, more specified dermatology risks. Bid has been submitted to NHSE to provide a Telederm solution. Working with UHB on potential solutions to support wider uptake of Telederm, to reduce demand into secondary care. Exploring alternative Telederm solutions, and also in communication with RD&E regarding expanding their Telederm offer. Exploring opportunities to expand the Community Dermatology Service, particularly in the East of the county. Also exploring options for closer working between Somerset Providers, mapping current resource and pathways The project plan for remodelling of current service in place with the aim of a system wide service April 2022. Funding has agreed through Elective Care Board for remodelling of the service. Risk is escalated as currently some assurance is provided from the alternative measures have been put in place, however some of the service delivery is reliant on out of county provision which is not sustainable by the providers and may be withdrawn at any time (hence proximity of 31/3/21) and will affect the performance of this risk's controls. The greatest level of assurance (overseen by the system via ECB) comes from the development of systemwide plan to deliver a financially and sustainable model which will deliver stronger risk controls but not until 2022. Agreed as a priority programme of work as part of the Planned Care Transformation Group. The CCG is also pressing NHSE to convene a South West summit to address the issue as it is recognised that a regional networked solution is probably required.

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212	Ambulance Call Stacking	Ambulance demand exceeds capacity resulting in delays causing patient harm	20	20	20	4	5	20	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	1. 999 and ED Validation within IUC Clinical Assessment Service 2. 111 Online – Validation of ED and 999 (lower acuity) dispositions 3. High Intensity Users work stream - 6 weekly Steering and implementation group. Mapped local High Intensity Users schemes and MDMs. Scheme in development for implementation Winter 2020. 4. GP999 car contract extended as an alternative to DCA. 5. Directory of Services nil returns reviewed regularly for pathway development 6. Primary Care Network. Same day requests through CAS 7. Somerset HALO- supporting both acute sites (Winter 2020) 8. Crisis Café - non medical alternative to mental health. Virtual alternatives in place. 9. 24/7 Crisis line expansion mental health services 10. Two Full time Trusted Assessors in post (YDH and MPH) to aide acute hospital flow 11. The LARCH (Listening and Responding to Care Homes) collaborative is Somerset wide – preventing avoidable hospital admission from care homes [inc. use of RESTORE2 and Treatment escalation plans]) 12. Same Day Emergency Care – admission avoidance 13. Intermediate Care/Home First redesign including doubling capacity of Rapid Response and Pathways out of hospital. (On trajectory plan for Winter 2020) 14. Trusted Assessor project	5	Unable to currently accurately assess risk score as SW system risk. The Quality Assurance Sub Group have identified that as a system, we need to look at the entire urgent care journey and not an isolated point in the urgent care flow. Therefore end to end reviews will take place to identify pain points within the our local systems and learning will be shared across the SW to improve patient flow through the urgent care system.
222	GP workforce sustainability	Over a number of years, planning for primary care workforce did not deliver the required capacity against primary care activity. There were specific drivers of the risk including national changes to pension and tax rules.	12	12	12	3	4	12	Operations	Human resources/organisational development/staffing/competence	Primary Care Workforce overseen by Local Workforce Action Board. CCG sustainability policy used to monitor, engage and support practices experiencing critical workforce challenges on a case by case basis.	8	There is still a very serious risk to the overall primary care workforce particularly because there are a large number of GPs over the age of 50 and although the CCG has a wide range of programmes in place to support primary care workforce, the risk remains significant.
