COMMITTED TO
investors in excellence

NHS
Rotherham
Clinical Commissioning Group

Corporate Assurance Report

Quarter 1

2016 – 17

(1st April to 30th June 2016)

Contents

Ref	Risk Management
CAR 114	**The Risk Register and Assurance Framework** were fully updated in April and presented to AQuA at its meeting on the **20 May 2016**, due to reporting timescales this did not appear in the last Corporate Assurance Report, at this update 3 risks were reduced and 1 retired:

Status	AF Number	Description	Score movement
Reduce	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	16-12
Reduce	AF29	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	15-10
Reduce	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	12-9
Retired	AF36	Implication of the changes to the 'Who Pays' guidance on the CCG's S117 responsibilities on: Patient safety Financial implications Changes in NHS guidance will revert back to previous S117 commissioner responsibility rules.	16-4

Since then the **Risk Register and Assurance Framework** has been fully updated and presented to AQuA at its meeting on the **22nd July 2016** and AQuA recommends it to the Governing Body. Since the April update there have been 2 new risks added to the Assurance Framework, 2 reduced and 6 retired:

Status	AF Number	Description	Score movement
New	AF43	Impact of changes to primary care support England from NHS to Capita contract	16
New	AF44	NHS RCCG reputation as responsible commissioner for Children in Care – not having initial health assessments within statutory framework	12
Reduce	AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	16-9
Reduce	AF32	Financial risk to the CCG arising from its duties under developing case law regarding potential Deprivation of Liberties (DoLS)	12-9
Retired	AF07	Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes	N/A
Retired	AF17	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE)	N/A
Retired	AF22	Impact of Caldecott 2 inhibiting NHSR CCGs efficiency programmes, quality assurance and financial governance	N/A
Retire	AF30	Capacity with TRFT Safeguarding Team – covering Adults & Children	N/A

	Retired	AF41	Delayed coding misrepresents HSMR position of RFT	N/A
	Retired	AF33	Effective collaborative commissioning of specialised services	16-12

For full details please see the appendix for the May update.

Appendix 1 Assurance Framework & Risk Register Summary
Appendix 2 Assurance Framework May 2016
Appendix 3 Risk Register May 2016.

CAR 115

Internal Incident Report
A member of staff received an email which was not intended for her and contained patient identifiable information including extensive health information. The sender was notified and the email with attachments was deleted. No further action

CAR 116

Claims and legal issues
No claims or legal issues have been raised during the quarter.

External assessments

CAR 117

Workforce Wellbeing Charter
The CCG was awarded the 'Excellence Award' for the Wellbeing Charter. The award was presented to the CCG in May 2016

Investors in Excellence (IiE) Awards
The CCG achieved Investors in Excellence (IiE) initially in May 2014, and in June 2016 were recertified for a further two years. The score at first assessment was in the top quartile of all results and the score for recertification had further improved.
The outcome and report was based on documentary evidence and information shared through interviews and focus groups during a two day on-site assessment on the 13th and 14th June. A feedback session was held on the 13th July for Operational Executive members and members of the IiE practitioner team.
The feedback was very positive and identified areas to 'keep', 'do more' and 'do', of specific note was the visibility and personal involvement of senior leadership team, and the clear focus on 'What Matters Most'
Other areas of particular strength were:

- The structure and content of the CCG's Commissioning Plan
- The Planning process, including the 'purpose on a page' and 'plan on a page'
- That the CCGs' values and objectives are cascaded through the organisation through the Personal Development Review (PDR) process, and were clearly demonstrated by staff feedback during the site visit
- A culture characterised by the open environment and ability of staff to comfortably approach senior managers
- Good stakeholder relationships and approach to relationship management
- Strong examples of collaboration with partners to develop services such as the design, build and delivery of the emergency centre

The report includes areas for improvement which the CCG will consider and action where applicable.

Committee Activity

CAR 118

AQuA
May - An extra ordinary audit committee meeting took place to present the annual accounts 2015/16 The agenda covered the following items:

- Annual Accounts
- Annual Report Including Annual Governance Statement
- Letter of Representation
- Internal Audit - 360 Head of Internal Audit Opinion

- External Audit - KPMG ISA 260 Audit highlights memorandum

27th May meeting:

- The financial report was presented to the meeting, this covered: Finance Report as at March 2016, Summary of standing financial items for AQuA and Declaration of gifts/hospitality.
- Counter Fraud presented their Progress Report and Annual Report
- Approved External Audit Annual Audit Fee
- GP Quality update CQC visits The meeting noted that to date 21 out of 31 practices have been inspected by the CQC and the CCG is awaiting publication of the reports. The meeting was informed that the CCG is considering ways in which best practice can be shared.
- Members were informed about the NHS England North Safeguarding Assurance process with regard to CCGs Reports
- Internal Audit progress report was presented to members
- Internal Audit presented the BCF Implementation report and informed the meeting that there were no major concerns.
- Report
- Internal Audit presented the Safeguarding Adults report and informed the meeting that the areas for improvement relate specifically to arrangements in place internally within the CCG. A total of four risk issues (1 medium and 3 low risk) have been raised in the report. AQuA took assurance from the report and recommended it to Governing Body
- AQuA approved the internal Audit Plan for the year and agreed to discuss annually
- AQuA approved the Head of Internal Audit Opinion and Annual Report.
- RCCG's discussed the Emergency Centre Project Governance Report
- AQuA approved the amendments to the constitution and recommended them to the Governing Body.
- AQuA discussed the Risk Assurance Framework and Risk Register.

Remuneration Committee

The Remuneration committee met to discuss a pay award for employed CCG senior managers whose pay falls under the Committee's remit, GPs, and Lay Members who receive their payments through the CCG payroll and the secondary care doctor.
A 1% pay award was agreed subject to the CCG successfully delivering the financial plan within the business rules and duties. This will be paid in a lump sum as a retrospective award at the end of the financial year.

Primary Care Committee

Quality Contract – The concept and first standards were approved.
Primary Care Dashboard – Practices will be monitored based on deprivation based clusters rather than Rotherham Average
Dementia LES – was approved
CEA LES – was approved
Primary Care Estates and Technology Fund – Priority of bids was decided.
Clinical Pharmacist – Agreed to bid for funding
PPG – Agreed to support practices meet this contractual standard

Public and Patient Engagement Committee

During quarter one the CCG facilitated a meeting of Rotherham Patient Participation Groups Network. The session focused on the following items

- Rotherham Social Prescribing Service – ensuring that the PPGS were informed about the service, and discussed ways that PPGs may be able to support and add value to this work. Access to the service was discussed, and the outcomes. Those present were also supportive of the extension to include mental health.
- Medicine management - the meeting received and update on the medicines waste project, which they had previously helped to inform and develop. Those attending then contributed to an exercise considering the prescribing of low cost over the counter medications

Also between April - June, the CCG (alongside other CCGs) contributed to the pre-

	consultation work around Hyper-acute stroke and Children's surgery and anaesthesiology. Patient and carer experiences and views were collated; these are being used regionally to inform the options appraisals and formal consultation due to start in September 2016.
	Corporate Governance
CAR 119	**Complaints** Seven complaints have been received during the quarter and relate to: x2 regarding the closure of the phlebotomy service at Rotherham Community Health Centre. Dissatisfaction regarding a decision to close a claim by PUPoC Team. Issue relating to non-payment of fees to a care home. Dissatisfaction that CHC funding has been withdrawn. Lack of communication by the CHC team. Dissatisfaction at the refusal of a GP practice to offer treatment for the removal of seborrheic warts. The following paragraph has been included into the Complaints policy and procedure for complaint handling at the request of NHS England. *NHS Rotherham CCG firmly believes that all Rotherham residents irrespective of age, gender, ethnicity, disability or health status have the right to be safeguarded from abuse, neglect and/or maltreatment. This policy, as appropriate, must be read in conjunction with NHS Rotherham CCG Vulnerable Clients Policy and Rotherham Local Safeguarding Children Board Policies and Procedures and Rotherham Safeguarding Adults Board Policies and Procedures. These can be accessed at: http://rotherhamscb.proceduresonline.com/index.htm*
CAR 120	**MP Contacts** Local MPs made 8 contacts during the quarter and relate to: 1. CHC appeal 2. Safeguarding flag contained within children's electronic health records 3. Opposition to plans to relocate the current placement of a patient 4. Request for redress for private treatment 5. Prescribing issue relating to wound dressings 6. Eye and dental care of Roma and Slovak children and young people in school 7. Issue relating to a request for a transfer of service for a patient in the community 8. Transforming mental health services for children who have experienced abuse – NSPCC. One contact regarding specialised services was signposted to NHS England for investigation and response.
CAR 121	**Declarations of Interest** The 2016-2017 Declarations of Interest Registers have been uploaded onto the website and will be updated throughout the year as required.
CAR 122	**Gifts & Hospitality Register** The register has been uploaded onto the website and will be updated throughout the year as required.
CAR 123	**Health & Safety, Fire and Security** On the 29th April 2016 the annual fire, premises and security inspections took place at Rotherham CCG. **Fire Risk Assessment**: There was an overall 60% drop in the number of fire hazards identified compared to the previous year's inspection. **Premises Inspection**: There was an overall 12% drop in the number of hazards identified compared to the previous year's inspection. In the period from the premises inspection to July. 5 of those identified hazards have now been addressed with the refurbishment of the toilets on the first floor. **Security Inspection**: There was an overall 34% drop in the number of breaches identified

	within the CCG compared to the previous year's inspection. The CCG has shown a positive commitment to Health, Safety, Security and Fire Safety by reducing the risk to health for its employees and visitors by 34.3% compared to the previous year's inspections. With the completion of the refurbishment, the overall reduction has increased to 48.5%. During Quarter one the Fire policy was updated and is moving through the ratification process. The DSE policy was also drafted. **Risk Assessments**: The Organisational Risk Assessment was reviewed and will be completed in the next quarter. Emergency First Aid at work training has been sourced to ensure ongoing compliance by having appropriately trained first aiders. On the 6th June the safety team on behalf of the CCG attended the tenants meeting at Oak House with NHS PS this was an opportunity for all tenants of Oak House to meet and discuss with the landlords issues affecting the buildings use. This was a productive meeting with issues that have previously been on the agenda (toilet refurbishment) being removed.
CAR 124	**Equality & Diversity** Rotherham CCG Head of Medicines management and the Equality and Diversify Manager met with Transgender patients from across South Yorkshire including Rotherham, to understand their views and experiences in accessing hormone treatment from General Practices. The feedback received from the patients will inform a South Yorkshire Care Shared Protocol on prescribing of hormones for transgender patients. Another meeting will be held with Transgender patients to update them on the development of the protocol and to ensure their views are taken into consideration. Equality & Diversity Manager continues to work with TRFT to support them in providing Equality & Diversity assurance. An example of this work is regular communication with the HR Business Partner, who is the Equality and Diversity Link Feedback has been given to TRFT Public Sector Equality Duty and their draft Inclusion Strategy, incorporating Equality & Diversity 2016 – 2017.
	Information Governance
CAR 125	**Information Governance Toolkit 16/17 V14** Version 14 of the IG Toolkit has now been released with no changes to the requirements. A toolkit action plan for the CCG is under development. **Fair Processing Notice** Since the 1st April and the move of a number of services from Yorkshire and Humber Commissioning Support to eMBED Health Consortium, changes have been required with the documentation between the CCG and the Health and Social Care Information Centre (HSCIC) to ensure that data could continue to flow for Risk Stratification and Commissioning. As part of this work, changes have been made to the CCG's Fair Processing Notice to ensure it reflects all the uses of information by the CCG. **Interoperability Group** The IG Associate continues to attend the Interoperability Group to represent the CCG. A draft Information Sharing Agreement for GP Practices has been developed to allow the sharing of their data with the Clinical Portal that is under development in Rotherham. **Rotherham wide IG Sub Group** An IG Subgroup has now been established in Rotherham represented by the CCG, TRFT, RDASH and RMBC to facilitate partnership working. The IG Associate from eMBED Health

	Consortium attends on behalf of the CCG. The group reports to the Interoperability Group and ensures that there is some consistency with regards to information sharing between the organisations. This approach allows for any concerns regarding the lawful basis for proposed information sharing to be discussed and satisfied before sharing takes place. The IG Subgroup has recommended and is assisting with a Privacy Impact Assessment which has been completed for the Locality Pilot project in Rotherham.
CAR 126	**FOI** Quarter 1 will be combined with Quarter 2 and be presented November 2016
	Organisational Development & Staffing Governance
CAR 127	

	Staffing breakdown:		Count / %	Commentary
Staffing numbers	Headcount		117	Including Governing Body members
	Whole Time Equivalent		96.77	
	Turnover		0.9%	6 new starters and 3 leavers since March 2016
	Cumulative annual sickness rate to June 2016		3.1%	This is a 0.9% decrease on the last quarter report
	Formal cases of discipline, grievance, poor performance or bullying and harassment		1	1 Formal grievance relating to disability and reasonable adjustments. 2 formal improvement targets for sickness absence cases.
Gender	Female		86	Increase in both male and female staff.
	Male		31	
Age	<20		0	The average age of the workforce is 45.6 years.
	26-30		4	
	31-35		12	
	36-40		16	
	41-45		25	
	46-50		22	
	51-55		19	
	56-60		15	
	61-65		3	
	66-70		0	
Ethnicity	White	British	106	The number of White British Staff has increased, those who Prefer Not to Say has decreased, all other ethnic origins remain at the same headcount. The staff survey reported White 70/96% and Black and minority ethnic 3/4%. This was completed prior to the TUPE transfers following the closure of the CSU.
		Other	1	
	Mixed	White & Black Caribbean	0	
		White & Black African	0	
		White & Asian	0	
		Other	0	
	Asian / Asian British	Indian	2	
		Pakistani	1	

			Bangladeshi	0	
			Chinese	0	
			Other	1	
		Black / Black British	African	1	
			Caribbean	0	
			Other	1	
		Other	Arab	0	
			Other	0	
		------	Prefer not to say	4	
	Disability	Declared disability		5	The percentage of staff stating they have a disability on ESR is 4%. This contrasts to 18% stating they have a disability in the staff survey. A data quality check of the information on ESR will be completed during the next year.
		No declared disability		104	
		Prefer not to say		8	
	Religion / Belief	No religion / Atheism		6	The number of staff stating they are Christians and Atheists has increased. Those staff who prefer Not to Say has decreased. All other religions remain at the same headcount.
		Christianity		84	
		Buddhism		0	
		Hinduism		1	
		Judaism		0	
		Islam		1	
		Sikhism		1	
		Any other religion		5	
		Prefer not to say		19	
	Sexual Orientation	Bisexual		0	The number of staff stating they are Heterosexual and Gay has increased. All others remain at the same headcount. The staff survey reported 69/95% heterosexual, 1/1% Gay woman and 3/4% preferred not to say.
		Gay		1	
		Heterosexual		96	
		Not Disclosed		19	
		Unspecified		1	
	Pregnancy,	Due to the small numbers associated with pregnancy/maternity and gender reassignment which may make individuals personally identifiable, these are not included in a public report.		N/A	N/A
	Maternity and Gender Reassignment				
	Mandatory Training				

Name of Training	Compliance %
Equality & Diversity	**91%**
Fire Safety	**82%**
Fraud	**90%**
Health & Safety incorporating Risk Management	**94%**
Information Governance	**78%**
Moving & Handling	**81%**
Safeguarding Adults	**91%**
Safeguarding Children & Young People	**93%**
Infection Prevention	**95%**
Induction	**97%**

Staff Sickness Absence and Ill Health Retirements

	Apr 16 to Jun 16
Total FTE Days Lost	**200.0**

Gender Equality Data			
As at 30/06/2016	**Female**	**Male**	
Governing Body/SCE Members	2	11	
Very Senior Managers	1	2	
All other Employees	84	18	

GB Assurance Framework and Risk Register Summary: Audit and Quality Assurance Committee 22 July 2016

The Risk Register and Assurance Framework have been fully updated in June/July 2016 and the tables below summarise the key score changes.

Risk Register

Status	RR Number	Description				Score movement	On AF and ID number
Reduce	066	Subcontracted Commissioning services with CSU/LPF provider fail to deliver outcomes as a result on CSU not being on lead provider framework				20-16	AF13
Reduce	071	Impacts on quality and safety of the cost improvement plans of our key providers				16-12	AF09
Reduce	091	Financial risk to the CCG arising from its duties under developing case law regarding potential Deprivation of Liberties (DoLS)				12-9	AF32
Reduce	093	Collaborative commissioning of specialised services				16-12	AF33
Reduce	100	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015				16-9	AF31
New	104	Impact of changes to primary care support England from NHS to Capita contract				16	AF43
New	105	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework				12	AF44
Retired	001 002 007 009 011	013 014 022 035 038	043 044 045 046 047	049 051 055 056 059	060 061 070 077 087 103	N/A	AF07 AF17 AF22 AF30 AF41

GB Assurance Framework

Status	AF Number	Description	Score movement	On AF
Reduce	AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	16-9	Y
Reduce	AF32	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	12-9	Y
Retired	AF33	Effective collaborative commissioning of specialised services	16-12	Y
New	AF43	Impact of changes to primary care support England from NHS to Capita contract	16	Y
New	AF44	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework	12	Y
Retired	AF07	Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes	N/A	N/A
Retired	AF17	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE)	N/A	N/A
Retired	AF22	Impact of Caldecott 2 inhibiting NHSR CCGs efficiency programmes, quality assurance and financial governance	N/A	N/A
Retire	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	N/A	N/A
Retired	AF41	Delayed coding mis-represents HSMR position of RFT	N/A	N/A

Appendix A = Full Risk Register

Appendix B = Full GB Assurance Framework

The following table summarises, by domain, strategic risks rated 12 and above on the GB Assurance Framework. The domains are:

1. Well-led organisation
2. Delegated Functions
3. Finance
4. Performance
5. Planning

	AF No.	Domain: Well-led organisation	Lead	Uncontrolled Score	April Score	June score	Gaps in Control	Gaps in Assurance	Linked Organisation
1	AF04	Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and poor external assessment results	Ian Atkinson	16	12	12	√	X	NHSE
1	AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	Ian Atkinson	16	12	12	X	X	
1	AF08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	Chris Edwards	16	12	12	X	X	
1	AF09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (e.g. assurance on provider CIPs).	Sue Cassin	15	12	12	√	√	TRFT RDaSH
1	AF19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.	Ian Atkinson	25	20	20	√	√	TRFT
1	AF26	Impact on CCG of other commissioners efficiency plan	Ian Atkinson	20	16	16	√	√	TRFT, RDaSH, RMBC
1	AF39	Delivery of the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	16	12	12	√	√	RDaSH
1	AF40	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	20	16	16	√	√	RDaSH
1	AF44	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework	Sue Cassin	12	N/A	12	√	√	TRFT

	AF No.	Domain: Delegated Functions	Lead	Uncontrolled Score	April Score	June score	Gaps in Control	Gaps in Assurance	Linked Organisation
2	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	Jacqui Tufnell	16	12	12	√	X	NHSE
2	AF13	Subcontracted Commissioning services with CSU/LPF provider fail to deliver outcomes as a result on CSU not being on lead provider framework	Ian Atkinson	20	20	20	√	√	CSU
2	AF33	Effective collaborative commissioning of specialised services	Chris Edwards	16	16	12	√	√	NHSE
2	AF35	CQC inspection of practices	Sue Cassin	15	12	12	√	√	
2	AF43	Impact of changes to primary care support England from NHS to Capita contract	Jacqui Tufnell	20	N/A	16	√	√	NHSE

	AF No.	Domain: Finance	Lead	Uncontrolled Score	April Score	June Score	Gaps in Control	Gaps in Assurance	Linked Organisation
3	AF02	Failure to meet financial targets and statutory financial duties	Keely Firth	16	12	12	√	X	
3	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	Ian Atkinson	25	20	20	√	X	TRFT
3	AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	12	12	12	√	X	
3	AF25	Reduction in resources through introduction of Better Care Fund	Keely Firth	16	12	12	√	X	RMBC
3	AF37	Equipment provided by RCCG via IFR/CHC - failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.	Alun Windle	15	15	15	√	√	
3	AF42	Delivery of corporate/running costs savings whilst taking on new services and hosting shared services has a negative impact on corporate performance	Keely Firth	16	16	16	X	X	

	AF No.	Domain: Performance	Lead	Uncontrolled Score	April Score	June Score	Gaps in Control	Gaps in Assurance	Linked Organisation
4	AF21	Failure to meet A&E targets	Keely Firth	20	16	16	X	X	TRFT
4	AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	Dominic Blaydon	20	20	20	√	√	YAS
4	AF38	Failure to deliver the National IAPT waiting times standards A. 75% of people seen within 6 weeks B. 95% of people seen within 18 weeks	Kate Tufnell	20	16	16	X	X	RDaSH

No risks identified under the domain 5 of planning

Summary of Risks

The table below shows the number of risks on the risk register and assurance framework (from medium risk upwards):

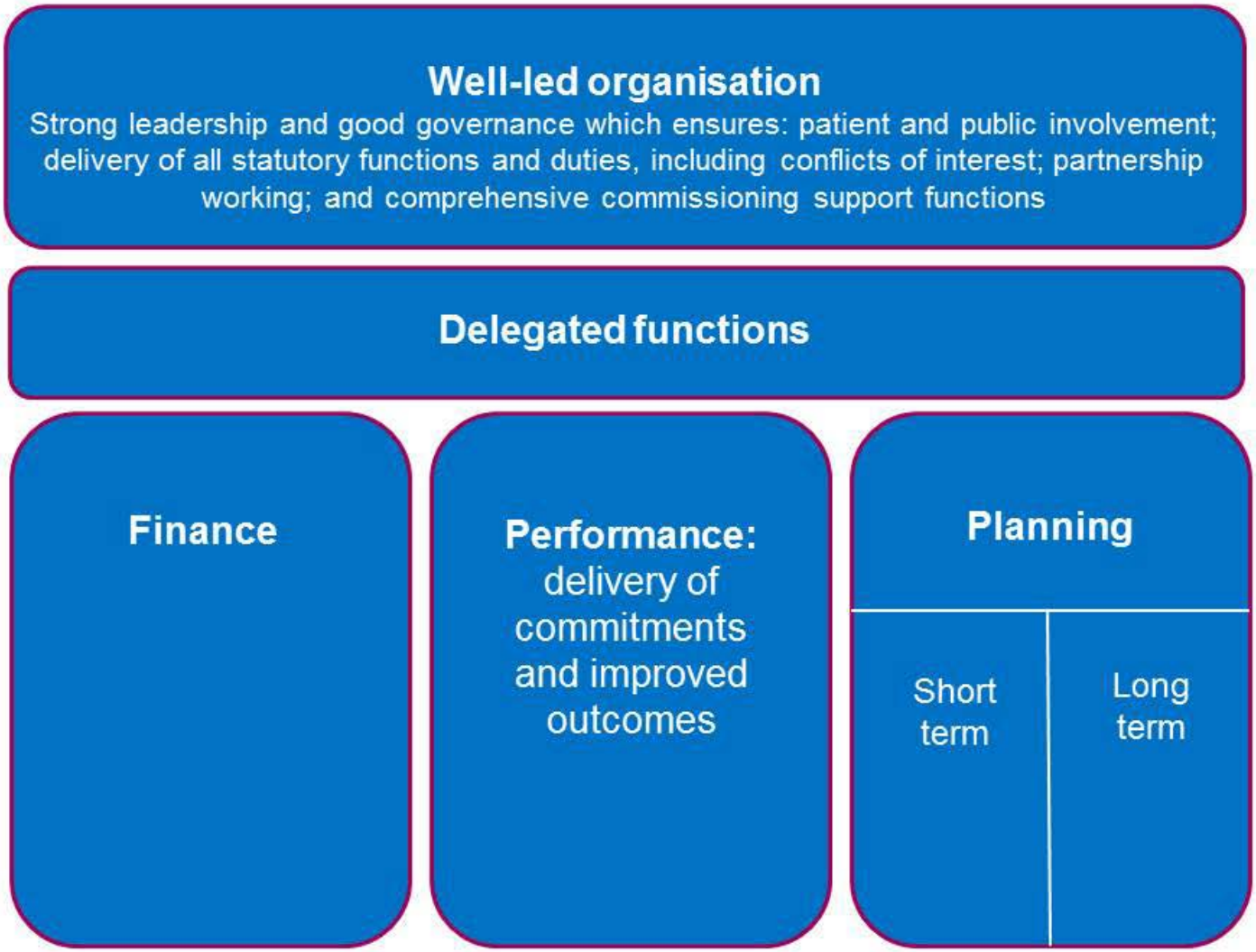
Risk Score	Assurance Framework	Risk Register	Rating Explained
6	1	1	Medium Risk
8	0	0	Medium Risk
9	4	8	Medium Risk
10	1	1	Medium Risk
12	12	13	High Risk
15	1	3	High Risk
16	6	8	Very High Risk
20	4	4	Very High Risk
25	0	0	Extreme Risk
Total	**29 (23 scoring 12 or above)**	**38 (28 scoring 12 or above)**	

