

Report to the NHS Somerset Clinical Commissioning Group on 25 March 2021

Title: Risk Update Report	Enclosure O
Version Number / Status:	0.1
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Purpose of Paper	<p>1 To update the Governing Body about part A corporate risks that are new, escalated, de-escalated, increased, decreased or closed in the Corporate Risk Register (CRR – extract 17.02.2020) since the full review by the Governing Body on 30 July 2020.</p> <ul style="list-style-type: none"> • To advise THE Governing Body that 11 risks have been closed from the CRR: <ul style="list-style-type: none"> - 19 Quality Innovation Productivity and Prevention (QIPP) Savings - 64 Financial Management - 75 Weston Area Heath Trust - 135 Dementia Diagnosis Rates - 246 18 week RTT - 286 >52 week waits for treatment - 256 Case Management of CHC funded patients at home - 202 CCG 2020/21 Budgets - 390 COVID19: Reduced clinical safety. - 366 Somerset Integrated Urgent Care Service - Care UK - 431 SEND: Quality of service • To advise the Governing Body that 4 risks have been de-escalated from the CRR: <ul style="list-style-type: none"> - 312 E-zec Non-Emergency Patient Transport Service Sustainability - 326 Relying on out of date referral information rather than using EMIS Viewer - 368 CCG Safeguarding Adults Provision - 392 No commissioning lead manager for services for Neuro Rehab patients and gaps in service • To advise the Governing Body that 6 risks have reduced their risk score within the CRR: <ul style="list-style-type: none"> - 9 Growth across the Urgent and Emergency Care System (from 16 to 12) - 143 Dermatology (from 15 to 12) - 292 Workforce Sustainability (from 20 to 16)
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	<ul style="list-style-type: none"> - 363 Somerset Integrated Urgent Care Service - Shift Fill (from 15 to 12) - 364 Somerset Integrated Urgent Care Service - OOH Service Problems (from 15 to 12) - 386 COVID19: Personal Protection Equipment (PPE) protection & prevention (from 16 to 12) <ul style="list-style-type: none"> • To advise the Governing Body that 9 risks have been escalated into the CRR: <ul style="list-style-type: none"> - 25 Performance Targets (risk score 16) - 362 LeDeR Programme (risk score 15) - 405 Physical Health Checks for vulnerable groups (e.g. SMI, LD, ED and dementia) (risk score 16) - 406 COVID-19: Increased demand for mental health services (risk score 16) - 409 Preventable deaths from suicide in relation to COVID19 and aftermath (risk score 12) - 413 Patients with complex needs (inc. S117 provision) (risk score 12) - 427 COVID-19: Children and Young Person MH access rate (risk score 12) - 440 PREVENT Compliance in Trusts (risk score 16) - 449 Referral to Treatment (risk score 16) • To advise the Governing Body that 3 risks have increased their current risk score within the CRR: <ul style="list-style-type: none"> - 243 Vacancies and decreased capacity in Safeguarding Children Team (from 12 to 16) - 255 SWASFT Category 1 and Category 2 Performance (from 15 to 16) - 428 COVID - risk of nosocomial transmission (from 15 to 16)
Recommendation	To approve the additions and amendments.
Previous GB/ Committee(s), Dates	Full CRR review approved at Governing Body on 30 July 2020, Clinical Executive Committee 3 March 2021.

Monitoring and Assurance Summary

This report links to the following CCG Strategic Themes:	<ul style="list-style-type: none"> • Transform the effectiveness and efficiency of urgent and acute care across all • Sustain and continually improve the quality of all services.
This report links to the following Somerset STP priorities:	The ICS priorities are fundamental to informing the design and content of these two central Governing Body support tools, in terms of operational risks (CRR) and strategic risks (GBAF)

		Any action required?	
	Yes	Yes	No
Equality Impact Assessment			✓
Quality	✓	As covered by risk action plans	
Privacy		No confidential information in included	✓
Stakeholder Engagement	✓	Through Lay Representation of Governing Body and Health & Care Strategy Engagement	
Financial / Resource / Sustainability	✓	As covered by risk action plans	
Legal/Regulatory	✓	Meets statutory obligations of the CCG in respect of good governance	
Freedom of Information		The report will become a public document when presented at Governing Body meeting	✓
Risk Assessment		No risk assessments identified for this report.	✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	Claire Miller		