236	Court of Protection cases	Potential breach of statuary duty of SCCG as a public body to act lawfully and for policies and procedure to reflect primary legislation (Mental Capacity Act 2005 and deprived of their liberty under Article 5 (Right to Liberty and Security) of the Human Rights Act 1998.	12	12	12	4	3	12	Quality and Nursing	Statutory duty/inspections	1. Case Review by CHC team to identify and prioritise community DoL cases that require an application to the Court of Protection. 2. One year of funding to appoint a CoP Assessor to address the backlog of cases and annual resubmissions. 3. CoP Assessor in post. 4. Mental Capacity Act (MHCA) training for CHC team.	4	1) Latest review highlights a backlog of 36 cases that have been ordered in priority to complete based on restrictions in the care arrangements, risk and objections. 2) Appointment of CoP Assessor for 1 year secondment commenced Jan 21. 3. LPS is due to be implemented in April 2022 which will outline a new authorisation process. The 12 month funding will fall short of LPS implementation date. 4. Business case to implement LPS presented and put on hold – informed that the Board are awaiting announcement from government about new funding to support CCG to meet new statutory responsibilities. 5) MCA and legal literacy training completed with 60 staff in attendance. 6) gaps in controls and assurance now reduced. 7) change in risk handler has resulted in a change in evaluation of the risk rating but it does not represent new or increased levels of risks identified.
243	Vacancies and decreased capacity in Safeguarding Children Team	The provision of capacity for the statutory post of designated doctor safeguarding children .	12	20	16	4	4	16	Quality and Nursing	Human resources/organisational development/staffing/competence	Preventative: 1. Designated Doctor resource (outside of Somerset) plan – interim resource allocation (ad hoc support for named Provider doctors and Named GPs). 2. Case for Change Plan – recruiting to 12 month secondment using extended pool of recruits. 3. Team configuration to increase strategic oversight of children's safeguarding. 4. NHSE the SW safeguarding team resource proposal – NHSE proposing a regional designated doctor safeguarding role.	4	Designated Doctor SGC cased contract ceased 31.10.2020. Only alternative cover arrangements in place is ad hoc advice and support for Named Doctors SGC in providers to be met by Designated Doctor SGC in Dorset CCG, Bath and North East Somerset CCG and Wilshire CCG (2 doctors). The provision of supervision is not possible due to existing commitments. Legally required role of 2.5 days a week is not currently provided which may compromise safe practice and reduce our ability to meet the needs of the system or be an active advocate for children in Somerset. Meeting additional BAU and additional demands as a result of pandemic, whilst meeting the continued demands in relation to SSCP and ASSSP (legal responsibility from SCCG). Safeguarding element within ICS has been delayed as a result of capacity within the team - last meeting 29th Jan 2021. Severity of 4 due to uncertain delivery of key objectives as internal resources are limited to provide medical expertise for safeguarding children in Somerset locally and regionally. Further support has been sought from NNDHP in relation to escalating nationally the difficulties in recruiting to the Designated Doctor SGC posts. Controls partially effective and likelihood reduced to 4 now that CCG have agreed approach to recruit for a 12month secondment for Designated Doctor for SGC following presentation of Case for Change to CCG in Dec 2020. In addition NHS EI have confirmed that "if a CCG cannot get a Designated Doctor who is a paediatrician despite all efforts, then that CCG would have to make a pragmatic decision about who would cover that role and look at alternative options in the short term" from Assistant Director of Quality and Safeguarding & Regional Lead for Safeguarding . CCG have contacted the Designated Nurse and Designated Doctor in North Staffs in respect of their successful approach to recruit from the named GP safeguarding children employed by CCGs pool into the Designated Doctor SGC role. Team configuration to increase strategic oversight of children's safeguarding is aimed to be in place by end July 2021 (3 months recruitment from Feb 2021 and 3 months induction). Partial team reconfiguration has resulted in increased capacity in team from the delegation to named GP safeguarding children (who has increased hours utilising money from vacancy in light of level of risk). Provides limited additional capacity at a strategic level both locally and regionally. NHSE South West safeguarding team's proposal regarding a regional Designated Doctor for Safeguarding Children is being explored through South West NHSE Safeguarding Workforce Learning & development clinical reference group. This forum is also currently working on a workforce succession plan with Health Education England and Bournemouth university.

