

NHS Rotherham Clinical Commissioning Group

Operational Executive – 21st June 2019

Strategic Clinical Executive – 19th June 2019

AQUA – 2nd July 2019

Clinical Commissioning Group Governing Body - 3rd July 2019

Risk Management System

Lead Executive:	Chris Edwards – Chief Officer
Lead Officer:	Ruth Nutbrown – Assistant Chief Officer
Lead GP:	Jason Page – SCE GP – Governance Lead

Purpose:

Governing Body to review and note the Governing Body Assurance Framework (GBAF), Risk Register (RR) and Issues Log (IL).

Background:

At the January Confidential Governing Body meeting regarding the review of the CCG's Risk Management System, a new risk management system has been developed and implemented.

The risk management system includes a risk management framework incorporating the Governing Body Assurance Framework (GBAF), Risk Register (RR) and introduction of an Issues Log (IL).

Analysis of key issues and of risks

Not having an updated Risk Management Framework may lead to a reduced internal audit assurance statement at year end.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

N/A

Financial Implications:

N/A

Human Resource Implications:

N/A

Procurement Advice:

N/A

Privacy Impact Assessment:

NA

Approval history:

N/A

Recommendations:

Paper is for Discussion

Governing Body is asked to review and note the GBAF, RR and IL.

Strategic Objectives

Ref	Strategic Objectives	Risk Appetite
1	Quality - improve safety, patient experience and reduce variations in outcomes and health inequalities and ensure our providers services are safe	12 - High
2	Delivery – commission high quality, cost effective health care, improve performance and improve the health and wellbeing of Rotherham people	15 - High
3	Best Value - deliver system wide improvements, innovations and efficiencies across the Integrated Care Partnership to support sustainable services	11 - Medium
4	Safeguarding – work with partners to ensure all children and vulnerable adults are protected from harm with a continued focus on child sexual exploitation	10 - Medium
5	Accountability - ensure that the organisation and the Integrated Care Partnership is effective well led and well governed	15 - High

Risk Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	1 Negligible	1	2	3	4	5
	2 Minor	2	4	6	8	10
	3 Moderate	3	6	9	12	15
	4 Major	4	8	12	16	20
	5 Extreme	5	10	15	20	25

