

Corporate Assurance Report

Quarter 3

(1st October - 31st December 2014)

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Appendix 1 Assurance Register and Risk Register Summary

Appendix 2 Assurance Framework

Ref	Risk Management
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CAR23/15

Governing Body Assurance Framework (GBAF)

The GBAF provides a simple and comprehensive method for the effective and focused management of the principal risks to meeting our strategic objectives. Principal risks are defined as those that threaten the achievement of the organisations’ strategic objectives.

The GBAF is updated every quarter and reported to AQuA 4 times per year.

The GBAF is organised to reflect the 6 domains of the national assurance framework:

- Domain 1 – Clinically commissioned, high quality services
- Domain 2 – Patients and public actively engaged
- Domain 3 – Plans deliver better outcomes for patients
- Domain 4 – Robust governance arrangements
- Domain 5 – Work in partnership with others
- Domain 6 - Strong and robust leadership

Appendix 1 summarises the high scoring principle risks, against the above set of strategic objectives. This was presented to AQuA in January 2015.

Appendix 2 is the full GBAF it sets out the strategic risks and the controls and assurances in place.

Only those risks classed as “strategic” rather than operational and with a consequence score of either “high” or “extreme” are eligible for entry to the GBAF and linked to a strategic objective. All other risks are managed through the risk register, and each of our risk register risks is linked to an overarching GBAF risk.

As at January 2015:

Current controlled Risk Score	GB Assurance Framework	Rating Explained
0	3	Low Risk Retired
1	1	Low Risk Retired
2	n/a	Low Risk Retired
3	3	Low Risk Retired
4	n/a	Low Risk Retired
5	n/a	Low Risk Retired
6	1	Medium Risk
8	2	Medium Risk
9	2	Medium Risk
12	10	High Risk
15	2	High Risk
16	3	Very High Risk
20	4	Very High Risk
25	0	Extreme Risk
Total	31 (19 scoring 12 or above)	

Of the 31 risks on the GBAF, 19 of these score 12 or above:

AF Number	Risk Description	Risk Score
11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	20
28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	20
29	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with CCG to deliver the partnership agenda as their resources will be targeted to dealing with	20

	CSE.	
12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	20
09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding CCG commissioned services	16
26	Impact on CCG of other commissioners efficiency plans	16
31	Potential patient safety risks and additional costs from new S117 guidance	16
19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues	15
25	Reduction in resources through the introduction of the Better Care Fund	15
02	Failure to meet financial targets and statutory financial duties	12
24	Failure to improve Child and Adolescent Mental Health Services	12
06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	12
08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	12
21	Failure to meet A&E targets	12
23	Financial allocations reduced by Government. Review of Allocations by NHSE	12
20	Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E / 999	12
17	Failure to further develop partnerships and relationships with LA, other key partners, providers, neighbouring CCGs and NHSE	12
07	Failure to ensure that vulnerable children have effective safeguarding processes	12
30	Capacity within TRFT safeguarding teams – covering adults and children	12

Since September the following key changes have been made to the GBAF, see above for scores and **appendix 2** for the assurances and mitigations:

Two additions:

- AF31: Potential patient safety risks and additional costs from new S117 guidance
- AF30: Capacity within TRFT safeguarding teams – covering adults and children

Three increased scores:

- AF07: Failure to ensure that vulnerable children have effective safeguarding processes
- AF12: Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care
- AF17: Failure to further develop partnerships and relationships with LA, other key partners, providers, neighbouring CCGs and NHSE

One retired:

- AF27: Named GP for safeguarding children due to leave the organisation, leaving a significant gap in assurance

CAR24/15

Risk register

The risk register is updated every quarter by AQUA. It is a management tool which enables us to undertake a suitable and sufficient risk assessment of our significant risks and therefore to understand our risk profile.

Risks can be:

- a) treated,
- b) tolerated,
- c) terminated or
- d) transferred.

The risk tolerance (appetite at 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. Risks scoring 11 or above and which are strategic are escalated to the GBAF.

As at January 2015:

Current controlled Risk Score	Risk Register	Rating Explained
0	1	Low Risk Retired
1	1	Low Risk Retired
2	3	Low Risk Retired
3	6	Low Risk Retired
4	5	Low Risk Retired
5	3	Low Risk Retired
6	10	Medium Risk
8	12	Medium Risk
9	10	Medium Risk
12	12	High Risk
15	3	High Risk
16	5	Very High Risk
20	4	Very High Risk
25	0	Extreme Risk
Total	75 (24 scoring 12 or above)	

Since September there have been four additions to the Risk Register.

The following two risks were scored above 11 and escalated to the GBAF:

- RR 087: Potential patient safety risks and additional costs from new S117 guidance
- RR 088: Capacity within TRFT safeguarding teams – covering adults and children

The following two risks were scored below 11 and therefore managed through the risk register:

- RR 089: Failure to deliver against the public health memorandum of understanding
- RR 090: Lack of independent nursing home bed capacity to meet demand for CHC patients.

CAR25/15

Claims and Legal Issues

Insurance for the CCG is commissioned from the NHS Litigation Authority (NHSLA). The limitation period during which claims can be made is 3 years from the affected individual becoming aware of the issue.

No claims have been made during quarter 3 and there are no claims outstanding for the CCG.

Internal/External assessments

CAR26/15

Investors in Excellence (IiE)

The IiE practitioner team meet every 2 weeks to progress the agreed improvement plan. The CCG has secured further coaching and support from Investors in Excellence for the forthcoming year and an outline plan will be received by OE in February. This will include specific work with the OE team, practitioner team and senior managers and a 'mini' assessment in May to assess how the CCG has progressed 1 year after accreditation.

Internal Audit

The following is a summary of work undertaken by Internal Audit since April 2014 and presented and discussed at the Audit Quality and Assurance Committee (AQuA).

360 Assurance provide audit opinions based upon a sound methodology and using accepted best practice.

The opinions are:

- **Full Assurance** can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed.
- **Significant Assurance** can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.
- **Limited Assurance** can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.
- **No Assurance** can be provided as weaknesses in control, or consistent non-compliance with key controls, could result in failure to achieve the system's objectives in the areas reviewed.

Audit Assignments	Planned start date	Status	Audit committee date	Comment/Assurance Level Provided
Governance Arrangements Review	2013/14 Review	Issued	25/7/14	Significant
Enhanced Services	2013/14 Review	Issued	25/7/14	Significant
Governance Arrangements for Responding to National Quality Reports	2013/14 Review	Issued	25/7/14	Full
Collaborative Commissioning – Contract Monitoring	2013/14 Review	Issued	19/9/14	Significant
Patient & Public Engagement	1	Issued	19/11/14	Significant
Conflicts of Interest	2	Issued	23/1/15	Significant
Better Care Fund/Partnership Working	3	In progress	20/3/15	
Budgetary Control, Key Financial Systems & Payroll	3	In progress	20/3/15	
Continuing Healthcare	4	Planning complete	20/3/15	
Information Governance Toolkit	4	In progress	20/3/15	
Draft head of internal opinion	4			
Emergency Care Project - Project Assurance Role	All	In progress	Update at each meeting	N/A

Continuing Health Care

Initial assessment took place week commencing 15th September 2014; main fieldwork confirmed as planned for February 2015.