There are 23 risks on the GB Assurance Framework that score 12 or above, these are:

AF Number	Risk Description	Risk Score
AF19	Adverse impact on patient care due to challenges at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.	20
AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	20
AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	20
AF13	Subcontracted Commissioning services with CSU/LPR provider fail to deliver outcomes as a result on CSU not being on lead provider framework	20
AF43	Impact of changes to primary care support England from NHS to Capita contract	16
AF26	Impact on CCG of other commissioners efficiency plan	16
AF21	Failure to meet A&E targets	16
AF42	Delivery of corporate/running costs savings whilst taking on new services and hosting shared services has a negative impact on corporate performance	16
AF38	Failure to deliver the National IAPT waiting times standards A. 75% of people seen within 6 weeks B. 95% of people seen within 18 weeks	16
AF40	Inability to deliver CAMHS reconfiguration in a timely manner	16
AF37	Equipment provided by RCCG via IFR/CHC - failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.	15
AF33	Effective collaborative commissioning of specialised services	12
AF44	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework	12
AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	12
AF39	Delivery of the CAMHS Local Transformation Plan (LTP)	12
AF25	Reduction in resources through introduction of Better Care Fund	12
AF04	Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and poor external assessment results	12
AF08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	12
AF02	Failure to meet financial targets and statutory financial duties	12

AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	12
AF09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (e.g. assurance on provider CIPs).	12
AF35	CQC inspection of practices	12
AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	12

For information the following table sets out domains/strategic objective. For full details of what this covers refer to the CCG Assurance Framework at the following link: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/ccg-assurance-framework.pdf


Well-led organisation
Strong leadership and good governance which ensures: patient and public involvement; delivery of all statutory functions and duties, including conflicts of interest; partnership working; and comprehensive commissioning support functions
Delegated functions
Finance
Performance: delivery of commitments and improved outcomes
Planning
Short term
Long term

The principal risks in the assurance framework are high strategic potential risks which require ongoing control. These risks are linked to one of the Strategic CCG Objectives rather than operational risks which are eligible for entry to the Risk Register.
The CCG risk tolerance (appetite under which risks can be tolerated) is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances.

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

Note that all controls and assurance logged in this AF are actual and have been received, and are not 'planned' for the future unless stated

Date Added to AF	AF number	Objective	Principle Risk	Exec Lead	Uncontrolled Risk C	Uncontrolled Risk L	Uncontrolled Risk CxL	Current Risk C	Current Risk L	Current Risk CxL	Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
05.03.2013	AF19	1	Adverse impact on patient care due to challenges at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. THIS LINKS WITH AF'S 3, 5 and 18 THIS RISK LINKS RISKS 55, 69 AND 71 ON THE RISK REGISTER	Ian Atkinson	5	5	25	5	4	20	1) Assurance on TRFT action plan agreed by Monitor 2) Regular contact at Board and exec level 3) NHSR CCG quality assurance processes including soft intelligence and clinically led visits 4) contract processes including contract quality meeting 5) Non recurrent funds invested to support transformational changes 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 have been investigated accordingly. • Contractual framework • Monitor FT compliance framework	Assurance from quality performance meetings, Aqua and Board Quality meetings Quality issues are discussed at weekly OE meeting, at SCE when there are specific issues and through AQUA and Governing body reports. Meetings with TRFT are formally via contract quality meeting and at 6 monthly Boar to Board meetings. Informally by monthly executive to executive meetings. Regular Monthly executive to executive meetings with TRFT.	NHSR CCG have seen interim reports to Monitor. TRFT will submit via Contract Performance Quality responses to CQC inspection, to Stroke audit, Trauma Network review and a report with learning lessons on 52 week wait breaches	Monitor have discharged TRFT from Board Governance Condition. EPR patient risk issues have been dealt with and there are now no new issues in this area being reported by GP Members Trust still under other Monitor conditions these are discussed at each 6 monthly board to board. Partial assurance given at Board to Board in May 2015. Full Executive team are in place with the exception of an interim medical director. Medical Director appointed in August 2015.	NHSR CCG assured that risks of patient harm have been mitigated but system is still problematic for clinicians to use and to extract information from. NHSR CCG to scrutinise 5 year plan and providers, quality impact assessment of cost improvement plans. CCG is awaiting TRFT action plan regarding CQC visit, response to trauma network visit, stroke audit and a report on learning lessons from the 52 week wait breaches	CQC have produced this report. TRFT will produce action plan and report to August 2015 Contract Quality meeting. CCG will perform a risk assessment after this.	TREAT	TRFT required to produce action plans by CQC and the CCG. Progress to be monitored by contract quality meeting and escalated to board to Board meetings and external regulators as appropriate Last Board to Board Sept 2015. Next Board to Board Sept 2016.	Jun 16 Ian
31.03.2012	AF12	3	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	Keely Firth Ian Atkinson Stuart Lakin	5	5	25	5	4	20	• Rotherham wide QIPP management structure - overseen by multi-agency SRG • 4 main efficiency programmes managed by 2 and 4 weekly multi-agency management committees • Efficiency programmes detailed in commissioning 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 • Regular clinician to clinician meetings with TRFT. •2016 Commissioning plan set out programmes. Breakdown of schemes approved by Gov Body in May 2016 QIPP commitments in place Efficiency programme detailed in commissioning plan	• Monthly financial reporting •Reports to NHSR CCG Governing Body and Audit and Quality assurance group • Programme & Project level KPI's developed and measured • SRG meets monthly with senior representatives from all agencies and receives quarterly updates from the other 3 QIPP groups. Weekly QIPP presentations to OE on a rolling programme PLT Programme of events	• Quarterly assurance meetings with NHS England on key issues. • NHS England attend SRG group	• CCG met 2013/14 targets • 2014/15 overspend reflective in 2016/17 Commissioning Plans This is a major area in the CCG 2016/17 plan. Is kept under review by Governing Body and SRG. SRG will review trajectories in Jan 2016 and decide if further restrictions are necessary. OE Reviewing all schemes with lead officers on a monthly rolling programme	• TRFT management changes means TRFT participation is being reviewed as part of 2016/17 contract negotiations Aqua undertaken deep dive overspends in elective and non-elective care in March 2015. SRG informed of risk re delivering follow up reductions in August 2015. Not all "solutions" are within CCG span of control		TREAT	Continue to monitor QIPP delivery across the 4 key programmes via 4 specific management committee and oversight by SRG. Aqua deep dives on electives and non-electives in March 2015 Discussed at June 2015 2016 commissioning event for GPs Further engagement planned July AGM meeting will follow with Engagement Event	June 16 Stuart Keely Ian
01.09.2014	AF28	4	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	Dominic Blaydon	5	4	20	5	4	20	Bi weekly conference calls between YAS and Lead Commissioner Recovery Plan in place to deliver 67.5% Year End Performance for Rotherham (72.6% Y& H) which includes recruitment of additional staff and the use of private providers For a 3 month period (21 April - 21 July), YAS undertaking national pilot on Ambulance response times with no conditional data available.	Bi monthly joint South Yorkshire Commissioners performance meeting with YAS and Bi monthly performance meeting between NHSR CCG commissioners and YAS local area team GP Urgent Transport Pilot project extended to reduce demand on YAS Winter pressure funding allocated for following initiatives:- 1) Urgent Care practitioners. Started 05.01.2015 2) Frequent Callers Care management scheme 3) Floor walkers at NHS 111 call centre to reduce 999 transfers 4) Developing YAS 999 pathfinder project.	Commissioners have secured the resource of "The Good Governance Group" as an independent reviewer of the YAS recovery plan. South Yorkshire Lead Commissioner Quality lead is monitoring Quality with a focus focusing on minimisation of patient harm during the period of poor performance. YAS have shared a review of incident reporting including monitoring of potential harm from delayed response YAS has recently been included in a national pilot which reviews the existing KPIs. Concerns that the current performance framework encourage inappropriate dispatch. Pilot will run July 2016. SRG fully sighted.	GP Urgent Transport Pilot project extended to reduce demand on YAS 23.12.15 - Performance for Nov 15 still within target of 67%. Over 75% of calls are responded to within 9 minutes YAS figures March; 9 mins 71.2%, 10 mins 78.1%. April no full month figures. May figures; under 8 mins 67.7%, 8 mins 30 sec 75%, 13 mins 57 sec 95%. No report locally on services which have arisen as a result of delays in dispatch.	Recent proposals which restrict access of RCCG to YAS could have impact on control.	Increase in activity Demand. Recent resignation of the Operations Director, interim support in place Local performance management framework has been suspended because YAS pulled out which increases the risk.	TREAT	Continue performance management. Review options for contract penalties at year end SRG has started monitoring outcomes for patients who fell outside the required call-out times. Currently no evidence that poor performance has had an impact on patient outcomes.	Jun 16 Ian Dominic
17.05.2012	AF13	2	Subcontracted Commissioning services with CSU/LPR provider fail to deliver outcomes as a result on CSU not being on lead provider framework	Ian Atkinson	4	5	20	4	5	20	RCCG has regular SLA meetings. NHS England have set up a transition board that will meet fortnightly. LPF procurement now complete. Moving to implementation phase. CCG represented. Embed relations positive and to develop.	RCCG Governing Body will consider implications in Jan 2016. Monthly performance meetings with EMBED now in place.	RCCG has discussed implications with NHS England and other CCGs and will participate in LPF implementation. NHSE reviewing CCG plan	Current performance is acceptable this will need to be maintained during transitions.	Implications of lead provider framework includes the possibility that staff may leave due to uncertainty.	Concerns over the capability of potential LPF provider for BI	*TREAT - SEE AF*	Monthly performance meetings with EMBED	Jun 16 Ian
23.05.2016	AF43	2	Impact of changes to primary care support England from NHS to Capita contract	J Tuffnell	4	5	20	4	4	16	Practices have been raising issues in relation to collection and delivery of medical records, delivery of prescribing paper and other items to enable delivery of personal medical services. Contact details for Capita for escalation of issues have been issued to practices. This is a national not a local issue	Discussed in meetings with NHS England, raised a the primary care committee to ensure NHS England are fully cited of the impact this change is having on services. No notification to date of when practices are likely to see an improvement. Primary care support England have issued an update in relation to the changes and have advised that the situation is improving. Practice complaints are starting to reduce.	NHSE and Capita are meeting weekly and NHSE have shared with RCCG the actions expected and timescales.		This impacts significantly on the CCG but is out of the CCG control to resolve other than escalate as the contract change has been a national change instigated by NHSE	Not aware of a recovery plan which would aid to assure CCGs that relevant actions were being taken.			Jun 16 Jacqui
09.01.2014	AF26	1	Impact on CCG of other commissioners efficiency plan	Ian Atkinson	4	5	20	4	4	16	All commissioners discuss their plans at H&WBB and multi-agency SRG Provider submitted CIP plans to CCG	CCG chairs a series of QIPP groups that allow joint discussion of areas where the commissioner is not clear	meeting with NHS E re: tier 4 mental health meeting with RMBC around continuing care	Better Care Fund and CCG plans agreed at Feb H&WBB	Full impact of RMBC plans in Public Health, CAMHS, substance misuse 0-19 children and Learning Disabilities not yet clear. Implications of RMBC transition to National Commissioners not yet clear. Potential impact on CCG of NHSE specialist commissioning plans. Current commissioners will have responsibility to council at a future date.	RMBC are developing a series of plans in 15/16. The impact on the CCG is not yet known	TREAT	RMBC plans discussed at BCF, H&WBB and SRG. NHSE plans discussed at quarterly assurance meetings.	Jun 16 Ian
03.06.2013	AF21	4	Failure to meet A&E targets	S Lever B Chadburn	4	5	20	4	4	16	Daily reports from TRFT Establishment of System Resilience Group - with membership from TRFT, RMBC, NHSE, Care UK and YAS. NHSE directive to establish Yorkshire and Humber Urgent and Emergency Care Network. If a shortfall on target/performance is identified it is then escalated via email to NHSE Area Team and OE members. Funding investments System Resilience Group initiatives Implementation of TRFT Transforming Unscheduled Care Programme with one of the outcomes being the achievement of the A&E 4 hour quality standard	Reports to OE & SCE when performance goes off track. Action plan and regular updates in progress RCCG issued a contract performance notice on 1st Dec. A remedial action and trajectory has been developed and closely monitored through monthly A&E performance meetings. New remedial action plan developed for 2016/17 which focuses on trust wide actions to ensure achievement of 4 hour access standards. This is monitored through monthly contracting monitoring processes. Receive Chief Operating Officer (TRFT) report on a monthly basis which includes A&E performance.	Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings. Ongoing executive level management – priority given to A&E performance quality standard NHS England attendance at extraordinary meetings. Monthly exception reporting to NHS England	Ongoing executive level management – priority given to A&E performance quality standard across TRFT Performance relative to other SY and NoE Trusts positive. RCCG engaged in transformation work to implement change in TRFT emergency pathways/ processes.			TREAT	Continued monitoring through the System Resilience Group and contract meetings	Jun 16 Becci
22.12.2015	AF42	3	Delivery of corporate/running costs savings whilst taking on new services and hosting shared services has a negative impact on corporate performance	Keely Firth	4	4	16	4	4	16	OE regularly review team capacity. Current structure within affordable limits.	Positive staff survey results	Investors in Excellence assesses capability of CCG workforce to deliver plans	Staff survey results	None	None	*Tolerate*	Review impact of specialised services after transfer	Jun 16 Keely
09.12.2015	AF38	4	Failure to deliver the National IAPT waiting times standards A. 75% of people seen within 6 weeks B. 95% of people seen within 18 weeks	Kate Tufnell	4	5	20	4	4	16	A. IAPT Task & Finish Group - joint RDaSH & CCG Group) which monitors all of the IAPT reporting targets and the IAPT redesign programme Standing item on the RDaSH Contract Performance meeting Specific Backlog Clearance assurance Backlog clearance delivery trajectory and weekly reporting mechanism in place Weekly Update report on the backlog clearance delivery trajectory received from RDaSH. Any issues arising are immediately discussed with RDaSH Senior Contact Senior Managers in RDaSH / CCG responsible for the delivery of the inapt waiting time targets identified. Contract variation - between RDaSH & CCG for delivery of the NHS England funded IAPT backlog clearance delivery trajectory Performance notice/ contract query - against delivery of the backlog clearance trajectory and associated targets Weekly waiting times monitoring and review at key meetings. Temporary agency monies to enable them to continue to deliver waiting times targets. Achieving 95% target but not achieving 75%.	Weekly monitoring of the IAPT Backlog Clearance trajectory by KT, RB, CR & IA. Monthly reporting to the Governing Board via the CCG performance report Regular updates provided to OE and SCE by the Deputy Chief Officer / Head of Contracts & SI Mechanisms in place to capture GP feedback. These include the RDaSH Issues log and Locality Visits currently being completed by RDaSH Reviewed on monthly basis at MH QUIPP, IAPT Task & Finish Group, Contract Performance meetings.	Monthly submission of the RCCG IAPT reporting template to NHS England Specific Backlog Clearance assurance Monthly update submission on the IAPT Backlog clearance funding template provided to NHS England on the last day of the month (Oct -15 - Mar-16) Listed on the National IAPT 'At Risk' waiting List Register - Monitored by the National IAPT Intensive Support Team Monitored by the National IAPT Intensive Support Team as part of the National at risk register - waiting times CCG secured additional Backlog Clearance Monies (£86,000) from NHS England - to support waiting list reduction by march 2016 - Funding now ceased but CCG is providing temporary funding to enable service to continue to delivery against required targets until future model determined. MOU in place for the delivery of the IAPT Backlog Clearance initiative by March 2016 between NHS England & RCCG National IST IAPT team review planned for 7th April 2016 IAPT Intensive Support Team review complete May 2016 - awaiting report. Complete monthly IAPT submissions to NHSE. Forms part of the CCG 360 degree review - provide recommendations to improve process				*Tolerate*	Backlog clearance trajectory in place - monitored by CCG & NHS England Revised Access target trajectory in place - monitored by NHS England & CCG Performance Query /contract notice monitored by Contract Performance Group Awaiting recommendations report from IAPT IST review - expected June 2016. Once received local action plan will be developed.	Jun 16 Kate
22.12.2015	AF40	1	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	4	5	20	4	4	16	Monthly CAMHS Contract & Performance meeting. Weekly CAMHS update meeting. Employment of CAMHS locality worker to interface with GPs and others. Standard contract with RDASH. CAMHS issues discussed at OE/SCE and GPMC meetings. Contract performance notices	Revision of the CAMHS top tips to aid GP referrals. Issues log. Russell Brynes (SCE) supported by Simon MacKeown (GPMC) and Richard Cullen	CQC Health check Healthwatch Rotherham Parents Forum	New CAMHS structure agreed. Some engagement with the CCG and staff in the re-configuration New structure mostly appointed to. Locality workers identified.	Potential national shortage of CAMHS staff.	Some requirement for Adults/older people and CAMHS to work together.	*Treat*	New structure outlined and weekly position monitored against this. RDASH preparing mobilisation plan. RDASH looking to bring own staff through system i.e. Band 5 to 6	Jun 16 Nigel
30.10.2015	AF37	3	Equipment provided by RCCG via IFR/CHC - failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.	Alun Windle	3	5	15	3	5	15	None	The CHC team record all new equipment purchases on the Broad care system.	None	None	Equipment purchased via IFR - Specialist Equipment - direct from CHC has no procurement process or inventory of purchased equipment - Assurance of equipment safety is not recorded or maintained. The RCCG does not hold an historical database of IFR/CHC/specialist equipment purchased.	CHC/ IFR do not have a process for recording and ensuring annual checks of safety on purchased equipment used in patients homes.	*Tolerate*	Deputy Chief Finance Officer is reviewing with the procurement service. Planning to procure a service for equipment purchase for IFR/CHC including required safety checks Deputy Head of Finance and the Head of Clinical Quality are working together to first understand and document the funding sources, authorisation routes, and existing procurement routes as the	Jun 16 Alun