CORPORATE LEVEL RISKS PERFORMANCE (inclusive of part A and Part B risks) 5x5 Matrix

November 2020

Controlled Current Risk: Corporate - 58

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

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					

Corporate level risks by Domain

November 2020

Domain Name	Total	12	15	16	20
A. Impact on the safety of patient, staff or public (physical / psychological harm)	9	7	0	0	1
B. Quality / complaints / audit	3	1	2	0	0
C. Human resources / organisational development / staffing / competence	5	2	0	1	1
D. Statutory duty / inspections	19	4	2	3	1
E. Adverse publicity / reputation	3	0	0	0	0
F. Business objectives / projects	4	1	0	0	1
G. Finance including claims	10	3	0	1	0
H. Service / business interruption. Environmental impact	4	1	0	0	0
I. Contracting and Commissioning	1	0	0	0	0

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

Corporate Level Risks by CCG Directorate

November 2020

CCG Directorate	Total	12	15	16	20
Quality & Nursing	12	7	0	1	3
Operations	28	11	2	1	0
Finance, Performance and Contracting	14	1	2	3	0
FFMF Strategy	3	0	0	0	1
Managing Director's / Chairman's Office	1	0	0	0	0

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

SOMERSET CCG - CORPORATE RISK REGISTER MARCH 2021 (17.02.2021) PART A

ID	Title	Statement of Risk	Opened	2019/20 Q1 Final	2019/20 Q2 Final	2019/20 Q3 Final	2019/20 Q4 Final	Now rating	Now rating	Likelihood (current)	Consequent (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale
212	Ambulance Call Stacking	Ambulance demand exceeds capacity resulting in delays causing patient harm	21/01/2016	20	20	20	20	20	20	4	5	20	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	Patients will incur harm if delays are experienced.	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.
412	FFMF Programme - Financial Sustainability benefits not delivered	Programme fails to deliver sustainable financial benefits.	12/06/2020					20	20	5	4	20	Strategy FFMF	Business objectives/projects	1. Financial benefits are not scoped and understood 2. Financial resource not available to support work 3. Benefits are not effectively managed through to delivery 4. Pause to programme due to Covid19 may affect financial sustainability when programme resumes 5. Drivers for deficit created independently of FFMF Programme	9	Awaiting restart of programme to undertake benefit assessments. Remodelling of finances to take place post Covid19 including intermediate care model.
430	SEND- Compliance to statutory & legal duties for Education Health and Care plans.	Special Educational Needs: breach of Children & Families Act, Disability Code of Practice, Education Health and Care plans for children with SEND are not accurately identifying needs in a timely manner.	25/06/2020					20	20	4	5	20	Quality and Nursing	Statutory duties/inspections	1. CCG fail CQC/Ofsted inspection of SEND services (noting the poor service families are receiving) 2. CCG receive formal notice to provide Written Statement of Action in 70 days. 3. Reputation 4. Harm to children with needs not being met.	16	Many controls are still in development. The effectiveness rating is representing the Written Statement of Actions only, Risk escalated due to the paucity of data and current assurance.
10	Diagnostic Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	09/05/2013	16	16	16	16	16	16	4	4	16	Finance, Performance and Contracting	Statutory duties/inspections	1. Poor patient experience 2. CCG reputational issue 3. Longer waiting times in RTT and Cancer pathway 4. Poorer patient outcomes	9	The proportion of patients waiting in less than 6 weeks has declined from 93.6% in February (pre-Covid) to 68.9% in November (latest month) with the decline seen across all diagnostic modalities, and this equates to an increase in 6 week waits from 810 to 3342. Due to COVID19 pandemic, phase 3 recovery plans are currently non enforceable with contract and performance meetings stood down and contract level non-enforceable. 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) but COVID19 prevents position being confirmed until full impact of pandemic is known. System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels also currently being examined and monitored. System aims to have forecasted position by end March 21 to prepare for operational planning (21/22) which will commence April 21 and complete end June 21, but delays may occur due Phase 4 planning timeline which has yet to be fully confirmed. 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 82 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.	29/07/2013							4	4	16	Finance, Performance and Contracting	Statutory duties/inspections	1. Poor patient experience. 2. CCG reputational issue. 3. Longer waiting times. 4. Poorer patient outcomes. 5. Patients presenting via an emergency route (through A&E)	9	Due to COVID19 pandemic, phase 3 recovery plans are currently non enforceable with contract and performance meetings stood down and contract level non-enforceable. 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) but COVID19 prevents position being confirmed until full impact of pandemic is known. System continues to monitor performance against operational standards, activity restart and waiting list sizes; demand levels also currently being examined and monitored. System aims to have forecasted position by end March 21 to prepare for operational planning (21/22) which will commence April 21 and complete end June 21, but delays may occur due Phase 4 planning timeline which has yet to be fully confirmed. Potential unmet demand during the pandemic which could present at the hospital via emergency routes.

