

NHS Rotherham Clinical Commissioning Group

Operational Executive – 9 April 2021

Strategic Clinical Executive – 10 March 2021

AQUA – 4 May 2021

Clinical Commissioning Group Governing Body – 5 May 2021

Governing Body Assurance Framework (GBAF)

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

Purpose:

For members to review the Governing Body Assurance Framework (GBAF), Risk Register and Issues Log.

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.

Below you can see splatter graphs of scores for all the risks on the GBAF.

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|---------------|-------------------------|------------------------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | 1.1 | | 5.1,5.2 | 4.1,4.2 |
| | 3 Moderate | | | 1.3, 3.2,3.6, 3.4 | | |
| | 4 Major | | | 1.4, 2.2,2.3 | 0.1, 2.1,3.1, 3.3, 3.5 | |
| | 5 Extreme | | | | | 0.2,1.2 |

This has been further broken down by objective – showing the risk appetite for each risk.

Covid related Risks

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|---------------|---------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | | | |
| | 4 Major | | | | 0.1 | |
| | 5 Extreme | | | | | Risk Appetite 0.2 |

Objective 1: Quality

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|---------------|-------------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | 1.1 | | | |
| | 3 Moderate | | | 1.3 | | |
| | 4 Major | | | Risk Appetite 1.4 | | |
| | 5 Extreme | | | | | 1.2 |

Objective 2: Transformation & Delivery

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|---------------|---------------------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | | | |
| | 4 Major | | | Risk Appetite 2.2, 2.3 | 2.1 | |
| | 5 Extreme | | | | | |

Objective 3 – System Sustainability

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|---------------|------------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | 3.2, 3.6, 3.4 | | |
| | 4 Major | | | Risk Appetite | 3.1,3.5 | |
| | 5 Extreme | | | | | |

Objective 4 – Safeguarding

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|-----------------------------------|---------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | | | |
| | 4 Major | | | | | |
| | 5 Extreme | | Risk Appetite 4.1, 4.2 | | | |

Objective 5 – Leadership & Accountability

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|------------|-----------------|----------------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | | | |
| | 4 Major | | 5.1, 5.2 | Risk Appetite | | |
| | 5 Extreme | | | | | |

The current Risk register splatter graph is shown below.

Full Risk Register

| Risk Matrix | | Likelihood | | | | |
|-------------|-----------------|---------------|---------------|---------------------------------|-------------|---------------------|
| | | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost certain |
| Consequence | 1 Negligible | RR51, RR52 | | | | |
| | 2 Minor | | | | | |
| | 3 Moderate | | | RR48, RR53 | | |
| | 4 Major | | RR3, RR30 | RR10, RR11, RR15, RR19 | RR16 | RR0 |
| | 5 Extreme | | | | | |

The graph below shows the mix of priority scores for the issues log.

Issues Log

| Priority Rating | 1 | 2 | 3 | 4 | 5 |
|-----------------|---|-----------|------------------------------------|---|----------------------------|
| Issue | | IL1, IL6. | IL7, IL28, IL34, IL43, IL48. | IL39, IL41, IL51, IL52, IL53, IL54. | IL33, IL35, IL44, IL46. |

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 the GBAF, Risk Register and Issues Log.