Better Care Fund

Terms of Reference agreed with the Chief Finance Officer which will fulfil the audit and assurance requirements as set out in the Better Care Fund (BCF) proposal. These will provide an independent confirmation that the BCF:

- Has been developed with the national planning guidance in mind
- Is fit for the purpose, in that it clearly sets out indicative budgets for the CCG and RMBC and identifies those areas for which each party will have commissioning responsibility
- Provides a clear audit trail of where funds are invested in contracted services
- Provides a clear audit trail to substantiate claims made against the risk pool

- Provides a clear audit trail supporting the financial reporting to the CCG, RMBC and Better Care Fund Task Group
- Reflects a diligent approach by both parties to quantify and manage current and future budgets and identify future risks
- Reflects good internal control
- Fieldwork is underway to be completed by the end of January.

Information Governance Toolkit (IG Toolkit)

Terms of Reference have been agreed with the CCG for this audit which will evaluate the arrangements in place for the delivery of an embedded Information Governance framework. The agreed scope includes a review of the overall IG framework as well as specific criteria related to:

- mobile working and teleworking
- incident management and reporting
- transfer of hard copy and digital information
- procedures for handling requests for access to personal data and
- procedures for informing individuals about proposed uses of their personal information
- The audit will be timed to complement the CCG’s own timetable for completing the IG Toolkit.

Budgetary Control & Key Financial Systems (KFS)

We have drafted the Terms of Reference for this review; a meeting is scheduled for 16th January 2015 with the Chief Finance Officer to confirm the objective and scope, with testing planned to commence the following week.

CAR28/15

External Audit

KPMG are our external auditors:

Our responsibility	2014/15 proposed work
<p>To ensure financial statements are appropriately prepared in accordance with relevant directions and requirements and are based on proper accounting records.</p>	<ul style="list-style-type: none"> • We will complete our systems and governance work to confirm the controls that are in place to facilitate the production of the annual accounts. We will also liaise closely with the Chief Finance Officer in respect of emerging accounting issues during the year. We will then undertake our detailed audit of the financial statements. • We will monitor your processes surrounding the achievement of financial balance. We will seek your assurance via the management representations letter to comply with International Standard on Auditing (ISA) (UK & Ireland) 260 prior to the formal issue of our audit opinion on the financial statements. We must also review and consider the content of the annual report, including the Annual Governance Statement, before issuing our audit opinion and audit certificate. • We will provide a certification to the National Audit Office (NAO) to confirm that the balances you have prepared for consolidation into the Whole of Government Accounts (WGA) are not inconsistent with our other work. <p><i>The judgements from this work will be presented in the audit opinion included within your financial statements, to be issued by 29 May 2015.</i></p>
<p>To conclude on whether you have made proper arrangements to secure economy, efficiency and effectiveness in your use of resources.</p>	<ul style="list-style-type: none"> • We have a responsibility to satisfy ourselves that you have put in place proper arrangements to secure economy, efficiency and effectiveness in your use of resources. • For 2014/15, our work will be structured around two reporting criteria specified by the Audit Commission. We will consider whether the CCG has proper arrangements for: <ul style="list-style-type: none"> ➤ securing financial resilience; and ➤ challenging how it secures economy, efficiency and

	<p>effectiveness.</p> <ul style="list-style-type: none"> • Our work will include: <ul style="list-style-type: none"> ➤ reviewing your Annual Governance Statement (AGS); ➤ reviewing the result of work by regulators and inspectors; and ➤ undertaking any other local risk-based work as required, or any work mandated by the Audit Commission. <p><i>The results of this work will inform our value for money conclusion.</i></p>
CAR29/15	<p>Health and Safety, Fire Safety and Security Management</p> <p>This report has been compiled to update and inform the CCG following this year's compliance agenda audits of Fire Safety, Health and Safety and Security Management.</p> <p>In supporting the CCG this year in its statutory compliance Yorkshire & Humber Commissioning Support (YHCS) has completed 3 assessments as required by legislation and good practice, to enable the CCG to pick up any issues that may need addressing, relating to the areas of fire safety, health and safety and security management. These three assessments are completely 'regularly' to ensure the CCG is a safe organisation for its members, staff and visitors.</p> <p>None of the actions highlighted in the three assessments are classified as a major risk for the CCG. The action plans produced as part of the assessments have continued to be worked on with the major problem being engagement with NHS Property Services (NHS PS) as the Landlord for Oak House.</p> <p>This situation moved forward with a round table discussion with NHS PS in December 2014 and action points from the audits were discussed. These discussions will continue on a regular basis in order to manage the NHS PS actions on behalf of the CCG.</p> <p>The 21 open action points are divided as follows:</p> <ul style="list-style-type: none"> • NHS Property Services (NHSPS) – 12 action points • NHS Rotherham CCG - 9 action points. <p>Going forward in 2015 it was agreed during the meeting that a representative of NHS PS will accompany YHCS to Oak House to resolve the issues highlighted within the three audits.</p> <p>Examples of Health & Safety issues:</p> <ol style="list-style-type: none"> a. Covers need to be added to florescent lighting in the fire escape stairwells b. The toilet areas remain a cause for concern due to the bubbling of the floor coverings c. Ensure emergency procedures are available in the lift d. Ensure there is a system in place to identify disabled visitors. <p>Examples of Fire Safety issues:</p> <ol style="list-style-type: none"> a. Fire safety checks are undertaken on a regular basis by fire marshals in communal areas of the building b. Hotel services equipment is being stored under the fire escape stairs c. Assurant to be sought from Property services that the external fire doors are fit for purpose. <p>Examples of Security issues</p> <p>No security reports have been completed by CCG staff during quarters 1-3.</p>
	Committee Activity
CAR30/15	<p>Audit and Quality Assurance Committee (AQuA)</p> <p>The AQuA Committee reports directly to the Governing Body and meets approximately bi-monthly. One meeting in November took place in this quarter. The Committee considered and noted</p>