SOMERSET CCG - CORPORATE RISK REGISTER MARCH 2021 (17.02.2021) PART A

ID	Title	Statement of Risk	Opened	Q1 P1/01/20	Q2 P2/03/20	Q3 P3/05/20	Q4 P4/07/20	Now rating	Next rating	Likelihood (current)	Consequence (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale
243	Vacancies and decreased capacity in Safeguarding Children Team	The provision of capacity for the statutory post of designated doctor safeguarding children.	08/09/2017		12	12		20	4	4	4	16	Quality and Nursing	Human resources/organisational development/fitting/competence	1. Named and Designated doctors in the provider organisations will not have access to (in the required timescales) supervision in respect of safeguarding for children (some of this supervision would not be covered by current experience within the CCG e.g. child sexual abuse medicine). 2. Access (within the required timescales) will not be available to group supervision for primary care staff in respect of safeguarding children. 3. Limited capacity from CCG to contribute to and lead on the multi agency or single agency case reviews - no capacity in CCG to lead on case review that require a designated doctor for safeguarding children. 4. Limited capacity from CCG to ensure lessons learnt from single or multi agency case reviews are implemented by NHS providers. 5. Limited capacity from the CCG to contribute to case reviews where the case may meet the requirements for a serious case review and/or a multi agency review for system improvement. 4. Limited capacity from the CCG for strategic safeguarding leadership for the health system in Somerset. 5. Limited capacity from the CCG to contribute to the safeguarding children training programme. 6. Limited capacity from the CCG to contribute to the safeguarding children partnership audit programme (impacts negatively to system improvement). 7. Limited capacity from the CCG to escalate and resolve concerns regarding the multi agency safeguarding children system (referral process and development of a multi agency front safeguarding hub, multi agency front door). 8. Limited capacity from the CCG to ensure that effective quality assurance arrangements are in place for safeguarding children functions within services commissioned by the CCG. 9. Limited capacity from the CCG to coordinate and lead on case reviews	4	Designated Doctor SGC ceased contract ceased 31.10.2020. Only alternative cover arrangements in place to 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 Wiltshire 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 BAJU and additional demands as a result of pandemic, whilst meeting the continued demands in relation to SSCP and ASSSP (legal responsibility from SCCG) for safeguarding alert within ICS has been delayed as a result of capacity within the team - last meeting 25th Jan 2021. Severity of 4 due to uncertain delivery of key objectives as internal resources are limited to provide medical expertise in safeguarding children in Somerset locally and regionally. Further support has been sought from NINDP 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). NHS South West safeguarding team's proposal regarding a regional Designated Doctor for Safeguarding Children is being explored through South West NHS Safeguarding Workforce Learning & development - clinical reference group. This forum is also currently working on a workforce transformation initiative with Health Education England.
255	SWASFT Category 1 and Category 2 Performance	Breach of Category 1 and Category 2 SWASFT Ambulance Response Performance (ARP) standard.	01/02/2018	15	15	15	15	16	4	4	4	16	Operations	Statutory duty/inspectors	1. Patient experience 2. Patient Safety - delay to care/increased deterioration 3. Reputation	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 26mins and Aug 16 mins. SWASFT workforce plan on track. High Intensity High Intensity Users (IHU) 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 19 cases results in cancellation of Priority 1 and Priority 2 cases. 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. The proportion of patients waiting in excess of 62 days (diagnosed and un-diagnosed) has increased from 87 in May to 166 in January (latest local weekly position) resulting in some patients not being diagnosed and treated for cancer in a timely manner. It is expected the 62 backlog will reduce to 90 by March 2021 (70 at Somerset FT and 20 at TDH). This is supported by 31 day cancer treatment re-start percentages where the re-start is in excess of 100% at both Somerset FT and Nodon FT from November. Due to COVID19 pandemic, phase 3 recovery plans are currently non enforceable with contract and performance meetings stood down and contract level non-enforceable. 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) but COVID19 prevents position being confirmed until full impact of pandemic is known. System continues to monitor performance against operational standards, activity re-start and waiting list sizes, demand levels also currently being examined and monitored. System aims to have forecasted position by end March 21 to prepare for operational planning (21/22) which will commence April 21 and complete end June 21, but delays may occur due Phase 4 planning timeline which has yet to be fully confirmed. Potential unmet demand during the pandemic, which could present a risk to 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.
285	Cancer Targets	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	09/08/2018	16	16	16	16	16	4	4	4	16	Finance, Performance and Contracting	Statutory duty/inspectors	1. Poor patient experience 2. CCG reputational issue 3. Longer waiting times in RTT and Cancer pathway 4. Poorer patient outcomes	4	Somerset faces significant clinical risk if the elective care position does not improve in line with the Phase 3 plan and that the current surge in Covid-19 cases results in cancellation of Priority 1 and Priority 2 cases. 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. The proportion of patients waiting in excess of 62 days (diagnosed and un-diagnosed) has increased from 87 in May to 166 in January (latest local weekly position) resulting in some patients not being diagnosed and treated for cancer in a timely manner. It is expected the 62 backlog will reduce to 90 by March 2021 (70 at Somerset FT and 20 at TDH). This is supported by 31 day cancer treatment re-start percentages where the re-start is in excess of 100% at both Somerset FT and Nodon FT from November. Due to COVID19 pandemic, phase 3 recovery plans are currently non enforceable with contract and performance meetings stood down and contract level non-enforceable. 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) but COVID19 prevents position being confirmed until full impact of pandemic is known. System continues to monitor performance against operational standards, activity re-start and waiting list sizes, demand levels also currently being examined and monitored. System aims to have forecasted position by end March 21 to prepare for operational planning (21/22) which will commence April 21 and complete end June 21, but delays may occur due Phase 4 planning timeline which has yet to be fully confirmed. Potential unmet demand during the pandemic, which could present a risk to 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.