NHS Rotherham Clinical Commissioning Group – Risk Register

Ref	Entry date	Lead Officer	Risk Description	Risk Cause	Risk Consequence	Financial Risk	Risk rating			Assurance	Actions	Date reviewed	Links to Governing Body Assurance Framework /Issues Log
							L	C	T				
RR3	29.11.2016	Chief Officer	Not maintaining accessible and high quality primary care as a consequence of recruitment issues	High numbers of GPs and practice nurses in Rotherham aged 55-59 and insufficient new trainees coming in to replace and insufficient providers using new workforce models	Inability for providers to continue delivering all requirements and ultimately may have to cease all provision causing more pressure on other providers.	Increase in non elective hospital admissions and non delivery of CCG QIPP activity at hospital up to £20m	3	4	12	Primary care strategy has been agreed and implementation has begun. GPFV is providing the opportunity to support practice resilience at pace however practice engagement with new workforce models continues to impact.	OE 24.04.17 OE 22.12.17 OE 16.02.18 OE 16.03.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 IA 05.06.19	GBAF2	
RR5	13.12.2016	Chief Nurse	Reputational risk to NHS RCCG and individual risk to one or more Looked After Children	Low achievement of undertaking initial health assessments with statutory framework due to stringent monitoring of compliance a dip in data noted. In addition numbers of children coming into care is increasing at an unacceptable pace.	Not identifying health needs of children entering the care system and putting necessary care plans in place may result in harm.	£0-100k	4	4	16	Working closely with RMBC and TRFT to refresh processes and joint working to ensure children attend clinics. Peer review by Sheffield CCG. Reports received from Sheffield and RDaSH. RMBC Director of Childrens Services now leading the workstream with all partners. Looked after children numbers are closely monitored. LSCB 7.6.18 discussed the increase in LAC and the impact on agencies. This included TRFT and the IHAs and dental services. Further work being undertaken and will review at future LSCBs and Corporate Parenting.	OE 24.04.17 OE 22.12.17 OE 16.02.18 OE 16.03.18 SC 11.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 SC 21.01.19 OE 15.02.19 OE 22 03 19 SC 05.06.19	GBAF4	
RR10	05.01.2017	Chief Finance Officer	Financial pressures in social care may result in reduction in investments upon which healthcare services are reliant	Lack of capacity in wider services leading to reduced support for specific patient groups.	CCG's objectives to reduce admissions and safely support patients in alternative setting may be compromised.	not quantifiable	3	4	12	The Rotherham place plan commits all partners to the delivery of joint objectives and organisations will be held to account by each other The Rotherham Accountable Care Partnership governance and Improved Better Care Fund governance arrangements support containing the level of risk.	WA 22.09.17 OE 13.10.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 WA 05.06.19	GBAF3	
RR11	05.01.2017	Chief Finance Officer	Insufficient funds to finance CCG planned objectives on a recurrent basis	Levels of allocation growth being insufficient to fund demand and price inflationary pressures, and fund local and national investment priorities.	Increased efficiency requirement.	£12.5m QIPP requirement in 19-20.	3	4	12	The CCG has set a balanced financial plan for 2019-20 predicated on achieving £12.5m QIPP. The CCG has £4m of non-recurrent drawdown available to it in year. The 2020-21 QIPP requirement has been assessed at £8.5 -£10m as at May 2019 based on 19-20 planning assumptions. Identification of 20-21 QIPP schemes is already underway as at May 2019.	OE 24.04.17 OE 13.10.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 WA 05.06.19	GBAF3	
RR12	05.01.2017	Chief Finance Officer	Increasing costs of individual patients of continuing care	Growth in new patients requiring CHC, increasing complexity, and increasing costs of provision	Overspends on CHC and / or Specialist MH and LD Placements	Forecast circa £2 m 18/19	3	4	12	Robust application of the legal framework by the CHC team. Recognised and reported as a financial risk to Governing Body. Flagged to the ICS (via QIPP3 and 4 interactions with Deloitte) as being an area of potential concern. CCG commissioning external support to undertake review of service, commencing January 2019 , now concluded. At March 2019 OE considering report recommendations. 2019-20 financial plan updated to address increased levels of spend	OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 WA 04.01.19 WA 21.02.19 OE 15.02.19 OE 22 03 19 WA 28.03.19 WA 05.06.19	GBAF3	

