



# **Corporate Assurance Report**

**Quarter 3**

**2015 – 16**

**1<sup>st</sup> October 2015 to 31<sup>st</sup> December 2015**

# Contents

Section	Sub-Section	Page
<b>Executive Summary</b>		
1	<b>Risk management</b> <ul style="list-style-type: none"> <li>• Introduction</li> <li>• Assurance Framework</li> <li>• Risk Register</li> <li>• Internal Incident reporting</li> <li>• Claims and legal Issues</li> </ul>	1
2	<b>External assessments</b> <ul style="list-style-type: none"> <li>• Investors in excellence</li> </ul>	1
3	<b>Committee activity</b> <ul style="list-style-type: none"> <li>• AQuA</li> <li>• Primary Care Sub-committee</li> <li>• PPE&amp; C sub-committee</li> <li>• Remuneration Committee</li> </ul>	1-3
4	<b>Corporate governance</b> <ul style="list-style-type: none"> <li>• Governance Structure</li> <li>• Health &amp; Safety, Fire &amp; Security</li> <li>• Complaints, Compliments and MP Contacts</li> <li>• Gifts &amp; Hospitality</li> <li>• Declarations of Business Interest</li> <li>• Policies and Procedure</li> </ul>	3
5	<b>Information governance</b> <ul style="list-style-type: none"> <li>• Information Governance Toolkit</li> <li>• Freedom of Information requests</li> </ul>	4-6
6	<b>Organisational development &amp; staffing governance</b> <ul style="list-style-type: none"> <li>• Organisational Development &amp; staffing governance</li> </ul>	6-7

Ref	Risk Management																		
CAR/91	<p><b>The Risk Register and Assurance Framework</b> have been fully updated and presented to AQuA at its meeting on the 15th January 2016 and AQuA recommends it to the Governing Body. Since the last update there have been 4 new risks added to the Assurance Framework:</p> <table border="1"> <thead> <tr> <th>AF Number</th> <th>Risk</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>AF37</td> <td>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.</td> <td>15</td> </tr> <tr> <td>AF38</td> <td>Failure to deliver the National IAPT waiting times standards A. 75% of people seen within 6 weeks B. 95% of people seen within 18 week</td> <td>16</td> </tr> <tr> <td>AF39</td> <td>Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan (LTP)</td> <td>12</td> </tr> <tr> <td>AF40</td> <td>Inability of the service to reconfigure and re-organise</td> <td>16</td> </tr> <tr> <td>AF41</td> <td>Delayed coding misrepresents HSMR position of RFT</td> <td>12</td> </tr> </tbody> </table> <p>The domains have been revised to align with the 5 domains of the new overall CCG Assurance Framework. The full documents can be found as appendices to this report:</p> <p>Appendix 1 Assurance Framework &amp; Risk Register Summary Appendix 2 Assurance Framework September 2015 Appendix 3 Risk Register September 2015.</p>	AF Number	Risk	Score	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	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 week	16	AF39	Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan (LTP)	12	AF40	Inability of the service to reconfigure and re-organise	16	AF41	Delayed coding misrepresents HSMR position of RFT	12
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CAR/92	<p><b>Internal Incident Reporting</b> No incidents have been reported during the reporting period.</p>																		
CAR/93	<p><b>Claims and Legal Issues</b> No claims have been made during the reporting period.</p>																		
<b>External assessments</b>																			
CAR/94	<p><b>Investors In Excellence</b> Work continues on the actions to be delivered by February 2016 to incorporate the re-submission of the liE application. Remaining actions will be achieved, but post February and may be incorporated within the CCGs new Organisational Development Plan. It is anticipated that the application will be completed by mid-March 2016. The staff suggestion box continues to be popular and all suggestions are received at OE on a quarterly basis and the outcomes are then shared at All Staff Meetings.</p>																		
<b>Committee Activity</b>																			
CAR/95	<p><b>Audit Quality and Assurance (AQuA) Sub-Committee.</b> The Sub-committee reviewed the feedback from the September workshop which looked at the effectiveness of the committee.</p> <p>The following was agreed at its meeting in November 2015: The AQuA meeting would stay the same i.e. covering all 3 elements (Finance,</p>																		

	<p>Quality and Governance).</p> <p>The meeting would commence earlier at 9.00am and have 10 minute breaks between each element of the meeting.</p> <p>The agenda will cover Finance first so that attendees have the choice to leave the meeting once their area has been discussed. The next element will be Quality followed by Corporate Governance.</p> <p>Each of the leads will meet together, two weeks prior to the meeting to set the agenda and ensure each element is given the appropriate time.</p> <p>The terms of reference will be updated to reflect each of the headings above and shared with both AQuA and Governing Body. This will strengthen the focus on the Quality element and also refocus on contract quality performance.</p> <ul style="list-style-type: none"> <li>• Draft minutes of AQuA will be sent to the next confidential part of the Governing Body meeting. This will improve on the relationship and dialogue between GB and AQuA</li> <li>• Discontinue the Operational Risk, Governance &amp; Quality Group (Sub-AQuA) and review the quality groups that sit below e.g. SI committee etc.</li> <li>• Review the Governance structure and terms of reference of all sub-committees</li> <li>• Members of AQuA to visit other sub-committees to ensure links between decision making meetings.</li> <li>• Request that other sub-committees carry out self-assessments</li> <li>• Ensure Cover sheets accompany any report being presented</li> <li>• Ensure the right people are in attendance at the meeting to answer questions.</li> </ul>
CAR/96	<p><b>Primary Care Sub-committee</b></p> <p>The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.</p> <p>During Q3 the committee has:</p> <ul style="list-style-type: none"> <li>• Approved the reprocurement of the Gateway APMS contract which provides continued stability of primary care in Rotherham</li> <li>• Agreed to commence the development of a local quality contract for Rotherham to enhance primary care and ensure an equitable offer of services for all Rotherham population</li> <li>• Approved a recommendation to commission primary medical services from a new health centre to be built on the Waverley site in Rotherham</li> <li>• Approved an Estates Strategy for healthcare in Rotherham</li> <li>• Approved the merger of Magna and Thrybergh practices</li> <li>• Agreed to support a pilot of tele-health during 2016</li> <li>• Received significant assurance from internal audit in relation to the governance arrangements for primary care sub-committee.</li> </ul>
CAR/97	<p><b>Public &amp; Patient Engagement (PPE) and Communications Sub-committee</b></p> <ul style="list-style-type: none"> <li>• The Committee focused on a large scale engagement event to take place in November 2015, to inform both the primary care strategy and the commissioning plan – this has taken place, and a report, actions and feedback has been circulated widely</li> <li>• Discussed the 'Working Together' workstreams, and the implications for engagement and communication, particularly the elements of stroke and</li> </ul>

	children's surgery.
CAR/98	<p><b>Remuneration Committee</b> The committee has not met during this quarter.</p>
<b>Corporate Governance</b>	
CAR/99	<p><b>Governance Structure</b> The Governance Structure for the organisation has recently been updated and approved by the Strategic Clinical Executive.</p> <div style="text-align: center;"> <p style="font-size: small;">11/01/2016</p> </div>
CAR/100	<p><b>Health &amp; Safety, Fire and Security</b> In quarter 2, 35 lapses were highlighted. At the last meeting with NHSPS (20<sup>th</sup> January 2016) progress on the majority of items were noted by the Health &amp; Safety Manager.</p> <ul style="list-style-type: none"> <li>• To date all of the actions in the Fire risk assessment have been resolved.</li> <li>• All of the actions from the security inspection have been resolved.</li> <li>• 11 of the 17 actions from the premises inspection have been resolved.</li> </ul> <p>The resolving of these issues by the CCG shows their commitment to the health and safety management system that is in place.</p>
CAR/101	<p><b>Complaints</b> Ten complaints have been received during the quarter, seven relate to Continuing Health Care/Retrospective Continuing Health Care claims. The themes relate to requests for information being unanswered and dissatisfaction with decision making. The remaining three relate to:</p> <ol style="list-style-type: none"> <li>1. Mental Health waiting times</li> <li>2. Delayed mental health patient discharge</li> </ol>