Date Added to AF	AF number	Objective	Principle Risk	Exec Lead	Uncontrolled Risk C	Uncontrolled Risk L	Uncontrolled Risk CxL	Current Risk C	Current Risk L	Current Risk CxL	Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
05.06.2015	AF33	2	Effective collaborative commissioning of specialised services	Chris Edwards Jacqui Tuffnell	4	4	16	4	3	12	Specialised commissioning is changing from being NHS England's responsibility to a joint 'collaborative' responsibility with CCGs. At present, a number of specialised services are underperforming, have poor outcomes in some hospitals and the services are significantly overspent. For Yorkshire and Humber there is a £25m deficit in specialised commissioning. As yet, how the deficit will be managed and its impact on the CCG is unclear. The CCG is now represented at the specialised commissioning oversight group which meets monthly to agree and progress priority actions. The first priorities for collaboration have been agreed as vascular (service review already completed), CAMHs Tier 4 and cardiology. Joint contract managements arrangements are being discussed along with governance arrangements. Bariatric surgery (morbid obesity) only to transfer in year and arrangements for the allocation have been queried. NHSE have accepted that there is an anomaly and agreed to resolve.	Processes are in place for ensuring the specialised lead updates all senior officers monthly via the senior team meeting and is now meeting with Lead officers impacted by collaborative commissioning to ensure RCCG impacts are fully represented at relevant meetings.		Specialised Operations Group established	There are still a number of national reviews being 'imposed' by NHS England which could be in conflict with locally defined priorities determined by the 23 CCGs. Lack of clarity in relation to management of the deficit.	Consideration of how collaborative specialised commissioning is reported through to governing body.	TREAT	Monthly update to OE, SCE and Governing Body is now in place	Jun 16 Jacqui Chris
15.06.2016	AF44	1	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework	Sue Cassin Catherine Hall	3	4	12	3	4	12	Service specification and KPIs in place with TRFT Monthly audits by LSCB	Overview to NHS RCCG/TRFT Contract Quality Performance meeting June 2016 for performance management.	RCCG Chief Nurse has raised issues with TRFT Chief Nurse 15/06/16	Capacity in LAC team improved (sickness levels) TRFT working with LA to improve situation	No succession planning in place at TRFT for sickness, performance.	TRFT previously included initial health assessments on risk register however, issued raised by LSCB.		Chief Nurses both aware of issues with LAC initial health assessments. RCCG/TRFT Quality & Performance meeting monitoring. LSCB monthly audits will include RFT/TRFT data.	June 16 Catherine Sue
31.03.2012	AF11	2	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	J Tufnell	4	4	16	4	3	12	• Annual quality and efficiency review visits •Contract monitoring •Monitoring of complaints, compliments and incidents •The CCG carries out a programme of quality visits, concentrating on areas of CCG responsibility and shares intelligence with NHS England as appropriate. •The CCG meets with NHS England including quarterly assurance meetings and CCG Chair & Chief Officer meetings with Area team Director and Medical Director. • The CCG has taken on delegated Authority from 1st April 2015 SY workforce group has offered to facilitate sessions with GPs, this is being organised. Primary care workforce is also incorporated into the sustainability and transformation plan	• Aqua minutes reported to NHSR CCG Governing Body, 3 lay members of Aqua AQER visits reported to Aqua • Annual GP comparative data produced • Primary Care Committee now in place to consider quality issues	NHS England will sit on primary care sub committee	RASCI agreed with NHS England. A quality contract is in development which will require each practice to provide a mobilisation plan including staffing.	GP capacity in NHS England Primary Care Strategy. Concerns over implications of Personal Medical Services (PMS) for Rotherham GP capacity and morale are key to enabling the CCG to meet its strategy. Currently serious concerns about the impact of the PMS changes on GP capacity, recruitment, retention and morale in Rotherham, the strategic performance of NHS England in terms of addressing the CCGs concerns about the primary care strategy and operational performance of NHS England in terms of effective communication to GPs as providers all impacting on the CCGs ability to transform pathways and improve quality. Concerns about vacancies in General Practice and ability of general practice to provide an even service to all of Rotherham Population.		TREAT	Implement the GP strategy, workforce plan and recruitment strategy Facilitate SY workforce group to support GPs. Implement schemes from the GP forward view to support workforce	Jun 16 Jacqui
22.12.2015	AF39	1	Delivery of the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	4	4	16	3	4	12	Monthly CAMHS Contract & Performance Meetings. Weekly CAMHS update meeting. Standard contract with RDASH. CAMHS issues discussed at OE/SCE and GPMC meetings. Contract performance notices	Monthly updates of the CAMHS LTP action plan Russell Brynes (SCE) supported by Simon MacKeown (GPMC) and Richard Cullen	CQC Health check. Healthwatch and Rotherham Parents Forum Quarterly reports submitted to NHS England	RDASH have engaged in the LTP process	Service currently undergoing a reconfiguration	Some requirement for Adults/older people and CAMHS to work together.	*Treat*	LTP Action plan in place and monitored monthly Extra CAMHS funding available	Jun 16 Nigel
09.01.2014	AF25	3	Reduction in resources through introduction of Better Care Fund	Keely Firth	4	4	16	4	3	12	Operation and Executives groups established with joint membership between NHSR CCG and RMBC Review of existing commitments and funding streams completed in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs. Next steps involve deep dive into a number of programme areas with LA and RCCG colleagues Section 75 agreement in place and approved by H&WB in June 2016	Appropriate financial plans in place for 2016/17 and approved by the Executive group in March. • Operational group completing work streams to deliver objectives of BCP Quarterly returns to NHSE to be signed off by HWB Strong audit report around governance processes received	• Initial plan signed off by H&WBB in March 2016 • Plan submitted on 24th March National feedback ranks Rotherham as fully assured	Financial performance reports indicate that funds are being well controlled	National team may amend the parameters without notice		TREAT	Deep dive programme of work in progress	Jun 16 Keely
31.03.2012	AF04	1	Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and poor external assessment results	Ian Atkinson	4	4	16	4	3	12	• System of monitoring a wide range of outcome measures with approved escalation policy • Use all available data to commission effectively - JSNA, public health data, health needs assessments etc. • GPSCE membership on H&WBB.	• Monthly Performance Reports • Regular monitoring by performance team with escalation as necessary • Internal Audit Report on performance processes • Monitor national outcomes framework and take necessary action to address any issues • Monthly contracting Meetings with all main providers	Quarterly assurance meetings with NHSE	NHSR CCG 2014/15 plan received positive feedback at meeting with NHSE in February 2014 CCG 15/16 ACP have actions to address 14/15 performance issues.	6 Key performance areas above trajectory requested at RCCG Governing Body in February 2015. AQUA performed deep dive in all areas of low performance in last 5 months of 15/16.		TREAT	Aqua will deep dive 6 areas in March, May, July 2015 AQUA completed deep dive of key areas in March, May and June 2015	Jun 16 Ian
31.03.2012	AF08	1	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	Chris Edwards	4	4	16	4	3	12	• Staff alignment plans • Communication between OE and staff to identify capacity gaps • Staff training • Partnership work with NHSSY&B (CSU)/other CCGs • Counselling and Occupational Health Services supporting staff • Targeted Board & SCE development as part of NHSR CCG authorisation. • Executive weekly meeting. Monthly whole organisation meeting and senior manager meetings • Structure review to take place every 6 months by the Operational Executive	• 6 monthly assessment of workforce alignment against priorities at OE • Staff communication including monthly whole organisation briefings • Performance reports to board on 6 monthly basis	Commitment to investors in excellence standard	Review of workforce undertaken in Feb 2016 to ensure fit for purpose. CSU now not in operation	None	None	TREAT	Further review of workforce in March 2015. Added post in Infection Control and around the Better Care Fund work stream Next review September 2015. Continued communication with all staff.	Jun 16 Chris
31.03.2012	AF02	3	Failure to meet financial targets and statutory financial duties	Keely Firth	4	4	16	4	3	12	• Strong financial plan • SFIs/ Scheme of Delegation • Monthly CFO meetings • Regular budgetary monitoring • Monitoring of ACP and QIPP programmes via QIPP Groups • Contracting framework • Annual internal and external audits. • Performance report monthly to NHSR CCG Governing Body •0.5% Contingency in plan • 1% of allocation invested non recurrently in 2016/17.	• Audit and Quality assurance Committee • Performance Reports • Internal audit reports •Comprehensive fraud reports received by Aqua group • Regular updates to SCE and NHSR CCG Governing Body • Contract management including sanctions and incentives in line with national contract and guidance • Standard processes documented, finance team assigned objectives and have regular 1:1s • Systematic monitoring of performance against plan and regular review of planned actions • Information embedded within the Performance Report presented to NHSR CCG Governing Body • Annual updates to NHSR CCG Governing Body and exception reporting. Downside scenario planning for 2016/17 in progress	NHSR CCG receiving minimum growth levels for next 5 years • Growth assumptions in 4 year Commissioning Plan approved by NHSE • External audit of annual accounts which include a review of annual governance statement and value for money. • Quality Impact Assessments signed off by Provider governing body in 2016.	• Good track record of meeting financial duties	Allocations published showing the minimum growth level has been applied for 2016/17	None	TREAT	Continue to monitor through robust mechanisms including monthly reports to SCE and NHSR CCG Governing Body, Contract meetings, Clinical Referral Management Committee and System Resilience Group	Jun 16 Keely
31.03.2012	AF06	1	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	Ian Atkinson	4	4	16	4	3	12	• NHS SY&B and local governance structures agreed • Scheme of Delegation • OE, SCE and Aqua • SFOs • NHSR CCG organisational structures agreed • OE/SMT/ Team meetings/ASM •regular liaison with CSU/NHSE/PH regarding future transfers, identified GP and executive lead RR and AF updated every 2 months fully • Additional staff appointed	• Aqua group provides overall assurance • Regular reports to Aqua • Engagement with NHS SY&B governance leads meetings • Internal audit reports on assurance framework/AGS and risk management • External Audit reports reviewed at CCG GB RR and AF reviewed by Aqua at each 2 monthly meeting and twice a year at SCE and CCG GB CCG quarterly checkpoint assurance meetings with NHSE • Enhanced monitoring with senior CHC clinicians by NHSR CCG Lead Officer • key risks reviewed for strategic plan at RCCG Governing Body in February 2015.	• Annual governance letter • External and internal audit reports NHSE quarterly checkpoint assurance meetings, balanced scorecard and CCG action plan and letter from NHSE with outcome of meeting	15/16 commissioning plan received positive assurance from NHSE		None	TREAT		Jun 16 Ian
31.03.2012	AF09	1	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (e.g. assurance on provider CIPs).	S Cassin J Tufnell Sarah Lever Kate Tufnell Alun Windle Dawn Anderson	5	3	15	4	3	12	• 3 officers are responsible for quality of each major contract area (commissioning manager, quality and safety lead and GP) • TRFT - we maintain quality assurance by monitoring the national quality standards within the NHS standard contract along with national and locally agreed Local Incentive Schemes. • Participate in provider assurance meetings • Ad hoc and planned visits to provider units, including a programme of clinically led visits. • Manage assurance of response to SIs on behalf of NHSE. • Monitor a wide range of benchmarking HSMR & SHMI data • CQC risk ratings • Similar processes in place for RDASH • A wide range of assurance of GP quality • Assurance from lead commissioners i.e. for STH, SCH and representation at these quality contract meetings • NHSR CCG Chief Nurse joins TRFT Chief Nurse on unannounced 'out of hours' visits. • Clinical member of Quality Assurance Team attends TRFT Senior Nurse unannounced walk rounds. • TRFT/NHSR CCG Chief Nurse monthly 1-1s Quality and Safety are harder to be assured on as providers have to deliver incremental cost improvement plans each year. The NHSR CCG is required to be assured of providers CIPs • New post of Head of Clinical Quality from August 2014 to support NHSR CCG quality agenda.	Primary Care dashboard now in place	• Reports go to NHSE Quality Surveillance Group • NHSR CCG Chief Officer and Chief Nurse members of Quality Surveillance Group • NHS England Area Team Quality Leads Group, SI Group and Chief Nurse Group •Friends & Family test rolled out to Mental Health, Community Services and Primary Care in December 2014. Methods of feedback are online, patient opinion and national surveys. NHSE Chief Nurse Forum CQC Monitor Staff survey Patient Surveys Feedback from overview and scrutiny Provider quality accounts The CCG now has delegated responsibility for General practice contracts.	• CQC reports • Audit commission Report regarding data quality • SI reporting • Cost Improvement Plans (CIPs) to be reviewed by NHSR CCG during Qtr. 1 2014 including assurance from Chief Nurse and Medical Director. Aqua 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 NHSR CCG Governing Body and at SY&B level. Main provider Quality Impact Assessment plans will be received by SCE, Aqua and NHSR CCG Governing Body in 2014 Letter of assurance agreed by Chief Nurse and Medical Director from TRFT and RDASH	Substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation	• We believe that the allocation of responsibilities following the last re-organisation and staff losses is proportionate and robust. Aqua will have to be assured this is the case as part of its regular programme. • Interim Medical Director now in post at TRFT. • Potential lack of assurance from organisations where NHSR is not the Lead Commissioner	TREAT	Continue to monitor through robust internal mechanisms including designated officer and GP leads for major contracts and continue to report, via Operational Risk, Governance and Quality meeting and Audit and Quality Assurance Group	June 16 Becci Kate Alun Dawn Jacqui Sue
12.08.2015	AF35	2	CQC inspection of practices	S Cassin J Tuffnell	5	3	15	4	3	12	Quality & contracting assurance framework agreed and in place to support the CCG with any issues arising out of the CCG reviews. 10 reviews have taken place to date with CQC ambition to complete all in 2015/16 financial year. Worst case, a practice may be identified as so inadequate that emergency arrangements have to be enacted. CQC to complete by Sept 2016.	Incorporated into the primary care dashboard. Discussion regarding relevant actions taking place is undertaken at the primary care sub-committee. Peer review visits are picking up assurance that relevant required actions have been undertaken, where a practice is deemed inadequate, supportive visits are taking place in addition to peer review.	NHSE and Health watch are actively engaged in the primary care sub-committee. A Health & Wellbeing member has now been allocated to provider broader representation to the committee		We are only able to act at the same time as the report is going into the public domain as these are the CQC processes.	We are only able to act at the same time as the report is going into the public domain as these are the CQC processes.	*TREAT - SEE AF*	Will be overseen by the Primary Care Sub Committee	Jun 16 Jacqui Sue
15.09.2013	AF23	3	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	4	3	12	4	3	12	Latest information regarding allocations and the change in business rules regarding the 1% headroom is likely to create new financial risks.	1% Headroom and 0.5% contingency covered recurrently in the financial plan. Letter setting out concerns regarding the 1% headroom and drawdown funds sent to NHSE. Downside scenario planning inherent in 2016/17 plan	NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% in 16/17 dropping to .04% by 2018/19. Growth assumptions in Annual Commissioning Plan for our 4 year plan were approved by NHSE.		No clear national consultation process Allocations published but NHSE advised that they are not guaranteed		TREAT	2016/17 plan to be approved at GB in April with further 4 years to be submitted to NHSE in April.	Jun 16 Keely
01.09.2014	AF29	1	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	Chris Edwards	5	2	10	5	2	10	RMBC now run by 5 commissioners and they have produced a CSE action plan and an RMBC improvement plan	PLT event in November focussed on safeguarding/CSE Meeting taking place on 18/9 to review impact on partnerships	Health and Wellbeing Board, Chief Executive meetings. OFSTED review RMBC Commissioners Reports RMBC powers returned for some functions	RFT now appointed substantive CEO and Director of Children's Services Adult Services Director now appointed	Revisit at the next TRFT/RDaSH board to Board meetings in September.		TREAT		Jun 16 Chris

Date Added to AF	AF number	Objective	Principle Risk	Exec Lead	Uncontrolled Risk C	Uncontrolled Risk L	Uncontrolled Risk CxL	Current Risk C	Current Risk L	Current Risk CxL	Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
21.12.2015	AF31	1	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	Ian Atkinson Kate Tufnell	3	3	9	3	3	9	Working with NHS England to understand future individual patient costs to the CCG Procurement process in place to commission future adult placement Continuity plan developed in the event that current RDaSH placement becomes untenable Communication processes both managerial and clinical established between RCCG & RDaSH – to monitor and manage any risks / issues that may arise Procurement - process complete. Patient transferred to new placement. Contract issued to new provider.	Paper to governing Body on an individual high cost patient in August 2015 Various paper presented to OE & SCE Transfer meeting held between NHSE & RCCG held in November 2015 CCG case management process established to ensure clinical quality of placement Case manager attendance at LADO regarding safeguarding concerns were police are presence working with CSU to ensure all procurement rules and processes are undertaken. As part of this an external clinical expert and patient advocate have been included in the process. CCG case manager attends weekly ward rounds Papers presented to SCE, OE and Gov Body to reflect patient transfer to new placement and contract issued. Media briefing regarding transfer produced.	Expert by Experience & Independent Clinical expert involved in procurement decision process Procurement process will test the market to ensure cost effectiveness Procurement process overseen by CSU procurement team with input from patient's advocate and external clinical expert. Mechanism in place for CCG to meet on regular basis with the family regarding all aspects of individuals care.		A single NHSE commissioned patient had substantial quality and financial impact. Lead to temporary closure of LD ATU service by RDaSH. CCG has assumed commissioning responsibility for this patient and will procure a service by November 2015 Potential media coverage regarding current safeguarding concerns Draft press briefing produced for internal use regarding the out come of the procurement.	RDaSH will give a weekly update on LD ATU capacity. Transferred to new provider.	TREAT - SEE AF	CCG Case management process established CCG procurement process commenced Procurement panel to be established to review submissions early jan-16. This will include an Expert by Experience, Lay members, Independent Clinical expert & various CCG reps Continuous plan developed in the event that current RDaSH placement becomes untenable Transition process about to commence. Contract with new Provider to be signed early April 2016 process for communication with the family is established. Full transition to new provider will be complete by Aug 2016	June 16 Kate Ian
	AF32	3	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	Keely Firth	3	4	12	3	3	9	Regional consensus for DoLS - application of 'Acid Test' to determine if DoLS should be considered. Ongoing advice from solicitors.	The Safeguarding Adults & Clinical Quality Lead is working with the Continuing Healthcare Lead to identify cases that may be subject to a DoL, CCG ensure that we appropriately refer cases to legal services.	Ongoing advice from solicitors.		None	1. Current difficulty in identifying individuals that would meet the 'Acid Test' for DoL, because this data has not been previously required. Current estimate is that approximately 80% of funded patients would be potential DoLS (i.e. estimated 128 clients) 2. Difficulty identifying costs of taking individual client cases to the Court of Protection. Costs are typically between £400 and £900 per client, but in specific cases costs can increase.	TREAT - SEE AF	Note ongoing financial risk of incurring Court of Protection Costs for patients over coming months/year.	Jun 17 Keely
29.01.2013	AF20	4	Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E / 999	Dominic Blaydon	4	5	20	3	3	9	Feedback mechanism in place to pick up any spikes in demand at A&E. Care UK call handling service is still in place. Calls routed from GP surgeries will continue to go to the GP OOH Service Recent decision by OE to decommission the call handling service. 111 performing well in South Yorkshire so no longer any need for this contingency. Regional Clinical Governance Group have now been fully tested. CareUK call handling service to be decommissioned on 12th June 2014. NHS111 will take full control of GP OOHs call handling from this date. This will bring Rotherham into line with other CCGs nationally. Level of risk does increase though because it removes back up for GP OO calls. Winter pressures funding utilised to increase clinical support at NHS 111 call centres, should reduce proportion of calls transferred to 999 and conveyed to A&E.	Regular reports to OE on NHS 111 and risk management. Regular item on the Care UK Performance /Quality Meetings. GP lead, officer lead and NHSR CCG lead nurse all actively participate in the NHS 111 governance structures. Rotherham has a 111 Rapid Response Team in place to pick up local issues Emergency Care Network and the CareUK Performance Group are overseeing local implementation of NHS 111 Clinical Governance & Quality meeting for NHS 111 reports no significant impact on A&E and 999. Service intention is to reduce demand in these areas. This has not happened but conversely we are not experiencing significant increased demand either.	Regional Clinical Governance Board has now been set up. Any issues re: NHS 111 operations dealt with here. Local issues relating to Directory of Services (DOS) or service response are passed to CCGs. The SY Clinical Governance Group is overseeing issues sub regionally on post event messaging.	Regular reports received from YAS on the number of referrals to 999 and A&E. Numbers are high but not out of line with other areas regionally and nationally. Also YAS & TRFT are not reporting any operational difficulties with 999 and A&E respectively as a result of 111. During winter period activity levels through NHS111 have been high particularly after snowfalls. Proportion of referrals to A&E/999 have remained consistent. Approximately 10% to 999 and 6% to A&E. Absolute numbers have gone up though. Introduced more floorwalkers (clinicians) to reduce % of calls being converted. Proportion of 111 referrals remain consistent. Winter pressures funding has been terminated but performance maintained. 24.08.15 - proportion of 111 referrals to A&E and 999 remains consistent. Introduction of floor walkers on 111 call centre should reduce number of inappropriate referrals to 999. 23.12.15 - Proportion of 111 referrals to A&E remains consistent 22.06.16 Number of people referred from NHS 111 to 999 or A&E remains consistent at around 9%.	111 contract is regionally commissioned d this restricts NHSR CCGs ability to respond to systemic pressures. Recent transfer of OOH class from CareUK to 11 has led to an increase in referrals to 999/A&E. Concern that system of triage at 111 is more likely to result in 999 call-out.		TREAT	Monitoring in place to pick up any impact from changes to call handling service. Commissioners liaising with YAS and CareUK to explore full extent of problem. System Resilience Group have agreed Winter Pressure money used to support the YAS path finder.	June 2016 Dominic
13.11.2013	AF24	1	Failure to improve Child and Adolescent Mental Health Services (CAMHS)	Nigel Parkes	4	4	16	3	3	9	• Standard contract with RDaSH, including partnership agreement for additional RMBC funding. Utilisation of Contract Performance Notice process. Monthly Contract Performance meetings • CAMHS Strategy & Partnership Meetings • RDaSH QIPP meetings with RMBC. • Commissioning of Attain review of CAMHS services. • CAMHS issues discussed at SCE, OE and GPMC meetings. • RDaSH participating in the Children & Young people's Improving Access to Psychological Therapies (CYP-IAPT) initiative. • Series of GP CAMHS surveys undertaken. • RDaSH employ Peer Support Workers to manage the transition of patients from CAMHS to Adult services. - Quarterly meetings to discuss Tier 4/Complex patients with RDaSH, NHS England, RMBC and TRFT (monthly update to spreadsheet) - RCCG are issuing a Performance Notice to address the ongoing issues in the CAMHS service and associated transformation process.	• Russell Brynes (SCE), supported by Simon MacKeown (GPMC), and Richard Cullen lead on CAMHS for the CCG. • Direct contact with RDaSH clinicians through the CAMHS 'Clinician to Clinician' meetings. • Various reports on CAMHS presented to OE, SCE & GPMC.	• CQC visits/reports. • CAMHS Strategy & Partnership Group meetings • Attain Review. • Healthwatch. • Emotional Wellbeing and Mental Health Strategy for Children and Young People now signed off by Health & Wellbeing Board and incorporated into the CAMHS Local Transformation Plan (LTP) • Consultation with various patient/public groups on the Development & Implementation of an 'Emotional Wellbeing & Mental Health Strategy for Children & Young People'. • Repeat of CAMHS survey monkey underway November 2014	• Some improvements in GP satisfaction of CAMHS through the CAMHS Survey Monkey exercises. • Parent and Youth Cabinet representation on the CAMHS Strategy and Partnership Group • 3 year CAMHS Partnership agreement now reached. • Joint working with RMBC, RDaSH on 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' action plan and Local Transformation Plan.	• Fairly regular changes in RDaSH senior CAMHS management. • General issues with recruiting CAMHS staff. RDaSH are indicating that staffing and skill mix are problem areas.		TREAT	• Extra CAMHS funding agreed for 2016/17. • SDIP developed for ~~2015/16~~ 2016/17 contract - Performance Notice and associated Action Plan to address the ongoing issues in the CAMHS service and associated transformation process. CAMHS Local Transformation in place and being monitored via an action plan. Extra funding available for CAMHS Easting Disorder Service RDASH currently undergoing a reconfiguration of CAMHS services Other LTP funding invested with Rotherham Parents Forum, Healthwatch and RMBC	Jun 16 Nigel
31.03.2012	AF10	1	Failure to engage effectively with patients, the public and seldom heard groups in line with the NHS Constitution resulting in potential disengagement, discrimination and health inequalities	S Whittle S Cassin Helen Wyatt	3	3	9	3	2	6	•Annual stakeholder/consultation events around Commissioning Plan • Joint Communications and engagement plan from April 2015 to offer a more structured and planned approach • Use of 'Patient Opinion' • Equality & Diversity Strategy • Equality Delivery System • Continued support to building a network of patient participation groups; this currently is meeting quarterly. Survey establishing baseline with GPs summer/winter 2015 resulted in Healthwatch working with GP practices to recruit additional members to PPGs. Guide around PPGs being developed by Healthwatch. • E&D Policy developed • NHSR CCG have Adopted EDS2 - information shared with all CCG Staff at the all staff meeting on 24/09/2013 Information shared with all NHSR CCG Staff at the all staff meeting NHSR CCG communications plan in place. information shared with all NHSR CCG Staff at the all staff meeting Process to better map, manage and analyse stakeholder relationships now forms part of the Project Management Toolkit. Stakeholder database used to invite and manage attendance at Nov engagement event. Projects in place to target and reach hard to access groups. Over last 18 months have included: BME Maternity Disabled children Older people Young Peoples MH Engagement & communications sub-committee to offer more robust assurance Co-production SEND agenda working very closely with Parents Forum on the SEND Offer.	• Systematic PPE activities and feedback into commissioning cycle and benchmarked against 5 CCGs • Integrated Patient Safety & Quality Reports to Aqua & NHSR CCG Governing Body • Patient & Public Engagement and Experience report monthly to NHSR CCG Governing Body from November 2013 • Links with scrutiny and Healthwatch • Lay member roles in place • Work streams and priorities from the Commissioning Plan mapped for all types of engagement activity to systematically identify gaps, priorities and offer internal and external assurance. • Variety of techniques and mechanisms for engagement identified and used • EDS assessment completed • Equality & Diversity Steering Group - - Annual PPE report - Communication report to NHSR CCG Governing Body included in Chief Officers report. Joint Service Needs Assessment (JSNA) AGM 6th July 2016 will include "finance game" to develop public understanding of financial challenges facing CCG.	• H&WBB • Work streams and priorities from the Commissioning plan 15/16 mapped for all types of engagement activity to systematically identify gaps, priorities and offer internal and external assurance. A variety of mechanisms in place to hear patient voice:- • Patient Opinion • Links to community networks • Friends & Family Test across all providers • Information sharing with Healthwatch • Internal audit report • Membership of SY&B Surveillance Group together with other commissioners, regulators and stakeholders. Friends & Family test rolled out to all services Commissioning Plan 2015/16 Communications plan on a page is included in the 5 year commissioning plan 2015/16 Readers panel in place to review key publications. Voluntary and community sector involvement in social prescribing - self management.	• Above average performance on Rotherham patient surveys • EDS benchmarking outcome • Equality & Diversity Strategy • E&D Policy • New website for NHSR CCG NHSR CCG new staff intranet site is now live.	It's the so What?' What is the impact on Health & Well Being of the people of Rotherham	None	TOLERATE		June 16 Helen Sarah Sue
	AF30	1	Capacity with TRFT Safeguarding Team - covering Adults & Children RETIRE	Sue Cassin Catherine Hall	4	4	16	3	3	9	• Service specification for children. • Intercollegiate competency framework for expectations within an Acute, Community and LAC Services. • Family Nurse Practitioner (FNP) is now at capacity and supervisor has left - post being advertised TRFT Named Professional capacity - good Named Midwife - recruited to post Intercollegiate Safeguarding Adult document published March 2016 LAC Named Nurse returned from long term sickness on a phased return. However, the Specialist LAC Nurse is now on sick leave. TRFT have placed a Community Practice Educator within the LAC health team for support to Dave Busby Specialist LAC Nurse. CSE Specialist Nurse remains on long term sick but they have cover from a CSE specialist nurse 3 days per week with a plan in place to increase.	TRFT are fully aware of the concerns within the CSE Team as is Public Health who commission the team. TRFT fully await of LAC team issues	NHSR CCG Chief Nurse has raised issues with TRFT Chief Nurse re capacity in safeguarding Corporate parenting continues to monitor an improving picture in relation to initial health assessments. New LA/Health LAC assurance meeting being commenced. Issues in LAC team picked up and monitored through TRFT Quality & Performance meeting.	Issues in LAC team picked up and monitored through TRFT Quality & Performance meeting.	• Named Midwife now in post • Community Named Nurse ~~on~~ back from sick leave • Family Nurse Practitioners (FNP) nurses are at capacity. FNP Supervisor recruited CSE Nurse currently off sick Care leavers specialist nurse off sick.	TRFT have included initial health assessments on their risk register and discussions are ongoing. Improving picture	TREAT - SEE AF	Chief Nurses both aware of issues with LAC Initial Health Assessments	June 16 Catherine Sue
31.03.2012	AF07	1	Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes RETIRE	S Cassin Catherine Hall Kirsty Leahy	4	5	20	3	3	9	• Safeguarding policies and procedures • Representation on Local Adult and Children safeguarding Boards • Mandatory training requirement for clinical and non clinical staff in place • Monitoring of provider safeguarding via monthly quality meetings • NHSR CCG Head of Safeguarding in place • Safeguarding standards incorporated in all main provider contracts Safeguarding People Policy and Guidance in place • GP/SCE recruitment and training process in place • Multi-Agency Safeguarding Hub (MASH) developed. • Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014) CQC CLAS review Feb 2015 - Report and action plan to AQUA 22.07.16. 2 substantive CCG posts in Rotherham MASH	• Assurance via Aqua committee • Clear lines of accountability were maintained during transition • Safeguarding leads attendance at Safeguarding Boards • Provision of training • Commissioning Safeguarding Clients Policy in place Head of Safeguarding covers Adults and Children reporting to Chief Nurse and supported by the Adult Safeguarding and Quality Lead and the Safeguarding and Quality Assurance Officer Children Working Together 2015-implements findings from the Munro review in relation to SCRs. This includes the establishment of a national SCR panel. More flexibility in the approach that LSCBs can take when conducting SCRs. Lead professionals identified in all health providers and NHSR CCG SCE review of individual responsibilities Monthly CQC CLAS action plan peer challenge meetings MASH Commitment not included in TRFT / RDaSH Contracts for 2016/17. Intercollegiate document for Adults has been removed from publication as awaiting final sign off from the Royal College. 360 internal audit safeguarding adults "significant assurance" given to NHS RCCG in terms of arrangements for safeguarding adults. Actions identified and completed. Paper to NHS RCCG OE, AQUA. RCCG has completed a safeguarding training matrix and stats for all RCCG employed staff. This gives a clear picture of what every individuals training requirements are.	Reports and attends to Safeguarding Adults and Children Board GP lead attendance at Rotherham LSCB & Rotherham SAB and other relevant meetings Ofsted and CQC inspections • Serious case reviews, ~~and~~ SI/IMRs Safeguarding Adult reviews • Homicide reviews undertaken • Improvement Panel in place. • NHS England Area team reports and assurances • Two yearly Section 11 Challenge meeting on 25/04/2013 LSCB to NHSR CCG. NB - TRFT and RDaSH are also being challenged. Designated Nurse to attend • CQC Framework for Safeguarding & LAC in place until March 2015 Local Authorities across South Yorkshire have updated and launched the Safeguarding Policy and Producers to reflect the implementation of the Care 2014 and Making Safeguarding Personal. The Health economy have previously raised concerns with the content of these documents and have been given assurance from RMBC that they will be reviewed again in 6 months' time. Membership of the RLSCB sub group and task and finish group for Female Genital Mutilation (FGM) • Membership of child sexual exploitation (CSE) Gold and Silver groups •Multi- agency strategy meetings regarding Child Sexual Exploitation and action plan in place. • Ofsted report published November 2014 Membership of Prevent Silver Group CQC action plan Membership of the Silver Group / Safer Rotherham Partnership for Prevent SCR with SCH Child J commencing June 2016.	• Child death overview panels • Safeguarding rated green by NHSR CCG authorisation panel Main provider Annual Safeguarding Children's reports published internally and externally. Annual Adults Safeguarding report published November 2015 Domestic Homicide review process re-aligned to new health economy. In 2013/14 NHSR CCG have provided financial support to the Domestic Homicide review process. •Regular review of GP Lead responsibility RLSCB have appointed a new chair RSAB meeting bi monthly until stable. Chair to Training Sub Group member of Performance & Quality & MCA / DOLs sub groups. TRFT has agreed MASH commitment. 1WTE Band 7 NHS England review of LAC and Safeguarding plus Peer challenge May 2016.	There are no national IT systems in place. Both the Prevent and Channel duty became a legal requirement in July 2015 with the UK on a serve warning for a terrorist attack. The Channel Panel arrangements are the responsibility of RMBC and have as yet not been confirmed. Children at risk or known to be Sexually Exploited who subsequently go missing from home and services. • MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15 National Crime Agency reviewing 1400 cases identified by Jay report RDASH have 6 months to consider their MASH commitment. RDASH safeguarding adult lead for Rotherham has left post. This is to be advertised. At present RDASH safeguarding lead is covering these areas.	Training Data not electronically available due to a discrepancy in the IT system. Gap is in a robust process for alerting agencies' at the earliest opportunity when young people go missing. Commissioning with Continuing Healthcare and Quality Assurance. • Regarding patient placement and having a robust process. • Continued support of patient's needs whilst in placement. There is a developing team and a shared process across the CHC hub (Doncaster, Rotherham, Barnsley) for specific safeguarding support however concerns this is not functioning hence NHS RCCG safeguarding team has provided Level 1 safeguarding training and provided details for RSAB & RLSCB safeguarding training. Safeguarding Children is a crucial role for CCGs following the reforms 01/04/2013 to the health service. Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework document see page 17 section 3.2.2 External assurance - NHSR CCG needs to assure NHSE & RLSCB and RASB that this risk has been identified and actions are being taken to rectify the gap in assurance. • MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15 DASM - Designated Adult Safeguarding Manager. Nationally there is debate as to who is responsible for this role within health. Due to conflicting information from the Care Act 2104 and the draft Assurance and Accountability Framework	TREAT	Continue to monitor through robust internal mechanisms and partnership structure for safeguarding. Continue to report, via Operational Risk, Governance and Quality meeting and Audit and Quality Assurance Group. •Procurement has taken place and training dates to be arranged by RMBC. • SCE have reviewed member roles and responsibilities to ensure all areas covered and GP Leads aware of responsibilities • Interim arrangements to provide GP Lead role to safeguarding • Development programme needed to ensure future long-term cover arrangements. • Paper to OE as stated in positive assurance section Safeguarding is 1 of 4 priorities within RCCG 5 year commissioning plan	June 16 Kirsty Catherine Sue