NHS Rotherham CCG Governing Body Assurance Framework

| Ref | How is the Governing Body Assured that | OE Lead GVL/Lead Committee providing Assurance | Link to NHS Assurance Framework | Link to R/CL | 1st Line of Defence - Business Operations e.g. operational processes, project risk and control activity, business level monitoring | 2nd Line of Defence - Corporate Oversight Functions e.g. Finance, IT, Business Support, HR and Payroll | 3rd Line of Defence - External and Internal Audit, CCG Regulator, CCG Monitor e.g. Monitor compliance and provide independent challenge and assurance | Risk App 3-6-12 | Assurance Level | Rationale for confidence level | Control/Assurance Gap What additional actions need to be taken to manage the risk (including mitigations) or what additional assurance do we need to seek? | What would be required to reduce the risk? | ACTIONS | Potential audit area |
|---|---|--|---|------------------------------|--|--|--|--------------------|--------------------|---|---|--|--|----------------------|
| | | | | | CONTROLS | INTERNAL ASSURANCE | EXTERNAL ASSURANCE | Risk App 3-6-12 | Risk App 3-6-12 | | | | | |
| New 0.1 | COVID-19 is being managed within the CCG and wider Rotherham in the best possible response for Staff and the public of Rotherham, as well as managing the impacts of COVID-19 on all our objectives. | CE/ICU | All | All | Incident Control Team in place meeting regularly to review the incident within the CCG. Links to wider Rotherham NCS/PCSC Command and Control systems in place. Level 3 incident - Rotherham Place Board reports to NCS/PCSC. Level 4 incident - national command and control is implemented and Rotherham Gold command links to the Local Resilience Forum (LRF). Local objectives replaced with National objectives. | Prepared ICT COVID-19 issues log in place to ensure all risks are managed with correct oversight and Governance. As a level 4 incident this replaces all Governance and Risk systems. | Conversations with internal and external audit with reference to the impacts of COVID-19 on the health care system. CCG Active part of Gold Command Structure. NCS/PCSC Command Structure and S18 ICS Command Structures | 4-6-10 AMBER | AMBER | ICT in place from outset, regular updates to A&A and GB. Good cross Rotherham Partnership working in place | No recovery plan in place. We had one in place following phase 1, but this needs to be reviewed/revised. | Writing a new plan for recovery from Covid - reviewing all our objectives and writing a recovery plan as part of the S18 system. We can't mitigate the risk of covid - this is not going to happen. Supporting the vaccination programme as a CCG. | Continuation of ICT and separate issues log for the time being | No |
| New 0.2 | The CCG is delivering its strategic objectives. | CE/ICU | All | All | Level 3 incident - Rotherham Place Board reports to NCS/PCSC. Level 4 incident - national command and control is implemented and Rotherham Gold command links to the Local Resilience Forum (LRF). Local objectives replaced with National objectives. | Incident Control Team (ICT) meetings in place. Level 4 incident includes local controls, move to a national command and control structure. | Rotherham Gold Command and NCS/PCSC Gold Command S18 ICS Gold Command | 5-6-12 RED | RED | ICT runs alongside OE and other Governance committees, when under national command and control we have no local control of objectives. | No recovery plan in place. We had one in place following phase 1, but this needs to be reviewed/revised. | Our strategic objectives have changed as a result of covid. We need to review our objectives and writing a recovery plan to support the objectives. | CCG ICT Meeting weekly. Good and clear CCG Gold command led in by exception | No |
| Objective 1: Quality - Improve safety, patient experience and reduce variations in outcomes and health inequalities and ensure our providers services are safe. | | | | | | | | Risk App 3-6-12 | | | | | | |
| 1.1 | Activity growth in urgent and emergency care is monitored | IC/ICU IC/ICU A&A | Better Health Better Care Leadership | 8816 8816 8816 | 1. TRF, A&A and ICS performance Overview by A&A Delivery Board. 2. Daily position through place discussion re admission activity | 1. Commissioning Plan performance report Monthly contract quality meetings - Quality lead and Contract lead, Clinically Led Visits. | 1. CCG Inspections 2. Quality NHSI Quality Surveillance Group (QSG) 3. NHSI Let Quality Leads Group (Includes commissioners and providers) | 7-9-10 AMBER | AMBER | 1. Rationale for confidence level 2020/21 2. Back arrangements with acute providers | 1. No gaps identified | Very low attendance due to covid, negative growth based on 19/20 figures and back arrangements in place to mitigate the risk. Risk is currently low, but will be kept under review. Review as it is expected to go up. | Continuing to monitor activity noting that activity is higher but attendance are lower all linked to blocked patient. Monitoring via monthly contract monitoring meeting and A&A Delivery Board. Putting back in place full extended access area 22 hours to mitigate the risk. | No |
| 1.2 | System recovery of elective care is in line with agreed elective care plans | IA IC/ICU A&A | Better Health Better Care Leadership | 8816 8816 8816 | 1. Weekly performance discussion with TRF to understand elective position 2. Strategic Plan at a S18 level to recover elective care 3. Clear plans to improve trajectory will be agreed with providers | 1. Commissioning Plan performance report Monthly contract quality meetings - Quality lead and Contract lead, Clinically Led Visits. Monthly contract performance meetings Monthly CMC meeting | 1. NHSI weekly discussion with TRF re elective care 2. NHSI Porting performance and delivery group | 1-6-12 GREEN | GREEN | 1. Daily dialogue with TRF at specialty level against delivery of the plan. 2. National and ICS provide plans on monthly basis | Due to the second wave of the pandemic, we don't expect to meet the current elective care plan. | Current elective care plan will not be delivered revised recovery plan will go to GB in May which will reduce the risk. | 1. NHSI weekly discussion with TRF re elective care 2. NHSI Porting performance and delivery group | No |
| 1.3 | Suboptimal care for patients resulting in poor patient experience and negative feedback is reduced | IC/ICU IC/ICU A&A | Better Health Better Care Leadership | 8816 8816 8816 | 1. Patient experience and complaints processes in place and monitored 2. Provider quality accounts, Friends and Family test results 3. Patient experience narrative through complaints/complaints and feedback | 1. Review of service incidents and never events 2. Outcome of patient engagement work 3. PFG Network 4. Healthwatch | 1. CCG inspection of all providers 2. CCG audit reports 3. Appreciative enquiry with regulatory partners 4. Liaison with partners at Place | 3-6-9 GREEN | GREEN | 1. Contract Quality discussion and direct Chief Nurse dialogue. Create a list of patient experience and feedback coming through. Volunteer feedback. | 1. No gaps identified | Risk is below risk appetite, continuing current mitigation to continue to reduce the risk. | 1. Information provided to GB in Quality Report and Corporate Governance report 2. Individual issues feedback to providers by Monthly Quality meetings, GB assured by Quality and Corporate Assurance Report. | No |