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248	Access to CYP Services	CYP with mental health needs are not getting the support they require.	12	12	12	3	4	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Single Point of Access and additional CAMHS Transformation services all fully operational, and MHST services are continuing to expand with 2 additional teams due to come online in 2021/22. Re data, we have invested with SFT to do a detailed piece of work to ensure all applicable activity is captured and upskilling clinicians to include this accordingly. This has also been supported by the national change in definition.	8	Latest data shows fairly static performance. However, we know that the issues with data completeness mean that this is not an accurate picture. As demand for CYP services continues to grow due to COVID, there is no change to the risk level.
255	SWASFT Category 1 and Category 2 Performance	Breach of Category 1 and Category 2 SWASFT Ambulance Response Performance (ARP) standard.	15	16	16	4	4	16	Operations	Statutory duty/inspections	Collaborative: 1. SWASFT 2 weekly meetings (performance, activity levels, handover, workforce). 2. FICSC - Monthly meetings. Dorset CCG (contract lead for performance, contract, activity). 3. Hospital (YDH and SFT) handover meetings via A&E Somerset Delivery Board - monthly 4. A&E Somerset Delivery Board - monthly 5. Devon Doctors and Care UK - to reduce 999 and ED dispositions to enable resourcing to be able to meet Cat 1 ARP standards. 6. Validation programme - to establish which calls do not require Cat 1 and Cat 2 disposition and ED. 7. High Intensity (HIU) task and finish group - frequent access to UC services. Preventative: 8. Our people plan - SWASFT workforce plan. 9. Mental Health Directory of Service revision. 10. GP 999 Car provision.	6	Sept 2020 breach to 8 mins for Cat 1 (target 7 mins). System seeing activity increased post COVID19 wave 1. April Cat 1 7.3mins November 8.8mins and Cat 2 28mins and Aug 16 mins. SWASFT workforce plan on track. High Intensity High Intensity Users (HIU) which were committed to under the former transformation plan and we will monitor these to understand if they are achieving the desired impact on ambulance activity – this scheme is currently ongoing and working up a plan to be put in place. The work went live in January 2021 and looking to evaluate data by the end of March 21. Currently the scheme is concentrating on ED activity Escalated risk due to controls being mostly effective however outcome may not be high enough to ensure Cat 1 and Cat 2 standards are met. Maximised work streams to address activity but anticipated decrease in performance over winter 2020. It was agreed to not change the Risk score on 13/01/20 -due to the following: 1) Increased number of Covid Positive cases within SWAST and the Acute Trusts coupled with Covid related staff abstraction. 2) System continues to support by maintaining minimal handover delays and IUC CAS validation reducing lower acuity patients in 999 stack 3) GP999 Car resources in place to attend high acuity calls
285	Cancer Targets	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	16	16	16	4	4	16	Finance, Performance and Contracting	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillance Group 4. ICS Execs meeting. 5. A&E, Elective care and Cancer delivery boards 6. Contract and performance meetings. 7. Activity and Performance meeting Preventative: 8. H1 Operational Plan 9. SWAG Alliance Plans 10. Local and external improvement / transformation plans and trajectories	4	The Somerset System has continued to prioritise and treat the highest priority patients (P1 & P2) during the surge in C19 (confirmed and suspected) cases during Q4. As a result of the significant reduction in theatre capacity required to increase critical capacity (as part of the Amber Surge Plans) a P2 patient backlog emerged. However, the P2 backlog is continuing to reduce now theatre capacity is restored (although SFT remain down 1 theatre until September). NHSEI introduced a P2 Assurance Mutual Aid process to ensure the most critical patients are treated without further delay, but this has now been stood down. By ensuring cancer patients are appropriately prioritised and treated in a timely way, and that sufficient capacity is in place to manage increased demand moving forward, including follow-up care there is an expected reduction in the number of 62 and 104 day cancer waits. System continues to work collaboratively and proactively to understand the issues, risks and actions to address waiting times and access as a result of COVID19. System Partners have a joint understanding of position (single version of the truth). Recovery and transformation plans have been developed alongside the 21/22 operational activity plan. System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels also currently being examined and monitored. There continues to be the risk that potential unmet demand during the pandemic could present at the hospital via emergency routes and has been factored into the non-elective activity plans. Clearance of accumulated backlogs remains a key priority.