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							L	C	T				
RR13	05.01.2017	Chief Finance Officer	Adverse financial pressure from Yorkshire Ambulance Service (YAS) contract.	1. Historic PbR rebasing exercise undertaken by YAS regarding the costs of services to CCG's. 2. National ambulance initiatives leading to increases in service cost base.	Significant increase in the contract value for YAS with RCCG.	1. Previously estimated at up to £1.6m (2016-17)	3	3	9	1. This is not a significant risk currently, however remains a general risk. 2. This is not a significant risk to the 2019-20 financial plan given this has been updated to incorporate YAS contract negotiations which covered phased investment in national initiatives.		OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 WA 04.01.19 WA 21.02.19 OE 15.02.19 OE 22 03 19 WA 28.03.19 WA 05.06.19	GBAF1
RR14	09.01.2017	Chief Officer	Failure to deliver A&E standards	Increased ambulance arrivals, and shortage of medical staffing and GP's/nurses at The Rotherham Foundation Trust (TRFT) . New model of UECC is still being developed	Low performance against the A&E standard for which the CCG are held to account by NHS England	No financial risk	4	4	16	CCG chair the A&E Delivery Board and there are detailed action plans to ensure that all enablers to the performance are optimised. Emergency Centre Opening in July 2017 . A&E action plan is completed and also a Winter Plan and a Delayed Transfers Of Care Action Plan. Oversight will be via the A&E Delivery Board. Initiated weekly A+E Operational meeting. Live reporting to CCG of A+E Performance. September 2018 performance has improved and is currently just below 90%. Performance has not been sustained and ECIST have returned to support the department to improve. A contract performance notice was issued in March 2019 and a recovery action plan is now in place which is ultimately being reported to the A&E board.	Winter Plan A&E Action Plan DTCO Action Plan Live reporting to CCG of A&E performance.	OE 24.04.17 OE 13.10.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 JT 17.04.19 CE 05.06.19	GBAF1
RR15	24.01.2017	Deputy Chief Officer	Failure to implement Special Educational Needs and Disability (SEND) reforms (part 3) of the Children and Families Act 2014/SEND Code of Practice.	Complexity of the new SEND reforms. Lack of assurance for the CCG due to non-attendance at the Education Health & Care Panel. CCGs failure to identify correct attendee at EHC panel	EHC plans agreed at panel become statutory documents and the CCG must provide health provisions stated in the plan. If the CCG does not have oversight of these plans it may result in the CCG having to provide non universal services.	£380k 19/20	3	4	12	CCG completed a diagnostics self-assessment (provided by the council for disabled children). A second assessment took place in January 2017. This covers all aspects of the SEND reforms. Further self-assessment has been completed in September 2017. SEND Sufficiency Plan now drafted, SEND Self-assessment now updated. SEND sufficiency plan now complete, £380k investment identified in CCG 19/20 plan	SEND sufficiency plan	OE 24.04.17 OE 13.10.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 IA 21.02.19 OE 15.02.19 OE 22 03 19 IA 05.06.19	GBAF4
RR16	31.01.2017	Chief Officer	Risk of some hospital services not being sustainable. Eg Stroke / Gastro / Maternity / Paeds / Urgent Care Services are currently commissioned on South Yorkshire & Bassetlaw footprint and sustainability of hospital services is being reviewed.	Some services may no longer be provided by our local acute providers.	Risk around sustainability of local services may mean Rotherham patients to travel to other areas	Potential risk of £1 - 2m for reconfiguration of hyper acute stroke. Potential finance risk will be identified through the model	4	4	16	SY+B Accountable Care System commissioned a review by April 2018 to assess hospital sustainability. 5 priority areas have been selected and oversight will be through the CCG GB. Further modeling is being completed during 2019.	SY+B Accountable Care System commissioned a review by April 2018 to assess hospital sustainability	OE 24.04.17 OE 13.10.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 CE 05.06.19	GBAF1