| 1.4 | System recovery of primary, community & mental health services is in line with expectation that all services are reinstated | IA IC/ICU A&A | Better Health Better Care | 8816 8816 8816 | 1. Contract performance meetings with providers in relation to delivery 2. Self-declaration of restoration received from all primary care providers. All assured back in place except for optometry & minor surgery 3. Primary Care Dashboard reviewed quarterly at PC Committee | Quality & contract visits Annual quality and contract visits in 2021. | CCG Inspections limited during covid pandemic S18 Primary Care Board oversight monthly Monitoring against NHS Standard monitored monthly with reports to NHSI | 3-6-12 AMBER | AMBER | All self-declaration received and contract performance meetings to identify any shortfalls and address. | TRF updates of the community restoration document. We up to date recovery plan. | Although all services have been restored there is a backlog left to be tackled. | Continue to raise at contract performance meeting monthly Primary Care Committee dashboard review quarterly | No |
| Objective 2: Transformation & Delivery - Plan and contract for high quality, positive, equitable health outcomes within the Rotherham Place and across the wider S18 system | | | | | | | | Risk App 3-6-12 | | | | | | |
| 2.1 | Transformation of service or key work streams is occurring with continued response to covid 19 pandemic | IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Contract performance meetings 2. Rotherham Place Plan and Board 3. Rotherham Place Governance Structure e.g. Urgent and Community Transformation Group 4. CCG Delivery Structure e.g. Clinical Referrals Management Committee. Internal Review of provider activity and QIP assurance 5. Delivery Oversight Group | 1. Quarterly strategic contract meetings 2. Commissioning Plan performance report | 1. S18 ICS delivery groups - Mental Health 2. Elective Care | 4-6-10 AMBER | AMBER | 1. A number of schemes have been progressed with others at risk 2. Lack of data for some QIPs in the Commissioning Plan performance Report needs addressing. Revised Transformation plan to be written | Transformation is happening but not as per the Transformation plan due to Covid e.g. digital appointments, dropping unnecessary follow up. Revised plan needs to be written to re-examine the elements of transformation that has occurred remain and carry on | 1. CCG Delivery Structure e.g. Clinical Referrals Management Committee 2. Internal Review of provider activity and QIP assurance 3. Delivery Oversight Group 4. Monthly report into CCG Governance | No | |
| 2.2 | There is enough staff and capacity to continue and maintain safe services to the end of the organisation and continue CCG business | IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Weekly OE review by exception | 1. Reporting to GB monthly 2. Issue raised by exception to OE weekly 3. Bi-annual structure review and review of resources | 1. NHSI review all plans 2. CCG annual assurance assessment assessment by NHSI | 3-6-12 GREEN | GREEN | Regular assessment of current capacity Carried out moving resources around the organisation | OK to address staffing levels as appropriate when required | Temporary staff may need to be recruited to address specific gaps in teams. | GB by exception through workforce reporting | Yes |
| 2.3 | All partner organisations are fully engaged in transformation and delivery plans | IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Rotherham Place Plan and Board 2. Rotherham Place Governance Structure 3. ICS | 1. ICS Health Executive Group oversees system plans 2. Rotherham Place Board oversees plans 3. Minutes from GB | 1. Place Board reports to the Health and Wellbeing Board - GB receive all papers. | 3-6-12 GREEN | GREEN | 1. All partners signed up to Rotherham Place Plan and ICS system plans 2. Plans for 2021 signed off for Rotherham place and ICS | Plans for 2021 agreed off for Rotherham place. MOU in place signed by all partners. Hill Dickinson working on a Rotherham place agreement | Revised Rotherham Place agreement signed off. | Yes | |
| Objective 3: System sustainability - Deliver system wide improvements innovations and efficiencies across the Integrated Care Partnership, S18 system, to support sustainable services | | | | | | | | Risk App 3-6-12 | | | | | | |
| 3.2 | Statutory bodies can maintain the requirements of the 2012 act but also make decisions and decisions together to make decisions jointly S18 ICS, S18 ICS, and/or commissioning services where a makes sense to do so in order and also Local Resilience Forum when at level 4 | CE/IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Integrated Care Partnership Delivery team to receive regular updates on Place priorities that link to integration of service across Acute, Community, Mental Health, ID and Children's services. 2. Statutory bodies, amended contribution accordingly 3. Minutes from CCGCS to GB | 1. S18 ICS oversees S18 system planning 2. CCGCS oversees S18 delegating commissioning 3. GB delegated decision making to CCGCS - only where business is delegated by joint committee can CCG make joint decisions. | 1. NHSI (regulatory) challenge all plans - health overview and safety panels (Health Select Committee) 2. GB delegated decision making to CCGCS - only where business is delegated by joint committee can CCG make joint decisions. | 3-6-9 GREEN | GREEN | 1. Systems working well - CCG working for several years on children's services and high acute care successfully 2. CCGCS to consider work plan going forward | Further delegation of local decision making where appropriate to CCGCS. | 1. CCGCS Work Plan - considering future work streams appropriate for joint commissioning and well as the projects to GBs. | No | |
| 3.4 | The impact of health partners financial position which may require existing resources to be reduced is known | CE/IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Contracts held with all health partners 2. Regular updates to A&A and partners and CFO and partners | 1. Financial contract meeting 2. GB reporting on a monthly basis 3. Rotherham Place Board oversight of system financial positions 4. ICS monitoring meeting | 1. External audit updates to A&A on wider sector issues (ongoing) 2. The ICS in relation to NHS Providers reports through NHSI | 3-6-9 AMBER | AMBER | 1. Financially the biggest contracts are with NHS partners, on which we get the most information. 2. Seek to further strengthen sharing of information and transparency (management relationship) | Seek to further strengthen sharing of information and transparency (management relationship) | CFO to continue to be active within the Rotherham Place Partnership | No | |