	<p>assurance on:</p> <ul style="list-style-type: none"> • Finance Summary (and verbal Review of Banking Arrangements) • PbR DAF 13/14 Clinical Coding audit • Policy for engagement of external auditors for non-audit work • External Audit Technical Update and Progress Report • Internal Audit: Progress Report, Collaborative Commissioning Contract Monitoring Final Report and Patient & Public Engagement Final Report • Counter Fraud Summary Report • Maternity, Adoption, Maternity Support (Paternity) And Parental Leave Policy • Risk Register and Assurance Framework • South Yorkshire & Bassetlaw Pressure Ulcer Good Practice Protocol for Safeguarding • Serious Incidents and Complaints Committee Draft Minutes dated 10th September 2014 • Operational Risk, Governance & Quality Group Draft Minutes dated 23rd October 2014. • Operational Risk, Governance & Quality Group (sub-AQuA) revised Terms of Reference
CAR31/15	<p>Remuneration Committee The remuneration committee has not met in the last quarter. The Lay members for Governance & Patient Engagement along with the Assistant Chief Officer and the HR manager attended training on the governance arrangements for a remuneration committee. Terms of Reference for the Remuneration Committee are currently being updated.</p>
CAR32/15	<p>Primary Care Commissioning Sub-committee Terms of Reference approved. The first meeting will be held on the 11th March 2015.</p>
CAR33/15	<p>Public and Patient Engagement & Communications Sub-committee Terms of Reference approved. The first meeting will be held on the 6th Feb 2015.</p>
Corporate Governance	
CAR34/15	<p>Review of Constitution At the time of writing, amendments to the constitution agreed by the Governing Body are currently sitting with NHS England. Amendments include November's submission as well as changes made due to Primary Care Commissioning. Verbal update at meeting.</p>
CAR35/15	<p>Policies and Procedure Update During quarter 3 the Maternity, Adoption, Maternity Support (Paternity) and Parental Leave Policy was approved by the Governing Body and has been circulated to all staff by email and is available to view on our website.</p>
CAR36/15	<p>Emergency Resilience and Business Continuity Following a successful test of the emergency telephone cascade in October a further test of the CCG's Business Continuity Plan will take place in due course.</p>
CAR37/15	<p>Complaints Management Complaints brought to RCCG are dealt with in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.</p> <p>Four formal complaints were received in quarter 3 and related to:</p> <ul style="list-style-type: none"> • 2 x Continuing Health Care • 1 x stoma products • 1 x Walk-In Centre. <p>All were acknowledged within 3 working days with the final responses being signed off by the Chief Officer.</p>
CAR38/15	<p>Equality & Diversity Workforce Race Equality Standard and the Equality Delivery System – EDS2 NHS England is committed to advancing equality and diversity for patients, communities and the NHS workforce. It has pledged its commitment to two measures to improve equality across the</p>

NHS, which will start in April 2015. These measures are a workforce race equality standard and the Equality Delivery System for the NHS (EDS2) which will be in in the NHS standard contract 15/16. Rotherham CCG has already been using EDS2 since 2011. This will mean that it is now mandatory for all NHS organisations to use.

The Workforce Race Equality Standard

The Workforce Race Equality Standard will require NHS organisations to provide NHS services to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

The Workforce Race Equality Standard will use a number of workforce indicators – and one Board membership metric – to gauge the current state of workforce race equality within provider organisations. The Standard will be used by organisations to track what progress they are making to identify and help eliminate discrimination in the treatment of BME staff.

The metrics will focus upon bullying and harassment, access to promotion and career development, and experience of discrimination, as well as local workforce measures – including the likelihood of being recruited from shortlisting.

Seven metrics have been proposed within which the differences between the treatment and experience of white and BME staff are expected to be the same:

3 NHS Staff Survey indicators

- KF19 (difference between % white staff and % BME staff experiencing harassment, bullying or abuse from staff in last 12 months)
- KF27 (difference between % white staff and % BME staff believing the trust provides equal opportunities for career progression or promotion)
- KF 28 (difference between % white staff and % BME staff experiencing discrimination at working last 12 months).

4 workforce indicators

- Ratio of proportion of BME staff on grades 8C-9 to the ratio of BME staff in all grades
- Likelihood of shortlisted BME applicants being appointed compared to white applicants
- Likelihood of BME staff entering disciplinary process compared to white staff
- Access to non-mandatory training and CPD.

Additionally, the extent to which Governing Body composition reflects local population would be an additional element.

Provider organisations will be expected to ensure they have this data, share it with their staff and commissioners, and then consider and act upon the differences between the white and BME staff experience and survey responses so that year on year the differences are seen to reduce. The smaller the differences between the BME and white workplace experience indicators and survey responses, the more likely it is that discrimination is declining.

The Equality Delivery System for the NHS – EDS2

EDS2 is an inclusive equality tool designed for both NHS commissioners and providers. At the heart of EDS2 are 18 outcomes, against which commissioner and provider organisations assess and grade themselves. These outcomes relate to issues that matter to people who use the NHS and who work in commissioner and provider organisations. Among other things they support the themes of, and deliver on, the NHS Outcomes Framework, the NHS Constitution, and the Care Quality Commission's key inspection questions set out in "Raising standards, putting people first - Our strategy for 2013 to 2016".

The main purpose of the EDS2 is to help local commissioners and providers, in discussion with local partners including local populations and workforce, to review and improve their performance for people with characteristics protected by the Equality Act 2010. By using EDS2, NHS organisations can also be helped to deliver on the public sector Equality Duty (PSED). EDS2 is

aligned to the commitment for an inclusive NHS that is fair and accessible to all.
The Armed Forces Covenant
 Partners across Rotherham have signed up to the pledge within the Armed Forces Covenant.

Following a recent report outlining that veterans are not getting the level of care needed to meet their health needs. RCCG has taken immediate actions and emailed RDASH and TRFT to establish how many veterans are accessing services in Rotherham. The feedback received will assist in identifying the next step.

CAR39/15

Declarations of Business Interest:

Annually Declarations of Business Interest are sought from all staff and entered into one or more registers. The registers are available for public viewing via our website. In line with the RCCG Constitution, changes to a persons' declaration should be submitted to the Assistant Chief Officer within 14 days of the change with the register being updated within 28 more days.

Since the relevant registers were published in April 2014, three changes have taken place and the registers have been updated and published.

Disclosure of Gifts and Hospitality:

The gifts and hospitality register is updated with every disclosure and monitored by the Assistant Chief officer on a regular basis. During this quarter six entries have been made which involve 14 members of staff.

Information Governance

CAR40/15

Freedom of Information

During quarter 3 the CCG received 63 requests for Information under the Freedom of Information Act 2000. The requests were made by: Reporters 13 (21%), Businesses 9 (14%), Campaign Groups 6 (10%), Medical Staff 3 (5%), Students 2 (3%) with the majority coming from unspecified sources 30 (47%).

October to December 2014 Quarter 3	
Category of request	Number of requests
Complaints	1 (1.5%)
Contact details	3 (5%)
Continuing Health Care	4 (6%)
Contracts	33 (52%)
Corporate	4 (6%)
Finance	5 (8%)
HR	3 (5%)
IT	1 (1.5%)
Medicines Management	7 (11%)
Quality	2 (4%)
	63

During quarter 3 all 63 requests made under the Freedom of Information Act 2000 were acknowledged within 3 working days.