292	Workforce Sustainability	Inability to meet demand for workforce (volume and skillset) in Somerset.	20	16	16	4	3	**12**	Quality and Nursing	Human resources/organisational development/staffing/competence	Collaborative: 1. Local Workforce Action Board (LWAB) chaired by Chris Squire. 2. Social care network forum and Primary Care Workforce Implementation Groups set up under LWAB to identify priorities and actions needed across the system 3. Workforce planning groups Detective: 4. Independent review workforce analysis conducted to inform LWAB and local providers with recommendations. Preventative: 5. Early Adopter site for Maternity Care Assistants and working with Universities to Assist. 6. Local pathways development programme by Providers to support staff into registrant roles. 7. Strategic apprenticeships plan. 8. Nurse degree training access via local provider. 9. Breaking barriers project 10. Clear project. 11. HEE Pooled training allocation budgets. 12. Long term plan workforce plan. 13. Local Workforce Action Board action plan. 14. Degree pathway 15. Career pathways for critical roles. 16. One year system workforce / NHS People Plan.	8	collaboratively look at 'hot topic' areas across the system. HEE Bridgwater and Taunton College have now made the decision to achieve a partnership with UWE given their commitment to support local delivery of FdSc Nursing Associate from September 2020 and BSc Nursing from September 2021, subject to NMC approval. Long term plan submitted with significant plans for workforce. LWAB Terms of Reference have been reviewed and governance structure verified to align delivery groups to system workforce priorities. Breaking barriers project commenced, building community capacity & resource. Somerset high performing on numbers of apprenticeships with many in development (e.g. pharmacy technician). Agreed degree pathway now developed for TNA in Somerset. Successful bid to develop system wide health and wellbeing offer for staff. Breaking barriers project agreed to support Somerset. Number of career pathways mapped out on critical roles. 4 workforce planning groups being set up to workforce development funding to fund projects including increasing PACR and NMP training courses. One year system workforce action plan developed, integrated with NHS People Plan with a number of initiatives underway. Last LWAB highlight report status was amber. Gov 50k workforce plan Somerset/South West on track to meet target for overseas nurse recruitment. Apprentice force programme is also on track, therefore risk reduced to 12.

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327	Implementation of Liberty Protection Safeguards	There is a risk to patient safety and wellbeing if a person is deprived of their liberty without the authorisation of due legal process. There is also a risk of a breach of CCG duties, breach of articles 5 and 8 of the Human Rights Act, along with financial claims all arising from the inability to implement the Liberty Protection Safeguards (LPS).	12	12	12	4	3	12	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	The Regulations, the Code of Practice and the Impact Assessment have not yet been published. The Code of Practice has not yet been released for consultation. All these documents will provide statutory guidance on how the scheme will be implemented and will describe the funding available to do this. These documents will set out the controls that will be needed but this has not been published at this time Therefore, until the documents are released, detailed planning about implementation of the controls cannot be undertaken. However, some actions are being taken which provide early controls 1. ICS governance for implementation has been established with a joint LPS board supported by an operational group 2. The trusts have been reporting the number of people who are deprived of their liberty via the safeguarding adults dashboard for the past 18 months. this will provide data enabling the scoping of cost, services and planning for delivery. This has been a validated by a snapshot audit that took place in February 3. CHC team to scope number of people likely to need assessments 4. Two staff members have gained the qualification necessary to complete the assessment of people who are objecting