	3. Various issues regarding a patient in the community in transition to adult services, TRFT has led on this response with input from key providers and commissioners.
CAR/102	<p><b>Compliments</b></p> <p>Following receipt of a response to a request for information regarding the transition of a patient into the community, the writer telephoned the CCG offering his thanks for an encouraging response to his concerns.</p>
CAR/103	<p><b>MP Contacts</b></p> <p>Two contacts have been made by local councillors and relate to</p> <ol style="list-style-type: none"> <li>1. Closure of Chantry Bridge Medical Practice</li> <li>2. CHC review of a patient which resulted in a change of funding.</li> </ol>
CAR/104	<p><b>Gifts &amp; Hospitality</b></p> <p>Entry added 23/12/2015 re finance team awards and a member of the medicines management team attended a meeting on 21/12/2015 where a light lunch was provided by ConvaTec., Pharmaceutical Company.</p>
CAR/105	<p><b>Declaration of Business Interests</b></p> <p>Oak House employed staff: register updated and relates to a Nil entry by a CHC Nurse and a member of the Medicine Management Team following her return from maternity leave. The Deputy Chief Officer has made a change to his declaration relating to a close relatives job role within an NHS organisation. The updated version has been published on our website.</p>
CAR/106	<p><b>Policies &amp; Procedures</b></p> <p>The following new policies have been introduced and published on our website during the quarter:</p> <ul style="list-style-type: none"> <li>• Alcohol and Drugs Policy</li> <li>• Workplace Healthy Eating Policy</li> <li>• Workplace Physical Activity Policy</li> <li>• Workplace Smoke Free Policy</li> </ul>
<b>Information Governance</b>	
CAR/107	<p><b>Information Governance Toolkit Assessment 2015/16</b></p> <p>Progress has continued against the Toolkit Improvement plan and work is on schedule for a timely submission of Version 13 of the Toolkit. The CCG has been provided with the Terms of Reference for the annual audit of the Toolkit by 360 Assurance. It is anticipated that the audit will take place in early February 2016.</p> <p>The following work has been undertaken this quarter to meet the requirements of the Toolkit and in line with the Information Governance Work Programme for 2015/16:</p> <ul style="list-style-type: none"> <li>• <b>Fair Processing Notice</b> – as referenced in the previous report, comments were received by the CCG’s Reader Panel and review of the Fair Processing Notice was completed with minor changes.</li> <li>• <b>Compliance Spot check</b> – a spot check of Oak House has been completed with overall high assurance that CCG staff recognise the importance of keeping information secure and comply with the CCG’s Information Governance policies and procedures.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Data flow mapping</b> – information flows containing personal confidential data (PCD) received by and sent out by the CCG have been reviewed to ensure that the method of transfer is appropriate and complies with IG requirements. Alongside this work, the legal basis for receiving or sharing information has been identified and recorded to ensure that the CCG is compliant with legislation.</li> <li>• <b>Information Asset Register Risk Assessments</b> – Information Asset Owners listed on the CCG’s Information Asset Register have been contacted and asked to review the risk assessments completed last year to ascertain whether any changes need to be made. In addition, Asset Owners have been asked to complete a new risk assessment for any new assets (systems) which may have been introduced this financial year.</li> </ul> <p><b>Information Sharing</b> The CSU IG Associate attended the Rotherham Interoperability Group and will continue to represent the CCG in respect of IG on this group. It has been agreed that the IG representatives of the key stakeholders in this group (CCG, TRFT and RMCB) will establish an IG sub group to discuss/debate any IG issues raised and report back to the Interoperability Group. The IG sub group will meet two weeks prior to each Interoperability Group meeting.</p> <p><b>Controlled Environment for Finance – Assurance Statement</b> An action plan covering IG elements has been developed in support of the CCG’s application to become a Controlled Environment for Finance.</p> <p><b>Information Governance Group</b> The establishment of a CCG Information Governance Group has been authorised and draft terms of reference have been developed. The membership of this group will be the Deputy Chief Officer (as SIRO), Chief Nurse (as Caldicott Guardian), Head of Health Informatics (as IG Lead), IT Programme and Service Delivery Manager (IG support) and the CSU IG Associate. The first meeting will take place on the 22nd January 2016.</p>
CAR/108	<p><b>Freedom of Information requests</b></p> <p><b>Quarter 2 – July to September 2015</b> During quarter 2 the CCG received 74 requests for information under the Freedom of Information Act 2000. The requests were made by: Members of the public 24 (32%); Tabloid Journalists 8 (11%); Online Magazine Journalists 3 (4%); Campaigners 2 (3%); MP 1 (1%); Unspecified 36 (49%).</p> <p><b>Quarter 3 – October to December 2015</b> During quarter 3 the CCG received 43 requests for information under the Freedom of Information Act 2000. The requests were made by: Members of the public 3 (7%); Tabloid Journalists 2 (4.5%); Campaigner 1 (2.25%); Charitable Organisation 1 (2.25%); Other NHS Organisation 1 (2.25%); Researcher 1 (2.25%); Unspecified 34 (79.5%).</p> <p>All 117 requests were acknowledged within the timeframe set out in the Freedom of Information Act 2000. However, we are not hitting the 20-day response timeframe. During quarter 2, 19% of responses were overdue and in quarter 3, 25% of responses were overdue. The reasons identified are: staff availability; staff not providing the required information or not stating that they do not hold the</p>

information in a timely manner.

A target has been set to reduce the breaches during 2016-2017 to <5%.

**Organisational Development & Staffing Governance**

CAR/109

**NHS Rotherham Dashboard Workforce Report October-December 2015**

	<b>Staffing breakdown:</b>		<b>Count / %</b>	<b>Commentary</b>
<b>Staffing numbers</b>	Headcount		107	Including Governing Body members and Bank Staff
	Whole Time Equivalent		86.8	
	Turnover		0.9%	18 starters and 1 leaver since October 2015
	Cumulative sickness rate		2.9%	This is a 0.4% decrease
	Formal cases of discipline, grievance, poor performance or bullying and harassment			2 ongoing long term absence cases at formal review stage
<b>Gender</b>	Female		79	Increase in both male and female staff
	Male		28	
<b>Age</b>	Under 20		1	The average age of the workforce is 45.1 years.
	20-25		1	
	26-30		6	
	31-35		11	
	36-40		16	
	41-45		26	
	46-50		18	
	51-55		15	
	56-60		10	
	61-65		2	
66-70		1		
<b>Ethnicity</b>	White	British	95	The number of White British staff has increased. All other Ethnic origins remain at the same headcount. The staff survey will provide another source of data to update the position.
		Other	2	
	Mixed	White & Black Caribbean	0	
		White & Black African	0	
		White & Asian	0	
		Other	0	
	Asian / Asian British	Indian	2	
		Pakistani	1	
		Bangladeshi		
		Chinese		
	Black / Black British	Other	1	
		African		
		Caribbean		
	Other	Other	1	
Arab				
	Other			