| 3.5 | There is sufficient workforce to deliver safe services | CE/IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Due to Covid and shielding requirements all staff are not in the workplace. Staff monitoring is carried out across the place. 2. Place workforce lead and work closely with Monitoring NHSI 3. HCC Case Lead 4. How that shielding has ended and hospital pressures has reduced increasing staffing position, although Primary Care very challenged | 1. Oversight through RCGC contract 2. Oversight by Rotherham Place Board | 1. Quality Reports - requirement for a workforce plan to be in place (Sharing Guidance) | 4-6-10 AMBER | AMBER | 1. Due to covid 19 and the workforce across all the tiers including primary and secondary care, independent sector and care home providers. 2. Discussions taking place at regional level in relation to self-isolation periods for staff and travel - requires the workforce requirements when the recovery plan is in place. | 1. A recovery plan that can be staffed. | 1. Continue to work in partnership with ICS and Rotherham place to identify workforce solutions. 2. CCG on weekly basis review where responses are used to mitigate risk. | No | |
| 3.6 | Engagement work has been identified to engage staff delivering services in transformation | CE/IA IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Transformation in Rotherham overseen by place board (gold command). CCG weekly meetings/forums to ensure staff fully up to speed with developments | 1. Rotherham Place Board oversees stakeholder engagement 2. Transformation in Rotherham overseen by place board (gold command). CCG weekly meetings/forums to ensure staff fully up to speed with developments | 1. External rating every year on engagement currently Green - major service change we engage with Local Health Select Committee | 3-6-9 GREEN | GREEN | 1. System working well during First wave managed successfully. | None | Further continuation of existing mitigations/actions | 1. Continuation of all processes during wave 1 2. Internal external use of resources on weekly basis. | No |
| Objective 4: Safeguarding - work with partners to ensure all children and at risk adults are protected from harm with a continued focus on non-recent child sexual exploitation. | | | | | | | | Risk App 2-5-10 | | | | | | |
| 4.1 | Partnership working with NHSI and other agencies is in place | IC IC/ICU A&A CE/Board | Better Care Leadership | 8816 8816 8816 8816 | 1. Rotherham Safeguarding Adults Board and sub groups 2. Rotherham Safeguarding Children's Partnership and sub groups 3. CCG Safeguarding annual report to GB and Monthly updates 4. Safeguarding executive group across Police/Council/CCG, Safe Rotherham Partnership covering Prevent, Domestic Abuse, Health/Injury, Serious Violent Crime, ISCA etc. 5. Designated professionals in post. SAC, Safeguarding Children (SCC) 6. Named Safeguarding roles | 1. All mandatory training and awareness for all staff including GP staff and Bi-annual Protected Learning Time Commissioning 2. PCTC Safeguarding event 3. S18 Multi-Agency Safeguarding Hub Annual Report including CCG Annual Report | 1. Multi-agency safeguarding hub (MASH) 2. Annual Safeguarding Report from stakeholders and partners 3. S11 Annual Safeguarding audit completed and partner challenge undertaken. | 2-5-10 GREEN | GREEN | 1. Named safeguarding people in post 2. Safeguarding training monitored across place 3. Participation in statutory activity | Preparing our place Governance for a statutory ICS | 1. To develop a development matrix for Rotherham Place and the Rotherham Partnership agreement. Maintaining existing place Governance arrangements. | No | |
| 4.2 | Work is on-going to support systems that are under pressure due to the on-going Local NCA and SYP investigations resulting in increasing numbers of historic abuse victims. | IC IC/ICU A&A | Better Care Leadership | 8817 8817 8817 | 1. Collaborative agreement re sharing information 2. Inclusive CCG Membership of Overseas Strategic Coordination Group 3. Effective Multi Agency working with the MASH 4. Commissioning of bespoke trauma resilience service to support victims/survivors | 1. Patient Safety & Quality Assurance report monthly to GB. 2. Multi-agency (Stable) training and awareness on going Bi-annual protected learning time for Primary Care - PCTC safeguarding training event. | 1. NCA attendance at meetings - participation 2. Annual independent evaluation of trauma resilience service | 2-5-10 AMBER | AMBER | 1. Partnership working at place level to support the investigation. 2. Oversight in place GB 3. Additional funding from health and justice to support putting system under pressure. 4. Long term funding to support commissioning bespoke service | 1. Gaining evidence of the unmet need for post abuse support for historic cases and pre trial support for current cases. 2. Building base for post abuse and pre-trial support, increasing number of LAC putting system under pressure. 3. Long term funding to support commissioning bespoke service | 1. Continue to engage with strategic coordination group (SCG) and work across agencies. 2. Working with NHS England, RCGM and NHSI, SYP and NCA to identify unmet need and develop appropriate processes 3. On-going dialogue with NHSI regarding long term funding. | No | |
| Objective 5: Leadership & Accountability - ensure that the CCG, and the Integrated Care Place Partnership is effective, well led and well governed, and fully supporting the on-going development of the wider ICS | | | | | | | | Risk App 3-6-12 | | | | | | |
| 5.1 | Partners are engaged with the CCG in delivering our objectives. | IC IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Health and Wellbeing Board 2. Rotherham place board 3. Chief Executive meetings 4. CCG meetings 5. Rotherham partnership meetings 6. Minutes from Place Board 7. Rotherham Gold Command where required 8. Engagement with S18& ICS | 1. CCG Co-chaired Gold command structure 2. Engagement with S18& ICS | 1. H&W - gold command around ICF as appropriate 2. Engagement with S18& ICS as a regulator | 2-6-8 GREEN | GREEN | 1. All systems are currently working | 1. To develop into an ICS | 1. To develop a development matrix for Rotherham Place and the Rotherham Partnership agreement. Maintaining existing place Governance arrangements. | 1. To develop a development matrix for Rotherham Place and the Rotherham Partnership agreement. Continuing the lines of communication links. | Yes |
| 5.2 | The delivery of the Rotherham wide and social care integrated place plan is on track | IC IC/ICU A&A | Better Health Sustainability Leadership | 8816 8816 8816 | 1. Rotherham Place Plan 2. Rotherham Place Plan MOU 3. Health and Wellbeing Board Strategy 4. Rotherham Place Plan Delivery Governance 5. Level 3 and below can give assurance as before level 4 above 6. Rotherham place plan is replaced by national command and control. 7. Revised Rotherham Place Plan expected to be received in October 8. H&W receives periodic progress reports | 1. Strategy Agreed 2. Governance Agreed 3. Corporate oversight - Rotherham Place Plan 4. H&W receive all reports. | 1. Rotherham Place board and GB Health and wellbeing board | 2-6-8 GREEN | GREEN | 1. MOU agreed in principle subject to Board's sign off July 18 2. Well will be refreshed as the Rotherham Place agreement. ICS compact being written | 1. Production of a place agreement and further work on the development matrix to make the Rotherham place for for purpose. | 1. Required to work in partnership with ICS and sign off the Rotherham place agreement. | Yes | |