SOMERSET CCG - CORPORATE RISK REGISTER MARCH 2021 (17.02.2021) PART A

ID	Title	Statement of Risk	Opened	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	Q1 2027	Q2 2027	Q3 2027	Q4 2027	Q1 2028	Q2 2028	Q3 2028	Q4 2028	Q1 2029	Q2 2029	Q3 2029	Q4 2029	Q1 2030	Q2 2030	Q3 2030	Q4 2030	Q1 2031	Q2 2031	Q3 2031	Q4 2031	Q1 2032	Q2 2032	Q3 2032	Q4 2032	Q1 2033	Q2 2033	Q3 2033	Q4 2033	Q1 2034	Q2 2034	Q3 2034	Q4 2034	Q1 2035	Q2 2035	Q3 2035	Q4 2035	Q1 2036	Q2 2036	Q3 2036	Q4 2036	Q1 2037	Q2 2037	Q3 2037	Q4 2037	Q1 2038	Q2 2038	Q3 2038	Q4 2038	Q1 2039	Q2 2039	Q3 2039	Q4 2039	Q1 2040	Q2 2040	Q3 2040	Q4 2040	Q1 2041	Q2 2041	Q3 2041	Q4 2041	Q1 2042	Q2 2042	Q3 2042	Q4 2042	Q1 2043	Q2 2043	Q3 2043	Q4 2043	Q1 2044	Q2 2044	Q3 2044	Q4 2044	Q1 2045	Q2 2045	Q3 2045	Q4 2045	Q1 2046	Q2 2046	Q3 2046	Q4 2046	Q1 2047	Q2 2047	Q3 2047	Q4 2047	Q1 2048	Q2 2048	Q3 2048	Q4 2048	Q1 2049	Q2 2049	Q3 2049	Q4 2049	Q1 2050	Q2 2050	Q3 2050	Q4 2050	Q1 2051	Q2 2051	Q3 2051	Q4 2051	Q1 2052	Q2 2052	Q3 2052	Q4 2052	Q1 2053	Q2 2053	Q3 2053	Q4 2053	Q1 2054	Q2 2054	Q3 2054	Q4 2054	Q1 2055	Q2 2055	Q3 2055	Q4 2055	Q1 2056	Q2 2056	Q3 2056	Q4 2056	Q1 2057	Q2 2057	Q3 2057	Q4 2057	Q1 2058	Q2 2058	Q3 2058	Q4 2058	Q1 2059	Q2 2059	Q3 2059	Q4 2059	Q1 2060	Q2 2060	Q3 2060	Q4 2060	Q1 2061	Q2 2061	Q3 2061	Q4 2061	Q1 2062	Q2 2062	Q3 2062	Q4 2062	Q1 2063	Q2 2063	Q3 2063	Q4 2063	Q1 2064	Q2 2064	Q3 2064	Q4 2064	Q1 2065	Q2 2065	Q3 2065	Q4 2065	Q1 2066	Q2 2066	Q3 2066	Q4 2066	Q1 2067	Q2 2067	Q3 2067	Q4 2067	Q1 2068	Q2 2068	Q3 2068	Q4 2068	Q1 2069	Q2 2069	Q3 2069	Q4 2069	Q1 2070	Q2 2070	Q3 2070	Q4 2070	Q1 2071	Q2 2071	Q3 2071	Q4 2071	Q1 2072	Q2 2072	Q3 2072	Q4 2072	Q1 2073	Q2 2073	Q3 2073	Q4 2073	Q1 2074	Q2 2074	Q3 2074	Q4 2074	Q1 2075	Q2 2075	Q3 2075	Q4 2075	Q1 2076	Q2 2076	Q3 2076	Q4 2076	Q1 2077	Q2 2077	Q3 2077	Q4 2077	Q1 2078	Q2 2078	Q3 2078	Q4 2078	Q1 2079	Q2 2079	Q3 2079	Q4 2079	Q1 2080	Q2 2080	Q3 2080	Q4 2080	Q1 2081	Q2 2081	Q3 2081	Q4 2081	Q1 2082	Q2 2082	Q3 2082	Q4 2082	Q1 2083	Q2 2083	Q3 2083	Q4 2083	Q1 2084	Q2 2084	Q3 2084	Q4 2084	Q1 2085	Q2 2085	Q3 2085	Q4 2085	Q1 2086	Q2 2086	Q3 2086	Q4 2086	Q1 2087	Q2 2087	Q3 2087	Q4 2087	Q1 2088	Q2 2088	Q3 2088	Q4 2088	Q1 2089	Q2 2089	Q3 2089	Q4 2089	Q1 2090	Q2 2090	Q3 2090	Q4 2090	Q1 2091	Q2 2091	Q3 2091	Q4 2091	Q1 2092	Q2 2092	Q3 2092	Q4 2092	Q1 2093	Q2 2093	Q3 2093	Q4 2093	Q1 2094	Q2 2094	Q3 2094	Q4 2094	Q1 2095	Q2 2095	Q3 2095	Q4 2095	Q1 2096	Q2 2096	Q3 2096	Q4 2096	Q1 2097	Q2 2097	Q3 2097	Q4 2097	Q1 2098	Q2 2098	Q3 2098	Q4 2098	Q1 2099	Q2 2099	Q3 2099	Q4 2099	Q1 2100	Q2 2100	Q3 2100	Q4 2100
Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale																																																																																																																																																																																																																																																																																																																																		
292	Workforce Sustainability	Inability to meet demand for workforce (volume and skillset) in Somerset.	30/09/2018	20	20	20	20	20	16	4	4	16	Quality and Nursing	Human resources/organisations development/statistics/compliance	1. Patient safety 2. Patient Experience 3. Rota fill 4. Staff morale 5. Increase in sickness/absence	8	collaboratively look at 'hot topic' areas across the system. HEE Bridgewater and Taunton College have now made the decision to achieve a partnership with UWE given their commitment to support local delivery of FdSc: Nursing Associate from September 2020 and BSc Nursing from September 2021, subject to NMC approval. 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 TMA 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.																																																																																																																																																																																																																																																																																																																						