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RR17	31.01.2017	Chief Nurse	Risk of lack of support to victims of Child Sexual Exploitation (CSE) due to the scale of criminal proceedings (and political issues as commissioners still have oversight Children's services at the council- this has now been handed back to RMBC end 2018). Risk that funding will not be on-going.	Ongoing CSE criminal proceedings Both SYP and National Crime Agency.	Requiring additional mental health support for victims (both new and non recent). Reputational damage to CCG for Adult Mental Health/CAMHS . Funding to support NCA investigation requested from Health and Justice Commission. One year funding 2018/2019 with a further year available on positive evaluation. NHSE Health & Justice will attend in August to discuss funding for 20/21	None	2	4	8	Children's Board CCG Commissioning strategy CAMHS transformation plan Investment in Improving Access to Psychological Therapies services (Adult mental health) CCG Chief Nurse linked into national work by NHSE to develop 5 year strategy for Sexual Assault Services Additional funding for 2 years from NHS England has now been confirmed. Mental Health provision extended with additional funding from NHSE to encompass pre and during child support and exit strategy post trial. NHSE provided £100k for 2018/19 non recurrent to support counselling services for victims	OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 SC 21.01.19 OE 21.02.19 OE 15.02.19 OE 22 03 19 SC 05.06.19	GBAF4	
RR18	02.02.2017	Deputy Chief Officer	Increased demand in the 111 service and patients accessing other services inappropriately	Number of referrals and patient contacts. Capacity of the service.	Patients currently in inappropriate destinations e.g. A&E. Impact on demand management.		3	4	12	Capacity versus Demand is monitored through the contract. Although usage has increased this is not above the contracted capacity at present	OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 IA 21.02.19 OE 15.02.19 OE 22 03 19 IA 05.06.19	GBAF1	
RR19	06.02.2017	Deputy Chief Officer	Sustainability of improvement in the quality of service in relation to CAMHS in Rotherham	Under transformation of services linked into the delivery of the Local Transformation Plan	Continued dissatisfaction in the service by GPs, families and young children		3	4	12	Fortnightly CAMHS Update meeting, Monthly CAMHS contract performance meeting. Local Transformation Plan monitored through LTP Action Plan. Positive Q4 Assurance received	OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 IA 21.02.19 OE 15.02.19 OE 22 03 19 IA 05.06.19	GBAF3	
RR19	06.02.2017	Deputy Chief Officer	Sustainability of improvement in the quality of service in relation to CAMHS in Rotherham	Under transformation of services linked into the delivery of the Local Transformation Plan	Continued dissatisfaction in the service by GPs, families and young children	None	3	4	12	Fortnightly CAMHS Update meeting, Monthly CAMHS contract performance meeting. Local Transformation Plan monitored through LTP Action Plan. Positive Q4 Assurance received Further work taking place to review the CAMHS Autism Pathway.	OE 24.04.17 OE 22.12.17 OE 16.2.18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 IA 21.02.19 OE 15.02.19 OE 22 03 19 IA 05.06.19	GBAF3	
RR30	11.04.2018	Chief Finance Officer	Financial risk due to medication either not being available, necessitating the substitution on a more expensive alternative, or not available at the agreed drug tariff price. The risk is that levels of such inflation in any one year, significantly exceed the levels seen in any previous year.	Pharmaceuticals are commodities freely traded in international markets. Issues including exchange rate fluctuation , supply and demand impact. The consolidation of manufacturers and suppliers results in reduced competition and an increasing number of product shortages. The established price of products cannot be guaranteed when supply is compromised.	Volatility of the price of pharmaceuticals can place sudden cost pressures the CCGs prescribing budget.	£0 at start of year . To be assessed in year based on actual performance.	3	4	16	The prescribing budget provides for some degree of price inflation. Actual performance is continually monitored and mitigating actions where possible are put in place by the CCG Med Management Team.	SL 11.04.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 WA 05.06.19	GBAF3	