54 (87%) of all requests were responded to within 20 working days. The remaining 8 (13%) were responded to within 21 working days.

Organisational Development & Staffing Governance					
CAR/41/15	Staffing breakdown:		Count / %	Commentary	
	Staffing numbers	Headcount		72	Including Governing Body members
		Whole Time Equivalent		56.19	
		Turnover		0.0%	1 starter and 0 leavers
		Cumulative sickness rate		1.8%	This is a 0.5% increase on the last quarter
		Formal cases of discipline, grievance, poor performance or bullying and harassment		0	No changes
	Gender	Female		48	Females increased by 1 Males increased by 2
		Male		24	
	Age	20-25		1	The average age of the workforce is 45.5 years.
		26-30		4	
		31-35		7	
		36-40		8	
		41-45		19	
		46-50		12	
		51-55		9	
		56-60		6	
		61-65		3	
		66-70		0	
	Ethnicity	White	British	61	British Ethnicity gone up 3.
			Other	1	
	Mixed	White & Black Caribbean	0		
		White & Black African	0		
		White & Asian	0		
		Other	0		
	Asian / Asian	Indian	2		
		Pakistani	1		
		Bangladeshi	0		
		Chinese	0		
	British	Other	1		
		Black / African	0		
		Black / Caribbean	0		
	Other	Other	1		
		Arab	0		
-----	Other	0			
	Prefer not to say	5			
Disability	Declared disability		5	The 2014 staff survey shows that 21% of respondents stated they had long standing illness, health problem or disability	
	No declared disability		60		
	Prefer not to say		7		
Religion / Belief	No religion / Atheism		2 (14)	Christianity increased by 3. Responses from 2014 staff survey shown in brackets where there are differences	
	Christianity		52 (36)		
	Buddhism		0 (0)		
	Hinduism		1		
	Judaism		0		
	Islam		1		
	Sikhism		1		

		Any other religion	0	Heterosexual increased by 2 Do not wish to declare increased by 1 Responses from 2014 staff survey shown in brackets where there are differences	
		Prefer not to say	15 (2)		
	Sexual orientation		Bisexual		0
			Gay man		0
			Gay Woman / Lesbian		0 (1)
			Heterosexual		57 (53)
			Other		0
		Do not wish to declare	15 (2)		
Pregnancy, maternity and gender reassignment	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.				

CAR42/15

Mandatory Training

Name of Training	Compliance %
Equality & Diversity	96.7
Fire Safety	98.3
Fraud	100
Health & Safety incorporating Risk Management	100
Information Governance	93.3
Moving & Handling	100
Safeguarding Adults	98.3
Safeguarding Children & Young People	98.3
Infection Prevention	100
Induction	98.3

GB Assurance Framework and Risk Register Summary

The Risk Register and Assurance Framework have been fully updated in December 2014/January 2015 and the table below summarises the key sore changes.

Status	RR Number	Description	Score movement	On AF and ID number
New	087	Capacity with TRFT Safeguarding Team - covering Adults & Children	/ to 12	Added - AF30
New	088	Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	/ to 16	Added – AF31
New	089	Failure to deliver against the Public Health Memorandum of Understanding	/ to 9	Not applicable
New	090	Lack of independent nursing home bed capacity to meet demand for CHC patients	/ to 4	Not applicable
Increase	002	Failure to prevent high level lapses in child protection	9 to 12	Yes - AF 07
Increase	033	Failure to deliver planned efficiency savings in Planned Care	16 to 20	Yes - AF 12
Retire	082	Named GP for Safeguarding Children due to leave organisation. This will leave a significant gap in safeguarding assurance in primary care	16 – 1	Yes - AF27 and is to be retired

Status	AF Number	Description	Score movement	On AF and ID number
Retire	AF27	Named GP for Safeguarding Children due to leave organisation. This will leave a significant gap in safeguarding assurance in primary care	16 – 1	Yes - RR 082 and to be retired
New	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	/ to 12	Yes - AF30 and has been added
New	AF31	Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	/ to 16	Yes - AF31 and has been added
Increase	AF07	Failure to ensure that vulnerable children and adults have effective safeguarding processes	9 to 12	Yes - RR002
Increase	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	16 to 20	Yes - RR033
Increase	AF17	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE)	9 to 12	Yes – RR 046

The following table summarises, by domain, strategic risks rated 12 and above on the GB Assurance Framework set out by main sub-category and any relevant secondary sub-category. The full updated Assurance Framework is attached at appendix A, and Risk Register at appendix B.

Date Added to AF	AF number	Risk	Lead	Uncontrolled Risk	May Score	August Score	December Score	Sub-Category	Linked organisation (if applicable)	Secondary Sub-category (s)	Linked organisation (if applicable)	Gaps in Control	Gaps in Assurance
Domain 1: Clinically commissioned, high quality services													
31.03.12	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	<i>Robin Carlisle</i>	20	20	20	20	1.1 Quality of commissioned services	GPs	3.2 Productivity/ Efficiency		✓	✓
31.03.12	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. provider CIPs).	<i>Sue Cassin</i>	20	16	16	16	1.1 Quality of commissioned services	TRFT RDASH	1.2 Patient Safety	TRFT RDASH	✓	✓
05.03.13	AF19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.	<i>Robin Carlisle</i>	25	20	15	15	1.2 Safety	TRFT	1.3 Prevention 3.3 Contracting/ Service delivery	TRFT	✓	✓
13.11.13	AF24	Failure to improve Child and Adolescent Mental Health Services (CAMHS)	<i>Kate Tufnell</i>	16	12	12	12	1.1 Quality of commissioned services	RDASH			✓	✓
23.12.14	AF31	Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	<i>Robin Carlisle</i>	16	NEW	NEW	16	1.1 Quality of commissioned services		4.3 Finance		✓	✓
Domain 2: Patients and the public are actively engaged													
None													
Domain 3: Plans deliver better outcomes for patients													
01.09.14	AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	<i>Dominic Blaydon</i>	20	NEW	20	20	3.1 Outcomes/ Performance measures	YAS	1.1 Quality of commissioned services 1.2 Patient Safety	YAS	×	✓
31.03.12	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	<i>Robin Carlisle</i>	16	16	16	20	3.2 Productivity/ Efficiency		4.4 VFM/ Impact on commissioning system	TRFT	×	×
09.01.14	AF26	Impact on CCG of other commissioners efficiency plan	<i>Robin Carlisle</i>	16	16	16	16	3.2 Productivity/ Efficiency	RMBC NHSE	4.4 VFM/Impact on commissioning system		✓	×
03.06.13	AF21	Failure to meet A&E targets	<i>Sarah Lever/ Becci Chadburn</i>	16	12	12	12	3.1 Outcomes/ Performance measures	TRFT			×	×