to their care arrangements. The CCG funded this training 5. CCG Designated Nurse undertaking awareness raising sessions for relevant teams within the CCG and in other relevant forums outside the CCG 6 NHS England have provided a training day for executives which was attended by all three trusts and are supporting a regional working group for LPS that will feed into the SW NHS EI ICS areas through the Designated Professionals Forum 7 Business case for funding implementation 8 Staff training; including GP practices 9 Development of system wide tools and process	6	A parliamentary Statement has been released in relation to the Mental Capacity Amendment Act (2019) in relation to the Liberty Protection Safeguards (LPS). The original intention was for the LPS to be implemented in October 2020. The statement notes that this is now no longer possible In order to achieve effective implementation, the aim is now to have full implementation of the LPS by April 2022 A draft code of practice and regulations will be made available in due course; the statement advises that this will happen well in advance of the target date Because the LPS will not be implemented for over a year the current consequence is moderate because it does not apply as yet 19 March 2020 -Update the risk score and rationale above remain the same pending publication of the code of practice. Local LPS Board will be recommencing and NHS England and NHS Improvement South West Group has begun to provide support and oversight of implementation Update 26 May 2021-The Risk score and rationale remain the same due to the pending Code of practice not yet shared for consultation. There is no official confirmation that there will be a delay in the implementation of the LPS in April 2022.
361	Harms from Falls	Harm and burden on individuals and their families from falls. Coupled with increasing demand on hospital services arising from hospital admission when the person does not have a medical problem.	12	12	12	4	3	12	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	Prevention of falls is a complex multi-layered issue connected with health issues, social issues and the home and built environment. Falls prevention activities are built into a wide range of services across Somerset in all health and social care settings, but there are always further measures which can be taken to improve prevention. Current infra-structure includes risk assessment and prevention strategies in formal care settings; individual falls risk assessments (FRATIS, fracture risk assessments (FRAX): Somerset Integrated falls triage and sign-posting service; Medication Reviews; Homes Safety Checks; Medication Review: Managing orthostatic blood pressure (sudden reduction of BP on standing from lying and sitting); Strength and Balance Classes; Staying Steading classes. Somerset Falls Network to co-ordinate prevention work and development improvement work. COVID: Care Home de-conditioning exercise programme has commenced in partnership with SASP (Somerset Activity and Sports Partnership)	6	Whilst it is desirable to progress improvement work this is in balance with other more pressing priorities around control of COVID and resources being deployed to support care homes. The planned improvement activities are to be targeted mainly through care homes which is more difficult to organise during COVID pandemic.
363	Somerset Integrated Urgent Care Service - Shift Fill	Inability to fill the Clinical Assessment Service shifts in and out of hours.	15	12	12	4	3	12	Operations	Human resources/organisational development/staffing/competence	Collaborate: 1. twice weekly shift fill information 2. Contract Review meeting - monthly. 3. Weekly CQC meetings and reports 4. weekly IUC Capacity Cell Calls 5. currently in discussion with DDOC to development a combined clinical queue between Devon and Somerset IUCS to support resilience of both services 6. Dx operating model in place from 18th January 2021 and review of rota requirements now being undertaken by DDOC	9	CCG expect performance to be consistently over 80% overall shift fill before risk can be reduced. 20/5/21 - From April the new IR35/OP21 arrangements have come into place and this is causing DDOC significant shift fill issues, we are working with them on a mutual aid SOP.