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							L	C	T				
RR31	13.05.2018	Chief Nurse	Failure to maintain quality indicators in commissioned services which could result in harm to patients and organisational reputation.	Lack of ability to maintain quality indicators in commissioned services	Significant Harm/Death of patients reputation of service	No financial risk	4	3	12	Contract quality and performance monitoring in place - Quality Risk Profiling to assess current Risk and Appreciative Enquiry Process . Clinically led visits to providers. Established SI monitoring processes	Clinically led visits to providers. Established SI monitoring processes. Monitoring of action plan in response to CQC recommendations.	AW 04.05.18 OE 01.06.18 OE13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 SC 21.01.19 OE 21.02.19 OE 15.02.19 OE 22 03 19 SC 05.06.19	GBAF1
RR33	13.07.2018	Chief Finance Officer	Adverse financial impact on the CCGs financial position arising from NHSE's Transforming Care Partnerships initiative.	Changing data collection process and changing costing and calculation methodologies being utilised by NHSE to calculate the financial impact of patients transferring out of NHSE responsibility and into CCG commissioning responsibility. The generally high cost nature of the placements being required to put in place by CCGs to appropriately care for patients being transferred back from NHSE.	TCP Partnerships locally are unable to be clear what funding will transfer from NHSE Spec Comm into the TCP. CCG's within the TCP footprint are consequently unable to be clear what the precise financial impact to them in-year will be.	Residual risk of £0 at AP11 2018-19.	4	3	12	RCCG have made some provision for the impact of these patients in the 2018-19 financial plan. Doncaster CCG (as TCP host) continue to convey back to NHSE concerns regarding the process and the calculation methodology being used by NHSE, and are being proactive in suggesting what data and in what format NHSE should collect and calculate data. RCCG Officers (from within finance and clinical operational / contracting team continue to work closely with Doncaster CCG. Update as At March 2018 : (a). NHSE have recently advised their calculation methodology will , again, change. (b) RCCG have received an allocation £200k towards total costs in 2018-19 (c) given point (a), SYB CFO's have agreed this allocation adjustment will be non-recurrent until NHSE have settled on their final calculation methodology. Meanwhile the CCG is picking up full costs of patients through normal reporting and through 2019-20 financial plan.		WA 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 WA 04.01.19 WA 21.02.19 OE 15.02.19 OE 22 03 19 WA 28.03.19 WA 05.06.19	GBAF2
RR34	07.12.18	Deputy Chief Officer	The National Diabetes Prevention Programme Delivery.	NHS England have increased the capacity by 40% for initial assessments	Risk on delivery of target, which was already quite a stretch for Rotherham. Resource to get the scheme up and running in Rotherham, its going to need targeted referrals and publicity to really encourage self-referral and we're already stretched as a team.	Not applicable - the financial risk relates to the impact of patients not attending NDPP and being diagnosed with diabetes with resulting costs of medicating	5	2	10	RCCG Actions: - Requesting a sliding target so we build up to 40% increase. - The need for strong contract management moving forward. - Dedicated sites across the borough, offering day/evening and weekend sessions. - Linked to the APP - where eligible patients will get a push notification to say they are eligible for the scheme, with the promotional materials.	RCCG Actions: - Requesting a sliding target so we build up to 40% increase. - The need for strong contract management moving forward. - Dedicated sites across the borough, offering day/evening and weekend sessions. - Linked to the APP - where eligible patients will get a push notification to say they are eligible for the scheme, with the promotional materials. - A new provider has been appointed and it is hoped that performance will improve	JM 07.12.18 IA 21.02.19 OE 15.02.19 OE 22 03 19 JT 17.04.19 IA 05.06.19	GBAF2
RR35	31.12.18	Chief Officer	Reduced availability of pharmaceuticals and supplies imported from the EU	Risk on the availability of pharmaceuticals due to no deal EU Exit	Danger of drug shortages in the event of a no deal EU Exit would increase with attendances/admissions to hospital.		4	4	16	MM Team identifying shortages and advising practices. Letter from Dept of Health and Social Care. Continue to work with Pharmacy colleagues in South Yorkshire and Bassetlaw and the wider Yorkshire and the Humber area. EU Operational Readiness Guidance DoHSC and NHS England and Improvement are developing arrangements to allow local and regional monitoring of stock levels	MM Team identifying shortages and advising practices. Likelihood increased from 3 to 4.	CE 31.12.18 OE 21.02.19 OE 15.02.19 OE 22 03 19 CE 05.06.19	GBAF 2
RR36	23.04.19	Chief Finance Officer	Disruption to CCG Business Intelligence, Information Governance and Data Protection Officer services	CCG failure to suitably reprovide or recommission services post expiry of the eMBED contract.	Issues in the delivery of performance reporting, information governance services and completion of the Data Security and Protection Toolkit.		3	4	12	Proposals are being developed and approved for the replacement of the eMBED Commissioning Support Services. The approach to replacing these services is being co-ordinated with SYB	Costed service models and associated job descriptions to be developed.	WA 05 06 19	