		-----	Prefer not to say	5	
<b>Disability</b>	Declared disability			5	The 2014 staff survey shows that 21% of respondents stated they had a disability or long term condition
	No declared disability			93	
	Prefer not to say			9	
<b>Religion / Belief</b>	No religion / Atheism			4	The number of staff stating they are Christian, any other religion and Prefer not to say has increased. All other religions remain at the same headcount
	Christianity			79	
	Buddhism			0	
	Hinduism			1	
	Judaism			0	
	Islam			1	
	Sikhism			1	
	Any other religion			2	
Prefer not to say			19		
<b>Sexual orientation</b>	Bisexual			0	The number of staff stating they are heterosexual or Other has increased. The number of staff stating do not wish to declare their sexual orientation has decreased. All other sexual orientations remain at the same headcount
	Gay man			0	
	Gay Woman / Lesbian			0	
	Heterosexual			88	
	Other			2	
	Do not wish to declare			17	
<b>Pregnancy, maternity and gender reassignment</b>	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

## GB Assurance Framework and Risk Register Summary: Audit and Quality Assurance Committee 15 January 2016

The Risk Register and Assurance Framework have been fully updated in December 2015 / January 2016 and the tables below summarise the key score changes.

### Risk Register

Status	RR Number	Description	Score movement	On AF and ID number
Increase	037	Delivery of corporate/running costs savings whilst taking on new services and hosting shared services has a negative impact on corporate performance	8-16	AF42
Increase	065	Failure to meet A&E targets	12-16	AF21
Increase	066	Subcontracted Commissioning services with CSU/LPF provider fail to deliver outcomes as a result on CSU not being on lead provider framework	16 – 20	AF13
Reduce	002	Failure to prevent high level lapses in Child Protection	12-9	AF07
Reduce	070	NHS Commissioning Organisations not successfully picking up all important responsibilities that were previously NHS Rotherham PCT	12-9	AF13
Reduce	083	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	AF29
Reduce	087	Capacity with TRFT Safeguarding Team - covering Adults & Children	16-12	AF27 AF30
Retired	063	Reconfiguration of major trauma centre could have a knock on affect to the provision of services to patients	9-3	N/A
Retired	074	Failure of provider IT systems potentially leading to patient harm (excluding TRFT EPR)	6-3	N/A
Retired	094	Reprocurement of APMS contracts	12-4	AF34
New	096	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	AF37
New	097	Failure to meet the National cut-off date of 1st March 2017 for Previously Unassessed Periods of Care - previously known as CHC Retrospective Claims	6	N/A
New	099	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	AF38
New	101	Delivery of the CAMHS Local Transformation Plan (LTP)	12	AF39
New	102	Inability to deliver CAMHS reconfiguration in a timely manner	16	AF40
New	103	Delayed coding miss-represents HSMR position of RFT	12	AF41

### GB Assurance Framework

Status	AF Number	Description	Score movement	On AF
Increase	AF13	Subcontracted Commissioning services with CSU/LPR provider fail to deliver outcomes as a result on CSU not being on lead provider framework	16-20	Y
Increase	AF21	Failure to meet A&E targets	12-16	Y
Reduce	AF07	Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes	12-9	Y
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	Y
Reduce	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	16-12	Y
Retired	AF34	Re-procurement of APMS contracts	12-4	Y
New	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	Y
New	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 week	16	Y
New	AF39	Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan (LTP)	12	Y
New	AF40	Inability of the service to reconfigure and re-organise	16	Y
New	AF41	Delayed coding mis-represents HSMR position of RFT	12	Y

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	Uncontroll ed Score	November Score	January Score	Gaps in Control	Gaps in Assurance	Linked Organisation
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	AF36	Implication of the changes to the 'Who Pays' guidance on the CCG's S117 responsibilities on :Patient safety and Financial implications	Ian Atkinson	20	16	16	√	√	
1	AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	Ian Atkinson	20	16	16	√	√	
1	AF40	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	20	16	16	√	√	RDaSH
1	AF39	Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	16	12	12	√	√	RDaSH
1	AF41	Delayed coding mis-represents HSMR position of TRFT	Ian Atkinson	15	12	12	√	X	TRFT
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	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	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	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	AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	Sue Cassin	16	16	12	√	√	TRFT

	AF No.	Domain: Delegated Functions	Lead	Uncontrolled Score	November Score	January Score	Gaps in Control	Gaps in Assurance	Linked Organisation
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	16	√	√	NHSE
2	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	J Tufnell	16	16	16	√	X	NHSE
2	AF35	CQC inspection of practices	Sue Cassin	15	12	12	√	√	

	AF No.	Domain: Finance	Lead	Uncontrolled Score	November Score	January Score	Gaps in Control	Gaps in Assurance	Linked Organisation
3	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	Ian Atkinson	20	20	20	√	X	TRFT
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	8	16	X	X	
3	AF37	Equipment provided by RCGG 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	AF25	Reduction in resources through introduction of Better Care Fund	Keely Firth	16	12	12	√	X	RMBC
3	AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	12	12	12	√	√	
3	AF02	Failure to meet financial targets and statutory financial duties	Keely Firth	16	12	12	√	X	
3	AF32	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	Keely Firth	16	12	12	X	√	

	AF No.	Domain: Performance	Lead	Uncontrolled Score	November Score	January Score	Gaps in Control	Gaps in Assurance	Linked Organisation
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	AF21	Failure to meet A&E targets	Keely Firth	20	12	16	X	X	TRFT
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 of planning

