

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

<b>Title: Risk Management Update Report</b>	<b>Enclosure J</b>
---	------------------------

Version Number / Status:	1
Executive Lead	Neil Hales, Director of Commissioning and Operations
Clinical Lead:	Val Janson, Director of Quality and Nursing
Author:	Kevin Caldwell, Head of Information Governance and Risk

### 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

<b>Equality</b>	N/A
-----------------	-----

<b>Quality</b>	As covered by risk action plans.			
<b>Privacy</b>	No confidential information included in Part A risks.			
<b>Engagement</b>	Through Lay representation of Governing Body and Health and Care Strategy Engagement.			
<b>Financial / Resource</b>	As covered by risk action plans.			
<b>Governance or Legal</b>	Meets statutory obligations of the CCG in respect of good governance and internal systems of control.			
<b>Risk Description</b>	No risk assessments identified for this report.			
<b>Risk Rating</b>	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 closed from Corporate Risk Register in period

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

## Risks de-escalated from Corporate Risk Register in period

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

## Risks reduced within Corporate Risk Register in period

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

## Risks escalated to Corporate Risk Register in period

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

## Risks increased within Corporate Risk Register in period

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

**CORPORATE LEVEL RISKS** (inclusive of part A and Part B risks)  
5x5 Matrix heat map showing overview of ratings for all Corporate risks

**February 2021**

Controlled Current Risk: Corporate - 61

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	3
	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	1	0	0