Date Added to AF	AF number	Objective	Principle Risk	Exec 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									
22.12.2015	AF41	1	Delayed coding mis-represents HSMR position of RFT RETIRE	Ian Atkinson Sue Cassin Keely Firth	5	3	15	4	3	8	RFT recruited agency staff in coding. Weekly focus in clinical teams to locate medical notes	Contract monitoring and contract quality groups manage through monthly meetings	National reporting of HSMR/SHMI rates. These reported to CCG Governing Body monthly Performance improved at TRFT	Regular formal updates to CCG				RCCG contract monitoring process is holding RFT to account through the RFT action plan Coding has improved significantly so will continue to monitor.	Jun 16 Keely Sue Ian
03.06.2013	AF22	1	Impact of Caldecott 2 inhibiting NHSR CCGs efficiency programmes, quality assurance and financial governance RETIRE	Keely Firth Ian Atkinson Sue Cassin	4	4	16	2	2	4	NHS Rotherham carries out an annual work programme and assessment of its Information Governance practice using the information Governance Toolkit.	AQUA given assurance on IG tool kit for 2015/16. All CCG staff IG compliant			Work ongoing for 2016 IG tool kit		*Tolerate*	RETIRE	Jun 16 Keely Sue
31.03.2012	AF17	1	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE) RETIRE	Chris Edwards	4	3	12	3	3	9	• Work to develop strong relationships with NHSE • Regular 1:1 meetings between CO and CEO at partner organisations • Multi agency governance of QIPP • H&WBB, Adult Board, Community Strategy, LSP. • Regular Board to Board meetings with main providers (TRFT & RDaSH) Working Together programme with other CCGs. Work closely with RMBC Commissioners	• CO to CEO meetings • Provider engagement in multi-agency meetings	• H&WBB Forum for Strategic Partnerships • Chief Executive Officers group in Rotherham	STP process has engaged all partners	NHSE moving to Y&H Structure		TOLERATE	RETIRE	Jun 16 Chris
21.12.2015	AF36	1	Implication of the changes to the 'Who Pays' guidance on the CCG's S117 responsibilities on: Patient safety Financial implications Changes in NHS guidance will revert back to previous S117 commissioner responsibility rules. REMOVE FROM REGISTER	Ian Atkinson Kate Tufnell	2	2	4	2	2	4	CCG will produce a paper quantifying the likely impact if the guidance is implemented in full. Current estimates are a risk of £3M to the CCG Working arrangements with other CCGs pending definitive guidance on who pays. Agreed SY & Bassetlaw S117 Transfer process in place. CFO discussion regarding funding transfers in place. Retrospective S117 Transfer date agreed – 1st April 2016 SY & Bassetlaw CCG S117 group established SY & Bassetlaw new placements process to be agreed and established. Working arrangement with RMBC definitive agreement on S117 to be commenced Jan-16	Paper to OE in December 2014 - completed Mental Health & Finance teams working together to ensure Rotherham S117 transfer process completed safely by 1st April 2016 CFO, Chief Nurse and Head of Contracts & SI, Commissioner case manager involved in discussions Local Case Management review process for all transferring patients in Retrospective cohort to be established. To ensure patients are correctly placed & their needs are being met.	South Yorkshire Nurses and CFOs group have agreed Retrospective S117 Transfer will occur in a managed way from 1 April 2015 SY & Bassetlaw CCG S117 group established SY & Bassetlaw CCG agreed Retrospective transfer process. SY & Bassetlaw new placements process to be agreed and established. CFO in discussion with SY & Bassetlaw CCGs regarding the Retrospective funding transfer Changes in NHS England Guidance to be introduced April 2016 will revert the Responsible Commissioner to 2013 rules. This will mean that Rotherham is no longer responsible for people with S117 health eligibility placed by other CCGs		Awaiting possible national clarification Patient profiles and risk & complexity are unknown. Care co-ordination implication for RDaSH are not fully understood at this point. Number of transfers & financial implication unknown Agreed process only covers SY & Bassetlaw patients. The wider CCG implications unknown The SY & Bassetlaw CCGs all have different approaches to determining S117 eligibility & Funding Other CCGs place in Providers not used by the CCGs	Have fed back to NHS England the risk but to date no indication the guidance will be modified Neither the CCG or RDaSH know these patients. Therefore, the appropriateness of the placements cannot be assured at this stage. This process will enable CCGs to place in Rotherham and as consequence the CCG will become the responsible commissioner resulting in both case management and financial implications for the CCG NO single approach to determining S117 & funding eligibility The CCG does not have contractual or a history of working with all Providers in Rotherham. Therefore this will have to be addressed	*TREAT - SEE AF*	Who pays guidance is being implemented with liaison with other SY CCGs. SY & Bassetlaw CCGs are working together to establish a retrospective S117 transfer action plan & agree a new placement policy REMOVE FROM REGISTER	Mar 16 Kate Ian
12.8.15.	AF34	2	Reprocurement of APMS contracts	J Tuffnell	5	4	20	4	0	4	Formal processes are in place for reprocurement of APMS due for renewal. Key risk is the potential of no/poor response. Processes now concluded - no further reprocurement required for the foreseeable future	Progress of reprocurement is a standing item on the primary care sub-committee. A business continuity plan has been developed to manage the potential consequences of no/poor response.	NHSE are active members of the primary care sub-committee	Business continuity plan agreed with the Local Medical Committee		Ownership of the procurement process is with NHS England.	*TREAT - SEE AF*	Ensure robust timetable for reprocurement of all APMS Will be overseen by the Primary Care Sub Committee - close risk as processes now concluded	Dec 15

Note that all controls and assurance logged in this RR are actual and have been received, and are not 'planned' for the future unless stated

Ref	Entry Date	AF Link	Principle Risk	Lead person	Uncontrolled Risk			Current Risk			Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
					C	L	CxL	C	L	CxL									
073	18.02.2013	AF19	Adverse impact on patient care due to challenges at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. THIS RISK LINKS RISKS 55, 69 AND 71	Ian Atkinson	5	5	25	5	4	20	1) Assurance on TRFT action plan agreed by Monitor 2) Regular contact at Board and exec level 3) NHSR CCG quality assurance processes including soft intelligence and clinically led visits 4) contract processes including contract quality meeting 5) Non recurrent funds invested to support transformational changes 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 have been investigated accordingly. • Contractual framework • Monitor FT compliance framework	Assurance from quality performance meetings, AQuA and Board Quality meetings Quality issues are discussed at weekly OE meeting, at SCE when there are specific issues and through AQUA and Governing body reports. Meetings with TRFT are formally via contract quality meeting and at 6 monthly Boar to Board meetings. Informally by monthly executive to executive meetings. Regular executive to executive meetings with TRFT.	NHSR CCG have seen interim reports to Monitor. TRFT will submit via Contract Performance Quality responses to CQC inspection, to Stroke audit, Trauma Network review and a report with learning lessons on 52 week wait breaches	Monitor have discharged TRFT from Board Governance Condition. EPR patient risk issues have been dealt with and there are now no new issues in this area being reported by GP Members Trust still under other Monitor conditions these are discussed at each 6 monthly board to board. Partial assurance given at Board to Board in May 2015. Full Executive team are in place with the exception of an interim medical director. Medical Director appointed in August 2015.	NHSR CCG assured that risks of patient harm have been mitigated but system is still problematic for clinicians to use and to extract information from. NHSR CCG to scrutinise 5 year plan and providers, quality impact assessment of cost improvement plans. CCG is awaiting TRFT action plan regarding CQC visit, response to trauma network visit, stroke audit and a report on learning lessons from the 52 week wait breaches	CQC have produced this report. TRFT will produce action plan and report to August 2015 Contract Quality meeting. CCG will perform a risk assessment after this.	*TREAT - SEE AF*	TRFT required to produce action plans by CQC and the CCG. Progress to be monitored by contract quality meeting and escalated to board to Board meetings and external regulators as appropriate Last Board to Board Sept 2015. Next Board to Board Sept 2016	Jun 16 Ian
033	11.11.2011	AF12	Failure to deliver planned efficiency savings in Planned Care	Ian Atkinson	5	5	25	5	4	20	Programme managed/led by Clinical Referrals Management Committee. Identifies CE leadership. PLT programme of events. Efficiency programme detailed in Commissioning Plan. Regular clinician to clinician meetings with TRFT. 2016 Commissioning plan set out programmes Introduction of key work regarding clinical thresholds. Breakdown of schemes approved by Gov Body in May 2016 QIPP commitments in place Efficiency programme detailed in commissioning plan	Monthly performance reports to NHSR CCG Governing Body and at cluster level, including identification for emerging risks. Performance reports received at CRMC & SRG CCG undertaking 6 weekly review of QIPP delivery.	• Quarterly assurance meetings with NHSE on key issues.	SRG keep this area under multiagency surveillance CCG Operational executive keeps this area under regular surveillance	Follow-up part of programme providing more difficult to deliver than anticipated. TRFT management changes affects continuity of TRFT commitment. SRG informed of risk re delivering follow up reductions in Jan 2016.	CCG Chair and Chief Officer review in Multiagency governance with TRFT in June 2015.	*TREAT - SEE AF*	Managed via CRMC - see AF for detail Deep dive at AQuA in March 2015 Discussed at June 2016 commissioning event for GPs	Jun 16 Ian
031	11.11.2011	AF12	Failure to deliver planned efficiency savings in unscheduled care	Keely Firth Ian Atkinson Dominic Blaydon	5	5	25	5	4	20	Breakdown of schemes approved by Gov Body in May 2016 QIPP commitments in place Efficiency programme detailed in commissioning plan	Monthly performance reports to NHSR CCG GB. Programme & Project level KPI's developed and measured. Performance reports received at CRMC and SRG 6 weekly QIPP presentations to OE on a rolling programme PLT Programme of events		SRG keep this area under multiagency surveillance. OE Reviewing all schemes with lead officers on a monthly rolling programme	Not all "solutions" are within CCG span of control		*TREAT - SEE AF*	Discussed at June 2016 commissioning event for GPs Further engagement planned July AGM meeting will follow with Engagement Event	June 16 Keely Ian Dominic
085	02.09.2014	AF28	Failure of YAS to achieve RED 1 8 minute Target 2014/15 at CCG level and Yorkshire & Humber wide. The position (Roth CCG) as at Oct is 65.73% against a target of 75%.	Dominic Blaydon	5	4	20	5	4	20	YAS have developed an action plan with trajectories to achieve year end performance of 75% regionally. The action plan would deliver performance for Rotherham in Q4 of 71.5%. Additional winter monies have been agreed with YAS to support initiatives to reduce demand and reduce conveyance rates. The CCG have also introduced local pilot scheme to manage demand. Bi weekly conference calls between YAS and Lead Commissioner Recovery Plan in place to deliver 67.5% Year End Performance for Rotherham (72.6% Y& H) which includes recruitment of additional staff and the use of private providers For a 3 month period (21 April - 21 July), YAS undertaking national pilot on Ambulance response times with no conditional data available.	Continuing with bi monthly joint South Yorkshire Commissioners performance meeting with YAS and Bi monthly performance meeting between NHSR CCG commissioners and YAS local area team performance manage local SIP. Regional SIP being implemented by YAS. GP Urgent Transport Pilot project extended to reduce demand on YAS Winter pressure funding allocated for following initiatives:- 1) Urgent Care practitioners. Started 05.01.2015 2) Frequent Callers Care management scheme 3) Floor walkers at NHS 111 call centre to reduce 999 transfers 4) Developing YAS 999 pathfinder project.	Commissioners have secured the resource of "The Good Governance Group" as an independent reviewer of the YAS recovery plan and an action plan has been developed to address the concerns raised.. South Yorkshire Lead Commissioner Quality lead is monitoring Quality with a focus focusing on minimisation of patient harm during the period of poor performance. YAS have shared a review of incident reporting including monitoring of potential harm from delayed response YAS has recently been included in a national pilot which reviews the existing KPIs. Concerns that the current performance framework encourage inappropriate dispatch. Pilot will run July 2016. SRG fully sighted.	Continuation of GP Urgent Transport Pilot project extended to reduce demand on YAS. Additional System Resilience Monies allocated to YAS to manage demand and reduce conveyance rates. Current performance on red 1/2. Year end (14/15) performance is 64%. Year to date 15/16. 68%. Constitutes a 4% improvement in performance. Still 7% under target. Performance for June 15 is 67.1% for Red combined performance, 73.9% of all calls are responded to within 9 minutes. 80.3% within 10 minutes. Rotherham is the best performing out of 21. Previous months RCCG was 12/13. 23.12.15 - Performance for Nov 15 still within target of 67%. Over 75% of calls are responded to within 9 minutes YAS figures March; 9 mins 71.2%, 10 mins 78.1%. April no full month figures. May figures; under 8 mins 67.7%, 8 mins 30 sec 75%, 13 mins 57 sec 95%. No report locally on services which have arisen as a result of delays in dispatch.	Red demand continues to increase and the contract is forecast to over perform. Recent proposals which restrict access of RCCG to YAS could have impact on control.	Increase in Red activity Demand. Recent resignation of the Operations Director, therefore the DOF is interim COO. Good Governance institute have concerns re YAS's ability to deliver action plan Recent spike re demand over Christmas and New Year periods this impacted on performance. Local performance management framework has been suspended because YAS pulled out which increases the risk.	*TREAT*	Continue performance management with CCG commissioning partners in Yorkshire. Consider all options to mitigate the demand for YAS. Review options for contract penalties at year end SRG has started monitoring outcomes for patients who fell outside the required call-out times. Currently no evidence that poor performance has had an impact on patient outcomes.	Jun 16 Ian Dominic
066	17.05.2012	AF13	Subcontracted Commissioning services with CSU/LPF provider fail to deliver outcomes as a result on CSU not being on lead provider framework	Ian Atkinson	4	5	20	4	5	16	LPF procurement now complete. Moving to implementation phase. CCG represented. Embed fully engage in discussions with CCG. Embed relations positive and continue to develop.	OE taken action to ensure robust performance management function for CCG. CCG recruited 2 additional posts which are now in place from 01 April 2016. Monthly performance meetings with EMBED now in place.	RCCG has discussed implications with NHS England and other CCGs and will participate in LPF implementation.	Current performance is acceptable this will need to be maintained during transitions.	Implications of lead provider framework includes the possibility that staff may leave due to uncertainty.	Concerns over the capability of potential LPF provider for BI Concerns over the availability of staffing resource to deliver required service.	*TREAT - SEE AF*	Monthly performance meetings with EMBED	Jun 16 Ian