## Summary of Risks

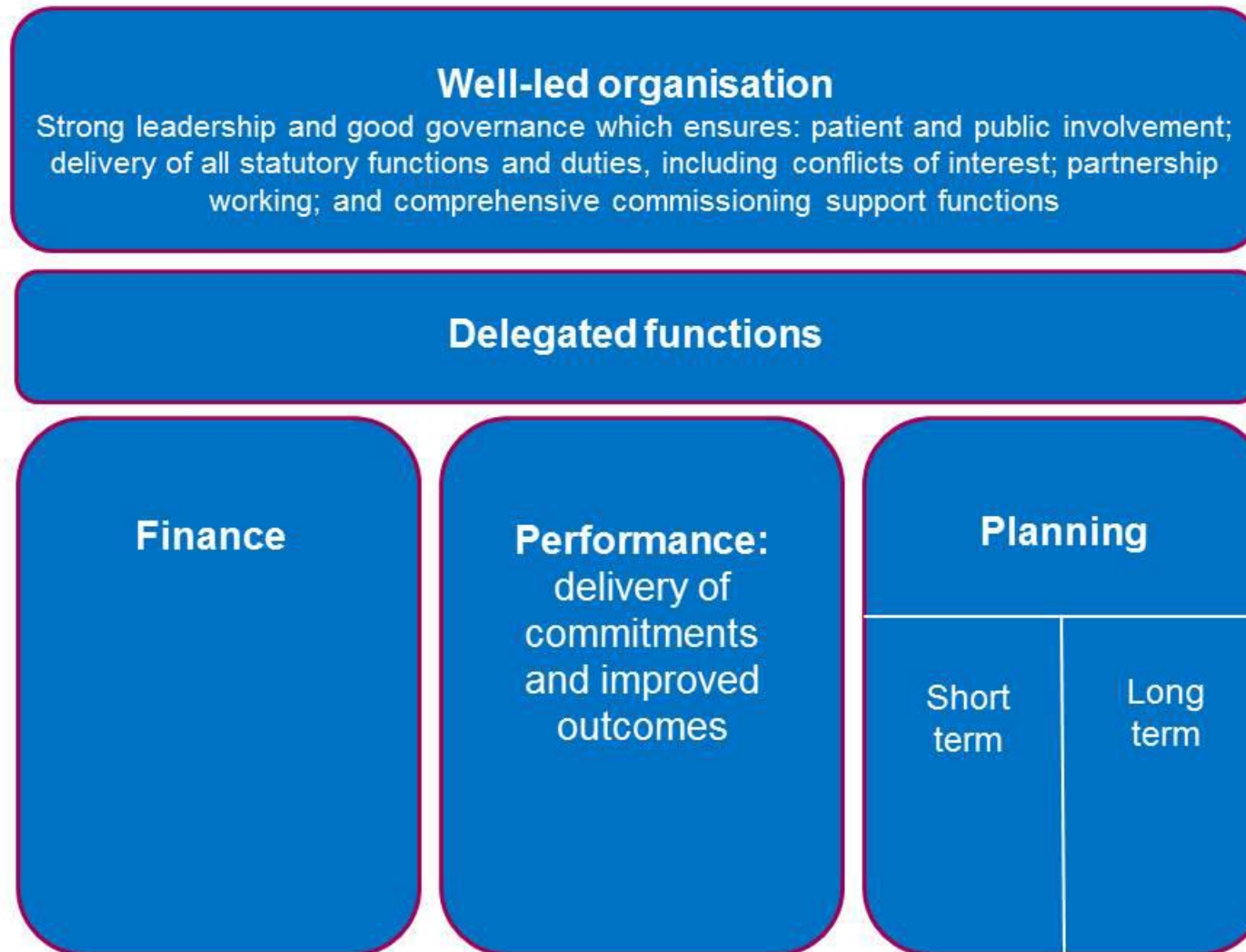
The table below shows the number of risks on the risk register and assurance framework (from medium risk upwards):

Risk Score	Assurance Framework	Risk Register	Rating Explained
6	1	10	Medium Risk
8	1	9	Medium Risk
9	4	11	Medium Risk
10	1	1	Medium Risk
12	12	12	High Risk
15	1	3	High Risk
16	9	12	Very High Risk
20	4	5	Very High Risk
25	0	0	Extreme Risk
<b>Total</b>	<b>33</b> (26 scoring 12 or above)	<b>63</b> (32 scoring 12 or above)	

There are 26 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 problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.	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
AF12	Failure to deliver system wide efficiency programmes for prescribing, planned and unscheduled care	20
AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	20
AF21	Failure to meet A&E targets	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
AF26	Impact on CCG of other commissioners efficiency plan	16
AF36	Implication of the changes to the 'Who Pays' guidance on the CCG's S117 responsibilities on :Patient safety and Financial implications	16
AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	16
AF40	Inability of the service to reconfigure and re-organise	16
AF33	Effective collaborative commissioning of specialised services	16
AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	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
AF37	Equipment provided by RCCG via IFR/CHC - failure to have a procurement service to ensure cost effectiveness and service that ensures that purchased equipment has a record of maintained and safety.	15
AF35	CQC inspection of practices	12
AF39	Inability of the service to implement the changes outlined in the CAMHS Local Transformation Plan	12
AF41	Delayed coding mis-represents HSMR position of RFT	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	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
AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	12
AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	12
AF25	Reduction in resources through introduction of Better Care Fund	12
AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	12
AF02	Failure to meet financial targets and statutory financial duties	12
AF32	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	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>



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

Domain	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									
1	073	18.02.13	AF19	<b>Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.</b> <b>THIS RISK LINKS RISKS 55, 69 AND 71</b>	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 TRFT appointed to 4 Clinical Director posts in Sept 2014 and to all Board positions substantively by March 15 with the exception of the Medical Director who is a 6 month appointment.  Monitor agreed that the board governance condition could be discharged in December 2014  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 Board 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.	<b>TREAT - SEE AF</b>	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 March 2016	Dec-15
3	033	11.11.11	AF12	<b>Failure to deliver planned efficiency savings in Planned Care</b>	Ian Atkinson	5	4	20	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. 2015 Commissioning plan set out programmes	Monthly performance reports to NHSR CCG Governing Body and at cluster level, including identification for emerging risks.  Performance reports received at CRMC & SRG	• Quarterly assurance meetings with NHSE on key issues.	SRG keep this area under multiagency surveillance	Follow-up part of programme providing more difficult to deliver than anticipated.  TRFT management changes affects continuity of TRFT commitment.	CCG Chair and Chief Officer review in Multiagency governance with TRFT in June 2015.	<b>TREAT - SEE AF</b>	Managed via CRMC - see AF for detail Deep dive at AQUA in March 2015	Dec-15
3	031	11.11.11	AF12	<b>Failure to deliver planned efficiency savings in unscheduled care</b>	Ian Atkinson Dominic Blaydon	5	4	20	5	4	20	CE leadership. PLT programme of events. Efficiency programme detailed in Commissioning Plan. ACP details actions required to deliver their savings  SRG oversees the QIPP Committees and their progress	Monthly performance reports to NHSR CCG GB. Programme & Project level KPIs developed and measured. Performance reports received at CRMC and SRG		SRG keep this area under multiagency surveillance  CCG introduced clinical restrictions. Discussed at May 2015 Board to Board and GP / Consultant meeting.	EPR implementation (See risk 391) and TRFT restructure are risks that effect full delivery of efficiency plans.  2014/15 had substantial over performance in this area. SCE will review it. Further restrictions to be considered in October 2015.	Key feature in 15/16 commissioning plan. SCE will review it further. Restrictions necessary in Jan 2016.	<b>TREAT - SEE AF</b>	Discussed at June 2015 commissioning event for GPs	Dec-15
4	085	02.09.14	AF28	<b>Failure of YAS to achieve RED 1 8 minute Target 2014/15 at CCG level and Yorkshire &amp; Humber wide.</b> <b>The position (Roth CCG) as at Oct is 65.73% against a target of 75%.</b>	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  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.	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	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 mins. 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	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.	<b>TREAT</b>	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	Dec-15
4	066	17.05.12	AF13	<b>Subcontracted Commissioning services with CSU/LPF provider fail to deliver outcomes as a result on CSU not being on lead provider framework</b>	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.	RCCG Governing Body will consider implications in Jan 2016.  OE taken action to ensure robust performance management function for CCG.  CCG recruiting to 2 additional posts.	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	<b>TREAT - SEE AF</b>	Fortnightly transition board. RCCG has plans for each service  BI will be procured within national lead provider framework	Dec 2015 A Clayton I Atkinson
2	015	11.11.11	AF11	<b>Not maintaining accessible and responsive high quality primary care</b> <b>(current concerns are due to overall GP capacity)</b>	Jacqui Tufnell	4	4	16	4	4	16	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.	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	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 Rotherham Population. Discussions ongoing 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	<b>TREAT - SEE AF</b>	See AF for details.	Dec-15	
1	079	03.01.14	AF26	<b>Impact of other commissioners efficiency plans on CCG core business.</b>	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.	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.	RMBC are developing a series of plans in 15/16. The impact on the CCG is not yet known.	<b>TREAT - SEE AF</b>	Further discussions at H&WBB, QIPP Delivery Group and bi-lateral meetings with NHSE and RMBC.	Dec 2015
4	011	11.11.11	AF??	<b>Failure to achieve the national standard for non fast track cases</b>	Sue Cassin Alun Windle	4	4	16	4	4	16	Continuing Health Care process in place. Budgetary Monitoring and Reporting. National Framework for NHS Continuing Health Care Service quarterly Assurance Benchmarking against 14 Y&H CCGs' NHS Practice Guidance. Annual internal and external audits. • Additional staff appointed • Monthly performance meetings CSU with Senior representation. • Weekly reporting.	• Periodic updates to Aqua Committee • Monthly update to CCG Governing Body • KPI monitoring of the CSU service • Enhanced monitoring with senior CHC clinicians by NHSR CCG lead officer. • Accelerated plans in place to complete significantly more cases by September 2015.	External Audit reports are reviewed by Aqua Committee		SY&BCSU failed to secure place in Lead Provider Framework. Transition Group in place to ensure no gaps in service during transition.	SY&B wide work streams are being undertaken.	<b>TREAT</b>	CSU to continue to implement actions around outstanding reviews, staff shortages and other performance issues.	Dec-15
4	071	10.01.13	AF05	<b>Impacts on quality and safety of the cost improvement plans of our key providers</b> <b>AF 05 has been merged with AF09</b>	Ian Atkinson Sue Cassin	4	4	16	4	4	16	Robust mechanisms in place and assured by the Aqua group. Procedures are being reviewed and strengthened in partnership with NHS SY&B and assured by NHS SY&B 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 level Provider cost improvement plans will be requested to control quality meetings and then considered by SCE, Aqua and NHSR CCG Governing Body	Patient safety dashboard Quality and patient safety committee at NHS SY&B level patient safety/quality assurance report. CQC Monitor PEAT scores Staff survey Patient Surveys Feedback from overview and scrutiny Reports to SHA 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 RFT and RDASH at Board to Board meetings annually	2016/17QIAs will be received by 1 April 2016	Discussions at Board to Board with TRFT & RDASH will take place in 2016/17	<b>TREAT - SEE AF</b>	See Risk 073 for details	Dec 2015