## Corporate Level Risks by CCG Directorate

### February 2021

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

### June 2021

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



COMMERCIAL CODE - CORPORATE RISK REGISTER JULY 2023 (30.06.2023) PART A

ID	Title	Assessment of Risk	Opened	Actual Opened Date	Actual Closed Date	Actual Opened Date	Actual Closed Date	Actual Opened Date	Actual Closed Date	Estimated Impact	Consequence Priority	Rating Priority	Directorate (Category)	Risk Domain	Controls in place	Rating Priority	Current Evidence
222	CP workforce sustainability	Over a number of years, planning for primary care workforce delivery the required capacity against primary care activity. There were specific divisions of the risk including seasonal change to primary care caseload.	20/02/2017	02	02	02	02	02	02	3	4	13	Operations	Human resource management, operational management, legal compliance	Primary Care Workforce plan under Local Workforce Action Board. CCG sustainability policy used to monitor, engage and support practice, experiencing critical workforce challenges on a case by case basis.	9	There is still a very serious risk to the overall primary care workforce particularly because there is a large number of GPs over the age of 65 and although the CCG has a wide range of programmes in place to support primary care workforces, the risk remains significant.
226	Cost of Prescription Cost	Assess the impact of expiry date of CCG as a public body to cost health services. The risk is the potential to increase primary legislation (Health Care Act 2022) and impact of new Health and Social Care Act 2012 to primary care services under the Health and Social Care Act 2012.	04/02/2017	02	02	02	02	02	02	4	3	12	Quality and Nursing	Human resource management, operational management, legal compliance	1. Cost to the CCG has been identified and prioritised consistently. The cases that require attention to the Court of Protection. 2. Cost of year of funding a CCG Assessor to address the backlog of cases and annual submissions. 3. CCG Assessor in place. 4. Mental Capacity Act (MCA) training for CCG team.	9	1. Latest meeting highlights a backlog of 36 cases that have been taken to priority to complete based on restrictions in the care arrangements, risk and objectives. 2. Appointment of CCG Assessor for 1 year extended contractual until 31/03/2023. 3. MCA and legal literacy training completed with 60 staff's attendance. 4. Review cases for judgement of prescriber and put in MCA - informed that the backlog and funding announcements from government about new funding to support CCG to meet new statutory obligations in primary care services have reduced. 5. Change in risk holder has resulted in a change in evaluation of the risk rating but it does not represent new or increased levels of risks identified.
243	Vulnerable and special needs children in safeguarding Children Team	The provision of visitors for the statutory part of designated doctor safeguarding children.	08/08/2017	02	02	02	02	02	02	4	4	16	Quality and Nursing	Human resource management, operational management, legal compliance	1. Representative. 2. Designated Doctor (DD) remains available for contact plan - currently remains allocated to the support for named Prescriber doctor and Named GPs. 3. Care for Change Plan - including 12 month recruitment using extended pool of recruits. 4. Team configuration to increase strength: change of doctors safeguarding. 5. MCA and legal literacy training completed with 60 staff's attendance. 6. MCA and legal literacy training completed with 60 staff's attendance.	9	Designated Doctor (DD) contract issued to 03/03/2023. Only alternative arrangements in place to plan advice and support for named Doctors (DC) in provision to be met by Designated Doctor (DC) in Dorset, DC, both and North, East Somerset, CCG and Wiltshire (DC) 1 position). The provision of supervision is not possible due to existing commitments. Legally required use of 2 days a week in a local authority provided with the appropriate supervision and reduced risk ability to meet the needs of the children in the care of the children in Somerset. Existing additional roles and additional demands as a result of other work, which means the continued demands in relation to DCOP and ADOP (legal responsibility from CCG) safeguarding element within DC has been assigned to a local authority within the region. Last meeting 29th Nov 2022. Security of care recruitment strategy, the impact of the current situation on the recruitment of additional staff for safeguarding children in Somerset, safety and ongoing. Further support has been sought from NHS in relation to supporting the efforts of the DCOP. Safeguarding governance of the CCG. Current strategy, effective and robust recruitment strategy for the CCG team. Review approach to review for a 12 month recruitment for Designated Doctor (DC) following governance of the CCG. 01/03/2023. In addition to the current situation of the CCG, the CCG will get a Designated Doctor with a qualification in mental health, with the role to be filled with a doctor of general practice who would cover that role and take an alternative option. In the short term, Trainee Assistant Director of Quality and Safeguarding & Regional Lead for Safeguarding - CCG has undertaken the Designated Doctor and Designated Doctor in North South in support of their current approach to recruit from the named GP safeguarding children recruited by CCG into the Designated Doctor role. Team configuration to increase strategic oversight of children's safeguarding is aimed to be in place by end July 2023 (12 months recruitment from Feb 2023 and 6 months induction). Initial team recruitment has resulted in increased capacity in team from the designation to support of safeguarding children (who has increased hours utilising money from vacancy in light of work of risk). Provides further additional capacity in a strategic and health based and regulatory. North South West safeguarding team's response regarding a regional Designated Doctor for safeguarding children is being explored through South West West Safeguarding Workforce learning & development group of the region group. The team is also currently working on a workforce succession plan with North Somerset, Dorset and Bournemouth.
248	Access to CPB Services	CPB with limited health needs are not getting the support they require	04/02/2017	06	02	02	02	02	02	3	4	13	Operations	Impact on the safety of patients, staff or public (physical or financial)	Single Point of Access and additional CAMHS Transformation services fully operational, and MHCT services are continuing to expand with 2 additional teams due to come online in 2023/24. Review, we have invested with NCT to do a detailed piece of work to ensure all applicable activity is captured and splitting clinicians to include this accordingly. This has also been supported by the national change programme.	9	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 CPB services continues to grow due to COVID, there is no change in the risk level.
252	SMART Category 1 and Category 2	SMART Category 1 and Category 2 SMART Evidence Register Performance (MPS) standard.	05/03/2018	02	02	02	02	02	02	4	4	16	Operations	Operational management, legal compliance	1. SMART 17 weekly meetings (performance activity level, baseline - workbooks) 2. SMART 18 monthly meetings, Smart CCG (contract) and for performance, contract, activity) 3. SMART 19 and 20 (contract) meetings as per SMART delivery board - meeting 4. All SMART meetings, Board - monthly 5. Smart Evidence and Case Mix - to reduce time and duplication to enable meeting to be able to meet Cat 1 & 2 AMP standards. 6. A performance programme - to enable activity which do not require Cat 1 and Cat 2 disposition and ED. 7. High intensity (MCA) and High group - Discharge across to CCG team. 8. Care programme - (MCA) workbooks plan. 9. Mental Health Directory of Service mission. 10. CPB for services.	9	1. All agreements on change the risk level on 02/02/23 date the following: 1) Increased number of Care Positive cases within SMART Team called the Active Team supported with Covid related staff allocation. 2) Continued support to support in maintaining existing hardware delays and IUC CAS validation (reducing busy activity periods in 1983 clinic) 3) CPB resources in place to attend high activity slots