NHS Rotherham Clinical Commissioning Group – Risk Register

| Ref | Entry date | Lead Officer | Risk Description | Risk Cause | Risk Consequence | Financial Risk | Risk rating | | | Assurance / Control | Actions | Date reviewed | Links to Governing Body Assurance Framework /Issues Log |
|------|------------|-----------------------|--|--|--|--|-------------|---|----|---|---|--|---|
| | | | | | | | L | C | T | | | | |
| RR0 | 18.11.20 | Chief Officer | Coronavirus (COVID19) Pandemic - CCG can't deliver Strategic Plan or key waiting targets | Coronavirus (COVID 19) Pandemic | CCG can't deliver Strategic Plan or key waiting targets | | 5 | 4 | 20 | New planning guidance released with targets for recovery in Elective Care and Cancer | Planning Team established and overseen by Place Delivery Team. Revised recovery plan being written | CE 18.11.20 OE 18.12.20 IA 07.04.21 OE 09.04.21 | ALL |
| 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 | 2 | 4 | 8 | Primary care strategy has been agreed and implementation has begun. LTP is providing the opportunity to support practice resilience at pace however practice engagement with new workforce models continues to impact. The formation of PCN s will further increase resilience Additional Roles Scheme for Primary Care. Additional pharmacists and other additional roles. | to work with PCNs to recruit to additional roles | 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 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 CE18.11.20 OE 18.12.20 OE 09.04.21 | GBAF2 |
| 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. | Additional in year risk currently assessed as minimal to £0m | 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 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 WA 27.10.20 OE 18.12.20 WA 16.02.21 OE 09.04.21 | 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. | A sustained efficiency requirement. | The CCG had a residual forecast gap of circa £5.6m based on its initial M7-12 2020-21 planning submission. The CCG would expected to have a circa £12m recurrent gap in 2021-22, (subject to confirmation of allocations and the national financial regime to be in operation) | 3 | 4 | 12 | 27-10-20 begin to identify / construct viable efficiency schemes. Identify other mitigating actions. Report progress monthly to Governing Body. Jan 2021 - update to GB on 2021-22 financial plan position and ,in the absence of planning guidance, range of scenarios based on modelled assumptions | Regular updates to GB . Intention to construct 2021-22 financial plan as planning guidance is received - currently expenct mid March 2021 | 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 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 WA 27.10.20 OE 18.12.20 WA 16.02.21 OE 09.04.21 | GBAF3 |

| Ref | Entry date | Lead Officer | Risk Description | Risk Cause | Risk Consequence | Financial Risk | Risk rating | | | Assurance / Control | Actions | Date reviewed | Links to Governing Body Assurance Framework /Issues Log |
|------|------------|--------------------------|--|--|--|---|-------------|---|----|--|--|---|---|
| | | | | | | | L | C | T | | | | |
| RR15 | 24.01.2017 | Executive Place Director | 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. Awaiting further formal notification of risks. | SEND sufficiency plan. SEND strategy and SHMI strategy received in OE and SCE March 2021 | 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 02.08.19 OE 04.10.19 OE 10.03.20 IA 16.12.20 Oe 18.12.20 IA 22.2.21 IA 07.04.21 OE 09.04.21 | 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. SY&B 2018 review work streams - Paeds/Maternity/Gastro/Urgent Care. SY ICS are sustaining local services SYB commissioning five priority areas across ICS to maintain sustainability. Looking at standards across hospitals. | Supporting projects where appropriate to ensure patients are not disadvantaged and that the hospital remains sustainable | 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 OE 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 CE 18.11.20 OE 18.12.20 OE 09.04.21 | GBAF1 |
| RR19 | 06.02.2017 | Executive Place Director | Sustainability of improvement in the quality of service in relation to CAMHS in Rotherham, increasing presentation for Eating Disorders | Under transformation of services linked into the delivery of the Local Transformation Plan, increase in prevalence of Eating disorders linked to Covid 19 pandemic | 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. | IA to send actions | 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 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 IA 16.12.20 OE 18.12.20 IA 22.2.21 IA 07.04.21 OE 09.04.21 | GBAF3 |