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RR37	04/06/2019	Chief Finance Officer	In-year financial pressure arising from 2019-20 QIPP underperformance	Failure to deliver QIPP schemes to the level predicated.	Higher levels of expenditure than planned	Up to £12.5m if all schemes fail	3	4	12	£4m of drawdown available to mitigate £3.4m of unidentified QIPP. QIA completed for all QIPP schemes. TRFT QIPP schemes hardwired into contract. Monthly performance monitoring		OE 22 03 19 WA 28.03.19 WA 05.06.19	GBAF 2
									Risk Appetite 16				
RR38	17.04.19	Deputy Chief Officer	National requirement for all population to be included in Primary Care Networks	Risk to full population coverage if not all practices are included in the networks. Requirement to deliver extended access by network could impact the recently implemented arrangements	Exclusion of parts of the population and inability to access all services	£1.50 per patient recurrently from allocation	2	3	6	Feedback from PLTC event Feedback from lociaty/networks as the become established MOU in place with the Federation to support practices with network development	Communications to practices Organisation of PLTC to provide protected time for practices MOU with the Federation already in place to support development	OE 22 03 19 IA 05.06.19	
RR39	24.05.2017	Chief Finance Officer	TRFT are operating to a deficit plan and do not have an agreed control total with NHS Improvement for 2018-19..	Multiple factors , culminating in costs or service provision exceeding income recovered.	If the Trust cannot provide services sustainably, individual services may require to be remodelled or reconfigured or the overall portfolio of services being offered may require to be changed. .		4	4	16	This risk can be removed from the Register w.e.f. April 2019 as TRFT will agree a control total with NHSI		OE 22 03 19 WA 28.03.19 WA 05.06.19	GBAF 2
									Risk Appetite 16				
RR40 (New)	04.06.2019	Chief Finance Officer	Financial risk beyond that assumed in primary care financial plan.	Detailed guidance is still emerging concerning primary care and what is/isn't assumed/ contained within baseline allocations. This emerging guidance has potential to impact financial assumptions made at planning stage.	Adverse financial impact requiring some form of in-year mitigation.	Estimated at £0 - 0.8m	3	3	9	Primary care committee have limited uncommitted funds available to them which could be utilised to offset any pressures in-year. The primary care and finance team will work through the impact of guidance as it is received.		WA Added 05 06 19	GBAF 2
RR41 (New)	04.06.2019	Chief Finance Officer	Financial risk relating ton on-receipt of £6/head primary care investment monies	The CCG was advised to expect a separate primary care allocation for £6/head investment monies. This assumption is reflec	Non-receipt of the funding would require an immediate review of CCG planned investments in primary care.	£1.6m	2	3	6	CCG's were previously advised by NHSE to expect receipt of funds. RCCG's financial plan included this assumption, along with narrative to explain this- and this was accepted and not challenged by NHSE.		WA Added 05 06 19	GBAF 2
RR42 (New)	04.06.2019	Chief Finance Officer	Expenditure in excess of funded levels in the areas of Continuing Healthcare , and mental health and LD specialist placements	Previous years have seen significant increases in the overall cost of these areas. This is a combination of demand and price inflation. Whilst a logical approach has been take to assessing 19-20 budgets, the nature of patient need can make thes volatile areas	Expenditure in excess of budgets. Mitigating financial action required to be taken.	£0 at start of year . To be assessed in year based on actual performance.	3	3	9	Budgets have been set on a logical basis. Performance will be monitored in-year. CCG has £2m contingency.		WA Added 05 06 19	GBAF 2
RR43 (New)	04.06.2019	Chief Finance Officer	Financial risk relating to failure to suitably manage unwarranted growth in hospital activity and/or experiencing warranted growth in excess of planned levels.	Financial risk relating to failure to suitably manage unwarranted growth in hospital activity and/or experiencing warranted growth in excess of planned levels.	Financial pressure on acute contracts.	£0 at start of year . To be assessed in year based on actual performance.	3	3	9	Budgets have been set on a logical basis. Performance will be monitored in-year. CCG has £2m contingency.		WA Added 05 06 19	GBAF 2
RR44 (New)	12.06.19	Deputy Chief Officer	TRFT Bed reconfiguration	CQC concerns in relation to the staffing of the medicine bed base	Insufficient acute bed capacity impacting ED performance and patient care	Could require external procurement of beds e.g. independent sector which is not in TRFT financial plan	4	4	16	Chief Nurse has been involved in teleconferences with CQC and the Trust. TRFT has redeployed staff from Breathing Space to support vacancies in the acute unit. TRFT has modelled bed requirements. Current contract is incentive based and provides protection against over performance	TRFT have undertaken a bed modelling exercise Dscussions are continuing with TRFT in relation to the correct bed base and ability to safely staff	JT 11.6.19.	