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065	11.11.2011	AF21	Failure to meet A&E targets	Rebecca Chadburn	4	5	20	4	4	16	Daily reports from TRFT Establishment of System Resilience Group - with membership from TRFT, RMBC, NHSE, Care UK and YAS. NHSE directive to establish Yorkshire and Humber Urgent and Emergency Care Network. If a shortfall on target/performance is identified it is then escalated via email to NHSE Area Team and OE members. Funding investments System Resilience Group initiatives Implementation of TRFT Transforming Unscheduled Care Programme with one of the outcomes being the achievement of the A&E 4 hour quality standard. If significant issues with performance, contractual process i.e. performance notice issued.	Reports to OE & SCE when performance goes off track. Action plan and regular updates in progress RCCG issued a contract performance notice on 1st Dec. A remedial action and trajectory has been developed and closely monitored through monthly A&E performance meetings. New remedial action plan developed for 2016/17 which focuses on trust wide actions to ensure achievement of 4 hour access standards. This is monitored through monthly contracting monitoring processes. Receive Chief Operating Officer (TRFT) report on a monthly basis which includes A&E performance.	Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings. On-going executive level management – priority given to A&E performance quality standard NHS England attendance at extraordinary meetings. Monthly exception reporting to NHS England	On-going executive level management – priority given to A&E performance quality standard across TRFT Performance relative to other SY and NoE Trusts positive. RCCG engaged in transformation work to implement change in TRFT emergency pathways/ processes. Rotherham wide recovery plan has been signed off through SRG with all stakeholders			*TREAT - SEE AF*	Continued monitoring through the System Resilience Group and contract meetings	Jun 16 Becci
104	23.05.2016	AF43	Impact of changes to primary care support England from NHS to Capita contract	J Tufnell	4	5	20	4	4	16	Practices have been raising issues in relation to collection and delivery of medical records, delivery of prescribing paper and other items to enable delivery of personal medical services. Contact details for Capita for escalation of issues have been issued to practices. This is a national not a local issue	Discussed in meetings with NHS England, raised a the primary care committee to ensure NHS England are fully cited of the impact this change is having on services. No notification to date of when practices are likely to see an improvement. Primary care support England have issued an update in relation to the changes and have advised that the situation is improving. Practice complaints are starting to reduce.	NHSE and Capita are meeting weekly and NHSE have shared with RCCG the actions expected and timescales.		This impacts significantly on the CCG but is out of the CCG control to resolve other than escalate as the contract change has been a national change instigated by NHSE	Not aware of a recovery plan which would aid to assure CCGs that relevant actions were being taken.			Jun 16 Jacqui
102	22.12.2015	AF40	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	4	5	20	4	4	16	Monthly CAMHS Contract & Performance meeting. Weekly CAMHS update meeting. Employment of CAMHS locality worker to interface with GPs and others.	Revision of the CAMHS top tips to aid GP referrals. Issues log - Weekly meetings with provider	CQC Health check Healthwatch Rotherham Parents Forum	New CAMHS structure agreed All recruitment now complete. Agenda staff supporting waiting list initiative.	Current high staff vacancy rates. Potential national shortage of CAMHS staff.	Some requirement for Adults/older people and CAMHS to work together.	*Treat*	New structure outlined and weekly position monitored against this. RDASH preparing mobilisation plan. RDASH looking to bring own staff through system i.e. Band 5 to 6	Jun 16 Nigel Ian
099	09.12.2015	AF38	Failure to deliver the National IAPT waiting times standards A. 75% of people seen within 6 weeks B. 95% of people seen within 18 weeks	Kate Tufnell	4	5	20	4	4	16	A. IAPT Task & Finish Group - joint RDaSH & CCG Group) which monitors all of the IAPT reporting targets and the IAPT redesign programme Standing item on the RDaSH Contract Performance meeting Specific Backlog Clearance assurance Backlog clearance delivery trajectory and weekly reporting mechanism in place Weekly Update report on the backlog clearance delivery trajectory received from RDaSH. Any issues arising are immediately discussed with RDaSH Senior Contact Senior Managers in RDaSH / CCG responsible for the delivery of the inapt waiting time targets identified. Contract variation - between RDaSH & CCG for delivery of the NHS England funded IAPT backlog clearance delivery trajectory Performance notice/ contract query - against delivery of the backlog clearance trajectory and associated targets Weekly waiting times monitoring and review at key meetings. Temporary agency monies to enable them to continue to deliver waiting times targets. Achieving 95% target but not achieving 75%.	Weekly monitoring of the IAPT Backlog Clearance trajectory by KT, RB, CR & IA. Monthly reporting to the Governing Board via the CCG performance report Regular updates provided to OE and SCE by the Deputy Chief Officer / Head of Contracts & SI Mechanisms in place to capture GP feedback. These include the RDaSH Issues log and Locality Visits currently being completed by RDaSH Reviewed on monthly basis at MH QUIPP, IAPT Task & Finish Group, Contract Performance meetings.	Monthly submission of the RCCG IAPT reporting template to NHS England Specific Backlog Clearance assurance Monthly update submission on the IAPT Backlog clearance funding template provided to NHS England on the last day of the month (Oct -15 - Mar-16) Listed on the National IAPT 'At Risk' waiting List Register - Monitored by the National IAPT Intensive Support Team Monitored by the National IAPT Intensive Support Team as part of the National at risk register - waiting times CCG secured additional Backlog Clearance Monies (£86,000) from NHS England - to support waiting list reduction by march 2016 - Funding now ceased but CCG is providing temporary funding to enable service to continue to delivery against required targets until future model determined. MOU in place for the delivery of the IAPT Backlog Clearance initiative by March 2016 between NHS England & RCCG National IST IAPT team review planned for 7th April 2016 IAPT Intensive Support Team review complete May 2016 - awaiting report. Complete monthly IAPT submissions to NHSE. Forms part of the CCG 360 degree review - provide recommendations to improve process.				*Tolerate*	Backlog clearance trajectory in place - monitored by CCG & NHS England Revised Access target trajectory in place - monitored by NHS England & CCG Performance Query /contract notice monitored by Contract Performance Group Awaiting recommendations report from IAPT IST review - expected June 2016. Once received local action plan will be developed.	Jun 16 Kate
079	03.01.2014	AF26	Impact of other commissioners efficiency plans on CCG core business.	Ian Atkinson	4	5	20	4	4	16	All Commissioners discussed joint plans at H&WBB and multi-agency SRG, CCG public health meetings and quarterly meetings with NHSE. Provider submitted CIP plans to CCG	CCG chairs a series of QIPP groups that allow joint discussion of areas where the commissioner is not clear	Quarterly meetings with NHSE. Meetings with NHSE relating to Tier 4 mental health services. Meetings with RMBC around continuing care	Better Care fund and CCG plans agreed at Feb H&WBB	CCG not fully assured on impact of commissioners plans at NHSE (specialised mental health) RMBC and RMBC Public Health Full impact of RMBC plans in Public Health, CAMHS, substance misuse 0-1 children and Learning Disabilities not yet clear. Potential impact on CCG of NHSE specialist commissioning plans. RMBC leadership changes. Current commissioners will have responsibility to council at a future date.	RMBC are developing a series of plans in 15/16. The impact on the CCG is not yet known.	*TREAT - SEE AF*	Further discussions at H&WBB, QIPP Delivery Group and bi-lateral meetings with NHSE and RMBC.	Jun 16 Ian

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069	25.10.2012	AF19	Financial viability of key acute provider TRFT	Keely Firth	4	4	16	4	4	16	Contracts signed •Clinical Referrals Management Committee and System Resilience Group review risks with multi-agency group including clinicians. Tariff rules applied with additional opportunities to generate income through improved quality and seven day working. Non elective activity of commissioned plus growth outturn Community Transformation investment Mental Health Liaison investment Reduction in provider efficiency requirement for 2016/17	Commissioner investment based upon mandate principles e.g. national tariff Commissioning plan aligned to support greater community working including end of life care and mental health • Opportunities through CQUIN and other local enhanced schemes for the trusts to earn more income for higher quality outcomes; • Community Transformation funded to do safer discharge and avoid re-admission Monitor accepted financial plan for 2015/16	Monitor FT compliance framework MONITOR accepted 2016/17 FT financial plan. Joint work streams starting to build via the FT Vanguard and their STP	Quality impact assessments signed off by FT Senior Clinicians	None	1) Impact of shortage of capacity upon agency costs is significant. 2) Risk arising from national efficiency requirements via tariff. 3) Non achievement of CQUIN and LOFI targets 4) Non achievement of QIPP Plans	*TREAT - SEE AF*	1) Monthly update at NHSR CCG GB 2) QIAs provided for savings schemes 3) See additional actions under risk 073 4) Board reps meeting every 6 months between CCG and RFT.	June 16 Keely
037	11.11.2011	AF42	Delivery of corporate/running costs savings whilst taking on new services and hosting shared services has a negative impact on corporate performance	Keely Firth	4	4	16	4	4	16	OE regularly review team capacity. Current structure within affordable limits.	Positive staff survey results	Investors in Excellence assesses capability of CCG workforce to deliver plans	Staff survey results	None	None	*Tolerate*	Review impact of specialised services after transfer	Jun 16 Keely
008	11.11.2011	AF02 AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	5	3	15	5	3	15	Latest information regarding allocations and the change in business rules regarding the 1% headroom has required CCG to adopt a very challenging plan	1% Headroom and 0.5% contingency covered recurrently in the financial plan. Downside scenario planning inherent in 2016/17 plan onwards Weekly OE rolling programme of reviews for each QIPP scheme	NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% in 16/17 dropping to .04% by 2018/19. Growth assumptions in Annual Commissioning Plan for our 4 year plan were approved by NHSE.				*TREAT - SEE AF*	2016/17 plan approved at GB in May 2016. Regular, robust reports around the QIPP performance to be provided	Jun 16 Keely
096	30.10.2015	AF37	Equipment provided by RCCG via IFR/CHC - failure to have a procurement service to ensure cost effectiveness and service that ensures that the purchased equipment has a record of maintained and safety.	Alun Windle	3	5	15	3	5	15	None	The CHC team record all new equipment purchases on the Broad care system.	None	None	Equipment purchased via IFR - Specialist Equipment - direct from CHC has no procurement process or inventory of purchased equipment - Assurance of equipment safety is not recorded or maintained. The RCCG does not hold an historical database of IFR/CHC/specialist equipment purchased.	CHC/ IFR do not have a process for recording and ensuring annual checks of safety on purchased equipment used in patients homes.	*Tolerate*	Deputy Chief Finance Officer is reviewing with the procurement service. Planning to procure a service for equipment purchase for IFR/CHC including required safety checks Deputy Head of Finance and the Head of Clinical Quality are working together to first understand and document the funding sources, authorisation routes, and existing procurement routes as the eventual solution	Jun 16 Alun
097	30.10.2015	AF??	Failure to meet the National cut-off date of 1st March 2017 for Previously Unassessed Periods of Care (PUPoC) - previously known as CHC Retrospective Claims	Alun Windle	3	5	15	3	5	15	Shared business case across Yorkshire & Humber - Lead CCG for contract and performance management is Doncaster. Monthly report sign off by Chief Nurse on current progress via a trajectory report to NHS England with action plan when not meeting agreed trajectory	Monitoring of reports via the business case and links to Doncaster's Chief Nurse. The CCG has agreed to additional investment to recruit nurses in an attempt to increase the amount of PUPoC assessments.	NHS England monthly monitoring of trajectory.		Staffing remains an issue and staff often leave the service because the process is time limited therefore does not hold long term employment - obtaining records to complete assessments is also a gap these records have to be obtained from multiple organisations often delaying process - The service transitioning from Yorkshire & Humber Clinical Support.		*Tolerate*	Multiagency CCG agreement on process and oversight of process. Additional funds agreed to out source PUPoC to meet Sept trajectory	Jun 16 Alun
093	05.06.2015	AF33	Collaborative commissioning of specialised services	Jacqui Tufnell	4	4	16	4	3	12	Specialised commissioning is changing from being NHS England's responsibility to a joint 'collaborative' responsibility with CCGs. At present, a number of specialised services are underperforming, have poor outcomes in some hospitals and the services are significantly overspent. For Yorkshire and Humber there is a £25m deficit in specialised commissioning. As yet, how the deficit will be managed and its impact on the CCG is unclear. The CCG is now represented at the specialised commissioning oversight group which meets monthly to agree and progress priority actions. The first priorities for collaboration have been agreed as vascular (service review already completed), CAMHs Tier 4 and cardiology. Joint contract managements arrangements are being discussed along with governance arrangements. It is unlikely that services, other than those identified in the specialised commissioning intentions (morbid obesity, haematology and urology) will transfer to the CCG prior to April 2017. Bariatric surgery (morbid obesity) only to transfer in year and arrangements for the allocation have been queried. NHSE have accepted that there is an anomaly and agreed to resolve.	Processes are in place for ensuring the specialised lead updates all senior officers monthly via the senior team meeting and is now meeting with Lead officers impacted by collaborative commissioning to ensure RCCG impacts are fully represented at relevant meetings.		Neurology & specialised wheelchairs have now transferred and are commissioned by RCCG. No service or funding issues identified to date however existing neurology waiting list issues have been picked up.	There are still a number of national reviews being 'imposed' by NHS England which could be in conflict with locally defined priorities determined by the 23 CCGs. Lack of clarity in relation to management of the deficit. Bariatric surgery (Tier 4) is transferring to RCCG in 2016/17 financial year (once commissioned) issues identified in other CCGs regarding T1-3 weight management however this is in a good place in Rotherham however there is a risk that RMBC may change this service.	Consideration of how collaborative specialised commissioning is reported through to governing body.	*TREAT - SEE AF*	Monthly reporting of specialised commissioning agenda is now in place	Jun 16 Jacqui
071	10.01.2013	AF09	Impacts on quality and safety of the cost improvement plans of our key providers AF 05 has been merged with AF09	Ian Atkinson Sue Cassin	4	4	16	4	3	12	Robust mechanisms in place and assured by the Aqua group. Procedures are being reviewed and strengthened in partnership with NHS Yorkshire & The Humber assured by NHSE quality committee. Quality and safety are harder to be assured on as providers have to deliver incremental cost improvement plans each year. The NHSR CCG is required to be assured of providers Cost Improvement Plans. Lead GPs and Chief Nurse sign off of provider SIPs	Aqua 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 to 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 NHSR CCG Governing Body and at SY&B QSG Provider cost improvement plans will be requested to control quality meetings and then considered by SCE, Aqua and NHSR CCG Governing Body	CQC Monitor PEAT scores Staff survey Patient Surveys Feedback from overview and scrutiny Reports re SIs, Infection control and safeguarding.	SI reporting Quality monitoring standard in Contracts CQC reports. NHSR CCG has received a quality impact assessment of TRFT ward closure programme. Positive assurances sought from TRFT and RDaSH at Board to Board meetings annually Letter of assurance agreed by Chief Nurse and Medical Director from TRFT and RDASH	2016/17QIAs will be received by 1 April 2016	Discussions at Board to Board with TRFT & RDaSH will take place in 2016/17	*TREAT - SEE AF*	See Risk 073 for details	Jun 16 Sue

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105	15.06.2016	AF44	NHS RCCG reputation as responsible commissioner for Children in Care - not having initial health assessments within statutory framework	Sue Cassin Catherine Hall	3	4	12	3	4	12	Service specification and KPIs in place with TRFT Monthly audits by LSCB	Overview to NHS RCCG/TRFT Contract Quality Performance meeting June 2016 for performance management.	RCCG Chief Nurse has raised issues with TRFT Chief Nurse 15/06/16	Capacity in LAC team improved (sickness levels) TRFT working with LA to improve situation	No succession planning in place at TRFT for sickness, performance.	TRFT previously included initial health assessments on risk register however, issued raised by LSCB.		Chief Nurses both aware of issues with LAC initial health assessments. RCCG/TRFT Quality & Performance meeting monitoring. LSCB monthly audits will include RFT/TRFT data.	June 16 Catherine Sue
015	11.11.2011	AF11	Not maintaining accessible and responsive high quality primary care (current concerns are due to overall GP capacity)	Jacqui Tufnell	4	4	16	4	3	12	Annual reviews, AQuA GP Strategy developed and going through engagement. The CCG have taken on delegated authority for general practice. A workforce plan has been completed and sessions are taking place with individual practices and localities to support implementation. RCCG is supporting the recruitment of clinical pharmacists into practices with practice employing.SY workforce group has offered to facilitate sessions with GPs, this is being organised. Primary care workforce is also incorporated into the sustainability and transformation plan	Annual Patient Survey Review of usage of Walk-in Centre and A&E by GP practice. GP Access Survey results 2011. Primary Care Committee sub-group - a primary care dashboard has been developed to highlight areas of concern	NHS England is a member of the primary care sub committee	Clinical pharmacist recruitment underway. Practices are being encouraged to offer training places for associate physicians from Sheffield Universities. Recent survey by LMC/LLP confirmed capacity concerns but anonymously therefore targeted support cannot be given to practices. At a meeting of SCE/GP members and LMC it was confirmed that there was still sufficient capacity to continue the CCG strategy of secondary to primary care A quality contract is in development which will require each practice to provide a mobilisation plan including staffing.	GP capacity in NHSE Primary Care Strategy. A local workforce plan is in place however independent contractor status and poor contract specification make it difficult to challenge capacity availability. Concerns about vacancies in General Practice and ability of general practice to provide an equitable service to all of Rotherham Population. Discussions on-going in relation to the use of PMS reinvestment monies to support.	Significant issues around GP recruitment and capacity potentially affecting SCE recruitment and GP providers ability to deliver care pathway. Primary Care sub committee are aware and receiving regular updates on strategy progress. Sub-committee escalate relevant issues to the governing body for information	*TREAT - SEE AF*	See AF for details.	Jun 16 Jacqui
080	08.01.2014	AF25	Reduction in resources through introduction of Better Care Fund	Keely Firth	4	4	16	4	3	12	Operation and Executives groups established with joint membership between NHSR CCG and RMBC Review of existing commitments and funding streams completed in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs. Next steps involve deep dive into a number of programme areas with LA and RCCG colleagues Section 75 agreement in place and approved by H&WB in June 2016	Appropriate financial plans in place for 2016/17 and approved by the Executive group in March. • Operational group completing work streams to deliver objectives of BCP Quarterly returns to NHSE to be signed off by HWB Strong audit reports around governance processes received	• Initial plan signed off by H&WBB in March 2016 • Plan submitted on 24th March National feedback ranks Rotherham as fully assured	Financial performance reports indicate that funds are being well controlled	National team may amend the parameters without notice		*TREAT - SEE AF*	Deep dive programme of work in progress	Jun 16 Keely
027	11.11.2011	AF24	Failure to improve Child and Adolescent Mental Health Services (CAMHS)	Nigel Parkes	4	4	16	4	3	12	• Monthly Contract Performance meetings • Bi-Monthly CAMHS 'Clinician to Clinician' Meetings RDaSH • Development of CAMHS 'Top Tips' for GPs and Universal Services. • Operation of an 'Issues Log' to highlight specific CAMHS issues. - Quarterly meetings to discuss Tier 4/Complex patients. - RCCG issued a Performance Notice to address the on-going issues in the CAMHS service and associated transformation process. Monthly CAMHS Contract & Performance meetings. Weekly CAMHS update meetings.	• Monitoring of specific CAMHS Key Performance Indicators (KPI). • Now receiving details of staff vacancies and sick leave. • CAMHS Quality Visit planned December 2015 RDASH issues log. Yearly CAMHS Survey Monkey	• CQC visits/reports. • CAMHS Strategy & Partnership Group meetings • Healthwatch. • Patient Experience Surveys embedded in the standard contract • Regular GP CAMHS experience surveys Rotherham Parents Forum	Some improvement in waiting times during 2015/16. Work by Meridian on capacity and demand. New CAMHS structure agreed Some reduction in staff sickness	• High CAMHS staff turnover/Sickness/Maternity leave. • RDaSH CAMHS senior management not fully understandings their own staff issues.	• RDaSH CAMHS only just starting to understand their monitoring data. • Some inconsistency in inputting of patient data to reporting systems. - Changes in RDaSH middle and senior management and high staff turnover & vacancy levels.	*TREAT - SEE AF*	Development of SPA/Advice line for GPs for alternative services to CAMHS • 'Treatment' definitions to be incorporated in monthly monitoring. - Performance Notice and associated Action Plan to address the on-going issues in the CAMHS service and associated transformation process. CAMHS Transformation Plan in place an being monitored via an action plan Extra funding available for CAMHS Eating Disorder Service RDASH currently undergoing a reconfiguration of CAMHS services RDASH preparing a mobilisation plan for reconfiguration Other LTP funding invested with Rotherham Parents Forum, Healthwatch and RMBC.	Jun 16 Nigel
029	11.11.2011	AF12	Failure to deliver affordable prescribing trajectories	Ian Atkinson Stuart Lakin	4	4	16	4	3	12	Robust performance management by Medicines Management Team. Programme managed by Area Prescribing Committee/Medicines Management Committee. Efficiency programme detailed in Commissioning Plan. 2014 Commissioning plan set out programmes.	Quarterly performance reports to Board and Performance Management Committee, including identification of emerging risks. Monthly reports to SRG Group on progress	• Quarterly assurance meetings with NHSE on key issues.	Strategic cost containment plan incorporating 5 work streams to be delivered over 2016/17			*TREAT - SEE AF*	Managed via MMC. See AF for details.	June 16 Stuart Ian