364	Somerset Integrated Urgent Care Service - OOH Service Problems	Inability to provide safe out of hours services.	15	12	12	4	3	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative: 1. Touch point calls - weekly with CQC, Devon Doctors and Devon CCG. 2. Contract review meeting with Devon Doctors. Preventative: 2. CQC improvement plan - performance and quality. 3. Clinical recruitment plan. 4. Integrated Urgent Care lead clinician with the Clinical Advisory Service.	9	Strong controls and partnership with monitoring by CQC. However risk remains high due to workforce hazards. Awaiting DX code performance (implemented end Oct 2020) - report has been received and currently working on the data that has been submitted by DDOC
405	Physical Health Checks for vulnerable groups (e.g. SMI, LD, ED and dementia)	Physical health needs not being met for vulnerable groups.			16	4	4	16	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1) 4 Physical health support workers (SFT), aligned to the Open MH model. 2) Contractual arrangement for health checks with primary care under the PCIS. 3) Winter funding/outreach funding. Collaborative: 4. Multi-directorate programme board established 5) Touch points meetings with NHSEI.	6	The physical health check programme was subject to a national pause in the early part of 2020/21, thus reducing the opportunity to undertake physical health checks and appropriate follow up interventions. Proximity of June 2021 due delay in data for the national standard of physical health checks for vulnerable groups 2020/21. For 2021/22, NHSEI has announced that QOF will now cover all six health checks under the SMI programme which will make a huge difference in delivery in 2021/22. Due to the ongoing pressures relating to COVID, which reduce F2F opportunities for care, and increasing demand on primary care as a whole (particularly as we move into winter), the health check programme has been significantly impacted. There is no automatic data flow in place from primary care, and therefore the data set is not as full as other areas. However, there is a national programme to set this up in place. The consequences relate to patient health and wellbeing, noting the significant mortality gap between those with an SMI/LD and those without, as well as reputational risk and regulatory action, noting that regionally there is intense and increasing scrutiny on performance in this area.

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406	COVID-19: Increased demand for mental health services	There is a risk that COVID-related mental health demand could outstrip supply in mental health services			16	4	3	**12**	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1. Alliance additional capacity (CMHS transformation workstream) 2. Demand and capacity model. 3. Prevention agenda (emotional wellbeing, resilience and wider determinants of health) included in mental health response. 4. Funding to meet anticipated increase in demand. Collaborative: 5. MHLDA cell and public health meetings. 6. CCG and NHSE/I meetings 7. Non-recurrent funding has been made available nationally to support anticipated rise in demand this financial year	6	Given the ongoing health and socio-economic implications of COVID, including further national lockdowns, it is likely that demand for mental health services will increase, as well as an increase in acuity/complexity. There is already some evidence that demand is growing. If capacity is unable to keep pace with growth in both demand and complexity, existing services could be overwhelmed with some patients getting insufficient support to meet their needs. This could have consequent risks of deterioration of condition and therefore increased intensity and cost of intervention (thereby increasing the demand to inpatient facilities and thus increasing the risk of out of area placements), increased suicide rates and self harm, alongside workforce burnout. Demand and capacity modelling work is underway at SFT and due to commence in CCG June 2021. CCG continuously monitoring demand for services in the context of COVID19. CCG aim to harness increase in community support (as a result of COVID19) going forward. Awaiting the national model of future demand to inform the local response, required funding and completion of the Somerset demand and capacity model. Further review of this risk will then take place to ensure consequence of the risk and controls needed reflect the needs of Somerset. Due to the pressures on local primary care services, PCNs have not been in a position to engage with the CMHT programme as originally envisioned. Awaiting clarification of whether additional funding will be made available nationally to support increase in demand for mental health services. In addition, there is a supplementary financial risk from putting in place additional and/or expanded services that were not planned for (e.g. expansion of the Mindline, complex bereavement service), and will generate ongoing financial pressure on the mental health budget.
409	Preventable deaths from suicide in relation to COVID19 and aftermath	Preventable deaths from suicide.		12	12	4	3	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative: 1. Suicide prevention strategic partnership board (quarterly). Preventative: 2. Mind Line 3. Outreach for middle aged men, and additional funding being provided by NHSEI for 2021/22 4. Somerset FT and volunteer providers earlier intervention programme (long term plan, Community MH services expansion- Primary care focus). 5. Crisis home treatment services	9	Risk escalated considering all evidence including pandemics and research, increase is expected although ambition is zero suicides. Impact of COVID19 will not be known 2021 to 2022 so risk remains at score 12. Two thirds of people who commit suicide are not in contact with health providers so a system focus is needed. Heat map of areas deprivation and intelligence mapping is a recognised opportunity for the improvements of suicides. Increase funding for suicide prevention for Somerset (MH investment standard) to be utilised to improve the decrease of suicides & early intervention. Proximity set due to unknown impact of hazards from COVID19. The men's outreach piece is being progressed by PH, with funding ready to be commissioned for the procurement/allocation process.