Risk Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	1 Negligible	1	2	3	4	5
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	3 Moderate	3	6	9	12	15
	4 Major	4	8	12	16	20
	5 Extreme	5	10	15	20	25

Risk Score	Risk Descriptor	Risk Appetite Statement
1-5	Low	Averse Avoidance of risk and uncertainty is a key organization objective.
6-11	Medium	Minimal Preference for ultra-safe options that are low risk and only have a potential for limited reward.
12-15	High	Cautious Preference for safe options that have a low degree of risk and may only have limited potential for reward.
16-20	Very High	Open Willing to consider all potential options and choose the one most likely to result in successful delivery, while also providing an acceptable level of reward and value for money.
25	Extreme	Hungry Eager to be innovative and to choose options offering potentially higher business rewards, despite greater inherent risk.

NHS Rotherham Clinical Commissioning Group - Issues Log

This is a document that registers live issues and risks to our organisation. Generic risks should be put on

Description of selected headings:

Status is used to establish the current phase of the issue. Status can be: New, Emerging, Open, Pending

Issue Author is the individual who has recorded the issue. The **Issue Owner** is the individual who has ta

Latest update needs to include the date, the initials of the person updating, the update including progr

The **Priority Rating** column is populated by a rating to indicate the priority of the issue. For example:

- 1 – Negligible
- 2 – Minor
- 3 – Moderate
- 4 – Major
- 5 – Extreme

ID	Status	Date identified	Issue Owner	Issue description	Current / Potential Impact	Mitigation	OE Owner	Priority rating	Links to Governing Body Assurance Framework /Issues Log	Date Reviewed
IL1	Open	28.11.2016	Catherine Hall Deputy Chief Nurse	Failure to monitor and maintain equipment commissioned by RCCG in the community	Potential to result in patient safety issues and/or litigation caused by faulty equipment	Since September 2016 Continuing Health Care (CHC) commenced collating list/register of equipment in use. CHC operational lead scoping how other CCGs monitor this. Need to develop maintenance system to include necessary contracts. Register of equipment still being compiled, template used for new patients to ensure this information is collected. Working with other CCGs to develop process for managing this. Discussions under way re possibility of contracts for maintenance. CHC Task & Finish Group looking at equipment issues.	S Cassin	2	GBAF1	OE 24.04.17 OE 22 12 17 OE 16 2 18 OE 16.03.18 OE 01.06.18 OE13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 SC 05.06.19 LG 11.06.19
IL4	Open	09.01.2017	Ian Atkinson Deputy Chief Officer	Failure to deliver the A&E 4 hour access standards for 2018/19 (constitutional requirement).	Risk to patient safety and increased scrutiny from NHS England	A&E delivery board oversees performance	Ian Atkinson	4	GBAF1	OE 24.04.17 OE 22 12 17 OE 16 2 18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 IA 05.6.19
IL6	Open	06.02.2017	Kirsty Leahy Interim Head of Quality	Increasing number of patients subject to Deprivation of Liberty Safeguards due to change in legislation. There continues to be a number of patients who have a Deprivation of Liberty Safeguards (dols) in place. The changes in legislation made to the Mental Capacity Act 2005, which was given Royal Assent 16-5-19: The Liberty protection safeguards (LPS) will apply to person over the age of 16 years old (key change), there will no longer be a supervisory body, a responsibly body will authorises the LPS, the responsibly body will be dependent on funding stream, and will apply to all patients fully funded by CHC. These changes are predicated to come into effect in spring 2020 running alongside the current deprivation of liberty safeguards for a period of time, this period of time is not currently established.	Financial risk to the CCG still being identified Criticism from regulators Claims for unlawful detention/Human Rights Act Reputational risk	Ongoing meetings between Deputy Chief Nurse, Safeguarding Adult/ Clinical Quality Lead and Operational Lead for CHC team regarding managing the risk and moving forward. New guidance expected, Law Society have circulated a view of possible direction of travel. Current Deprivation of Liberty Safeguards remains in place. Meetings are on-going between the CCG, Local Authority, and providers including; RDASH and TRFT to plan for changes, acknowledge who will be the 'responsible body' under the forthcoming LPS (Liberty Protection Safeguards) and give the opportunity to plan for implementation (2020). Attendance at MCA and dols forum continues. Meetings between CHC team, safeguarding lead and head of clinical quality continues. Attendance NHS England events and correspondence with regards to LPS continues.	S Cassin	2	GBAF1	OE 24.04.17 OE 22 12 17 OE 16 2 18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 SC 05.06.19 LG 11.06.19
IL7	Open	06.02.2017	Kate Tufnell	Failure to deliver the National IAPT waiting times standards 75% of people seen within 6 weeks 95% of people seen within 18 weeks	Risk to patient safety and increased scrutiny from NHS England	RDASH Contract Performance & Quality meetings IAPT IST Review meeting held on the 11th April 2017. Weekly performance monitoring data received by CCG	Ian Atkinson	4		OE 24.04.17 OE 22 03 19 IA 05.06.19