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005	11.11.2011	AF02	Insufficient funds to finance objectives on a recurrent basis	Keely Firth	4	4	16	4	3	12	Commissioning Plan Process includes detailed QIPP programmes. Performance Management report monthly to NHSR CCG Governing Body • 1% of allocation invested non recurrently in 2016/17. •Scenarios considered as part of planning process with recurrent options being consulted on with Clinicians at TRFT and RCCG with a view to embedding into care pathways in 2016/17. Downside plans being completed for 2016/17 to ensure that resource ~~room~~ remains to fund priority areas.	SCE and GPMC have accepted the plan and inherent assumptions. 1% Headroom and 0.5% contingency covered recurrently in the financial plan. Localities have had the opportunity to feed in views around priority areas. RCCG QIPP governance processes Predicted on clinically led discussions.	TRFT have signed the contract on the basis of the recurrent quantum • Quality Impact Assessments signed off by Provider Governing Body in 2016.	RCCG ahead of the game on 7 day working therefore funds already reserved for policy obligation	None	None	*TREAT - SEE AF*	SEE AF 12	Jun 16 Keely
101	22.12.2015	AF39	Delivery of the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	4	4	16	3	4	12	Monthly CAMHS Contract & Performance. Weekly CAMHS update meeting.	Monthly updates of the CAMHS LTP action plan	CQC Health check. Healthwatch and Rotherham Parents Forum Quarterly reports submitted to NHS England	RDASH have engaged in the LTP process	Service currently undergoing a reconfiguration	Some requirement for Adults/older people and CAMHS to work together.	*Treat*	LTP Action plan in place and monitored monthly	June 16 Nigel
003	11.11.2011	AF09	Quality of Commissioned Services AF 09 now incorporates AF05	Sue Cassin Sarah Lever Kate Tufnell J Tufnell Alun Windle Dawn Anderson	5	3	15	4	3	12	Three officers are responsible for quality of each major contract area (commissioning manager, clinical guardian and GP CE lead). For TRFT as largest contract we maintain quality assurance by monitoring the national quality standards within the NHS standard contract along with national and locally agreed Local Incentive Schemes. Participating in providers assurance meetings. Ad hoc and planned visits to provider units, including a programme of clinically led visits. Managing the assurance of responses to Serious Incidents on behalf of the NHSE. A wide range of benchmarking data is monitored including data on HSMRs and condition specific HSMRs peer, CQC risk ratings. Similar processes are in place for RDASH. A wide range of hard and soft intelligence is used through contract for assurance of GP quality.	Quality reports to AQuA. AQuA minutes reported to NHSR CCG Governing Body and Lay member(s) of AQuA. Monthly contract performance and contract quality meetings, reporting a wide range of metrics including national and local quality requirements, mortality ratios and local incentive schemes. Serious Incidents update given at each Governing Body and full reports via SI committee, NHSR CCG give written comment which is included in the reporting to AQuA. Provider quality accounts, NHSR CCG accounts which are reported to AQuA. Patient experience and incidents reported to AQuA. Process of reviewing information and quality and efficiency reviews for all GP practices. NHSR CCG produces annual GP comparative information which informs processes for GP peer review. Chief Nurse is member of Clinical Quality Groups for STH & SCH. Chief Nurse responsible for quality across all commissioned services, working closely with leads & GPs for specific areas. Head of Clinical Quality in post. New lay representative to support primary care commissioning started September 2015.A Primary Care comparative dashboard has been drafted to support the primary care committee with focusing attention on practices who are potential outliers on quality. Monthly quality reports to Governing Body.	Provider quality accounts The CCG now has delegated responsibility for General practice contracts. Friends & Family test rolled out for Mental Health, Community Services and Primary Care in December 2014. Methods of feedback are online, patient opinion and national surveys. CQC of GP Services to be completed by September 2016. 3 practices require input to date.	Primary care dashboard to bring together key indicators of quality and performance for GP services and highlight any concerns to primary care committee to enable the quality team to address Peer review processes incorporated into mobilisation plan reviews for 2016/17.	There have been substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation, changes in individual responsibilities as a result of internal re-organisation and reduction in staff numbers due to voluntary redundancy. Staffing structures reviewed regularly at Operational Executive.	We believe that the allocation of responsibilities following the last re-organisation and staff losses is proportionate and robust. AQuA is assured this is the case as part of its regular programme.	*TREAT - SEE AF*	See AF for details.	June 16 Becci Kate Alun Dawn Jacqui Sue
095	12.08.2015	AF35	CQC inspection of GP practices	S Cassin J Tufnell	5	3	15	4	3	12	Quality & contracting assurance framework agreed and in place to support the CCG with any issues arising out of the CCG reviews. CQC ambition to complete all reviews in 2015/16 financial year. Worst case, a practice may be identified as so inadequate that emergency arrangements have to be enacted.	Incorporated into the primary care dashboard. Discussion regarding relevant actions taking place is undertaken at the primary care sub-committee. Peer review visits are picking up assurance that relevant required actions have been undertaken, where a practice is deemed inadequate, supportive visits are taking place in addition to peer review.	NHSE and Health watch are actively engaged in the primary care sub-committee. A Health & Wellbeing member has now been allocated to provider broader representation to the committee		We are only able to act at the same time as the report is going into the public domain as these are the CQC processes.	We are only able to act at the same time as the report is going into the public domain as these are the CQC processes.	*TREAT - SEE AF*	Will be overseen by the Primary Care Sub Committee	June 16 Jacqui Sue
053	11.11.2011	AF08	Reduced workforce capacity and capability to deliver projects and QIPP	Ian Atkinson	4	3	12	4	3	12	NHSR CCG has draft new structure for its workforce. Monthly Advisory group with CSS to ensure CSS has capacity to support key QIPP projects. Operational Executive weekly meeting. Monthly whole organisation meeting and senior manager meetings (CMM). PDR process to align individual and organisational priorities.	OE will review that the NHSR CCG structure is fit for purpose on a 6 monthly basis- September 2015.		OE reviewed CCG capacity -Mar 2016		CCG will review capacity in September 2016	*TREAT - SEE AF*	See AF for details.	Jun 16 Ian

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004	11.11.2011	AF??	Overspend due to high costs of individual patients of continuing care	Keely Firth	3	4	12	3	4	12	Continuing Care assessment and review process in place. Continuing Care assessment and review process in place. Budgetary Monitoring and Reporting. National Framework for NHS Continuing Health Care Service quarterly Assurance Benchmarking against 14 Y&H PCT's. NHS Practice Guidance. Annual Commissioning Planning Process. Growth built into the plans. • Improved quality by CSU team has lead to reductions in some case costs. CSU staff now transferred back to RCCG Stronger reviews leading to more appropriate package of care	Information embedded within the Quality Sub AQUA which goes to SCE & NHSR CCG Governing Body. Annual updates to NHSR CCG Governing Body and exception reporting.	Annual internal and external audits.		None	CHC team strengthened to deal with high workload which is time limited. CHC have implemented recommendations. CHC now in house and well performing	*TREAT - SEE AF*	CSU to continue to implement actions around outstanding reviews. Doncaster CCG managing the transition process with all CCGs.	Jun 16 Keely
083	01.09.2014	AF29	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	Chris Edwards	5	2	10	5	2	10	Health and Well being Board CSE Sub Committee of the LSCB RMBC now being run by 4 commissioners RMBC commissioners produced an improvement plan	Engagement in joint QIPP meetings	Health and Wellbeing Board, Chief Executive meetings. OFSTED review RMBC commissioners produced an improvement plan	Revised HWBB plan produced in September 2015. New substantive Chief Executive started Feb 2016. Council handed back some powers by commissioners New substantive director team in place July 2016			*Tolerate*		Jun 16 Chris
100	05.03.2015	AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	Ian Atkinson Kate Tufnell	3	3	9	3	3	9	Working with NHS England to understand future individual patient costs to the CCG Procurement process in place to commission future adult placement Continuity plan developed in the event that current RDaSH placement becomes untenable Communication processes both managerial and clinical established between RCCG & RDaSH – to monitor and manage any risks / issues that may arise Procurement - process complete. Patient transferred to new placement. Contract issued to new provider.	Paper to governing Body on an individual high cost patient in August 2015 Various paper presented to OE & SCE Transfer meeting held between NHSE & RCCG held in November 2015 CCG case management process established to ensure clinical quality of placement Case manager attendance at LADO regarding safeguarding concerns were police are presence working with CSU to ensure all procurement rules and processes are undertaken. As part of this an external clinical expert and patient advocate have been included in the process. CCG case manager attends weekly ward rounds Papers presented to SCE, OE and Gov Body to reflect patient transfer to new placement and contract issued. Media briefing regarding transfer produced.	Expert by Experience & Independent Clinical expert involved in procurement decision process Procurement process will test the market to ensure cost effectiveness Procurement process overseen by CSU procurement team with input from patient's advocate and external clinical expert. Mechanism in place for CCG to meet on regular basis with the family regarding all aspects of individuals care.		A single NHSE commissioned patient had substantial quality and financial impact. Lead to temporary closure of LD ATU service by RDaSH. CCG has assumed commissioning responsibility for this patient and will procure a service by November 2015 Potential media coverage regarding current safeguarding concerns. Draft press briefing produced for internal use regarding the out come of the procurement.	RDaSH will give a weekly update on LD ATU capacity. Transferred to new provider.	*TREAT - SEE AF*	CCG Case management process established CCG procurement process commenced Procurement panel to be established to review submissions early jan-16. This will include an Expert by Experience, Lay members, Independent Clinical expert & various CCG reps Continuous plan developed in the event that current RDaSH placement becomes untenable Transition process about to commence. Contract with new Provider to be signed early April 2016 process for communication with the family is established. Full transition to new provider will be complete by Aug 2016	June 16 Kate Ian
091	28.02.2015	AF32	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	Keely Firth	3	4	12	3	3	9	Regional consensus for DoLS - application of 'Acid Test' to determine if DoLS should be considered. On-going advice from solicitors.	The Safeguarding Adults & Clinical Quality Lead is working with the Continuing Healthcare Lead to identify cases that may be subject to a DoL,- CCG ensure that we appropriately refer cases to legal services.	On-going advice from solicitors.		None	1. Current difficulty in identifying individuals that would meet the 'Acid Test' for DoL, because this data has not been previously required. Current estimate is that approximately 80% of funded patients would be potential DoLS (i.e. estimated 128 clients) 2. Difficulty identifying costs of taking individual client cases to the Court of Protection. Costs are typically between £400 and £900 per client, but in specific cases costs can increase.	*TREAT - SEE AF*	Note on-going financial risk of incurring Court of Protection Costs for patients over coming months/year.	Jun 16 Keely

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072	29.01.2013	AF20	Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E / 999 *note that the elements of the risk scored through are now mitigated*	Dominic Blaydon	4	5	20	3	3	9	Feedback mechanism in place to pick up any spikes in demand at A&E. Care UK call handling service is still in place. Calls routed from GP surgeries will continue to go to the GP OOH Service Recent decision by OE to decommission the call handling service. 111 performing well in South Yorkshire so no longer any need for this contingency. Regional Clinical Governance Group have now been fully tested. CareUK call handling service to be decommissioned on 12th June 2014. NHS111 will take full control of GP OOHs call handling from this date. This will bring Rotherham into line with other CCGs nationally. Level of risk does increase though because it removes back up for GP OO calls. Winter pressures funding utilised to increase clinical support at NHS 111 call centres, should reduce proportion of calls transferred to 999 and conveyed to A&E.	Regular reports to OE on NHS 111 and risk management. Regular item on the Care UK Performance /Quality Meetings. GP lead, officer lead and NHSR CCG Chief Nurse all actively participate in the NHS 111 governance structures. Rotherham has a 111 Rapid Response Team in place to pick up local issues Emergency Care Network and the CareUK Performance Group are overseeing local implementation of NHS 111 Clinical Governance & Quality meeting for NHS 111 reports no significant impact on A&E and 999. Service intention is to reduce demand in these areas. This has not happened but conversely we are not experiencing significant increased demand either.	Regional Clinical Governance Board has now been set up. Any issues re: NHS 111 operations dealt with here. Local issues relating to Directory of Services (DOS) or service response are passed to CCGs. The SY Clinical Governance Group is overseeing issues sub regionally on post event messaging.	Regular reports received from YAS on the number of referrals to 999 and A&E. Numbers are high but not out of line with other areas regionally and nationally. Also YAS & TRFT are not reporting any operational difficulties with 999 and A&E respectively as a result of 111. During winter period activity levels through NHS111 have been high particularly after snowfalls. Proportion of referrals to A&E/999 have remained consistent. Approximately 10% to 999 and 6% to A&E. Absolute numbers have gone up though. Introduced more floorwalkers (clinicians) to reduce % of calls being converted. Proportion of 111 referrals remain consistent. Winter pressures funding has been terminated but performance maintained. 24.08.15 - proportion of 111 referrals to A&E and 999 remains consistent. Introduction of floor walkers on 111 call centre should reduce number of inappropriate referrals to 999. 23.12.15 - Proportion of 111 referrals to A&E remains consistent 22.06.16 Number of people referred from NHS 111 to 999 or A&E remains consistent at around 9%.	111 contract is regionally commissioned d this restricts NHSR CCGs ability to respond to systemic pressures. Recent transfer of OOH class from CareUK to 11 has led to an increase in referrals to 999/A&E. Concern that system of triage at 111 is more likely to result in 999 call-out.		*Tolerate*	Monitoring in place to pick up any impact from changes to call handling service. Commissioners liaising with YAS and CareUK to explore full extent of problem. System Resilience Group have agreed Winter Pressure money used to support the YAS path finder.	June 16 Dominic
089	24.12.2014		Failure to deliver against the Public Health Memorandum of Understanding	Sarah Whittle	5	3	15	3	3	9	• Regular meetings between top team Public Health and OE. • Memorandum of Understanding (MOU) agreed actions in respect of Public Health Strategy at meetings. • Share good practice between Public Health and NHSR CCG		Regular meetings between top team Public Health and OE. • New Director of Public health in post July 2015.			New memorandum of understanding currently being addressed.	*Tolerate*		Jun 16 Sarah
078	04.11.2013		NHS England unable to locate CAMHS Tier 4 Bed. As a result RDaSH are placing under 18's with Rotherham's Adult beds - Risk Children in adult beds. Adult beds occupied (currently CCG not charging) could result in CCG having to fund out of area bed for Adult. (Emergency Issue)	Kate Tufnell Nigel Parkes	3	4	12	3	3	9	• Monthly Contract Performance meetings • Regular interface between RDaSH CAMHS and NHS England Case Managers. Also, liaison with RMBC as required. • Direct involvement of RCCG Case Manager (if patient approaching transfer to Adult services) and RCCG CAMHS contracting lead. • NHS England have started a procurement process and also sourced further Tier 4 capacity in Sheffield and York. This should alleviate Tier 4 capacity issues in the short and long term. - Adhoc meetings as required to discuss CAMHS Tier 4/Complex cases attended by NHS England, RMBC, RCCG and RTFT.	• Monitoring of specific CAMHS Key Performance Indicators (KPI). • Monitoring of RDaSH CAMHS data relating to patients in Tier 4 facilities.	• CQC visits/reports. • CAMHS Strategy & Partnership Group meetings Monthly CAMHS Contract & Performance meetings	• Successful management of some complex cases by joint work between; RCCG, RMBC, RDaSH CAMHS & NHS England. • Results of NHS England Tier 4 Review which calls for more local Tier 4 provision. • RDaSH CAMHS successfully managing patients in the community who might otherwise be admitted to a Tier 4 facility. • RDaSH now meeting regularly with TRFT to discuss CAMHS Interface issues, including Tier 4 RDASH CAMHS Paediatric Liaison Nurse in post and managing patients accessing CAMHS Tier4	RDaSH CAMHS senior management not fully understandings their own staff issues.	• Lack of robust monitoring data on Tier 4 placements by NHS England.	*Tolerate*	• RDaSH/RCCG to undertake a scoping exercise to determine the value of a CAMHS Tier 3+ service. This is also supported by extra funding within the CAMHS LTP. - RCCG undertaking an exercise to understand the reasons for Children being admitted to adult inpatient wards. These to be investigated through the RDaSH Issues Log and the performance notice remedial action plan.	June 16 Kate Nigel
076	26.02.2013		Financial pressure due to rebasing of ambulance costs across Y&H	Keely Firth	4	3	12	3	3	9	NHSR CCG representation at YAS contract meetings. NHSR CCG representation at DOF meetings.	Additional capacity to work with the YAS implementation team.	Attendance by CCG CFO at YAS contract currency group.	Financial risk control in Annual Plan	Lack of financial information to substantiate revised PBR prices		*Tolerate*	Capacity identified to support finance work stream	Jun 16 Keely
075	25.02.2013		Payment approaches for Mental Health for Older People & Adults (Potential increase in costs for services to the CCG due to transfer from block contract to a PbR type mechanism)	Ian Atkinson Nigel Parkes	4	3	12	3	3	9	• Care Pathway & Currency Development Group, contract currently with RDaSH held monthly. • Memorandum of Understanding 2016/17- shadowing the PbR process. • Contract Performance Group meetings held monthly • SCE to be kept involved via SCE GP Lead • MH QIPP Group to advise key officers challenges in mental health	• Memorandum of Understanding paper to OE June 2016 • Referral criteria for entry into service Key priority for MH QIPP group but likely introduction of MH PbR will be delayed until April 2017	Care pathway and currency development group meetings	Financial risk control in Commissioning Plan	NHSR CCG commissioning external review of funding quantum for mental health as part of 2014/15 commissioning plan.		*Tolerate*	Proposal for RDASH to work with all commissioners during 2016/17 to develop a mechanism to take forward the "Episodic" payment system approach for 2017/18. This will include mechanisms for reducing risk.	June 16 Kate Nigel Ian

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092	05.06.2015		Impact of PMS/MPIG changes on the stability of practices	Jacqui Tufnell	3	4	12	3	3	9	The PMS review process has now concluded and practices notified of the outcome. There are significant concerns regarding at least 3 practices remaining financially sustainable at the end of the PMS 'protection' period. Discussions are ongoing in relation to supporting the practices with collaborative discussions. Discussions are also continuing in relation to Y1 reinvestment of the premium. It is planned to have firm clarification of Y1 & Y2 reinvestment and scoping of Years 3 and 4 by October 2015 to support practices to understand there longer term financial positions. Proposal for a new quality payment to enable practices to have clarity of funding are working through committees	A monthly report in relation to the progress of PMS discussions is provided monthly to the primary care sub-committee. An interim strategy for general practice has been agreed and further engagement with GPs, public and stakeholders is taking place with the intention to incorporate any changes into the commissioning plan. This should also support practices with clarity of intended changes over the next few years.	Relevant audit controls are in place and a payment verification audit is taking place.	Approach for stabilising impact of PMS review has now been agreed in principle with LMC officers. Task and Finish group is meeting monthly to draft, agree and implement.	The PMS process is a national requirement and the local principles devised by NHS England for reinvestment have to be upheld. Practices could choose not to accept the quality conduct.		*Tolerate*	Continue to progress discussions with LMC regarding PMS reinvestment. Continue with discussions with affected practices to have clear plans prior to impact of funding disinvestment.	Jun 16 Jacqui
054	11.11.2011		Failure of CCG IT Systems	Ian Atkinson Andrew Clayton	3	3	9	2	3	6	IT services continuity and disaster recovery is covered by several controls in the IG toolkit. Aspects of IT service reliability and resilience are subject to regular audit and inspection by internal Audit. Information Technology Strategy 2015-2018	An internal/external network security assessment test was carried out in March 2012. The findings of this test have been reported to the Operational Risk, Governance and Quality Management Group in August 2012. Remedial actions have been carried out by the IT Service. NHS Rotherham attained satisfactory score for the IG Toolkit Assurance 2015/16. NHSR CCG Information Risk Policy. Information Asset Risk Management Plan 2015-16. Information Asset annual risk assessments.			System Specific Security Policies need documenting for key Information Assets.	None	*Tolerate*	Under regular review by the Information Governance Group.	June 16 Andy Ian
011	11.11.2011		Failure to achieve the national standard for non fast track cases (CHC) RETIRE	Sue Cassin Alun Windle	2	3	6	2	3	6	Continuing Health Care process in place. Budgetary Monitoring and Reporting. National Framework for NHS Continuing Health Care Service quarterly Assurance Benchmarking against 211 CCG's NHS Practice Guidance. Monthly internal and external audits. New CHAT reporting system and quality / performance reporting system • Additional staff appointed • Weekly reporting.	• Periodic updates to Aqua Committee • Monthly update to CCG Governing Body • KPI monitoring • Enhanced monitoring with senior CHC clinicians by NHSR CCG lead officer. CHC Quality Standards implemented and reviewed. Reported quarterly	External Audit reports are reviewed by Aqua Committee	Service has returned to Rotherham CCG, with responsibility for staffing. Data cleansing completed of current CHC cases between 3 month and yearly outstanding reviews. Focus directed to annual outstanding reviews, and a new process implemented for 3 month reviews to assess effectiveness of care.	IT database being transferred from Sheffield servers to Rotherham, current systems not communicating effectively.	IT Leads working with service to mitigate risk and build a safe infrastructure	*TREAT*	Monitor new changes using current reporting.	June 16 Alun Sue
022	11.11.2011		Not maintaining a satisfactory HCAIs position RETIRE	Sue Cassin Emma Batten Jason Punyer	3	3	9	3	2	6	Provider's internal/external governance arrangements. Monitor compliance framework. All NHS providers registered with CQC. . Antimicrobial policies Mandatory surveillance for MRSA, MSSA, CDiff, E-Coli bacteraemia. Outbreak and incident reports. RCA/PIR processes for MRSA bacteraemia and CDiff infections. SLA between NHS Standard Contract. HCAI reduction plan. Annual plans set nationally for MRSA and CDiff. CCG strongly linked into RCA/PIR processes with main provider CCG lead RCA/PIR processes with main provider. CCG undertake RCA/PIR processes for Community assigned.	Monthly Patient Safety/Quality Assurance reports to Governing Body Exception reports to NHSR CCG Chief Nurse. IPCN and Prescribing Advisor for infections invited to IPaC outbreak/incident meetings. Contract Clinical Quality meetings. Monitoring TRFT trajectories for CDiff Agreed process for reporting IPaC incidents to Head of Clinical Quality Monthly report to RCCG Governing Body . Standing agenda item at monthly Contract Quality Meetings. Senior member of CCG Medicines Management team attends RCA and PIR meetings. Monitoring CCG trajectories for C Diff. Monitoring CCG trajectories for MRSA blood stream infections.	Breaches reportable to Monitor Outbreak management investigation (supported by PHE). MRSA Appeals Panel Investigation of out of area cases or cases requiring arbitration. Antimicrobial Policy Group attended by MMT and Health Protection Principal. NHSR CCG representation on Health Protection Committee. Annual report from HPC with RCCG input. Health Protection Assurance Framework Best Practice letter sent to GPs where antibiotic usage inappropriate (shared with MMT, NHSE) HPP invited to IPaC outbreak/incident meetings.	Joint working between provider/commissioner leads across SY&B. CCG IPC Lead attends MDTs meeting when required, CCG IPC lead attends IPC&D. CCG IPC Lead leads on the PIR Overview Panel. Comprehensive RCA process adopted by TRFT which identifies any lapses in care which would be escalated through the contract. Regular communication with RFT IPaC team RCCG consulted by in TRFT policies	Lack of robust processes by GPs for community cases of C.Diff LAC of PIR overview panel for community case C.Diff Lack of clarity around the future provision of IPaC in the wider community /primary care. Lack of specification for TRFT IPC service. No specified timescales for dental practices moving to best practice NHSR CCG/TRFT HCAI reduction plans Risks associated with information governance and sharing data across several organisations	Consolidate HCAI assurance processes with TRFT Clarify IPaC advice for NHSE commissioned services Lack of District wide IPaC operational network RCA processes within primary care Ensure appropriate RCA process undertaken for out of area patients	*Tolerate*	Monthly PIR Overview Panels with Microbiologist/IPCT Team/ MMT representative Communication regarding all out of area HCAIs - formal process. Monitor and review all C Diffs and MRSAs and produce CCG specific HCAI reduction plan.	June 16 Sue Emma Jason