| Ref | Entry date | Lead Officer | Risk Description | Risk Cause | Risk Consequence | Financial Risk | Risk rating | | | Assurance / Control | Actions | Date reviewed | Links to Governing Body Assurance Framework /Issues Log |
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| 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 on the CCGs prescribing budget. | £0 at start of year. To be assessed in year based on actual performance. | 2 | 4 | 8 | 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. | Monthly monitoring of actual prescribing spend vs budget by MMT and Finance Teams. Horizon scanning by MMT. Receipts of Regional drugs data comparisons and horizon scanning. Medications supply issues alerts from central and regional NHS sources.MMT workclosely in conjunction with GP practices in Rotherham and are well placed to pick up on issues manifesting locally. | 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 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 WA 27.10.20 OE 18.12.20 WA 16.02.21 OE 09.04.21 | GBAF3 |
| RR46 | 09.09.19 | Chief Finance Officer | The CCG is required to manage fraud risk in line with its overall risk management policy. A range of risks exist relating to potential fraud, and are identified as part of the counter fraud risk assessment process. This risk assessment has identified 28 Primary Fraud Risk areas, and is documented separately. Rather than duplicate the 28 areas within this register, this entry in the risk register is to acknowledge a separate risk assessment exists. | Fraudulent activity | Could include potential financial losses and potential reputational damage. | not quantifiable on a blanket basis | | | | A separate Counter Fraud Risk Assessment exercise is carried out by the CCG's Counter Fraud service. 28 Primary Fraud Risk areas were identified in the 2019-20 counter fraud plan. A range of assurance measures are put in place as a result of the risk assessments. | A range of assurance measures are put in place as a result of the risk assessments. | WA 13.09.19 OE 10.03.20 OE 16.04.20 OE 18.12.20 WA 16.02.21 OE 09.04.21 | ALL |
| RR48 | 26.05.20 | Chief Officer | People facing the greatest deprivation are experiencing a higher risk of exposure to Covid-19 and existing poor health puts them at risk of more severe outcomes if they contract the virus. BME were at higher risk of contracting the virus and have poorer health outcomes. | Covid-19 | Institute for Fiscal Studies suggests BME patients dying disproportionately. Beyond the immediate harm caused by COVID-19 itself and the accompanying lockdown, there will be longer term implications on inequalities. | Not known | 3 | 3 | 9 | Restoration plans BAME risk assessment for CCG Staff All providers completed risk assessment | At risk groups will be prioritised as part of mass vaccination programme | Added - 26.05.20 CE 18.11.20 OE 18.12.20 OE 09.04.21 | GBAF2 GBAF3 |
| RR51 | 06/11/2020 | Chief Finance Officer | Funding assumptions underpinning the M7-12 balanced plan do not materialise as per the plan. | Subsequent changes to national guidance (eg on HDP Schemes) Subsequent changes to ICS stance (eg on share of System Growth allocation). Subsequent changes to regional guidance (eg on ARRS and SDP, and potentially drawdown). | Adverse/ favourable impact on in-year performance | Most likely range £1.3 - £4m adverse | 1 | 1 | 2 | Monthly monitoring of financial position. Monthly reporting of risks and mitigations | Reporting of risks to financial position in monthly GB finance report. Monthly reporting of risks and mitigations to GB via separate report.Minimal residual risk to financial position reported at M11, | added 09.11.20 OE 18.12.20 WA 16.02.21 WA 09.04.21 | ALL |
| RR52 | 06/11/2020 | Chief Finance Officer | forecast outturn assumptions underpinning the M7-12 balanced plan do not materialise as per the plan. | Expenditure actuals do not conform to the levels forecast at the time of planning. This could be due to price changes, volume changes, case mix changes in any area of the CCGs portfolio. This could also be caused by an external pressure outside of the direct CCG control (ie financial pressure from the wider ICS) | Adverse/ favourable impact on in-year performance | Most likely range -£2m to £2m | 1 | 1 | 2 | Monthly monitoring of financial position. Monthly reporting of risks and mitigations | Reporting of risks to financial position in monthly GB finance report. Monthly reporting of risks and mitigations to GB via separate report. Minimal residual risk to forecast outturn reported at M11 | added 09.11.20 OE 18.12.20 WA 16.02.21 WA 09.04.21 | ALL |
| RR53 | 27/10/2020 | Chief Finance Officer | Financial pressures in wider Place partners result in reduction in investments upon which CCG commissioned services are either co-dependant or reliant. | Financial pressures on all partners to balance budgets | Additional financial pressure being applied to or transferred to the CCG | Additional in year risk currently assessed as minimal to £0m | 3 | 3 | 9 | 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. | | OE 18.12.20 WA 16.02.21 OE 09.04.21 | GBAF3 |

| 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 |
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| 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. new system in place though remains under review | Sue 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 02.08.19 OE 04.10.19 CH 25.10.19 OE 10.03.20 OE 18.12.20 CH 29.03.21 OE 09.04.21 |
| IL6 | Open | 06.02.2017 | Kirsty Leahy 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 responsible body will authorises the LPS, the responsible body will be dependent on funding stream, and will apply to all patients fully funded by CHC. These changes were -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. LPS to be successful the revised implementation date is aiming for April 2022. There will be a public consultation on the draft regulations and code of practice in 2021 prior to been presented to parliament. Due to the current pandemic of Covid the Department of Health and Social have stated that Covid is not to priorities until further guidance is received which could impact on the implementation date of spring 2022. | Financial risk to the CCG still being identified Criticism from regulators Claims for unlawful detention/Human Rights Act Reputational risk | The Department for Health and Social Care have stated that LPS implementation is not to be priorities at this time and that the system of DoLS is to remain until further guidance is received. RCCG Chief nurse, Safeguarding/Clinical Lead and the Operational Lead for CHC will at an appropriate time continue with conversations in regard to the CCG's responsibility for CHC-funded patients. RCCG will continue to be active members of national, regional, and local groups for moving forward with LPS to ensure that the CCG remain lawful. DAC Beechcroft have been commissioned by the CCG to provide 3 sessions covering all aspects of LPS with the first two sessions having taken place in February and March 2021 to the wider health economy and RCCG Governing Body. The third session will be arranged for later in the year new updated guidance is received | Sue 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 02.08.19 OE 04.10.19 CH 25.10.19 OE 10.03.20 KL 11.08.20 OE 18.12.20 KL 29.03.21 OE 09.04.21 |
| IL7 | Open | 06.02.2017 | Kate Tufnell Head of Adult Mental Health Commissioning | 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 | 3 | GBAF2 | OE 24.04.17 OE 22 03 19 IA 05.06.19 02.08.19 OE 04.10.19 OE 10.03.20 OE 18.12.20 OE 09.04.21 |