ID	Status	Date identified	Issue Owner	Issue description	Current / Potential Impact	Mitigation	OE Owner	Priority rating	Links to Governing Body Assurance Framework /Issues Log	Date Reviewed
IL8	Open	08.03.2017	Jacqui Tuffnell Head of Commissioning	RMBC Public Health decommissioning services which impact on RCCG. Resulting in an impact on patients due to delays in referrals while new providers become established. Impact of alternative pathway for activity at TRFT	RMBC have commissioned new providers for weight management, wellbeing services, 0-19 and drug and alcohol services. To date, the new wellbeing service has not been achieving the expected numbers for health checks and weight loss support.	New providers are now in place and specifications are being tweaked to support improvements in performance.	Jacqui Tuffnell	3	GBAF2	OE 24.04.17 JT 03.10.17 OE 22 12 17 OE 16 2 18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 JT 28.03.19 JT 05.06.19
IL9	Open	08.03.2017	Jacqui Tuffnell Head of Commissioning	Hyper Acute Stroke reconfiguration. . Risk of sustainability of hospital service caused by the changes.	Stroke service implications for TRFT which are being worked through and cost implications for RCCG. Stroke/gastro services now run entirely by locum consultant and sustainability risks are high.	Stroke service currently operating by medical locums therefore sustainability of concern. The joint committee of CCG has made a decision to reconfigure hyper acute stroke services	Jacqui Tuffnell	5	GBAF2	OE 24.04.17 JT 03.10.17 OE 16 2 18 OE 16.03.18 OE 01.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 JT 28.03.19 JT 05.6.19
IL24	Open	05.06.18.	Jacqui Tuffnell Head of Commissioning	Requirement to deliver in-hours booking from 111 to GP practices	There is a national requirement to deliver in-hour booking of appointments from 111. Delivery is agreed with LMC for Rotherham however the process within 111 is not agreed to enable roll-out	This has to be resolved by the lead commissioner for YAS	Ian Atkinson	2	GBAF2	JT 05.06.18 OE 13.07.18 OE 24.08.18 OE 12.10.18 OE 16.11.18 OE 22 03 19 IA 05.06.19

Risk Matrix		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Consequence	1 Negligible	1	2	3	4	5
	2 Minor	2	4	6	8	10
	3 Moderate	3	6	9	12	15
	4 Major	4	8	12	16	20
	5 Extreme	5	10	15	20	25