405	Physical Health Checks for vulnerable groups (e.g. SMI, LD, ED and dementia)	Physical health needs not being met for vulnerable groups.	10/06/2020							4	4	16	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	1) Increase in mortality gap for these patient groups 2) Reputation 3) Regulatory actions 4) Inability to deliver 60% national standard for physical health checks for vulnerable groups. This has implications for the mortality gap between people with and without serious health conditions	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, NHSE 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 a SMI/LD and those without, as well as reputational risk and regulatory action, noting that regionally there is intense and increasing 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 CCC June 2021. CCC continuously monitoring demand for services in the context of COVID19. CCC 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 the 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																																																																																																																																																																																																																																																																																																																						
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	10/06/2020							4	4	16	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	1) Deterioration in overall population health 2) higher level of demand and acuity for both physical and mental health services	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 CCC June 2021. CCC continuously monitoring demand for services in the context of COVID19. CCC 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 the 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																																																																																																																																																																																																																																																																																																																						
428	COVID - nosocomial transmission	Inadequate infection prevention and control measures for community and acute settings.	15/06/2020							15	12	4	4	16	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	1. Harm to people across Somerset working, visiting or staying overnight in a health or care setting. 2. Unplanned staff absence. 3. Litigation. 4. Reputation damage. 5. Patient flow from closure of health or care setting. 6. Recovery to BAU. 7. Growing waiting list for health and care services. 8. Outbreaks health and care settings.	12	Somerset, the CCC co-commission Weston Hospital which takes 20% of its patients from Somerset. Outbreaks are monitored and managed through PPI 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.																																																																																																																																																																																																																																																																																																																				
440	PREVENT Compliance in Trusts	Non compliance of NHSE1 Prevent Duties training standard)	20/08/2020							4	4	16	Quality and Nursing	Statutory duty/respect	1. Staff don't have knowledge to recognise when people who use health services are being exploited or radicalised into terrorism. 2. Lack of awareness that support to counter exploitation or radicalisation is available 3. The prevention of exploitation or radicalisation is reduced. 4. Harm to themselves or others.	4	The overall compliance is 80%, but Somerset FT compliance remains rated as red and of concern as the WRAP compliance is 72.8 and the BPAT compliance is 74.4 There for the compliance has not yet improved sufficiently to reduce the risk rating. The reporting window for Q3 has not yet closed. The above data is taken from the Somerset COVID19 vaccine. Somerset FT return as they have completed their return, and the Q2 data from YDH as they have not yet completed their return.																																																																																																																																																																																																																																																																																																																						