412	FFMF Programme - Financial Sustainability benefits not delivered	Programme fails to deliver sustainable financial benefits.	20	20	20	5	4	20	Strategy FFMF	Business objectives/projects	1. Identification of system expected financial benefits within long term plan - December 2019 2. Detailed modelling to be undertaken within each workstream to set out financial model, assumptions, and profile any investment required to achieve change, and resulting savings envelope 3. Consideration of expected savings to be discussed at Fit For My Future Programme Board - Postponed until Programme resumes 4.Review processes for moving from strategy to transformation - discussion at PEG in December 2019, further discussion at FFMF Programme Board in January 2020. To be picked up following review of Programme October 2020	9	Programme under review following recovery from COVID19 pandemic working. Remodelling of finances to take place post Covid19 including intermediate care model.
413	Patients with complex needs (inc. S117 provision)	Patients with complex needs are accessing care in which the CCG does not have sufficient oversight of the quality of care provision.			12	3	4	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	Preventative: 1) Patients with complex needs (inc. S117 provision) Proposal. Collaborative: 2) Complex case panel.	6	It is moderately likely that there are patients with health needs that are not being reviewed in a timely manner because of the lack of a streamlined process for reviews of packages outside of normal pathways. Proposal under discussion to move to a more integrated approach with local authority, SFT and CCG sharing the risk and activities.
425	Ofsted/CQC SEND Inspection and Neurodevelopmental pathway:	Inability to maintain quality of service for ADHD and ASC.	15	15	15	4	3	**12**	Operations	Quality/complaints /audit	Looking to commission a new whole system neurodevelopmental pathway. CCG lead identified. A series of multi-agency meetings have been taking place in regard to this work programme.	6	A team lead has been identified to develop the pathway and work is underway with system partners. Further sessions have been scheduled with partners, with decisions expected to be made by end March 2021

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428	COVID - nosocomial transmission	Inadequate infection prevention and control measures for community and acute settings.	15	12	16	4	4	16	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	Collaborative. 1. Quarterly IPC Committee 2. Fortnightly huddles with DIPC 3. Fortnightly operational IPC leads meetings across system 4. Weekly COVID19 Health Protection Board across system. 5. Members of IPC SW Steering group. 6. Attendance to outbreak meetings and IMTs 7. Vaccination programme across the community and health care sector. Preventative 8. PHE guidance on the use of PPE for staff and where appropriate for patients and visitors in health and care settings. 9. Protocol for Restriction of non-essential visitors to health and care settings. 8. Protocol for the Practice of social distancing principles, especially where PPE is not being used in health and care settings. 9. IPC strategy 10. Outbreak management plans (from providers) 11. Infection Prevention Control (IPC) action plan 12. IPC Workforce capacity increase. 13. COVID19 vaccination programme.	12	Somerset, the CCG co-commission Weston Hospital which takes 20% of its patients from Somerset. Outbreaks are monitored and managed through PH and IPC team through outbreak notifications. Risk likelihood increased to 4 due to reduction of effectiveness of controls. This is due to a new highly contagious variant, reduction in compliance of IPC policies and practice in care homes, PPE fatigue, incorrect assumptions on transmission in care homes (especially for homes where staff have received their COVID19 vaccination). Risk escalated due to outbreak cases increase significantly in a short period of time in care homes (and subsequent death rate), reducing capacity for IPC to meet demand to support care homes and to address areas on non-compliance; additionally possibility of further variants and unknown efficacy of COVID19 vaccine. Proximity of 14/02/2021 to reflect these factors and potential further increases from relaxation of lockdown during latter 2020 together with winter pressures until end March 2021. IPC team post successfully interviewed and offer accepted Dec 2020.