Date Added to AF	AF number	Risk	Lead	Uncontrolled Risk	May Score	August Score	December Score	Sub-Category		Linked organisation (if applicable)	Secondary Sub-category (s)		Linked organisation (if applicable)	Gaps in Control	Gaps in Assurance
29.01.13	AF20	Impact of NHS 111 on local health community. Specifically potential for increase in no. of patients being referred to A&E/ 999	<i>Dominic Blaydon</i>	20	12	12	12	3.1	Outcomes/ Performance measures	YAS TRFT				√	×
Domain 4: Robust Governance Arrangements															
31.03.14	AF07	Failure to ensure that vulnerable children and adults have effective safeguarding processes	<i>Sue Cassin</i>	20	9	9	12	4.2	Safeguarding		1.3	Prevention		√	√
03.12.14	AF30	Capacity with TRFT Safeguarding Team – covering adults and children	<i>Sue Cassin</i>	16	NEW	NEW	12	4.2	Safeguarding	TRFT	5.4	Providers		√	×
09.01.14	AF25	Reduction in resources through introduction of Better Care Fund	<i>Keely Firth</i>	20	15	15	15	4.3	Finance		5.1	Other Commissioners	RMBC	×	×
31.03.12	AF02	Failure to meet financial targets and statutory financial duties	<i>Keely Firth</i>	16	12	12	12	4.3	Finance					√	×
31.03.12	AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	<i>Robin Carlisle</i>	16	12	12	12	4.5	Risk Management		4.2	Corporate/ Constitutional		×	×
15 09 13	AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	<i>Keely Firth</i>	12	12	12	12	4.3	Finance					√	×
01.09.14	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.	<i>Chris Edwards</i>	20	NEW	20	20	4.2	Safeguarding					√	√
Domain 5: Work in partnership															
31.03.12	AF17	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE)	<i>Chris Edwards</i>	9	9	9	12	5.1	Other commissioners NHSE	All key partners	5.2	Other CCGs	All key partners	√	×
								5.3			5.4	Providers			
Domain 6: Strong robust leadership															
31.03.12	AF08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	<i>Chris Edwards</i>	16	12	12	12	6.1	Capacity and capability					×	×

For information the following table sets out domains/strategic objectives and their sub-categories. For full details of what this covers refer to the CCG Assurance Framework at the following link: <http://www.england.nhs.uk/wp-content/uploads/2013/11/ccg-ass-op-guid.pdf>

	Strategic Objective		Sub-Category
Domain 1	Clinically commissioned, high quality services	1.1	Quality of commissioned services
		1.2	Patient Safety
		1.3	Prevention
Domain 2	Patients and public actively engaged	2.1	Patient engagement
		2.2	Equality
Domain 3	Plans deliver better outcomes for patients	3.1	Outcomes/ performance measures
		3.2	Productivity/efficiencies
		3.3	Contracting/service delivery
Domain 4	Robust governance arrangements	4.1	Corporate (including employment) /constitutional
		4.2	Safeguarding
		4.3	Finance
		4.4	VFM/impact on commissioning system
		4.5	Risk management
		4.6	Commissioning Support
Domain 5	Work in partnership with others	5.1	Other commissioners (e.g. RMBC)
		5.2	Other CCGs
		5.3	NHS England
		5.4	Providers
Domain 6	Strong and robust leadership	6.1	Workforce capacity and capability
		6.2	Reputation
		6.3	Innovation

CCG Assurance Framework Dec 2014 - arranged by highest risk first (for January AQA)

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	Sub-category	Sub-category	Sub-category	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									
01.09.14	AF29	4	4.2	0		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	4	20	5	4	20	Single issue safeguarding board in 17 September. CCG CO meeting with other agencies to discuss provision of services for victims - 15/9 re-elective session for NHSR CCG GB 2 October 2014 Assurance requested from key providers - to be considered at next contract meetings	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		Revisit at the next TRFT/RDaSH board to Board meetings in November.	Outcome of Governance review is unknown.	TREAT		December 2014 / January 2015
01.09.14	AF28	3	3.1	1.1	1.2	Failure of YAS to achieve RED 18 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 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.	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	GP Urgent Transport Pilot project extended to reduce demand on YAS	Increase in activity Demand. Recent resignation of the Operations Director, interim support in place Recent spike re demand over Christmas and New Year periods this impacted on performance.	TREAT	Continue performance management. Review options for contract penalties at year end	December 2014 / January 2015	
31.03.12	AF11	1	1.1	3.2		Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	R Carlisle	4	5	20	4	5	20	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> AQuA minutes reported to NHSR CCG Governing Body, 3 lay members of AQuA AQER visits reported to AQuA Annual GP comparative data produced Good medical practice committee 	None	MOU agreed with NHS England	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.	NHSR CCG chair working with NHS England on primary care strategy Area team capacity to deliver their responsibilities at both strategic and operational level NHSE Area Team have to implement further running cost reductions.	TREAT	Communication with NHS England collectively with the other 4 SY CCGs and individually through Chair and Chief Officer meetings and sharing risk register at quarterly assurance meetings. NHSR CCG has applied for delegated responsibility for GP commissioning.	December 2014 / January 2015