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ID	Title	Statement of Risk	Opened	2019/20 Q1 P1/16	2019/20 Q2 P2/16	2019/20 Q3 P3/16	2019/20 Q4 P4/16	2020/20 Q1 P1/20	2020/20 Q2 P2/20	2020/20 Q3 P3/20	2020/20 Q4 P4/20	2021/21 Q1 P1/21	2021/21 Q2 P2/21	2021/21 Q3 P3/21	2021/21 Q4 P4/21	Likelihood (current)	Consequent (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale
449	Referral to Treatment	Longer waiting times may lead to poorer patient outcomes, and patients presenting via an emergency route (through A&E)	29/09/2017													4	4	16	Finance, Performance and Contracting	Statutory duties/inspections	1. Poor patient experience 2. CCG reputational issue 3. Longer waiting times in RTT and Cancer pathway 4. Poorer patient outcomes	9	There has been no significant delays in Somerset for urgency P1 and P2 (urgent and cancer) treatment arising from COVID19 capacity constraints as at February 2021. 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 63.1% in August (latest month) with the decline seen across all RTT specialities and across all Providers. The number of patients waiting in excess of 62 weeks has significantly increased from 21 in February (pre-Covid) and predominantly related patient choosing to delay treatment) to 1619 in November (latest month). Somerset faces significant clinical risk if the elective care position does not improve inline with the Phase 3 plan and that the current surge in Covid-19 cases results in cancellation of Priority 1, 2 (urgent and cancer) 3 and 4 (routine) cases. Due to COVID19 pandemic, phase 3 recovery plans are currently non enforceable with contract and performance meetings stood down and contract level non-enforceable. 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) but COVID19 prevents position being confirmed until full impact of pandemic is known. System continues to monitor performance against operational standards, activity rest and waiting list sizes; demand levels also are examined and monitored. System aims to have forecasted position by end March 21 to prepare for operational planning (21/22) which will commence April 21 and complete end June 21, but delays may occur due Phase 4 planning timeline which has yet to be fully confirmed. Potential unmet demand during the pandemic which could present at the hospital via emergency routes.
318	Risk of Children Looked After Health services not being delivered within statutory time frames	Children and young people who are Looked After by Somerset County Council do not consistently have access to high quality, timely and relevant health services and are at risk of long term and escalating physical and mental health needs into adulthood. Delays in the provision of high quality health services within statutory time frames also impact on transitions from foster care into permanent adoptive homes.	20/05/2019													5	3	15	Quality and Nursing	Statutory duties/inspections	1. Delays in delivery of Paediatric Initial Health Assessments within statutory 20 working days time frame leading to late identification and meeting of unmet health needs 2. Unnecessary delays for CLA whose plan is adoption with an increasing risk of prospective adoptive parents looking outside of Somerset for a child to adopt 3. Increasing numbers of CLA and Care Leavers, (correlating to the continuing upwards trend of increased numbers of children becoming looked after in Somerset), reaching adulthood with unmet health needs, an inability to manage their health needs and successfully access health services independently and having a negative view of the effectiveness of Health professionals. 4. Increasing numbers of CLA and Care Leavers requiring access to Tier 3 and 4 CAMHS, Substance Misuse and Adult Emotional and Mental Health services 5. No decrease in the numbers of CLA and Care Leavers referred to specialist eating disorder services 6. No decrease in the number of CLA who go missing 7. No decrease in the number of CLA and Care Leavers at risk of offending and are involved in the Criminal Justice System 8. No decrease in the number of CLA and Care Leavers at risk of exploitation and abuse, including involvement in County Lines and trafficking 9. No capacity to work with Care Leaver personal advisers to plan transitions from care, and ensure young people have access to information and training about how to promote their physical and mental health 10. No capacity to provide statutory Care Leavers Summary Health Records, meaning that Care Leavers do not have up-to-date information about their health history, ongoing health treatments and signposting to relevant health services, leading to an inability to access health services when required and	8	Risk remains at 15 due to: Performance data not yet illustrating embedded upward trend Difficulties in engaging providers in change agenda Competing pressures on providers due to Covid pandemic Complexity of services provided and vulnerability of cohort served Capacity issues in Paediatric services Data completeness issues Ongoing negotiations in respect of joint commissioning responsibilities
323	Neuro Paeds	Gap in services for assessment of autism over the age of 5	29/07/2019		16	15	15	15								5	3	15	Operations	Statutory duties/inspections	Potential for school refusal Potential for school exclusion due to behaviours that challenge Potential for family and/or placement breakdown GPs are not clear of route to support for CYP with behaviours that challenge CYP do not achieve academically and socially	8	Currently difficult to pursue implementation of controls due to impact and management of Covid-19.