Domain	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									
3	069	25.10.12	AF19	Financial viability of key acute provider	Keely Firth	4	4	16	4	4	16	<ul style="list-style-type: none"> <li>Contracts signed</li> <li>Monitor FT compliance framework</li> <li>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.</li> <li>Non elective commissioned outturn less 0.1%</li> <li>Community Transformation investment</li> <li>Mental Health Liaison</li> <li>Less saving requirement expected in 2016/17 for providers.</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner investment based upon mandate principles e.g. national tariff</li> <li>Commissioning plan aligned to support greater community working including end of life care and mental health</li> <li>Opportunities through CQUIN and other local enhanced schemes for the trusts to earn more income for higher quality outcomes;</li> <li>Community Transformation funded to do safer discharge</li> <li>Monitor accepted financial plan for 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>- Key acute provider in risk of significant breach of its conditions of authorisation. Monitor now accepted the assurance from TRFT and stood the escalation down.</li> <li>- Refresh of board membership</li> </ul>	None	None	<ul style="list-style-type: none"> <li>1) Impact of changes is key personal inhibiting changes</li> <li>2) Risk arising from national efficiency requirements via tariff.</li> <li>3) Non achievement of CQUIN and LOFI targets</li> <li>4) Non achievement of QIPP Plans</li> </ul>	TREAT-SEE AF	<ul style="list-style-type: none"> <li>1) Monthly update at NHR CCG GB</li> <li>2) QAs provided for savings schemes</li> <li>3) Audit Committee chair to attend TRFT audit meetings</li> <li>4) See additional actions under risk 073</li> <li>5) Board reps meeting every 6 months between CCG and RFT.</li> </ul>	Dec-15
1	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	Ian Atkinson Kate Tufnell	5	4	20	4	4	16	<ul style="list-style-type: none"> <li>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</li> <li>Working arrangements with other CCGs pending definitive guidance on who pays. Agreed SY &amp; Bassetlaw S117 Transfer process in place. CFO discussion regarding funding transfers in place. Retrospective S117 Transfer date agreed – 1st April 2016</li> <li>SY &amp; Bassetlaw CCG S117 group established</li> <li>SY &amp; Bassetlaw new placements process to be agreed and established.</li> <li>Working arrangement with RMBC definitive agreement on S117 to be commenced Jan-16</li> </ul>	<ul style="list-style-type: none"> <li>Paper to OE in December 2014 - completed</li> <li>Mental Health &amp; Finance teams working together to ensure Rotherham S117 transfer process completed safely by 1st April 2016</li> <li>CFO, Chief Nurse and Head of Contracts &amp; SI, Commissioner case manager involved in discussions</li> <li>Local Case Management review process for all transferring patients in Retrospective cohort to be established. To ensure patients are correctly placed &amp; their needs are being met.</li> </ul>	<ul style="list-style-type: none"> <li>South Yorkshire Nurses and CFOs group have agreed Retrospective S117 Transfer t will occur in a managed way from 1 April 2015</li> <li>SY &amp; Bassetlaw CCG S117 group established</li> <li>SY &amp; Bassetlaw CCG agreed Retrospective transfer process.</li> <li>SY &amp; Bassetlaw new placements process to be agreed and established.</li> <li>CFO in discussion with SY &amp; Bassetlaw CCGs regarding the Retrospective funding transfer</li> </ul>	<ul style="list-style-type: none"> <li>Awaiting possible national clarification</li> <li>Patient profiles and risk &amp; complexity are unknown.</li> <li>Care co-ordination implication for RDaSH are not fully understood at this point.</li> <li>Number of transfers &amp; financial implication unknown</li> <li>Agreed process only covers SY &amp; Bassetlaw patients. The wider CCG implications unknown</li> <li>The SY &amp; Bassetlaw CCGs all have different approaches to determining S117 eligibility &amp; Funding</li> <li>Other CCGs place in Providers not used by the CCGs</li> </ul>	<ul style="list-style-type: none"> <li>Have fed back to NHS England the risk but to date no indication the guidance will be modified</li> <li>Neither the CCG or RDaSH know these patients. Therefore, the appropriateness of the placements cannot be assured at this stage.</li> <li>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</li> <li>NO single approach to determining S117 &amp; funding eligibility</li> <li>The CCG does not have contractual or a history of working with all Providers in Rotherham. Therefore this will have to be addressed</li> </ul>	TREAT-SEE AF	<ul style="list-style-type: none"> <li>Who pays guidance is being implemented with liaison with other SY CCGs.</li> <li>SY &amp; Bassetlaw CCGs are working together to establish a retrospective S117 transfer action plan &amp; agree a new placement policy</li> </ul>	Dec 2015 K Tufnell I Atkinson	
2	093	5.6.15	AF33	Collaborative commissioning of specialised services	Jacqui Tuffnell	4	4	16	4	4	16	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>			<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Consideration of how collaborative specialised commissioning is reported through to governing body.</li> </ul>	TREAT-SEE AF	<ul style="list-style-type: none"> <li>Paper to OE regarding how governing body is updated in relation to specialised commissioning.</li> </ul>	Dec-15
4	065	11.11.11	AF21	Failure to meet A&E targets	Rebecca Chadburn	4	5	20	4	4	16	<ul style="list-style-type: none"> <li>Daily reports from TRFT</li> <li>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.</li> <li>If a shortfall on target/performance is identified it is then escalated via email to NHSE Area Team and OE members.</li> <li>Funding investments System Resilience Group initiatives</li> <li>Implementation of TRFT Transforming Unscheduled Care Programme with one of the outcomes being the achievement of the A&amp;E 4 hour quality standard.</li> <li>If significant issues with performance, contractual process i.e. performance notice issued.</li> </ul>	<ul style="list-style-type: none"> <li>Reports to OE &amp; SCE when performance goes off track.</li> <li>Action plan and regular updates in progress</li> <li>RCCG issued a contract performance notice on 1st Dec. A remedial action and trajectory has been developed and closely monitored through monthly A&amp;E performance meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings.</li> <li>Ongoing executive level management – priority given to A&amp;E performance quality standard</li> <li>NHS England attendance at extraordinary meetings.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing executive level management – priority given to A&amp;E performance quality standard across TRFT</li> <li>Performance relative to other SY and NoE Trusts positive.</li> <li>RCCG engaged in transformation work to implement change in TRFT emergency pathways/processes.</li> <li>Rotherham wide recovery plan has been signed off through SRG with all stakeholders</li> </ul>			<ul style="list-style-type: none"> <li>Continued monitoring through the System Resilience Group and contract meetings</li> </ul>	TREAT-SEE AF	Dec-15
3	037	11.11.11	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	2	4	<ul style="list-style-type: none"> <li>OE regularly review team capacity. Current structure within affordable limits.</li> </ul>	<ul style="list-style-type: none"> <li>Financial performance reported in monthly report to Governing Body. Six monthly review of CCG staffing structure .</li> </ul>		<ul style="list-style-type: none"> <li>Under regular review</li> </ul>	None	None	<ul style="list-style-type: none"> <li>Update Q3 2015 following plan submission.</li> <li>Review impact of new and shared services after transfer</li> </ul>	Dec-15	
4	099	09.12.15	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	<ul style="list-style-type: none"> <li>A. IAPT Task &amp; Finish Group - joint RDaSH &amp; CCG Group) which monitors all of the IAPT reporting targets and the IAPT redesign programme</li> <li>Standing item on the RDaSH Contract Performance meeting</li> <li>Specific Backlog Clearance assurance</li> <li>Backlog clearance delivery trajectory and weekly reporting mechanism in place</li> <li>Weekly Update report on the backlog clearance delivery trajectory received from RDaSH. Any issues arising are immediately discussed with RDaSH Senior Contact</li> <li>Senior Managers in RDaSH / CCG responsible for the delivery of the inapt waiting time targets identified.</li> <li>Contract variation - between RDaSH &amp; CCG for delivery of the NHS England funded IAPT backlog clearance delivery trajectory</li> <li>Performance notice/ contract query - against delivery of the backlog clearance trajectory and associated targets</li> </ul>	<ul style="list-style-type: none"> <li>Weekly monitoring of the IAPT Backlog Clearance trajectory by KT, RB, CR &amp; IA.</li> <li>Monthly reporting to the Governing Board via the CCG performance report</li> <li>Regular updates provided to OE and SCE by the Deputy Chief Officer / Head of Contracts &amp; SI</li> <li>Mechanisms in place to capture GP feedback. These include the RDaSH Issues log and Locality Visits currently being completed by RDaSH</li> </ul>	<ul style="list-style-type: none"> <li>Monthly submission of the RCCG IAPT reporting template to NHS England</li> <li>Specific Backlog Clearance assurance</li> <li>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)</li> <li>Listed on the National IAPT 'At Risk' waiting List Register - Monitored by the National IAPT Intensive Support Team</li> <li>Monitored by the National IAPT Intensive Support Team as part of the National at risk register - waiting times</li> <li>CCG secured additional Backlog Clearance Monies (£86,000) from NHS England - to support waiting list reduction by march 2016</li> <li>MOU in place for the delivery of the IAPT Backlog Clearance initiative by March 2016 between NHS England &amp; RCCG</li> </ul>			<ul style="list-style-type: none"> <li>Backlog clearance trajectory in place - monitored by CCG &amp; NHS England</li> <li>Revised Access target trajectory in place - monitored by NHS England &amp; CCG</li> <li>Performance Query /contract notice monitored by Contract Performance Group</li> </ul>	TREAT-SEE AF	Dec-15	