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Sub-category	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									
31.03.12	AF12	3	3.2	4.4		Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	R Carlisle	5	4	20	5	4	20	<ul style="list-style-type: none"> Rotherham wide QIPP management structure overseen by multi-agency QIPP Delivery Group 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. 2014 Commissioning plan set out programmes. 	<ul style="list-style-type: none"> Monthly financial reporting Reports to NHSR CCG Governing Body and Audit and Quality assurance group Programme & Project level KPI's developed and measured QIPP Delivery Groups meets every 2 months, it has very senior level representation from all CCG, TRFT, TMBC and RDaSH, and receives progress on efficiency targets and oversees the efficiency programmes. 	<ul style="list-style-type: none"> Quarterly assurance meetings with NHS England on key issues. 	NHSR CCG met high level efficiency targets in 2013/14. 2014/15 QIPP structures and plans agreed at January 2014 QIPP Delivery Group	2nd quarter 2014 activity trajectory for both elective and non electives	Additional action will be agreed and implemented in 2015/16 Commissioning Plan.	TREAT	<ul style="list-style-type: none"> Continue to monitor QIPP delivery across the 4 key programmes via 4 specific management committees. Discussions at NHSR CCG Governing Body on 3rd December 2014 and with all members at commissioning event 4th December 2014 leading to an additional set of actions. 	December 2014 / January 2015
09.01.14	AF26	3	3.2	4.4		Impact on CCG of other commissioners efficiency plan	R Carlisle	4	4	16	4	4	16	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 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 and Learning Disabilities not yet clear. Potential impact on CCG of NHSE specialist commissioning plans		TREAT	<ul style="list-style-type: none"> RMBC plans discussed at BCF, H&WBB and QIPP Delivery Group. NHSE plans discussed at quarterly assurance meetings. 	December 2014 / January 2015
31.03.12	AF09	1	1.1	1.2		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	5	4	20	4	4	16	<ul style="list-style-type: none"> 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 standard contract, national, regional and locally agreed CQUIN incentives and quality metrics Participate in provider assurance meetings Ad hoc and planned visits to provider units Manage assurance of response to SIs 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. 	<ul style="list-style-type: none"> AQuA minutes reported to NHSR CCG Governing Body, 2 Lay members Monthly contract performance and contract quality meetings - reporting a wide range of metrics including CQUINS and HSMRs reporting to AQuA SIs reported to each AQuA/OE/NHSE Area Team and NHSR CCG Governing Body Provider quality accounts reported to AQuA Patient experience and incidents reported to AQuA and NHSR CCG Governing Body Annual GP comparative data produced, and 3 yearly programme of peer review quality visits planned. Providers will continue to be held to account including quality contract meetings, monitoring safety metrics, incident reports and programme of clinically led visits and contract review processes Chief Nurse is member of Clinical Quality Groups for STH & SCH. Health Protection Nurse provides Infection Prevention and Control support via NHSR CCG SLA with Public Health. Monthly Quality and Safety and Patient Experience reports to NHSR CCG Governing Body 	<ul style="list-style-type: none"> 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 becoming available for 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 	<ul style="list-style-type: none"> 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 	Substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 	December 2014 / January 2015
23.12.14	AF31	1	1.1	4.3		Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	Robin Carlisle	4	4	16	4	4	16	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	Paper to OE in December 2014	South Yorkshire Nurses group are discussing other CCGs interpretation of the guidance and will aim for local consistency		Awaiting possible national clarification	Have fed back to NHS England the risk but to date no indication the guidance will be modified	TREAT	<ul style="list-style-type: none"> Paper to OE in December 2014. have fed back concerns to NHS England via CO, CFO and Chief Nurse roots 	
09.01.14	AF25	4	4.3	5.1		Reduction in resources through introduction of Better Care Fund	Keely Firth	5	4	20	5	3	15	Task group established with joint membership between NHSR CCG and RMBC Stocktake of existing commitments and funding streams undertaken.	Appropriate financial plans in place for 2014/15 onwards	<ul style="list-style-type: none"> Initial plans signed off by H&WBB in February and April 2014. Initial plan feedback from NHSE included 'amber' rated issues Revised plan submitted on 12th December 2014 after Rotherham was approved with conditions. 				TREAT	<ul style="list-style-type: none"> Update Feb 2015 once NHSE feedback received. 	December 2014 / January 2015

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Sub-category	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									
05.03.13	AF19	1	1.2	1.3	3.3	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. <u>THIS LINKS WITH AF'S 3, 5 and 18</u> <u>THIS RISK LINKS RISKS 55, 69 AND 71 ON THE RISK REGISTER</u>	R Carlisle	5	5	25	5	3	15	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 TRFT successfully appointed to 4 Clinical Director posts in Sept 2014 and appointed an 18 months Chief Executive in December 2013. Quarterly evidencing of non recurrent schemes Commissioner investment based upon mandate principles e.g. national tariff • Transitional support provided by NHSR CCG to fund exceptional costs e.g. Redundancy and Estate rationalisation. Series of discussions at Board to Board in May and September and a standing item at Contract Quality meetings.	NHSR CCG have seen interim reports to Monitor. Position agreed at Quality review meeting with CQC and monitor on 22 October. Leadership change noted to be a continuing risk. - Key acute provider in significant breach of its conditions of authorisation therefore. Monitor regime escalated throughout this year. - Refresh of board membership - Non recurrent investment approved by NHS England Options appraisal for 5 year plan to be submitted to Monitor in December 2013 showing around 60% of savings requirements achievable. TRFT submitted 2 year plan to Monitor in May 2014 and -5 year plan in June 2014 Positive TRFT engagement ongoing with community transformation project TRFT providing appropriate high level input to all multi agency QIPP groups	Page 14 of Monitor letter states 'the Trust's analysis has shown no permanent harm events have arisen from EPR issues to date, and one instance of semi-permanent harm'. TRFT Medical Director has given assurance to NHSR CCG and Monitor they have been no actual incidence of patient harm. TRFT are giving regular update on delivery of EPR recovery plan at Contract Quality Meeting Trust have appointed substantive Chairman, Chief Nurse and Chief Executive Assurance given at Board to Board in May 2014 that TRFT expect to reassure monitor conditions on EPR and Governance. Assurance given at Board to Board in November 2014 but still under Monitor conditions 'continue to review at Board to Boards and in dialogue with Monitor	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.	1) Leadership 2) EPR 3) Liquidity 4) Quality The 4 issues will be assessed in TRFT Monitor action plan. NHSR CCG received its assurance at Board to Board in September. 1) Impact of EPR upon financial valuations of activity and lost capacity 2) Risk arising from national efficiency requirements via tariff. 3) Risk of non achievement of CQUIN targets 4) Non achievement of QIPP plans Further Board to Board in March 2014 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 NHSR CCG at Board to Board on 1 May.	TREAT	Support TRFT with their plans. Deliver NHSR CCGs 2014/15 plan. Review assurance and TRFT plans at Board to Board in November 2014. 1) Monthly update at CCGC. 2) QIAs provided for savings schemes 3) Audit Committee chair attended TRFT audit meetings 4) See additional actions under risk 073	December 2014 / January 2015
31.03.12	AF17	5	5.1	5.2	5.4	Failure to further develop partnerships and relationships (with LA, other key partners, key providers, neighbouring CCGs and NHSE)	Chris Edwards	3	3	9	3	4	12	• 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)	• CO to CEO meetings • Provider engagement in multi-agency meetings	• H&WBB Forum for Strategic Partnerships • Chief Executive Officers group in Rotherham	None	NHSE moving to Y&H Structure	TREAT		December 2014 / January 2015	
29.01.13	AF20	3	3.1			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	4	12	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.	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.	December 2014 / January 2015	