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ID	Title	Statement of Risk	Opened	2019/20 Q1 Plan	2019/20 Q2 Plan	2019/20 Q3 Plan	2019/20 Q4 Plan	2020 Q1 Plan	2020 Q2 Plan	2020 Q3 Plan	2020 Q4 Plan	Now rating	Next rating	Likelihood (current)	Consequent (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale
362	LeDeR Programme	Without adequate resourcing to the LeDeR Programme the opportunities and benefits of learning into action will be belated and this will impact on the wellbeing outcomes and experiences of those with an LD	05/11/2019									5	3	15	3	15	Quality and Nursing	Business objectives/projects	1) Somerset will remain an outlier in the region for timely completion of reviews 2) Residents with and LD may not benefit in a timely way from action that could be progressed from learning 3) health outcomes could be directly impacted due to delay 4) learning from Covid will be much delayed and critical opportunity will be lost due to pandemic time frames which will not wait for learning	9	Despite current review capacity having been expanded, the current risk remains at a high level. We have recently returned an Amber rating to NHS EAI. This is likely to have an impact on us achieving the KLOE targets set for the end of June 2021.
425	Ofsted/CCO SEND Inspection and New Entrants	Inability to maintain quality of service for ADHD and ASC.	12/06/2020									15	15	5	3	15	Operations	Quality/clinician/taught	1) Reputational risk 2) negative publicity (particularly in light of the SEND inspection) 3) poor experience of care for patients	6	A team lead has been identified to develop the pathway and work is underway with system partners. Further session scheduled for 5/21 for an update on this work. Risk to be updated thereafter
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).	29/07/2013	16	16	16	16	16	12	3	4	12				12	Operations	Impact on the safety of patient, staff or public (physical/psychological)	1. Patient safety. 2. Patient experience. 3. Finances - overspend.	8	The OPEL level has seen an increase since the return from wave 1 lockdown, however risk is high due to winter and pandemic hazards and unknown impact.
38	GP Prescribing Budget	Inability to meet the planned budget allocated to GP prescribing.	01/04/2014		12	12	12	12	12	4	3	12				12	Quality and Nursing	Finance including claims	A prescribing overspend adds to the CCG and system financial risks.	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.	30/01/2015	16	16	15	15	15	12	3	4	12				12	Operations	Statutory duty/inspectors	1. Harm to patients (of there being no clinical service or long waits e.g. Delay in diagnosis of skin cancers). 2. Financial: pay enhancements to out of area providers for the service and the lack of a suitable local service for our patients 3. Reputational 4. Inability to reach national standards for dermatology services.	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 RDEE 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. 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 31/01/21) and will affect the performance of this risk's controls. The greatest level of assurance (oversen 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.
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.	23/01/2017	12	12	12	12	12	12	3	4	12				12	Operations	Human resources/organisational development/strategic planning/competence	Reduction in service to patients.	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 statutory duty of SCCG as a public body to act lawfully and for policies and procedure to reflect primary legislation (Mental Capacity Act 2005 and deprivation of their liberty under Article 5 (Right to Liberty and Security) of the Human Rights Act 1998.	14/07/2017			12	12	12	12	4	3	12				12	Quality and Nursing	Statutory duty/inspectors	1. SCCG has no lawful defence in commissioning care that is restrictive as it has sought no legal authorisation. 2. Individuals may receive care that is restrictive, unnecessary and disproportionate without access to legal scrutiny and authorisation. 3. Finance - sued for not complying with primary legislation. 4. Restrictive/abusive care is undetected. 5. Individual's human rights compromised.	4	1) Recent review highlights a backlog of 38 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 commencement 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 CoC 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.