Domain	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									
1	100	05.03.15	AF31	Patient safety and financial implication of a complex patient transferred from NHS England Commissioning responsibility in November 2015	Ian Atkinson Kate Tufnell	5	4	20	4	4	16	Working with NHS England to understand future individual patient costs to the CCG Paper to governing Body on an individual high cost patient in August 2015 Procurement process in place to commission future adult placement Various paper presented to OE & SCE Continuity plan developed in the event that current RDaSH placement becomes untenable Transfer meeting held between NHSE & RCGG held in November 2015 COG case management process established to ensure clinical quality of placement Communication processes both managerial and clinical established between RCGG & RDaSH - to monitor and manage any risks / issues that may arise Case manager attendance at LADO regarding safeguarding concerns were police are presence	Expert by Experience & Independent Clinical expert involved in procurement decision process Procurement process will test the market to ensure cost effectiveness		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	RDaSH will give a weekly update on LD ATU capacity. RDaSH's ability to recruit and retain staff	TREAT-SEE AF	COG Case management process established COG 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 Continuity plan developed in the event that current RDaSH placement becomes untenable	Dec 15 K Tufnell I Atkinson	
1	102	22.12.15	AF40	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	4	5	20	4	4	16	Monthly CAMHS transformation 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.	CQC Health check Healthwatch Rotherham Parents Forum	New CAMHS structure agreed Current high staff vacancy rates. Potential national shortage of CAMHS staff.	Some requirement for Adults/older people and CAMHS to work together.	TREAT-SEE AF	New structure outlined and weekly position monitored against this. RDASH preparing mobilisation plan. RDASH looking to bring own staff	Dec-15	
3	008	11.11.11	AF02 AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	5	3	15	5	3	15	Strong financial plan ACP predicated on national growth assumptions. Requirement to utilise 1% of recurrent allocations non-recurrently is embedded within the recurrent plan. Operational and Executive	1% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE. Downside scenario planning inherent in 2016/17 plan onwards	NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% though allocations for 2016/17 still awaited. Growth assumptions in ACP for our 4 year plan were approved by NHSE.	No clear national consultation process Allocations published but NHSE advised that they are not guaranteed	Lack of clarity around overall process	TREAT-SEE AF	Await allocations in Jan 2016 and work up downside actions	Dec-15	
1	055	01.04.12	AF18 AF19	Failure of TRFT IT (EPR) systems potentially leading to patient harm including contact centre	Ian Atkinson Andrew Clayton	5	5	25	5	3	15	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. TRFT are giving regular update on delivery of EPR recovery plan at Contract Quality Meeting 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. 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.	TREAT-SEE AF	See Risk 073 for details	Dec-15	
3	096	30.10.15	AF37	Equipment provided by RCGG 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 RCGG 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.	TREAT-SEE AF	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	Dec-15
1	087	03.12.14	AF27 AF30	Capacity with TRFT Safeguarding Team - covering Adults & Children	Sue Cassin Catherine Hall	4	4	12	4	3	12	• 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 - satisfactory Named Midwife remains on long term extended sick leave Intercollegiate final draft for adult safeguarding now complete.	• Quality report including key performance indicators, FNP Annual Report, Issue raised re safeguarding supervision at CQC review therefore logged on CQC Action Plan. Long term sickness being monitored by Assistant Chief Nurse TRFT Interim safeguarding nursing support. Recruited Designated and Secondment into CSE post.	• NHSR CCG Chief Nurse has raised issues with TRFT Chief Nurse re FNP capacity CCG working with Chief Nurse at TRFT re interim model for Initial Health Assessments Corporate parenting continues to monitor an improving picture in relation to initial health assessments. FNP continue to seek support from Sheffield.	New Designated CDOP doctor now in post. Assistant Chief Nurse committed 1 day per week to CQC action plan Capacity in safeguarding team improving. New safeguarding model now in place. Trained a significant number of staff to deliver the model.	• Named Midwife left. Interviews taking place on 18 Dec 2015. • Community Named Nurse on sick leave • Family Nurse Practitioners (FNP) nurses are below capacity. FNP Supervisor has now left - post is being advertised. RCGG commissions initial health assessment clinic capacity based on data from 2014 however there has been an increase in children coming into care over a significant period of time. The 54 clinics currently commissioned are over subscribed	Safeguarding Assurance and KPIs are missing key areas and lack in details. RCGG have given feedback to the provider on 9 January 2015 and 5 February 2015 for Qtr. 2 and made requested amendments be made. RCGG are awaiting a refresh of Qtr. 2 report and the Qtr. 3 data which is now due. TRFT have included initial health assessments on their risk register and discussions are ongoing Supervisor left - post being advertised	TREAT-SEE AF	CQC Action Plan in place. Monitored via Contract Quality meetings. LAC Initial Health Assessments	Dec 15 Catherine
3	080	08.01.14	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 RCGG colleagues Section 75 agreement in place	Appropriate financial plans in place for 2015/16 onwards and plans being developed for 2016/17 on similar basis to 2015/16. • Executive task group established and hold risk register • Operational Office 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 plans signed off by H&WB in February and April 2015 • Revised plan submitted on 12th December 2014 after Rotherham was approved with conditions and letter of approval with no conditions received on 21st January. Quarterly returns to NHSE to be signed off by HWB Strong audit report around governance processes received	Financial performance reports indicate that funds are being well controlled National team may amend the roles without notice	TREAT-SEE AF	Review of all Better Care Fund limits through Q1 and Q2 to inform 2016/17 plans Review undertaken and revised financial plans now being completed for 2016/17.	Dec-15		
1	027	11.11.11	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. • Monthly meetings to discuss Tier 4/Complex patients. • RCGG issued a Performance Notice to address the ongoing issues in the CAMHS service and associated transformation process. Monthly CAMHS Transformation 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	• 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 ongoing issues in the CAMHS service and associated transformation process. CAMHS Transformation Plan prepared and associated action plan. Extra funding available for CAMHS Eating Disorder Service RDASH currently undergoing a	Dec-15
3	029	11.11.11	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.	Monthly 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. NHSR CCG making good progress in 2014/15	Individual practice plan and LIS for 15/16	TREAT-SEE AF	Managed via MMC. See AF for details.	Dec-15		
3	005	11.11.11	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 2015/16. • Downside scenarios considered as part of planning process with recurrent options being consulted on with Clinicians at TRFT and RCGG with a view to embedding into care pathways in 2015/16. Downside plans being completed for 2016/17 to ensure that room remains to fund priority areas.	SCE and GP/PMC 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. RCGG 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 2015.	RCGG ahead of the game on 7 day working therefore funds already reserved for policy obligation	None	TREAT-SEE AF	Dec-15		