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Sub-category	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									
03.06.13	AF21	3	3.1			Failure to meet A&E targets	S Lever/B Chadburn	4	4	16	3	4	12	Daily reports from TRFT Establishment of System Resilience Group - with membership from TRFT, RMBC, NHSE, Care UK and YAS If a shortfall on target/performance is identified it is then escalated via email to NHS England Area Team and OE members. Funding investments in System Resilience Group initiatives Extraordinary contract A&E performance meeting held 13th November 2014. Action plan linked to contract query agreed.	Reports to OE & SCE when performance goes off track. Action plan and regular updates in progress	Contract Performance meetings. Contract Quality meetings. Extraordinary meetings. Contract query - action plans	Ongoing executive level management – priority given to A&E performance quality standard across TRFT			TREAT	Continued monitoring through the System Resilience Group and contract meetings. Monitoring remedial action plan.	December 2014 / January 2015
15.09.13	AF23	4	4.3			Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	4	3	12	4	3	12	Commissioning Plan predicated on national growth assumptions. Requirement to utilise 2.5% of recurrent allocations non-recurrently is embedded within the recurrent plan.	2.5% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE.	• NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% • Growth assumptions in commissioning plan for our 4 year plan were approved by NHS England.		No clear national consultation process Allocations published but NHS England advised that they are not guaranteed.	Lack of clarity around overall process	TREAT	KF attended workshop and briefing session in September. Briefing provided to MPs. Letter setting out concerns sent to NHS England. Embed NHS England planning assumptions in the January 2014	December 2014 / January 2015
13.11.13	AF24	1	1.1			Failure to improve Child and Adolescent Mental Health Services (CAMHS)	Kate Tufnell	4	4	16	4	3	12	• Standard contract with RDaSH, including partnership agreement for additional RMBC funding. Utilisation of Contract Query process. Monthly Contract Performance meetings • CAMHS Strategy & Partnership Meetings • RDaSH QIPP meetings with RMBC. • Ad-hoc CAMHS Interface meetings to manage the relationship between RDaSH, RMBC and NHS England relating to the CAMHS Tier 3/Tier 4 interface. • Development & Implementation of an 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' for Rotherham in conjunction with RMBC & RDaSH. • 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.	• Russell Brynes (SCE), supported by Simon Mackeown (GPMC), 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. • 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. • Contract Query signed off by the CCG in March 2014. • Parent representation on the CAMHS Strategy and Partnership Group	• Fairly regular changes in RDaSH senior CAMHS management. • 3 year agreement now reached.		TREAT	• Contract Query issued in October 2013 to address issues raised by GPs. • CAMHS Joint Implementation Plan (JIP) developed to undertake the actions identified in the Contract Query. • Service Development & Improvement Plan (SDIP) developed as part of the contract process. This incorporates the results of the Attain Review. • Development of an Action Plan relating to the 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' for Rotherham in conjunction with RMBC & RDaSH. • RDaSH completed Service Development Plan in July 2014 to address issues identified through various routes including; GP satisfaction survey, Attain Review, Healthwatch and Patient & Family feedback. • CAMHS Consultant 6 month funding in place. • 3 year CAMHS Partnership under development.	December 2014 / January 2015
31.03.12	AF08	6	6.1			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	• Regular 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	Following review in January 2014 added Head of IT post and Head of Quality post to NHSR CCG workforce. Next review September 8th at OE	None	None	TREAT	Further review of workforce on 8th September 2014 Continued communication with all staff.	December 2014 / January 2015

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Sub-category	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									
31.03.12	AF02	4	4.3			Failure to meet financial targets and statutory financial duties	Keely Firth	4	4	16	4	3	12	<ul style="list-style-type: none"> SFIs/ Scheme of Delegation Monthly CFO meetings Regular budgetary monitoring Monitoring of ACP and QIPP programmes via QIPP Delivery Groups Contracting framework Annual internal and external audits. Performance report monthly to NHSR CCG Governing Body 0.5% Contingency in plan 1.5% recurrent headroom in plan. an additional 1% to be invested non-recurrently in 2014/15. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% 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 and Commissioner governing bodies 	<ul style="list-style-type: none"> Good track record of meeting financial duties 	<ul style="list-style-type: none"> Allocations published showing the minimum growth level has been applied for 2015/16 	None	TREAT	<ul style="list-style-type: none"> 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 	December 2014 / January 2015
31.03.12	AF07	4	4.2	1.3		Failure to ensure that vulnerable children and adults have effective safeguarding processes	S Cassin	4	5	20	4	3	12	<ul style="list-style-type: none"> 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 NHSR CCG Commissioning Safeguarding Vulnerable Clients Policy in place GP/SCE recruitment and training process in place Multi-Agency Safeguarding Hub (MASH) being developed. Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014) 	<ul style="list-style-type: none"> Assurance via AQUA committee Clear lines of accountability were maintained during transition Safeguarding leads attendance at Safeguarding Boards Provision of training Commissioning Safeguarding Vulnerable 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 2013 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 	<ul style="list-style-type: none"> Reports to Safeguarding Adults Board Reports to Safeguarding children Board Ofsted and CQC inspections Serious case reviews and SI/MRs Homicide reviews undertaken Improvement Panel in place. NHS England Area team reports and assurances RLSCB RSAB 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 External company Tri-x Safeguarding South Yorkshire procedures is reviewing policies across South Yorkshire. Membership of child sexual exploitation (CSE) Gold and Silver groups Multi-agency strategy meetings regarding Child Sexual Exploitation and action plan in place. GP lead attendance at Rotherham LSCB & Rotherham SAB and other relevant meetings Ofsted report published November 2014 	<ul style="list-style-type: none"> 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 2013 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 NHSR CCG OE considering a proposal to improve the Health Economy commitment to MASH on 1.12.2014 & 7.12.2014 	<ul style="list-style-type: none"> There are no national IT systems in place. Prevent NHSR CCG Lead identified and training plan being developed 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 	<ul style="list-style-type: none"> 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. Both the above are currently in development with the CSU 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 	TREAT	<ul style="list-style-type: none"> 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. Action re training - CSU looking into another mechanism and track results Procurement has taken place and training dates to be arranged by RMBC. A recent Child Sexual Exploitation case and missing individual is due to change processes nationally. 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 	December 2014 / January 2015
31.03.12	AF06	4	4.5	4.2		Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	R Carlisle	4	4	16	4	3	12	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 in November 2014. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> NHSR CCG high level risks assured as part of discussions on 2013 ACP by SCE and CCG Committee on 9 January 2013 Positive outcome from Q1 and Q2 checkpoint meetings - see website 	None	TREAT	<ul style="list-style-type: none"> Organisational Structures agreed to ensure governance and risk is covered (corporate, financial, clinical aspects). AQUA will continue to oversee sound governance and will receive updates. Governing Body development session on risk in June 2014 	December 2014 / January 2015	