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087	03.12.2014	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children RETIRE	Sue Cassin Catherine Hall	4	4	12	3	3	9	• Service specification for children. • Intercollegiate competency framework for expectations within an Acute and Community Services & LAC. • Family Nurse Practitioner (FNP) is now at capacity however supervisor is on long term sickness TRFT Named Professional capacity –good Named Midwife - recruited to post Intercollegiate Safeguarding Adult document published March 2016. LAC Named Nurse returned from long term sickness on a phased return. However, the Specialist LAC Nurse is now on sick leave. TRFT have placed a Community Practice Educator within the LAC health team for support to Dave Busby Specialist LAC Nurse. CSE Specialist Nurse remains on long term sick but they have cover from a CSE specialist nurse 3 days per week with a plan in place to increase.	TRFT are fully aware of the concerns within the CSE Team as is Public Health who commission the team. TRFT fully await of LAC team issues	NHSR CCG Chief Nurse has raised issues with TRFT Chief Nurse re capacity in safeguarding Corporate parenting continues to monitor an improving picture in relation to initial health assessments. New LA/Health LAC assurance meeting being commenced. Issues in LAC team picked up and monitored through TRFT Quality & Performance meeting.	TRFT dealing with CSE nurse sickness through HR	• Named Midwife now in post • Community Named Nurse back ~~on~~ from sick leave • Family Nurse Practitioners (FNP) nurses are at capacity. FNP Supervisor recruited CSE Nurse currently off sick Care leavers specialist nurse off sick.	Safeguarding Assurance and KPIs are missing key areas and lack in details. Reviewed by TRFT and additional areas added. TRFT have included initial health assessments on their risk register and discussions are on-going. Improving picture	*TREAT - SEE AF*	Chief Nurses both aware of issues with LAC Initial Health Assessments	June 16 Catherine Sue
002	11.11.2011	AF07	Failure to prevent high level lapses in Child Protection RETIRE	Sue Cassin Catherine Hall	4	5	20	3	3	9	All Safeguarding policies and procedures 2) Safeguarding Board reports to NHS SY & B Board and AQuA • Training requirement for all clinical and non-clinical staff agreed. • Monitoring reporting against Outcome 7 of the Essential Standards of Quality and Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008. • Biennial Section 11, Children Act Self-Assessment. •Designated Nurse for Safeguarding Children ensures providers adhere to Section 11 Children Act Self-Assessment. • Safeguarding standards incorporated in all provider contracts. CQUIN for RDaSH and TRFT in place. • Commissioning Safeguarding Vulnerable Clients annual report to Safeguarding Adults Board and NHSR CCG GB. • Multi-Agency Safeguarding Hub (MASH)- developed. • Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014) • Casey review published 4 February 2015 into Local Government CQC CLAS review Feb 2015 - Report and action plan to AQUA 22.07.16. 2 substantive CCG posts in Rotherham MASH	Reports to RLSCB, NHSR CCG Governing Body and H&W Board. Annual Report to NHSR and NHS Area Team and AQuA. Board level engagement at Organisational Executive level – regular reports. Child death review process to identify all avoidable factors. GP safeguarding leads identified and engaged in processes. Lead professionals at a senior Executive level identified in all health providers and NHSR CCG Training data is being reported quarterly Designated Professionals have been appraised by Chief Nurse annually. NHSR CCG Chief Nurse provides 1-1 supervision of Designated Professionals Child Protection. Survey Monkey utilise to check out learning from safeguarding training events Monthly CQC CLAS action plan peer challenge meetings 15 June 2015 Monitor requesting assurance regarding Jimmy Saville recommendations. Action plan from TRFT and RDaSH to be shared with Contract Team and monitored via quality surveillance meetings. Assurance is included in the safeguarding standards. RCCG undertaking a 1 year secondment plan with Rotherham Multi-Agency Safeguarding Hub (MASH) - paper going to OE re future MASH Commitment not included in TRFT / RDaSH Contracts for 2016/17. Intercollegiate document for Adults published March 2016 provides advice on safeguarding capacity .	Reports to Local Safeguarding Children's Board (LSCB) Board. SCR reviews by OFSTED in 2011 evaluated as Outstanding. SLIP currently awaiting publication. Chair recruited to for LSCB. CQC Children Looked After and Safeguarding review 23 – 27 February Improvement Panel to support multi agency delivery of Safeguarding agenda. NHSE Area Team triangulates scoring/outcome as green. Annual reports received from providers. NHSE Area Team regional and sub-regional has a safeguarding forum CCG Membership of Child Sexual Exploitation LSCB Sub Group • Ofsted report published November 2014, RCCG Chief Executive and RCCG Chief Nurse attends the Chief Executive/Office C&YP Improvement Board on a monthly basis. RCCG Assistant Chief Officer attends the C&YP Improvement Panel RCCG Head of Safeguarding and Deputy Designated Nurse attend the C&YP Operational Group. CQC action plan SCR with SCH Child J commencing June 2016.	Safeguarding Standards in all main contracts achievement against these are monitored via contract quality meetings. Main provider Annual Safeguarding Children's reports published internally and externally. CQC review of Children Looked After and Safeguarding undertaken 23 – 27 February 2015. Action Plan to be monitored by RCCG and RLSCB to seek assurance. NHSR CCG OE considering a proposal to improve the Health Economy commitment to MASH on 1.12.2014 & 7.12.2014 Head of Safeguarding (CH) has become a CQC Inspector for Safeguarding. RCCG 5 year plan includes Safeguarding as one of its 4 priorities. TRFT has agreed MASH commitment. 1WTE Band 7 NHS England review of LAC and Safeguarding plus Peer challenge May 2016.	Serious case review process in Working Together 2013~~5~~ states that an independent review team will be nationally implemented. SCR for Rotherham awaiting publication. There are no national IT systems in place. Children at risk or known to be Sexually Exploited who subsequently go missing from home and services, there is no national process within health for Children and families who go missing. NHS England are undertaking some work but this has been raised since their inception April 2013 Recruitment process under way to position of Independent Chair of RLSCB to replace retiring post holder. National Crime Agency reviewing 1400 cases identified by Jay report RDASH have 6 months to consider their MASH commitment.	CQUIN in place to monitor RDaSH training statistics. CQC comment regarding training. Training Data monitored across the South Yorkshire . MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15 Child Sexual Exploitation strategy has been updated 2015. CSE Team to be re-launched this team includes health partners. NHS England National Team are still working on a national missing persons process.	*TREAT - SEE AF*	Providers working to rectify data reporting discrepancy in ESR/OLM. CQC commented (2015) national difficulty in recording Levels of Safeguarding children training. NHSE nationally considering 'missing children' SCH & TRFT have a Serious Case Review action plan relating to Baby R – SILP not yet published. RCCG reviewing recommendations from CQC CLAS Review February 2015, action plan developed and well established.	June 16 Catherine Sue
103	22.12.2015	AF41	Delayed coding miss-represents HSMR position of RFT RETIRE	Ian Atkinson Sue Cassin Keely Firth	5	3	15	4	2	8	RFT recruited agency staff in coding. Weekly focus in clinical teams to locate medical notes	Contract monitoring and contract quality groups manage through monthly meetings	National reporting of HSMR/SHMI rates. These reported to CCG Governing Body monthly Performance improved at TRFT	Regular formal updates to CCG				RCCG contract monitoring process is holding RFT to account through the RFT action plan Coding has improved significantly so will continue to monitor.	Jun 16 Keely Sue Ian
077	22.05.2013	AF22	Impact of Caldecott 2 inhibiting CCGs efficiency programmes, quality assurance and financial governance RETIRE	Keely Firth Ian Atkinson Sue Cassin	4	4	16	2	2	4	NHSR CCG has begun an internal and shared risk assessment with SY CCGs. Assurance paper to AQuA 26 March 2014 Quality assurance - work closely with providers to review information in order to gain assurance. Safeguarding - Caldecott 2 does not impact on this	AQUA given assurance on IG tool kit for 2015/16. All CCG staff IG compliant	Aspects of this will be picked up in 2013/14 IG Toolkit. National Section 252 has been agreed until October 2014. NHSR CCG provisionally accepted as an accredited safe haven in November 2013.				*Retire*	RETIRE	Jun 16 Keely Sue Ian

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					C	L	CxL	C	L	CxL									
049	11.11.2011		Failure to provide safe and secure environment for staff, patients and visitors RETIRE	Sarah Whittle	3	3	9	3	2	6	Wide range of H&S, Fire and Security Policies and Procedures are in place. Mandatory training updates for managers and staff. Specialist skills within workforce for H&S. Security and Fire covered by external contract. Principles for Good staff Management. CCG SLA's re OH and Estates, CCG values, corporate and departmental risk assessments "Contact Officers" and counselling services Premises maintenance. Incident reporting procedures. Mandatory training by all staff and completed at the end of March 2014. CCG has come top of National table for the highest % of staff completing mandatory training. Staff, SCE and GP members have undertaken training in Fraud, Equality & Diversity, Fire, H&S, Infection Control, Manual Handling, Information Governance and Safeguarding Adults & Children. Emergency Response plan and Business Continuity Plans developed and implemented and tested.	Risk assessment conducted at corporate level. Annual report to board. Low levels of incidents. Monitoring of sickness absence levels and reasons. Healthy Workforce programme in progress	H&S inspections/reports for particular issues. Positive Staff Survey results, low levels of perceived stress. 2nd best CCG in the country to work for - based on annual survey results	Annual IPaC work plans pulling together all relevant streams. Awarded Healthy Workforce Charter - April 2016	None		*Retire*	Full audit of Health and Safety, Security and Fire-with action plan being implemented Leading by example - A healthy NHS workforce an offer to our staff. National Lead for a pilot to develop the offer. RETIRE	Jun 16 Sarah
047	11.11.2011		Failure to deliver the benefits from the health and well being board RETIRE	Chris Edwards	4	3	12	3	2	6	Strong relationships via LSP, CEO meetings, joint DPH appointment. Chair of H&WB Board attends CCG Governing Body . 3 CCG representatives on H&WB Board. Strong relationships built. H&WB Strategy developed and approved across health community. RMBC and CCG have reviewed H&WB governance and priorities following the Louise Casey Governance Review. Changes will be effective from July 2015.		RMBC and CCG have reviewed H&WB governance and priorities following the Louise Casey Governance Review. Changes will be effective from July 2015.	New Health & Wellbeing Board Strategy agreed in September 2015.		Assurance to be provided once individual is identified to attend H&WBB	*Retire*	RETIRE	Jun 16 Chris
056	11.11.2011		Not achieving acceptable standards for Information Governance leading to data loss/adverse patient consequence RETIRE	Ian Atkinson Andrew Clayton	5	2	10	3	2	6	NHS Rotherham carries out an annual work programme and assessment of its Information Governance practice using the information Governance Toolkit.	AQUA given assurance on IT tool kit March 2016			Work on 2016/17 IG toolkit commenced.	IT tool kit satisfactory in March 2016	*Retire*	RETIRE	June 16 Andy Ian
059	11.11.2011		Lack of sufficient IT back up to enable effective business continuity RETIRE	Ian Atkinson Andrew Clayton	4	3	12	3	2	6	Backups for all key information systems reviewed by Information Asset Owners on annual basis. Automated backups of all centralised data taken every weekday to disk and tape backup. Weekly backups held off site. CCG data storage system replicated in real time to a disaster recovery site held at Breathing Space.	NHSR CCG Information Risk Policy Information Asset Risk Management Plan 2015-16. Information Asset annual risk assessments.			None	None	*Retire*	Under regular review by the Information Governance Group. RETIRE	June 16 Andy Ian
007	11.11.2011		Reduction in funding means PCT has to make cost per case decisions that may be challenged RETIR	Keely Firth	4	3	12	3	2	6	Individual Funding Appeal Panel in place to ensure transparency of decision making process. Individual Funding request policy and procedure in place. Restricted procedures policy implemented in 2015/16	Reporting to NHSR CCG Governing Body and Non-Executive Chairing of Appeals. No legal challenge to date.		Annual report to NHSR CCG Governing Body provided regarding Individual Funding Requests activities	None	None	*Retire*	RETIRE	Jun 16 Keely
035	11.11.2011		Failure to secure efficiencies from specialised services RETIRE	NCB risk from 1 April 2012	4	4	16	2	3	6	Chief Executive membership of Specialised Commissioning Group. SCG has identified savings and is monitoring 4 year action plan. Board reviews SCG minutes and expenditure monthly.	Monthly reports to NHSR CCG Governing Body and at cluster level, including identification for emerging risks.			None	None	*Retire*	Update January 2014 RETIRE	Feb-15
051	11.11.2011		Service quality is compromised due to lack of training RETIRE	Chris Edwards	4	3	12	3	2	6	Workforce & OD Plan. Corporate L&D programme, including annual Statutory/ mandatory (MAST) updates & role-specific (ETJR) provision. Workforce Development Policy (Access to Learning), with corporate & directorate plans in operation. Annual PDR/PDP, recorded in Personal File. Quality assurance of training/learning packages & monitoring / reporting of statutory compliance via subject-specialists. Recording and annual reporting of MAST completion via OD/HR Dept. SLA with RFT for provision of L&D services ASM & CMM development events. Targeted NHSR CCG Governing Body and SCE development	Annual review of workforce plans. Monitoring and annual reporting of staff uptake of MAST. Staff surveys. SLA reviews. Key priorities produced for all staff. Mandatory training achieved 100% compliance by end of April 2015		Investors in Excellence ensures up to date training mandatory and developmental and up to date job descriptions New Organisational Development plan is now finalised and in operation. All PDRs completed	CPD for clinical staff not recorded / reported in annual L&D report	None	*Retire*	RETIRE	Jun 16 Chris
061	11.11.2011		Poor human rights practice leading to adverse consequence for staff/ litigation RETIRE	Sarah Whittle	4	3	12	4	2	8	6 monthly monitoring reports. Equality and Diversity Website. Equality and Diversity in Employment. Strategy and Action Plan. Mandatory Equality and Diversity training for all staff. Equality and Diversity Awareness e-learning training achieved 90%. Equality, Diversity and Human Rights Steering Group. Equality Delivery System (EDS). NHSR CCG has adopted EDS2 Purchased DVD's to play at staff meetings commencing January 2015.	See actions in 1.1.3 Quality of commissioned Services does not improve. Working closely with other CCGs Equality Impact Assessment. EDS Self Assessment.	EDS Self Assessment. Public & Patient & voluntary sector are asked for EDS Self Assessments		None	TRFT information data on A&E attendance e.g. Ethnic, age, disability is not being reported. This is to be escalated via contract process.	*Retire*	DVD training at ~~all~~ staff meetings focusing on key areas - completed. Age, Religion, Faith and Trans Gender June 2016. RETIRE	Jun 16 Sarah

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043	11.11.2011		Inability to demonstrate good process in judicial review RETIRE	Sarah Whittle	4	3	12	4	2	8	Constant attention to governance Working with colleagues across SY&B with governance leads to ensure roll out of good practice. NHSR CCG adopting NHS Code of Practice.	The operational executive, SCE in consultation with SY&B, to maintain high standards of attention to governance and to develop as appropriate in line with emerging government requirements. Annual Governance Statement - Internal Audit draft Head of Internal Audit Opinion. NHSR CCG developed Annual Governance Statement NHSR CCG Standards of Business Conduct Policy developed. Updated and approved by Governing Body March 2016 CCG updated Constitution June 2015 Implemented forward plan and action logs for CCG Governing Body and AQuA.	Endorsement of arrangements by external Audit and Counter Fraud Services.		None		*Retire*	Currently updating constitution June 2016 RETIRE	Jun 16 Sarah
013	11.11.2011		Not robustly managing plans to deliver outcomes and equitable use of funds RETIRE	Ian Atkinson	4	4	16	4	2	8	Skilled contracting team are kept up to date of commissioning intentions. DH Standard Contracts implemented across all main providers.	Monthly contracting meetings with all main providers.		Monthly Governing Body reporting.	None	None	*Retire*	OE reviewed this in December 2013 RETIRE	Jun 16 Ian
009	11.11.2011		Failure to secure value for money from all our providers RETIRE	Keely Firth	4	4	16	4	2	8	Contractual framework covers 85% of investments including PbR. CQUIN schemes in place. OE/SCE review of investment/disinvestment plans. • Medicines Management team support the prescribing activities which are not on local contracts, but costs benchmark high against regional and national comparators therefore a waste campaign is now underway in Rotherham. CHC team strengthened to better control care package costs	Strong contract management including sanctions and incentives in line with national contract and guidance. • Favourable prescribing benchmarking although pricing pressures starting to emerge.	External Audit annual report for 2015/16 included positive VFM test.		None	None	*Retire*	2016/17 plans now being implemented with reduction for waste and other duplication inherent within the plan. RETIRE	Jun 16 Keely
060	11.11.2011		Major loss of reputation/ loss of patient confidence RETIRE	Chris Edwards Gordon Laidlaw Helen Wyatt Sarah Whittle	4	4	16	4	2	8	See actions in 1.1.3 Quality of commissioned Services does not improve. Communications team manages reputational issues in the local media. NHSR CCG Head of Communications Post in place. NHSR CCG Communication Plan in place to address reputation.	See actions in 1.1.3 Quality of commissioned Services does not improve. Communications plan for 2015/16 Media relations policy in development	Established good relationships with stakeholder communications teams with regular meetings between communications leads Established proactive relationship with local and regional media.	Patient Participation Group (PPG) Quarterly Meetings in place. Stakeholder events to inform the formal consultation processes. Communication and Engagement activity is reported to NHSR CCG Governing Body every month. Established good reputation and regular contact with local and regional media	See actions in 1.1.3 Quality of commissioned Services does not improve. Working Together Programme may incur risk in that although we are part of the process and work streams control may not lie fully with the CCG but with NHSE STP process and priorities will need clear communication	See actions in 1.1.3 Quality of commissioned Services does not improve. .	*Retire*	RETIRE	Jun 16 Chris
014	11.11.2011		Poor performance management does not secure health outcomes RETIRE	Ian Atkinson	4	4	16	4	2	8	System of monitoring a wide range of outcome measures and Board approved escalation policy by Performance Team and responsible managers.	Monthly Governing Body performance reports and detailed reports every quarter to OE.		NHSR CCG received positive assurance at NHSE assurance meeting in February 2014			*Retire*	Key performance issue will be deep dived at AQuA in March, May, June 2015 RETIRE	Jun 16 Ian

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045	11.11.2011		Services not being responsive to what people want RETIRE	Sue Cassin Helen Wyatt	4	3	12	3	3	9	Engagement and communication sub-committee established to ensure oversight and accountability, and includes external representation. Notes to Governing Body quarterly. Links with Health Watch, scrutiny. Work with GP practices re engagement to scale up post transfer of responsibility to CCG. Consultation information is on the website Use of technologies, patient opinion to gather patient views and feed into commissioning process. Links with community groups. Patient stories used to inform commissioning i.e. commissioning plan. PPE embedded in Quality team, but whole organisation approach to ensure sufficient capacity for effective engagement with public and patients PPE manager attends CRMC and is linked to other priority work streams	Integrated Patient Safety & Quality report to AQuA and NHSR CCG Governing Body. Patient satisfaction surveys. Patient & Public Engagement and Experience report (including Friends & Family) monthly to NHSR CCG Governing Body -from November 2013 Reports to be submitted to the GB sub-committee for communications and engagement being established and agreed; to ensure there is sufficient data for assurance. CCG AGM took place June 2015 - 110 members of the public attended. Engagement activity mapped against key work streams. This has been used to assess and challenge level of activity as part of the work of the Engagement & Communications Sub Committee	Patient Opinion Feedback. Community Engagement Events. Internal Audit Report 2013/14. Friends & Family Test now rolled out to all services; and available public via NHS choices. CCG monitor response rates - positive. Narrative data available for some providers. Health Watch provide regular reports to NHSR CCG, and are further developing reporting mechanisms via the 'Moodraker' system and provide thematic analysis as required. Published summer 2015 - Effective Service Change Framework which offers assurance templates for major service changes. STP Working Together - regional communications and engagement working group established to act as support, information and resource sharing best practice around duplications and mutual assurance. To actively manage communications, engagement and formal consultancy.			Assurance to include Patient and Public Engagement when changes to services are proposed and made, including changes made by providers. Possible Risk - changes to services as a result of financial challenge might not be what people want but might be only option? Possible gap - regional working	*Retire*	The development of the 'Moodraker' system by Healthwatch will provide external and unbiased data, and a dashboard system to manage and analyse all patient feedback. Ensure through networks and various means that patients and public are engaged when changes are made to services. RETIRE	June Helen Sue
046	11.11.2011	AF17	Failure to maintain effective partnerships between e.g. primary, secondary, community, tertiary services, LAT and Other CCGs RETIRE	Chris Edwards	4	3	12	3	3	9	Commissioning Plan agreed by partners and activity trajectories reflected in RFT and other provider 2015/16 contracts SCE and GPRC group continue to develop links with all partners. Tertiary care co-ordinated through specialised commissioning group (via NHSR Cex). Development of CCG COM and CCGs Working Together work stream now established. Key partners being consulted on 2015/16 plans autumn 2015 .	Monthly reports on Annual Commissioning Plan to CCG Governing Body, regular meetings with partners.	H&WBB Forum for Strategic Partnerships System Resilience Group				*Retire*	RETIRE	Jun 16 Chris
038	11.11.2011		Failure to identify other efficiency risks RETIRE	Keely Firth	4	4	16	4	2	8	Reporting structure in place with GP/Officer lead against the 5 QIPP work streams. Multi-agency approach with key partners represented at senior level. Additional MH/LD and Community Transformation QIPP groups introduced in 2014/15 and continuing to follow through QIPP plans in 2015/16 and 2016/17. Continued review by finance team of all budget links throughout the year	Monthly reports to NHSR CCG Governing Body, including identification for emerging risks. Monthly sign off of budget statements by budget holders		Under regular review	None	None	*Retire*	Continue work on downside scenarios in 2016/17. RETIRE	Jun 16 Keely
044	11.11.2011		Inability to raise CCG profile with public and patients and to raise public expectation for good health (including Communications) RETIRE	Chris Edwards Gordon Laidlaw	3	3	9	3	3	9	Annual Commissioning Plan - stakeholder event to share. Public Engagement strategy. PPG comment on draft Commissioning Plan as required. Regular press releases to local media NHSR CCG Head of Communications Post in place. NHSR CCG Communication Plan in place to address reputation. NHSR CCG communications plan in place for 2015/16 PPE Strategy NHSR CCG current and new information uploaded to live public website. NHSR CCG new staff intranet site is now live. CCG completed full stakeholder 360 degree review in June 2015. CCG AGM and Patient Engagement Session held in June 2015. Communications is a key section within the commissioning plan. Working Together work stream with other CCGs is now developed	Patient & Public Engagement and Experience report monthly to NHSR CCG Governing Body -from November 2013 Annual PPE report Communication report to NHSR CCG Governing Body included in Chief Officers report. PPE mapping delivery matrix	Health & Wellbeing plan being consulted on and finalised by September 2015. CCG Commissioning Plan for 2015-2019 now published and consulted on. Communications plan on a page is included in the 5 year commissioning plan 2015/16 2014/15 I.e. communications recommendations are being picked up as part of I.e. group and action plan is being put in place.	2015 AGM attended by over 100 patients PPG Meetings Patient Engagement Sub Group developed Shortlisted CCG of the year Other patient engagement events			*Retire*	RETIRE	Jun 16 Chris
070	04.01.2013	AF13	NHS Commissioning Organisations not successfully picking up all important responsibilities that were previously NHS Rotherham PCT RETIRE	Chris Edwards	4	2	8	3	3	9	NHSR CCG work closely with NHSE to identify gaps. Where gaps are identified meetings are held to agree the responsible organisation. CCG taking on delegated responsibility to commission GP services.	AQuA will keep reviewing the transition		CCG is housing or sharing services with other CCGs. CSU only used for B1 & Performance CCG talking delegated responsibilities for commissioning GP services CSU now closed and new services run by CCG's apart from BI	NHSE revisiting Continuing Healthcare legacy issues		*Retire*	See AF for details. Awaiting national guidance. Contingency in financial plan. RETIRE	Jun 16 Chris