Domain	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									
1	003	11.11.11	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 new in post. New lay representative to support primary care commissioning starts September 2015. A performance dashboard has been drafted to support the primary care sub-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.		There have been substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner following the last re-organisation and staff losses is 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.	Dec - 15 Jacqui Becci Kate Alun
3	004	11.11.11	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. Budgetary Monitoring and Reporting. National Framework for NHS Continuing Health Care Service quarterly Assurance Benchmarking against 14 Y&H PCTs. NHS Practice Guidance. Annual Commissioning Planning Process. Growth built into the plans. Improved quality by CSU team has led 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 bring subject to a transitional process as a result of the CSU not being accepted onto national lead providers framework.	TREAT- SEE AF	CSU to continue to implement actions around outstanding reviews.  Doncaster CCG managing the transition process with all CCGs.	Dec-15	
1	053	11.11.11	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 2015	TREAT- SEE AF	See AF for details.	Dec-15	
3	091	28.02.15	AF32	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)	Keely Firth	4	4	16	3	4	12	Regional consensus for DoLS - application of 'Acid Test' to determine if DoLS should be considered. Ongoing advice from solicitors.	Highlighted in Chief Nurse report to OE 16/2/15. The Safeguarding Adults & Clinical Quality Lead is working on a process with the Continuing Healthcare Lead to identify cases that may be subject to a DoL, additionally is working on a process to 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	TREAT- SEE AF	Note financial impacts of incurring Court of Protection Costs for potentially increasing number of patients over coming months/year, and make some provision /acknowledgement of this in 15-16 financial statements ( c 128	Dec-15	
2	095	12.8.15.	AF35	CQC inspection of GP 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. 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	Dec-15	
1	101	22.12.15	AF39	Delivery of the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	4	4	16	3	4	12	Monthly CAMHS Transformation Meetings. Weekly CAMHS update meeting.	Monthly updates of the CAMHS LTP action plan	CQC Health check.  Healthwatch Rotherham Parents Forum	RDASH have engaged in the LTP process	Service currently undergoing a reconfiguration	Some requirement for Adults/older people and CAMHS to work together.	TREAT- SEE AF	LTP Action plan in place and monitored monthly	Dec-15
1	103	22.12.15	AF41	Delayed coding miss-represents HSMR position of RFT	Ian Atkinson Sue Cassin Keely Firth	5	3	15	4	3	12	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	Regular formal updates to CCG	Assurance required that current figures not masking actual problem		TREAT- SEE AF	RCCG contract monitoring process is holding RFT to account through the RFT action plan	Dec-15
1	083	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.	Chris Edwards	5	4	20	5	2	10	Health and Well being Board CSE Sub Committee of the LSCB  RMBC now being run by 5 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.			Tolerate		Dec-15
2	070	04.01.13	AF13	NHS Commissioning Organisations not successfully picking up all important responsibilities that were previously NHS Rotherham PCT	Chris Edwards	4	4	16	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	NHSE revisiting Continuing Healthcare legacy issues		Tolerate	See AF for details. Awaiting national guidance. Contingency in financial plan.	Dec-15
4	072	29.01.13	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	111 contract is regionally commissioned d this restricts NHSR CCGs ability to respond to systemic pressures. Recent transfer of OOH class from CareUK to 111 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.	Dec-15