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Sub-category	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									
	AF30	4	4.2	5.4		Capacity with TRFT Safeguarding Team - covering Adults & Children	Sue Cassin / Catherine Hall	4	4	16	4	3	12	<ul style="list-style-type: none"> Service specification for children. Intercollegiate competency framework for expectations within an Acute and Community Services. 	<ul style="list-style-type: none"> Quality report including key performance indicators 	<ul style="list-style-type: none"> RLSCB have identified issues regarding Child Death Overview Panel (CDOP) Paediatric Consultant and have written to the NHR CCG Chief Executive NHR CCG Chief Nurse has raised issues with TRFT Chief Nurse. NHR CCG have taken a new model to TRFT Chief Nurse with solutions to support the Family Nurse Practitioners (FNPs) 		<ul style="list-style-type: none"> Adult WTE - Adult Safeguarding Lead Vacancy from 6th December 2014 Child Death Overview Panel (CDOP) Paediatric Consultant retiring. Gap in service delivery. Designated Doctor due to go on sabbatical from February 2015. Named Midwife WTE on long term sick Community Named Nurse has returned to work on a phased return following and extensive period of sick leave Hospital Named Nurse is currently of sick from November 2014 Family Nurse Practitioner (FNP) has had spells of sick leave. 		TREAT-SEE AF	NHR CCG Chief Nurse has requested confirmation of TRFT named leads for CDOP, Designated and Named Doctors.	December 2014 / January 2015
31.08.12	AF01	4	4.3			Financial Implications of Metal on Metal Hip replacements	Keely Firth	4	4	16	3	3	9	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.	Individual cases needing revision will be managed as they are identified.		The NHR CCG have agreed stricter standards with regard to hip replacements from providers in future			TOLERATE	Plan to review all patients agreed by NHR CCG and being implemented by TRFT	December 2014 / January 2015
31.03.12	AF15	1	1.1	3.3		Failure to effectively manage and engage with providers during transition and following reconfiguration to ensure continuity of commissioned services and contract management	R Carlisle	3	4	12	3	3	9	<ul style="list-style-type: none"> Contract negotiations Contract monitoring including regular contract monitoring meetings Quality indicators in contracts Commissioning intentions set in Commissioning Plan Effective procurement team 	<ul style="list-style-type: none"> Integrated Performance Report Contract and quality monitoring Reports to Audit and Quality Assurance committee 	None	2014/15 plan has clear statements about transforming community services and delivering Better Care Fund outcomes.	None	None	TOLERATE	NHR CCG ACP and 2013 contract negotiation will explain new relationships and requirements from providers 2014 Commissioning Plan Development and contracting round will test new relationships and see if this risk is now effectively mitigated.	December 2014 / January 2015
3.6.13	AF22	3	3.3	1.1	4.4	Impact of Caldicott 2 inhibiting NHR CCGs efficiency programmes, quality assurance and financial governance	R Carlisle	4	4	16	4	2	8	NHR CCG has begun an internal and shared risk assessment with SY CCGs. First draft plan has been reviewed by AQuA. Assurance paper to AQuA 26 March 2014	Reviewed at AQuA on 26 March 2014	Aspects of this will be picked up in 2013/14 IG Toolkit. NHR CCG provisionally accepted as an accredited safe haven in November 2013. IG toolkit submitted March 2014		Awaiting accredited safe haven status from HSCIC	TOLERATE		December 2014 / January 2015	
31.03.12	AF04	3	3.1	6.2		Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and poor external assessment results	R Carlisle	4	4	16	4	2	8	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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	NHR CCG 2014/15 plan received positive feedback at meeting with NHSE in February 2014	<ul style="list-style-type: none"> Lack of clarity from external regulators on key assessment measures 	TOLERATE		December 2014 / January 2015	

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								C	L	CxL	C	L	CxL									
31.03.12	AF10	2	2.2			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	3	3	9	3	2	6	<ul style="list-style-type: none"> • Patient engagement plans in place Annual stakeholder events around Commissioning Plan • Patient & Public Engagement strategy, signed off by NHSR CCG Governing Body on 01/05/2013 and implementation plan in place and on track. • 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 • E&D Policy developed to be presented at OE on 05/08/2013 and AQUA 25/09/2013 and NHSR CCG Governing Body 06/11/2013 agreed • NHSR CCG are Adopting EDS2 - information shared with all CCG Staff at the all staff meeting on 24/09/2013 • NHSR CCG Head of Communications in post - information shared with all NHSR CCG Staff at the all staff meeting • NHSR CCG communications plan in place for 2014/15 - information shared with all NHSR CCG Staff at the all staff meeting • Stakeholder management tool in place September 2014. • Joint communications and engagement plan in draft to replace above in April 2015. Due to go to NHSR CCG Governing Body January 2015. • Projects in place to target and reach hard to access groups. NHSR CCG to fund REMA/Children etc. this will be done via small service level agreements. 	<ul style="list-style-type: none"> • NHSR CCG PPE Plan and structure • 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 • Patient & Public Engagement strategy approved at NHSR CCG Governing Body on 01/05/2013. Strategy links activity to Engagement cycle. An implementation plan is in place and actions are on target. • Lay member role in place and being developed. New lay member took up post in December 2013. • 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. • Commissioning Plan for 2014/15 discussed at PPG network 29/10/2013 • use of a variety of techniques and mechanisms identified in PPE strategy • EDS assessment completed • Equality & Diversity Steering Group • Annual PPE report • Communication report to NHSR CCG Governing Body included in Chief Officers report. 	<ul style="list-style-type: none"> • H&WBB • Work streams and priorities from the ACP 2013/14 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:- <ul style="list-style-type: none"> • Patient Opinion • Links to community networks • TRFT Friends & Family Test • Information sharing with Healthwatch • Internal audit report • Membership of SY&B Surveillance Group together with other commissioners, regulators and stakeholders. • Friends & Family test becoming available for Mental Health, Community Services and Primary Care in December 2014 • Commissioning Plan 2014/15 • Communications plan on a page is included in the 5 year commissioning plan 2014/15 • Readers panel in place to review key publications. • Co-production SEND agenda working very closely with Parents Forum on the SEND Offer. • Voluntary and community sector involvement in social prescribing - self management. 	<ul style="list-style-type: none"> • Above average performance on Rotherham patient surveys • EDS benchmarking outcome • Equality & Diversity Strategy • E&D Policy • New website for NHSR CCG <p>NHSR CCG new staff intranet site is now live.</p>	It's the so What? What is the impact on Health & Well Being of the people of Rotherham	None	TOLERATE	<ul style="list-style-type: none"> • PPE communications sub-committee to offer more robust assurance. • A more structured and planned approach. • Evaluation of social prescribing model which will show benefit to patients health. • Joint Communications Strategy and Engagement plan. 	December 2014 / January 2015
17.03.14	AF 27	4	4.2	6.1		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	<ul style="list-style-type: none"> • GP/SCE recruitment and training process in place • Interviews booked for 16th May • Overlap of previous Named GP agreed at OE • Named GP Safeguarding Lead in post. 	<ul style="list-style-type: none"> • SCE review of individual responsibilities 	<ul style="list-style-type: none"> • GP lead attendance at RLSCB and other relevant meetings 	<ul style="list-style-type: none"> • Regular review of GP Lead responsibility 	<ul style="list-style-type: none"> • Significant gap in NHSR CCG provision and assurance processes when Named GP for Safeguarding Children leaves the organisation • Succession planning in place. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • SCE have reviewed member roles and responsibilities to ensure all areas covered and GP Leads aware of responsibilities 	December 2014 / January 2015