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ID	Title	Statement of Risk	Opened	2019/2020 O1 Rating	2020/2021 O2 Rating	2021/2022 O3 Rating	2022/2023 O4 Rating	2023/2024 O5 Rating	2024/2025 O6 Rating	Likelihood (current)	Consequence (current)	Rating (current)	Directorate (Contact)	Risk Domain	Controls in place	Rating Target	Current Rationale
248	Access to CYP Services	CYP with mental health needs are not getting the support they require.	04/10/2017	16	16	12	12	12	12	3	4	12	Operations	Impact on the safety of patient, staff or public (physical/psychological harm)	1) CYP with mental health needs not getting the support they require, leading to their condition deteriorating or putting them at risk 2) We could be subject to regulatory action for failure to deliver against a key LTP ambition: the CYP Access target.	8	Latest data, for October 2020, 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. We have also been advised by NHSE that the way this will be calculated will change for next financial year and we anticipate that this will mean performance improves in our favour. With the forthcoming change to definition for 2021/22, CSU is assessing performance against the new definition, which will inform our plans going forward.
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 arising from the inability to implement the Liberty Protection Safeguards (LPS).	15/08/2019			12	12	12	12	4	3	12	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	1 Impact on the safety and wellbeing of a person who is deprived of their liberty without the application of the safeguards which requires consideration of least restrictive options 2 The CCG and the trusts will breach the Human Rights of a number of individuals 3 The CCG and trusts will breach their new statutory duties 4 The CCG and Trusts could be liable to pay damages for any individual that has been adversely affected 5 Reputational damage to CCG, plus a negative impact on the CCGs ability to remain outside of special measures as determined by NHS EI 6 Impact on the workload of GPs as there is a new requirement for a medical assessment to determine if there is a disorder of the mind 7 Impact on other areas of patient safety and quality if resources are diverted to support the LPS implementation	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
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.	08/11/2019			12	12	12	12	4	3	12	Quality and Nursing	Impact on the safety of patient, staff or public (physical/psychological harm)	As the population ages increased adverse impact on people vulnerable to falling and increased demand on health and care services. Having a fall can have devastating and far reaching consequences for both the individual and impact on use of health and social care resources. It is estimated 4% of all adult social care spend is attributable to falls and fractures. In Somerset in one year this would be 2.9m. The estimated cost of one hip fracture in Somerset is £7,169 (as at 2017).	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.