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					C	L	CxL	C	L	CxL									
055	01.04.2012	AF18 AF19	Failure of TRFT IT (EPR) systems potentially leading to patient harm including contact centre RETIRE	Ian Atkinson Andrew Clayton	5	5	25	5	2	10	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 have been investigated accordingly.	Series of discussions at Board to Board in May and September and a standing item at Contract Quality meetings. Discussed at each 6 monthly Board to Board and each quarterly IT Strategy Group	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 in 2012. TRFT gave further assurances about patient safety but were unable to give full assurance about the impact on business intelligence. TRFTs recovery plans have been presented to the NHSR CCG and also Monitor. Risks reviewed at Board to Board in November 2014	TRFT Medical Director has given assurance to NHSR CCG and Monitor they have been no actual incidence of patient harm. Discharged from MONITOR conditions. TRFT stated risks are now back to the level of committee trusts and will be seeking discharge from Monitor conditions in this area.	NHSR CCG assured that risks of patient harm have been mitigated but system is still problematic for clinicians to use and to extract information from. Deployed more widely in TRFT. Now a stable platform.	TRFT 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 NHSR CCG at Board to Board on 1 November 2014. Reviewed at Trust Board strategy meeting in June 2015.	*Retire*	See Risk 073 for details RETIRE	June 16 Andy Ian
001	11.11.2011		Failure to prevent high level lapse in adult protection. RETIRE	Sue Cassin Kirsty Leahy	4	5	20	4	2	8	South Yorkshire Safeguarding Policy and Producers have been updated and launched to reflect the implementation of the Care Act 2014 and Making Safeguarding Personal. The Health economy have previously raised concerns with the content of these documents and have been given assurance from RMBC that they will be reviewed again in 6 months' time. Commissioning Safeguarding Clients annual report to Safeguarding Adults Board and NHSR CCG GB. Membership of Rotherham Adult Safeguarding Board. Training requirement for all clinical and non clinical staff agreed. Quarterly Contract Monitoring Meetings established. Monthly meetings take place with NHS, CHC, CQC, RMBC. Safeguarding standards incorporated in all main provider contracts	Safeguarding Report to NHSR CCG Governing Body monthly. Currently manage Safeguarding Adults within the combined safeguarding Children and Adults post which reports to the Chief Nurse and supported by Safeguarding Adults Quality Lead and the Safeguarding and Quality Assurance Officer to support the safeguarding processes. GP leads identified and engaged in processes. Lead professionals identified in all health providers and NHSR CCG 360 internal audit safeguarding adults "significant assurance" given to NHS RCCG in terms of arrangements for safeguarding adults. Actions identified and completed. Paper to NHS RCCG OE, AQUA.	Reports to NHSR CCG Governing Body and Safeguarding Adults & Children Boards	Safeguarding Standards in all main contracts Annual Adults Safeguarding report Safeguarding KPIs have been published CQUIN in place to monitor TRFT & RDaSH training statistics. Commissioning with Continuing Healthcare and Quality Assurance. • Regarding patient placement and having a robust process. • Continued support of patient's needs whilst in placement.	Due to the change in DoLS legislation those in TRFT who are assessed by the trust as being deprived of their liberty and an application submitted to the supervisory body are not been authorised due to capacity within RMBC. This is a nationwide concern due to demand outweighing capacity following on from the Cheshire West case (Following on from the above The Care Commission published a consultation paper on "Mental Capacity and Deprivation of Liberty" as concerns were evident around the application and appropriateness of DoL and it not been fit for purpose. This consultation has now finished and a draft outline of changes given. This will continue to develop with the final version being ready in 2017). Both the Prevent and Channel duty became a legal requirement in July 2015 with the UK on a serve warning for a terrorist attack. The Channel Panel arrangements are the responsibility of RMBC and have as yet not been confirmed. RDASH safeguarding adult lead for Rotherham has left post. This is to be advertised. At present RDASH safeguarding lead is covering these areas.	There is a developing team and a shared process across the CHC hub (Doncaster, Rotherham, Barnsley) for specific safeguarding support. Concerns that this is still not functioning hence NHS RCCG safeguarding team has provided Level 1 safeguarding training and provided details for RSAB & RLSCB safeguarding training..	*Retire*	Domestic Homicide review process being re-aligned to new health economy. Domestic Homicide Review Co-ordinator is pulling a process together for Rotherham. In 2013/14 NHSR CCG have provided financial support to the Domestic Homicide review process. Deprivation of Liberty - NHSR CCG have responsibility to ensure that all health commissioned individuals within the community are not unlawfully deprived of their liberty as guaranteed under Article 5 of the Human Rights Act by considering if the individual is "under continuous supervision and control and are not free to leave and lack capacity ". The CHC Team are to identify individuals who meet the criteria and inform NHSR CCG to seek legal advice for an application to the Court of Protection. Financial implications will occur. (please see finance risk).	June 16 Kirsty Sue
088	23.12.14	AF36	Implication of the changes to the 'Who Pays' guidance on the CCG's S117 responsibilities on: Patient safety Financial implications Changes in NHS guidance will revert back to previous S117 commissioner responsibility rules. REMOVE FROM REGISTER	Ian Atkinson Kate Tufnell	2	2	4	2	2	4	CCG will produce a paper quantifying the likely impact if the guidance is implemented in full. Current estimates are a risk of £3M to the CCG Working arrangements with other CCGs pending definitive guidance on who pays. Agreed SY & Bassetlaw S117 Transfer process in place. CFO discussion regarding funding transfers in place. Retrospective S117 Transfer date agreed – 1st April 2016 SY & Bassetlaw CCG S117 group established SY & Bassetlaw new placements process to be agreed and established. Working arrangement with RMBC definitive agreement on S117 to be commenced Jan-16	Paper to OE in December 2014 - completed Mental Health & Finance teams working together to ensure Rotherham S117 transfer process completed safely by 1st April 2016 CFO, Chief Nurse and Head of Contracts & SI, Commissioner case manager involved in discussions Local Case Management review process for all transferring patients in Retrospective cohort to be established. To ensure patients are correctly placed & their needs are being met.	South Yorkshire Nurses and CFOs group have agreed Retrospective S117 Transfer t will occur in a managed way from 1 April 2015 SY & Bassetlaw CCG S117 group established SY & Bassetlaw CCG agreed Retrospective transfer process. SY & Bassetlaw new placements process to be agreed and established. CFO in discussion with SY & Bassetlaw CCGs regarding the Retrospective funding transfer Changes in NHS England Guidance to be introduced April 2016 will revert the Responsible Commissioner to 2013 rules. This will mean that Rotherham is no longer responsible for people with S117 health eligibility placed by other CCGs		Awaiting possible national clarification Patient profiles and risk & complexity are unknown. Care co-ordination implication for RDaSH are not fully understood at this point. Number of transfers & financial implication unknown Agreed process only covers SY & Bassetlaw patients. The wider CCG implications unknown The SY & Bassetlaw CCGs all have different approaches to determining S117 eligibility & Funding Other CCGs place in Providers not used by the CCGs	Have fed back to NHS England the risk but to date no indication the guidance will be modified Neither the CCG or RDaSH know these patients. Therefore, the appropriateness of the placements cannot be assured at this stage. This process will enable CCGs to place in Rotherham and as consequence the CCG will become the responsible commissioner resulting in both case management and financial implications for the CCG NO single approach to determining S117 & funding eligibility The CCG does not have contractual or a history of working with all Providers in Rotherham. Therefore this will have to be addressed	*Retire*	Who pays guidance is being implemented with liaison with other SY CCGs. SY & Bassetlaw CCGs are working together to establish a retrospective S117 transfer action plan & agree a new placement policy REMOVE FROM REGISTER	Mar 16 K Tufnell I Atkinson
063	11.11.11		Reconfiguration of major trauma centre could have a knock on affect to the provision of services to patients	Ian Atkinson	4	3	12	3	1	3	Discussions between NHSE and Norcom. COO party to there NHSR discussion and will report back risks if they emerge.	NHS COO reports to Board. COO report if risks emerge.		None			*Retire*	REMOVE FROM REGISTER	Dec-15
074	11.11.11 (risk 55 changed to relate to EPR only - this is the original IT risk)		Failure of provider IT systems potentially leading to patient harm (excluding TRFT EPR)	Ian Atkinson	5	4	20	3	1	3	SystmOne is a fully mirrored system held in two geographical locations. Non SystmOne GPs have their systems backed up daily and these back ups are routinely verified by a third party.	Assurance for non SystmOne GP practices are received through the backup verification resting reports. Multiagency IT strategy group meet, 4 times yearly and review key issues and risks. NHSR CCG Information Risk Policy		SCE updated on IT in February 2015 to no new concerns SCE receives regular update from lead officer and GP			*Retire*	IT strategy refreshed as part of 2015 commissioning plan. REMOVE FROM REGISTER	Dec-15

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094	12.8.15.	AF34	Reprocurement of APMS contracts	J Tufnell	5	4	20	4	0	4	Formal processes are in place for reprocurement of APMS due for renewal. Key risk is the potential of no/poor response. Process now complete. No further APMS reprocurement	Progress of reprocurement is a standing item on the primary care sub-committee. A business continuity plan has been developed to manage the potential consequences of no/poor response. Processes concluded	NHSE are active members of the primary care sub-committee	Business continuity plan agreed with the Local Medical Committee		Ownership of the procurement process is with NHS England.	*Retire*	Ensure robust timetable for reprocurement of all APMS Will be overseen by the Primary Care Sub Committee REMOVE FROM REGISTER	Dec-15
067	17.05.12	1.1 AF01	Financial Implications of Metal on Metal Hip replacements	Robin Carlisle	4	4	16	3	1	3	Public Health consultant and SCE contract lead working to identify number of cases, and level of follow up required and clinical pathway. Going forward contracts will stipulate replacements with long term safety later	Individual cases needing revision will be managed as they are identified.		The NHSR CCG have agreed stricter standards with regard to the safety of hip replacements from providers in future			*Retire*	See AF for details.	Jun-15
034	11.11.11	1.3	Impact of Planned Care programme leads to patient harm or legal consequence	Robin Carlisle	5	3	15	5	1	5	CE leadership. Quality assurance of providers. Programme managed/led by Clinical Referrals Management Group. Identified CE leadership. PLT programme of events. QIPP tracker with detailed risk analysis, reported to SHA monthly. Efficiency programme detailed in Annual Commissioning Plan.	Monthly reports to CCGC and at cluster level, including identification for emerging risks.			None	None	*Retire*		Dec 2014 / Jan 2015
032	11.11.11	1.3	Impact of LTC/UC programme leads to patient harm or legal consequence	Robin Carlisle	5	3	15	5	1	5	High level multi-agency summits being held to further refine the details and governance for the LTC/UC Programme, which will be led by a (soon to be established) LTC/UC committee. Identified CE leadership. PLT programme of events. QIPP tracker with detailed risk analysis, reported to SHA monthly. Efficiency programme detailed in Annual Commissioning Plan.	Monthly reports to CCGC and at cluster level, including identification for emerging risks.			None	More detailed action plan and establishment of multi-agency Governance committee to oversee programme.	*Retire*		Dec 2014 / Jan 2015
030	11.11.11	1.3	Prescribing cost pressures lead to clinical harm	Robin Carlisle/ Stuart Lakin	5	1	5	5	1	5	Medicines Management Team to emphasize prescribing quality.	Strong Performance Management by Medicines Management Team and overall management of programme by multi agency Medicines Management Committee.			None	None	*Retire*		Dec 2014 / Jan 2015
086	04.09.14		Road works in central Rotherham impacting on efficiency of community staff, GPs and emergency services.	Robin Carlisle	4	2	8	4	1	4	Emergency staff have alternative routes and blue lights						*Retire*		Feb-15
010	11.11.11	1.6	Lack of resilience of finance and contracting team	Keely Firth	9	3	9	2	2	4	Team structure with cross cover built into capacity. • New post identified and all posts filled.	Standard processes documented and emergency plans in place. All objectives of the team assigned to lead officers and reviewed regularly through support, supervision and 1:1s	Strong positive feedback re quality of accounts and working papers.		None	None	*Retire*	Update January 2014	Dec 2014 / Jan 2015
006	09.11.11	1.7	Poor financial or activity data could lead to poor commissioning decisions.	Keely Firth	4	2	8	4	1	4	Use of SUS/SLAM IT systems to monitor activity. Efficiency Analysis Monthly Reports to CCGC. Embedded financial and activity data in Integrated Performance Report which goes monthly to CCGC. All commissioning decisions are approved by ME and CCGC.	Continuous monitoring of existing data quality processes through internal and external audit. Strong contract management including data completeness and quality.	Continuous monitoring of existing data quality processes through internal and external audit. Audit Commission annual coding audit. Main providers compare favourably.	Audit commission Report regarding data quality Report to AQA in May 2012	Improved use of Programme Budgeting Data. Proactive analysis of commissioned services by service line.	None	*Retire*		Dec 2014 / Jan 2015
036	11.11.11	3.1	Failure to deliver corporate /running cost efficiency savings	Keely Firth	2	3	6	2	2	4	Monthly QIPP Tracker report to SHA - includes risk analysis. Robust plan	Monthly reports to CCGC and at cluster level, including identification for emerging risks.	Managing within prescribed running costs envelope.	Cluster Board approval of VR. Running costs achieved via VR schemes throughout 2012/13	None	Further clarification of definition for running costs	*Retire*		Dec 2014 / Jan 2015
084	26.08.14		Communicable Diseases (Ebola)	Robin Carlisle	4	2	4	4	1	4	These areas are the responsibility of Public Health in Public Health England and RMBC.	Monthly meetings to discuss MOU with RMBC Public Health where relevant risks are reviewed.					*Retire*		Feb-15
90	15 01 15	n/a	Lack of independent nursing home bed capacity to meet demand for CHC patients	Alun Windle	2	3	6	2	2	4	Regular monitoring of Nursing Home demand through CHC and other organisations such as CQC - RMBC AQP contract is being developed and rolled out w/c 9 February 2015	Liaison with partner organisations to closely monitor demand in independent care providers	None		Nursing Home contracts - Review of RCCG's standard rates for funding Nursing home beds	RCCG do not control or contract independent providers for provision of nursing home beds	*Retire*	AQP contract for Nursing Homes, Review of standard rates for Nursing home Beds RCCG are reviewing the standard rate of pay to Care Homes and agreement to be reached in February 2015.	Feb-15
052	11.11.11	4.4	Reduction in capacity to deliver health outcomes due to poor staff morale	Chris Edwards	4	4	16	3	1	3	Weekly monitoring by OE. Monthly all staff meetings. Programme of staff support activities. New organisation NHS CB, CCG and CSS have their own all staff meetings.	Regular review by OE. Review of priorities for whole organisation.			None	None	*Retire*		Dec 2014 / Jan 2015
048	11.11.11	4.3	Failure to realise transformational benefits from 'Shaping Our Future'	Chris Edwards	4	4	16	3	1	3	RFT have agreed to the affordable trajectories in 2011/12 contract.12/13 contracts agreed and signed - any issues/ impact of SOF 12 months on has been addressed.	Monthly monitoring of all efficiency programmes			None	None	*Retire*		Dec 2014 / Jan 2015
057	11.11.11	1.4	Not having fit for purpose premises for staff and patients	NHS Property Services	4	3	12	3	1	3	Strategy. Premises maintained to National & NHS standards (HTMs, HBNs etc.). Third party Facilities Management contracts with regular performance review. Capital programme of £lm target at areas requiring repair, refurbishment or partial rebuild.	Care premises, strategic projects and Estate Performance including a major reduction of backlog maintenance. Third party FM providers are fully appraised through tendering process. On-going monitoring meetings take place with 3rd party providers. Full assessment of non NHS owned/head leased premises carried out in 2011. Various improvement grants completed in 2011/12. £1m approved in 2012/13 Final 'stock take' of estate legacy approved by SY&B Board in January 2013.		Finance approved and to be reviewed again in February & March 2013	None	None	*Retire*	N/A post April 2013	Dec 2014 / Jan 2015

Ref	Entry Date	AF Link	Principle Risk	Lead person	Uncontrolled Risk			Current Risk			Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	*Outcome*	Action Plan Description	Date Reviewed
					C	L	CxL	C	L	CxL									
050	11.11.11	1.6	Reduced ability to provide services due to staff ill health/absence	Chris Edwards	3	4	12	3	1	3	Family Friendly policies. Counselling Services. Occupational Health service. Sickness Absence monitoring/ Policy and Procedure and refreshed targets. Management training programme. 2011 Staff Survey action plan.	Performance reports to the Board 6 monthly. On-going monitoring by HR and follow up by managers. Advice, guidance and training to managers. OD Plan incorporating staff survey action plan.		Workforce reviewed and 3 additional posts added to structure	None	CCG only has 54 directly employed staff which has potential to impact on resilience - this is currently not causing an issue	*Retire*		Dec 2014 / Jan 2015
042	11.11.11	1.2	Clustering results in loss of focus on Rotherham health outcomes	Robin Carlisle	3	3	9	3	1	3	Well developed relationships with RMBC. RMBC membership offered to monthly CE / or non executive meetings and Councillor attends CCGC. GPCE membership on H&WBB. NHS R chair and non executive are members of the cluster Board. OD and transition plans being implemented.	Focussed management team with good communication to all staff to continue to help keep organisation focussed on Rotherham outcomes. 1:1 meetings and all staff meetings. On-going discussions over transition and governance arrangements.			None	None	*Retire*		Dec 2014 / Jan 2015
068	22.08.12		Failure to implement new ledger system, coding structure and new service provider effectively	Keely Firth	3	3	9	3	1	3	• SHA track process • Cluster representation • CCG Finance representation • Internal planning commenced. • Strong implementation team	• Updates at AQA from September meeting • Project board in place	Assure representative now on project board	Existing supplier with current Audit sign off	• CSU service provider not yet fully established to lead implementation	External Audit representative not named at this stage	*Retire*	Monitor progress with CSU/ project board and update AQA regularly. Review in August 12 All processes and actions have been implemented	Dec 2014 / Jan 2015
040	11.11.11	4.1 AF13	Not safely transferring NHSR current responsibilities to successor organisations, including responsibility for GP quality	Chris Edwards/Robin Carlisle/ J Tufnell	3	4	12	2	1	2	NHSR has delegated responsibilities to SY& Bassetlaw cluster and is represented on its board and management team. NHSR is working with CE to use their advice in 2011/12 NHSR is having meetings at CEO and officer levels about the potential roles for the local authority in the new arrangements. The SIP has transition plans based on current understanding of government intentions. Close co-ordination of HR transition by NHS SY & B for NHS CB, CCG & CSS. Sender and receiver meetings for public health (NHSR and RMBC). Completion of legacy work.	Memorandum of Understanding with CSS.	Legacy work overseen at SY & B level	5 SY CCGs have met to jointly action issues with NHSCB	Healthwatch provider yet to be identified by RMBC. Responsibility for GP quality sits with both NHSCB and CCG	New NHSCB & CSU structures are published, arrangements are unclear for some services e.g. translation. NHSCB to meet with CCGs via assembly meetings to clarify this area in Feb 2013.	*Retire*		Dec 2014 / Jan 2015
039	11.11.11	4.1	Failure to realise the benefits from GP consortia	Chris Edwards	33	4	12	2	1	2	9 GPs are engaged with the Commissioning Executive. 12 GPs are engaged via the GP Reference Group. The majority of GPs are engaged via LIS, PLT, Survey Monkey and 6 monthly commissioning events. NHS architecture moved on significantly from when this risk was identified. CCG now in shadow form and aiming for authorisation to be an accountable organisation by 1 April 2013	Non executives on CCGC, with regular meetings. Weekly meetings between Chair and GPCE Chair. Monthly newsletters from GPCE and GPRG.			None	None	*Retire*		Dec 2014 / Jan 2015
041	11.11.11	1.6	Clustering reduces leadership capacity before GP consortium are sufficiently developed	Chris Edwards	3	3	9	2	1	2	Wide range of NHS R staff are engaging with GPCE and GPRG. Chief Operating, Deputy COO, CFO and NHS R Organisational Development lead are communicating with the cluster. NHS architecture moved on significantly from when this risk was identified. CCG now in shadow form and aiming for authorisation to be an accountable organisation by 1 April 2013. CCG organisational and staffing structures developed.	Specific support for CE/GPRG being maintained and enhanced. Close dialogue with CE/GPRG and NHSR ME colleagues ensures robust structure continues. Relationships between cluster/NHSR staff being maintained and developed.			None	None	*Retire*		Dec 2014 / Jan 2015
082	05.02.14	1.5	Named GP for Safeguarding Children due to leave organisation. This will leave a significant gap in safeguarding assurance in primary care	Sue Cassin/Catherine Hall	4	4	16	1	1	1	• Named GP Safeguarding Vulnerable Clients in post.	•SCE review of individual responsibilities • All GPs in Rotherham have an identified GP lead and a deputy for Safeguarding.	• GP lead attendance at RLSCB and other relevant meetings	• Regular review of GP Lead responsibility		Safeguarding Children is a crucial role for CCGs following the reforms 01/04/2013 to the health service. Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework document see page 17 section 3.2.2 External assurance - NHSR CCG needs to assure NHSE & Rotherham LSCB that this risk has been identified and actions are being taken to rectify the gap in assurance.	*Retire*	•SCE have reviewed member roles and responsibilities to ensure all areas covered and GP Leads aware of responsibilities •Development programme needed to ensure future long-term cover arrangements.	Feb-15
081 Merged with 079	09.01.14	3.1 AF26	Impact on CCG of other commissioners efficiency plan	Rca	4	4	16	0	0	0	All commissioners discuss their plans at H&WBB and multi-agency QIPP Delivery Group	CCG chairs a series of QIPP groups that allow joint discussion of areas where the commissioner is not clear	meeting with NHSE re: tier 4 mental health meetings with RMBC around continuing care		Full impact of RMBC plans in Public Health, CAMHS and Learning Disabilities not yet clear.	Plans for all Rotherham commissioners will be agreed by Feb H&WBB Better Care Fund to be agreed at Feb H&WBB	*Retire*	Bilateral meetings and multi-agency meetings are scheduled in Feb 2014	May-14