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| IL 28 | Open | 26.10.18 | Jacqui Tuffnell Head of Commissioning | Commencement of building Waverley Health Centre has been delayed to commenced 2019 with an end date of 10 April 2020. There are concerns that patients will register with alternative practices who are extending their premises to accommodate which impacts the viability of the build. | Inability to achieve a sustainable list for the new medical centre. Revenue costs of the new centre. Revised plans for the centre have been made, Gateway provider are involved in these discussions. This forms part of the SY&B primary care capital bid. | Meeting has taken place with the developer to understand the timescales for the build and the phasing of the new housing. Considering how the provider could start to establish a list from current premises. The lease has now been signed and arrangements are in place to market the provider to the new home owners. Further discussions are ongoing with the developers in relation to further delays. The scheme is now linked in with the SY&B capital programme and moving to planning permission this month (March 21), SYB are expected to have confirmation in relation to the business case in Q2 of 2021/22. | Jacqui Tuffnell | 3 | GBAF2 | JT 18.07.18 OE 16.11.18 OE 22.03.19 JT 28.03.19 JT 05.06.19 JT 02.08.19 OE 04.10.19 JT 04.11.19 OE 10.03.20 JT 13.11.20 OE 18.12.20 JT 24.3.21 OE 09.04.21 |
| IL33 | Open | 01.02.19 | Kirsty Leahy Head of Quality | Risk from Inspection Report - CQC Inspection of TRFT | Adverse media coverage. Loss of confidence in organisation. Inability to provide contracted services. Staff morale. | Contract Quality Meetings. Regular 1:1 meetings. Staff Briefing. Quality surveillance group process with NHSE. | Chris Edwards | 5 | GBAF 1 | CE 01.02.19 SC 21.02.19 OE 22.03.19 CE 05.06.19 02.08.19 OE 04.10.19 CH 25.10.19 OE 10.03.20 OE 18.12.20 OE 09.04.21 |
| IL34 | Open | 02.03.19 | Kate Tufnell Head of Adult Mental Health Commissioning | Delayed Transfer of Care (DTC) - currently both the Adult MH Wards (Swallownest) and Older peoples wards (Woodlands) are experiencing high levels of DTC. The DTCs are occurring due to a range of reasons, including awaiting social worker allocation, access to locked rehab or Awaiting Housing allocation | <ul style="list-style-type: none"> A number of individuals are now experiencing a delay in their discharge from Woodlands / Swallownest (One individual is now reporting a DTC of 340 days reported w/c24/2) The reportable DTC level to NHSE is increasing (not meeting the overall 3.5% target includes acute TRFT, which are currently below target) the wards are experiencing high occupancy rates. Consequently, people may have to be placed in Out of Area placements Any Out of Area placements will incur an additional cost for Rotherham DTC position is improving small number of very complex DTC | <ul style="list-style-type: none"> This issue has been escalated to Senior Managers in the CCG, RMBC and RDaSH Weekly operational groups linked to winter pressures are picking up individual cases of concern Integrated Discharge Team in place should be supporting reduction in overall DTC A multi-agency Task and Finish Group is to be established (March 2019) | Ian Atkinson | 3 | GBAF 2 | OE 01.03.19 OE 22.03.19 IA 05.06.19 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 Oe 18.12.20 OE 09.04.21 |

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| IL35 | Open | 22.03.19. | Jacqui Tuffnell Head of Commissioning | Non-achievement of cancer waiting times | TRFT had improved 62 day performance in Q1 and 2 but this has deteriorated in Q3 and high likely not to achieve in Q4. Key concerns are urology, thoracic medicine and lower GI. TRFT also implemented the 28 day standard ahead of the national requirement which has significantly increased the number of patients on the PTL without cancer and impacted the tracking team. This issue has now been superseded by coronavirus as patients with symptoms are not presenting in the same numbers and there is concern that there is a growing issue which could result in late presentation. | A further action plan has been developed and improved clinical engagement has been achieved, the Trust is expecting to achieve sustainable performance of 62 days by Q4 and 2ww in Q3. This issue has been superseded by coronavirus and the inability to continue to treat patients in the same way - some plans are in place for limited gynae, breast and skin procedures using Kinvara hospital however the main units to support will be via Claremont and Thornbury hospitals in Sheffield, patients were not being transferred as at 22 April however the feedback is that arrangements are being finalised - it is complex as the hospitals are not used to dealing with these procedures and safety netting has been essential. During August and September the Trust was able to reinstate a high proportion of procedures undertaken pre-covid however since the middle of October when Covid pressure returned on secondary care there has been further impact on the availability of theatres. The Trust has now reinstated 2 elective wards to support cancer and non-cancer activity and covid is no longer detrimentally impacting critical care capacity. A revised action plan is also in place which complies with national expectations for cancer | Jacqui Tuffnell | 5 | GBAF 2 | OE 22.03.19 JT 28.03.19 JT 05.06.19 JT 02.08.19 OE 04.10.19 JT 04.11.19 OE 10.03.20 OE 16.04.20 JT 13.11.20 OE 18.12.20 JT 24.3.21 OE 09.04.21 |
| IL38 | Open | 11.6.19 | Ian Atkinson Executive Place Director | Failure to deliver 62 day Cancer | Risk to patient safety, quality and experience . increased scrutiny from NHS England | Cancer board oversees performance. Formal contractual notices have been served, daily performance information is received into the CCG with live PTL tracking. Deep dive into AQUA planned for July. A significant programme of work has been undertaken by TRFT involving introduction of straight to test (endoscopy) and booking multiple tests to enable specialties to achieve their timed pathways, the position is improving (December) with PTL manageable, number of 38 day patients (who need to be transferred) reducing. | Ian Atkinson | 4 | GBAF1 | 11.06.19 02.08.19 OE 04.10.19 JT 18.12.19 OE 10.03.20 OE 16.04.20 OE 18.12.20 |
| IL39 | Open | 11.6.19 | Ian Atkinson Executive Place Director | Increase in the number of C&YP awaiting assessment of the Autism pathway | Risk to patient safety, quality and experience . increased scrutiny from NHS England | RDASH contract performance and CAMHS strategy and delivery group oversees performance. Development of an improvement action plan for reducing number on the list. | Ian Atkinson | 4 | GBAF1 | 11.06.19 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 OE 18.12.20 OE 09.04.21 |