449	Referral to Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)			16	4	4	16	Finance, Performance and Contracting	Statutory duty/inspections	Collaborative: 1. System Assurance group ICS. 2. CCG Governing Body. 3. CCG F&P and PSQ committee(s) and Quality Surveillance Group 4. ICS Execs meeting. 5. A&E and Elective care delivery boards 6. Contract and performance meetings 7. Activity and Performance meeting 8. Adherence to prioritisation according to the Royal College of Surgeons Prioritisation Guidance to ensure patients are treated in order of urgency to avoid harm 9. Weekly review of the Patient Treatment List (PTL) to review urgency and escalation of any patients identified as at risk of clinical harm 10. Adherence to new RTT MDS dashboard Preventative: 11. Phase 3 Covid Re-Start Plans 20/21 12. Operational planning 21/22 13. Improvement / transformation plans and trajectories	9	The Somerset System has continued to prioritise and treat the highest priority patients (P1 & P2) during the most recent surge in C19 cases. As a result of the significant reduction in theatre capacity during Q4 required to increase critical capacity (as part of the Amber Surge Plans) a P2 patient backlog emerged. As theatre capacity came back online the P2 backlog has continued to reduce. This risk is rated as a meeting standards risk, as opposed to within the safety domain. The proportion of patients waiting in excess of 18 weeks has declined from 81.3% in February (pre-Covid) to 62.3% in April (latest month) with the decline seen across all RTT specialities and across all Providers. The number of patients waiting in excess of 52 weeks has significantly increased from 21 in February (pre-Covid and predominantly related patient choosing to delay treatment) to 3596 in April 2021 (latest month). Of the 52 week waits 580 are waiting in excess of 78 weeks and 32 in excess of 104 weeks. Exception Reporting to NHSEI is in place for these longest waiting (104 week waits) and a new RTT PTL MDS provides greater visibility of the patient pathway. Somerset faces significant clinical risk if the elective care position does not improve. System continues to work collaboratively and proactively to understand the issues, risks and actions to address waiting times and access as a result of COVID19. A programme of work relating to Health Inequalities is underway to ensure the patients from the most deprived areas or of ethnic origins have equitable access to healthcare and comparable health outcomes. System Partners have a joint understanding of position (single version of the truth) and continue to work together to collectively to understand the full impact of pandemic. Recovery and transformation plans are being developed alongside the 21/22 operational plan(s). System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels also are examined and monitored. System has worked together on to develop an RTT model with SCW CSU which projects the activity requirements and waiting list size for the next 3 years and in place to support the Elective Recovery Programme, and are now working on a long waits model which will predict the >52, >78 and >104 week waiting list up to March 2022. These models enable scenarios to be run through the model to predict the onward impact on waiting lists. Potential unmet demand during the pandemic which could present at the hospital via emergency routes.
463	CCG Financial Plan 2021/22	The CCG, as part of the wider Somerset ICS, is unable to submit a financial plan for 2021/22 which delivers the required financial targets and business rules set by NHS England and NHS Improvement.				5	4	**20**	Finance, Performance and Contracting	Finance including claims	Regular meetings are held across the ICS to discuss and identify actions, including savings and investment plans, to enable the delivery of balanced financial plans across the Somerset health system. Discussions are ongoing between Somerset ICS leaders, NHS England and NHS Improvement in respect of actions required to mitigate any financial pressures. National guidance in respect of the 2021/22 planning round is anticipated to be released in early April 2021.	8	Identified as high risk due to the current uncertainties with regard to the confirmation and release of further planning guidance and system funding envelopes for the financial year.