

TRFT Risks (from CCG Risk Register/Assurance Framework July 2013) - for September 2013 CCG Governing Body

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

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

Date Added to AF	AF number	Objective	Sub-category	Principle Risk	Exec Lead	GP Lead	Uncontrolled Risk			Current Risk			Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
							C	L	CxL	C	L	CxL									
29.05.12	AF18 (Risk Register no. 055)	1	1.3 Patient Safety	Failure of provider IT systems potentially leading to patient harm, including contact centre	RCa/ACI	DT	5	5	25	5	5	25	TRFT has a Board assured project group and recovery plan advising the clinical and financial implications of EPR implementation. TRFT have declared this a serious incident and this will be investigated accordingly. RCCG Information Risk Policy	Discussed at CCG Committee 5 December 2012 & 9 January 2013. CCG Vice Chair and an SCE GP will attend TRFT Audit Committee in January 2013 to gather more assurance. Vice Chair of relevant committee visiting TRFT on 10 January 2013 to provide a GP view of EPR. TRFT Medical Director has met with SCE GPs prior to implementation on 15/08/2012 to provide assurance. Further assurances were requested from RFT at extraordinary performance meeting on 3 October 2012. TRFT gave further assurances about patient safety but were unable to give full assurance about the impact on business intelligence. TRFT presented a recovery plan with options to CCG chair and CO together with Monitor representation. A final plan will be submitted to Monitor and commented on by the CCG at Board to Board on 1 May.	TRFT Medical Director has given assurance to CCG and Monitor they have been no actual incidence of patient harm. TRFT are giving regular update on delivery of EPR recovery plan at Contract Quality Meeting	CCG to be assured the recovery plan is robust and deliverable.	RFT are not aware of any patient harm but are making reviewed attempts to ensure every incident is logged and investigated to increase our assurance. A plan was submitted to Monitor and commented on by the CCG at Board to Board on 1 May. TRFT will give an update at Board to Board in September and the risk score will be reviewed then.	TREAT	See AF19	Aug-13	
05.03.13	AF19 (Risk Register No. 073)	1	1.3 Patient Safety	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. <u>THIS LINKS WITH AF'S 3, 5 and 18</u> <u>THIS RISK LINKS RISKS 55, 69 AND 71 ON THE RISK REGISTER</u>	Robin Carlisle	DT	5	5	25	5	4	20	1) Assurance on action plan agreed by Monitor 2) Regular contact at Board and exec level 3) CCG quality assurance processes including soft intelligence and clinically led visits 4) contract processes including contract quality meeting	Board to Board meeting 1 May 2013 Assurance from quality performance meetings, AQA and Board Quality meetings	Monitor letter to Chair of TRFT and action plan of 15 February. Page 18 of 15 February letter states 'the CQC has informed us that they currently have no concerns over the Trust achieving minimum standards'	Page 14 of Monitor letter states 'the Trust's analysis has shown no permanent harm events have arisen from EPR issues to date, and one instance of semi-permanent harm'. Favourable first meetings for chair and chief officer with new management team	TRFT management team and action plan required by Monitor and requirements for CIPs will provide the control but as of yet these are aspirational. TRFT have an interim Chairman, interim Chief Executive and interim Chief Nurse. An interview for Chief Executive will be held on 02/08/2013	1) Leadership 2) EPR 3) Liquidity 4) Quality The 4 issues will be assessed in TRFT Monitor action plan. CCG will assess its assurance at Board to Board on 1 May and 4 September	TREAT	Actions for AF 3, 5 and 18 1) Consolidated action plan to follow from 13 March Board to Board that will include assurance on delivery of items in Monitors action plan with specific relevance on a) current quality assurance b) external assurance on CIPs c) EPR - short, medium and long term assurance d) liquidity assurance e) milestones in appendix 2 2) CCG will explore commissioning scenarios to ensure quality and access if TRFT is unable to deliver its Monitor action plan (SY work with other commissioners and other providers)	Aug-13