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| IL41 | Open | 25.10.19 | Jacqui Tuffnell Head of Commissioning | Cancer- Chemo Peer Review | The review has identified 1 very serious concern - the lack of an acute oncology service at TRFT. An action plan for how this will be addressed is required by 4 November if not received TRFT could be stopped from continuing to deliver chemotherapy. 1 serious concern was also raised in relation to solid tumour chemotherapy and an action plan for this is required by 11 November - this is an issue across the network not just at TRFT. TRFT have agreed a business case for a new team for acute oncology/EOL | TRFT have advised that they are planning to recruit an acute oncology nursing workforce to identify patients and ensure they are prioritised for treatment. s and ensure they are prioritised for treatment. Update - the business case has been approved at TRFT and recruitment will commence in January 2020. This has been delayed as a consequence of COVID. Recruitment has now commenced but not fully completed - retain as an issue | Ian Atkinson | 4 | GBAF1 | JT 04.11.19 JT 18.12.19 OE 10.03.20 OE 16.04.20 JT 13.11.20 OE 18.12.20 JT 24.3.21 OE 09.04.21 |
| IL43 | Open | 07.12.19 | Ian Atkinson Executive Place Director | 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. 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 | Jacqui Tufnell | 3 | GBAF 2 | JM 07.12.18 IA 21.02.19 OE 15.02.19 OE 22.03.19 JT 17.04.19 IA 05.06.19 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 OE 18.12.20 OE 09.04.21 |
| IL44 | Open | 12.06.19 | Jacqui Tufnell Head of Commissioning | TRFT Bed reconfiguration. Variation in number of hospital beds. 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. 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 Discussions are continuing with TRFT in relation to the correct bed base and ability to safely staff. This continues and has been temporarily superseded by COVID plans. Anew bed plan for winter and surge is now in operation with additional community support to enable flow. The red beds are now being flexed down to reflect the change in covid prevalence | Jacqui Tufnell | 5 | GBAF 2 | JT 11.6.19. 02.08.19 OE 04.10.19 OE 10.03.20 OE 16.04.20 JT 13.11.20 OE 18.12.20 JT 24.3.21 OE 09.04.21 |

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| IL46 | Open | 10.03.20 | Chris Edwards Chief Officer | Coronavirus (COVID19) Pandemic | The COVID-19 Pandemic has resulted in serious capacity issues across Rotherham in terms of health and social care capacity, suspension of statutory duties and financial impacts. | CCG CCG Incident Control Team set up and meeting regularly. Separate Issues Log set up updated twice weekly by Incident Control Team. Wider command and control system in place across Rotherham/ICS and NHSE. Issues Log updated weekly. Running Gold/Silver/Bronze command | Chris Edwards | 5 | ALL | Added OE 10.03.20 OE 16.04.20 CE 18.11.20 OE 18.12.20 OE 09.04.21 |
| IL48 | Open | 31.07.20 | Claire Smith, Head of Adult Commissioning | TRFT moved 5 inpatient neuro rehabilitation bed from a specialist dedicated rehab unit, on to the Stroke Ward within the main hospital building. Awaiting further notice form TRFT on Neuro Rehabilitation Service and possible identification of financial risk. | Neuro rehab patients are being cared for in a hospital ward environment which is not suitable to fully meet their rehabilitation care needs. This means that patients will take longer to reach their potential. The Stroke ward is a noisy environment and the neuro rehab matrons report that some of the brain injury patients are finding this difficult to cope with. The notice now requires RCCG to procure an alternative provider and there are limited facilities and providers for the service. | TRFT have been asked to sub contract to ensure that patients receive a specialist neuro rehabilitation service in the correct environment. RCCG have completed an Options Appraisal regarding the next steps for this service. OE received and supported a paper to reprocur on 6 November and the paper will be received by governing body in December | Jacqui Tuffnell | 3 | GBAF 2 | Added 07.08.20 JT 13.11.20 OE 18.12.20 OE 09.04.21 |
| IL51 | Open | 18.12.20 | Jacqui Tuffnell Head of Commissioning | Set up of community respiratory nursing team - delays in recruitment due to covid. Service is not fully operational | Not delivering early support to discharges and inability to do community spirometry which GP practices have ceased. | Currently community matrons are supporting discharge. Team should be, as at April 21 almost at full establishment. There are separate pressures linked to covid on the team e.g. oximetry, post discharge reviews and virtual ward. Therefore a review of what can be achieved with the establishment against the specification is planned for April 21 | Jacqui Tuffnell | 4 | GBAF2 | Added OE 18.12.20 JT 24.3.21 OE 09.04.21 |
| IL52 | Open | 24.3.21 | Ian Atkinson Executive Place Director | Notification of 2nd dose deliveries of the covid 19 vaccine | Delaying notification of when 2nd doses are taking place which is impacting the reputation of the CCG, creating additional work for the CCG, practices and call centre | Continuing to work with the regional team to escalate the impact this is having on the patients and teams. Preparedness - RCCG has everything planned and ready to go when the notification is received but it is very short notice for patients | Ian Atkinson | 4 | ALL | Added JT 24.3.21 OE 09.04.21 |

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| IL53 | Open | 29.03.21 | Sue Cassin Chief Nurse | Deputy Designated Nurse (WTE) and Safeguarding Adult Lead (WTE) are both off work for an extended period, This is having a significant impact on the CCG's capacity to safeguard children and adults effectively. Lack of capacity is impacting upon workstreams and is leading to a reactive rather than proactive service. | Statutory duties and reputational risk due to limited capacity. Includes ability to investigate incidents, risk assess effectively and work across multi-agency partners is limited. | The Safeguarding Team is flexible and have incorporated support from providers at some meetings. The National Crime Agency are relying on information from TRFT and RDaSH, GPs were being supported in some non-essential work namely Adult Medicals for Foster Carers - RMBC and LMC have been informed of the challenges but this work is important for our safeguarding reputation. | Sue Cassin | 3 | GBAF 4 | Added SC 29.03.21 OE 09.04.21 |
| IL54 | Open | 18.12.20 | Wendy Allott Chief Finance Officer | Dispensing/endorsing (non-party activity) | The Medicines Management team are observing a number of prescriptions where the community pharmacy claimed for the cost of a medicine being dispensed despite that medication being unavailable | EPACT data is provided monthly and reviewed and searched at least monthly by Meds Management Teams for accuracy and for anomalies. Anomalies including for suspected inappropriate claims for unavailable medicines are looked into. EPACT data searched by Meds Management Team at least monthly to identify possible false claims. Referrals to Counter Fraud team made as and when they arise for appropriate opinion/investigation | Wendy Allott | 3 | GBAF 2 | OE 09.04.21 |