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							C	L	CxL	C	L	CxL									
31.03.12	AF12 (Risk Register No. 031)	3	3.1	Efficiency Programmes	RCa	DT, PB, JP, JK	4	4	16	4	4	16	<ul style="list-style-type: none"> Rotherham wide QIPP management structure - overseen by multi-agency QIPP Board. 3 main efficiency programmes managed by fortnightly multi-agency management committees Monthly tracker reports to cluster. Efficiency programmes detailed in single integrated plan. Identified SCE GP and senior officer for each efficiency programme. Alignment of finance, activity and QIPP to ensure early identification of plans going off track Newly established fortnightly LTC/UC multi-agency management committee meetings Regular clinician to clinician meetings with TRFT. 2013 ACP details actions required to deliver their savings 	<ul style="list-style-type: none"> Monthly financial reporting Monthly Integrated Performance Reports Reports to CCGC and Audit and Quality assurance group Monthly QIPP tracker reports to cluster with identification of risks Programme & Project level KPI's developed and measured 	<ul style="list-style-type: none"> QIPP tracker reports to cluster, which are then reported to DH SAAP 	CCG achieved its efficiency programmes for 12/13. 13/14 ACP sets out plans for 13/14 and risks.	Further requirement of Programme and Project level KPI's Quarter 1 of 2012 has shown unscheduled care acting above affordable limit. Management of key efficiency areas such as unscheduled care is complicated by poor business intelligence stemming from RFT EPR implementation (See risk 391) and TRFT restructure	Further assurance about EPR and it's impact on business intelligence will be requested at Board to Board with TRFT in May 2013 and will be reviewed in September 2013	TREAT	Continue to monitor QIPP delivery across the three key programmes via 4 3 specific management committees and the QIPP Delivery Group. UCMC have reviewed the programme. The programmes are the right programmes. The committee will accelerate the programmes implementation.	Aug-13
04.01.2013	AF03 (Risk Register No. 069)	1	1.1	Finance	KF	RCu	4	4	16	4	4	16	<ul style="list-style-type: none"> Contractual framework Monitor FT compliance framework 	Commissioner investment based upon mandate principle e.g. national tariff <ul style="list-style-type: none"> Transitional support provided by RCCG to fund exceptional costs e.g. Redundancy and Estate rationalisation. 	<ul style="list-style-type: none"> Key acute provider in significant breach of its conditions of authorisation therefore, plan to be submitted shortly. Non recurrent investment approved by NHS England 	None	None	1) Impact of EPR upon financial valuations of activity and lost capacity 2) Risk arising from national efficiency requirements via tariff. 3) Risk of non achievement of COUIN	TREAT	See AF19 1) Monthly update at CCGC. 2) QIAs to be provided for savings schemes 3) Audit Committee chair attended TRFT audit meetings	Aug-13

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31.03.12	AF05 (Risk Register No. 071)	1	1.3 Safety	Failure to ensure effective patient quality, safety and assurance processes are in place in the services we commission (e.g. assurance on impact of CIPs)	SC	RCu, PB, RB, IT	4	4	16	4	3	4	16	Robust mechanisms in place and assured by the contract Quality meeting reporting to AQA group and to RCCG GB. QIPP tracker with detailed risk analysis, reported to NHS England/DH monthly Quality and safety are harder to be assured on as providers have to deliver incremental cost improvement plans each year. The CCG is required to be assured of providers Cost Improvement Plans.	Contract Quality Group reporting to AQA group. Robust internal mechanisms, e.g. SI committee. Lead SCE GP for each major provider Quality schedules in contracts Providers will continue to be held account throughout the transition including quality contract meetings, monitoring safety metrics, incident reports and programme of clinically led visits. Provider quality accounts Quality and patient safety lead in post Monthly reports to RCCGGB Provider cost improvement plans are being requested to contract quality meetings and then considered by SCE, AQUA and CCGGB.	NHS England Quality Leads Forum. NHS England Chief Nurse Forum CQC Monitor PEAT scores Staff survey Patient Surveys Feedback from overview and scrutiny	SI reporting Quality monitoring standard in Contracts CQC reports CCG has received a quality impact assessment of TRFT ward closure programme. Received letters of assurance from TRFT Executive Medical Director and Chief Nurse regarding CIPs AQA group. Robust internal mechanisms, e.g. SI committee. Lead SCE GP for each major provider Quality schedules in contracts Provider quality accounts Quality and patient safety lead in post Monthly reports to CCGCB and at SY&B level.	CCG has not yet received all provider cost improvement plans from all main providers	Provider cost improvement plans are being requested to control quality meetings and then considered by SCE, AQUA and CCGGB.	TREAT	See AF19	Aug-13
03.06.13	AF21 (Risk Register No. 065)	1	1.2 Outcomes	Failure to meet A&E targets	SL/RCh	PB	4	3	12	3	4	12	Daily reports from TRFT Establishment of Rotherham Urgent Care Board - with membership from TRFT, RMBC, NHSE, Care UK and YAS	Reports to OE & SCE	Contract Performance meetings. Contract Quality meetings. Issue discussed and Extraordinary Performance meeting held 3 October 2012. Extraordinary SY&B Conference Calls re Winter Pressures. A series of extraordinary meetings have been held on 8 & 22 April. A range of mitigating actions have been agreed. A further meeting will take place in week beginning 13 May. The local are team of NHS England met with Chief Officers. A SY&B meeting is planned to share best practices and to explore the potential for Trusts to work together to deliver sustained A&E quality requirements.	None		A series of extraordinary meetings have been held on 8 & 22 April. A range of mitigating actions have been agreed. A further meeting will take place in week beginning 13 May. The local are team of NHS England met with Chief Officers. A SY&B meeting is planned to share best practices and to explore the potential for Trusts to work together to deliver sustained A&E quality requirements.	TREAT	Review October 2013	Aug-13	