Domain	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									
3	078	04.11.13		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	<ul style="list-style-type: none"> <li>Monthly Contract Performance meetings</li> <li>Regular interface between RDASH CAMHS and NHS England Case Managers. Also, liaison with RMBC as required.</li> <li>Direct involvement of RCG Case Manager (if patient approaching transfer to Adult services) and RCG CAMHS contracting lead.</li> <li>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.</li> <li>Monthly meetings to discuss CAMHS Tier 4/Complex cases attended by NHS England, RMBC, RCG and RTFT.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring of specific CAMHS Key Performance Indicators (KPI).</li> <li>Monitoring of RDASH CAMHS data relating to patients in Tier 4 facilities.</li> </ul>	<ul style="list-style-type: none"> <li>COG visits/reports.</li> <li>CAMHS Strategy &amp; Partnership Group meetings</li> <li>Ad-hoc CAMHS interface meetings to manage the relationship between RCG, RDASH, RMBC and NHS England relating to the CAMHS Tier 3/Tier 4 interface.</li> </ul>	<ul style="list-style-type: none"> <li>Successful management of some complex cases by joint work between; RCG, RMBC, RDASH CAMHS &amp; NHS England.</li> <li>Results of NHS England Tier 4 Review which calls for more local Tier 4 provision.</li> <li>RDASH CAMHS successfully managing patients in the community who might otherwise be admitted to a Tier 4 facility.</li> <li>RDASH now meeting regularly with TRFT to discuss CAMHS interface issues, including Tier 4</li> </ul>	<ul style="list-style-type: none"> <li>High CAMHS staff turnover/Sickness/Maternity leave.</li> <li>RDASH CAMHS senior management not fully understanding their own staff issues.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of robust monitoring data on Tier 4 placements by NHS England.</li> </ul>	Tolerate	<ul style="list-style-type: none"> <li>RDASH/RCG to undertake a scoping exercise to determine the value of a CAMHS Tier 3+ service.</li> <li>RCG 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.</li> </ul>	Dec-15
3	076	26.02.13		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	Dec-15	
1	045	11.11.11		Services not being responsive to what people want	Sue Cassin Helen Wyatt	4	3	12	3	3	9	<p>Engagement and communication sub-committee established to ensure oversight and accountability, and includes external representation. 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</p> <p>PPE manager attends CRMC and is linked to other priority work streams</p>	<p>Integrated Patient Safety &amp; Quality report to AQuA and NHSR CCG Governing Body. Patient satisfaction surveys.</p> <p>Patient &amp; Public Engagement and Experience report (incl Friends &amp; Family) monthly to NHSR CCG Governing Body -from November 2013</p> <p>Results from the Engagement 360° Internal Audit to be produced and shared with NHSR CCG which may highlight improvements to internal assurance mechanisms.</p> <p>Reports to be submitted to the new GB sub-committee for communications and engagement being established and agreed; to ensure there is sufficient data for assurance.</p> <p>CCG AGM took place June 2015 - 110 members of the public attended.</p> <p>Summer 2014 - 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 &amp; Communications Sub Committee</p>	<p>Patient Opinion Feedback.</p> <p>Community Engagement Events.</p> <p>Internal Audit Report 2013/14.</p> <p>Friends &amp; Family Test now rolled out to all services; and available public via NHS choices.</p> <p>CCG monitor response rates - positive. - Narrative data available for some providers.</p> <p>Health Watch provide regular reports to NHSR CCG, and are further developing reporting mechanisms via the 'Moodraker' system and provide thematic analysis as required.</p> <p>Published summer 2015 - Effective Service Change which offers assurance templates for major service changes.</p>		<p>Assurance to include Patient and Public Engagement when changes to services are proposed and made, including changes made by providers.</p> <p>Possible Risk - changes to services as a result of financial challenge might not be what people want but might be only option?</p>	Tolerate	<p>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.</p> <p>Ensure through networks and various means that patients and public are engaged when changes are made to services.</p>	Dec 15 Helen	
3	075	25.02.13		PbR Mental Health for Older People & Adults (Potential increase in costs for services to the CCG due to transfer from block contract to a PBR mechanism)	Ian Atkinson Kate Tufnell	4	3	12	3	3	9	<ul style="list-style-type: none"> <li>Care Pathway &amp; Currency Development Group, contract currently with RDASH held monthly.</li> <li>Memorandum of Understanding 13/14 - shadowing the PBR process.</li> <li>Contract Performance Group meetings held monthly</li> <li>SCE to be kept involved via SCE GP Lead</li> <li>MH QIPP Group to advise key officers challenges in mental health</li> </ul>	<ul style="list-style-type: none"> <li>Memorandum of Understanding paper to OE Feb 2013</li> <li>Referral criteria for entry into service</li> <li>Key priority for MH QIPP group but likely introduction of MH PBR will be delayed beyond April 2014.</li> </ul>	<ul style="list-style-type: none"> <li>RDASH &amp; Commissioner Contract Currency Group</li> <li>SHA Commissioner Group</li> </ul>	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		Dec-15	
1	046	11.11.11	AF17	Failure to maintain effective partnerships between e.g. primary, secondary, community, tertiary services, LAT and Other CCGs	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			Tolerate		Dec-15	
1	044	11.11.11		Inability to raise CCG profile with public and patients and to raise public expectation for good health (Including Communications)	Chris Edwards Gordon Laidlaw	3	3	9	3	3	9	<p>Annual Commissioning Plan - stakeholder event to share. Public Engagement strategy.</p> <p>PPG comment on draft Commissioning Plan as required.</p> <p>Regular press releases to local media</p> <p>NHSR CCG Head of Communications Post in place.</p> <p>NHSR CCG Communication Plan in place to address reputation.</p> <p>NHSR CCG communications plan in place for 2015/16</p> <p>PPE Strategy</p> <p>NHSR CCG current and new information uploaded to live public website.</p> <p>NHSR CCG new staff intranet site is now live.</p> <p>CCG completed full stakeholder 360 degree review in June 2015.</p> <p>CCG AGM and Patient Engagement Session held in June 2015.</p> <p>Communications is a key section within the commissioning plan.</p> <p>Working Together work stream with other CCGs is now developed</p>	<p>Patient &amp; Public Engagement and Experience report monthly to NHSR CCG Governing Body -from November 2013</p> <p>Annual PPE report</p> <p>Communication report to NHSR CCG Governing Body included in Chief Officers report.</p> <p>PPE mapping delivery matrix</p>	<p>Health &amp; Wellbeing plan being consulted on and finalised by September 2015. CCG Commissioning Plan for 2015-2019 now published and consulted on.</p> <p>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.</p>	<p>2015 AGM attended by over 100 patients</p> <p>PPG Meetings</p> <p>Patient Engagement Sub Group developed</p> <p>Shortlisted CCG of the year</p> <p>Other patient engagement events</p>		Tolerate		Dec-15	
1	089	24.12.14		Failure to deliver against the Public Health Memorandum of Understanding	Sarah Whittle	5	3	15	3	3	9	<ul style="list-style-type: none"> <li>Monthly Performance meetings between top team Public Health and OE.</li> <li>Memorandum of Understanding (MOU) agreed actions in respect of Public Health Strategy at monthly performance meeting.</li> <li>Share good practice between Public Health and NHSR CCG</li> <li>Confidential communication to address issues and reduce escalation.</li> <li>Plan on a page to replace MOU being developed.</li> </ul>		<ul style="list-style-type: none"> <li>Monthly Performance meetings between top team Public Health and OE.</li> <li>New Director of Public health in post July 2015.</li> </ul>		New memorandum of understanding needs to be developed	Tolerate		Dec-15	
2	092	5.6.15		Impact of PMS/MPIG changes on the stability of practices	Jacqui Tuffnell	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 their 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.		The PMS process is a national requirement and the local principles devised by NHS England for reinvestment have to be upheld.	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.	Dec-15	

Domain	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									
1	002	11.11.11	AF07	Failure to prevent high level lapses in Child Protection	Sue Cassin Catherine Hall	4	5	20	3	3	9	<p>All Safeguarding policies and procedures 2) Safeguarding Board reports to NHS SY &amp; B Board and AQUA</p> <ul style="list-style-type: none"> <li>• Training requirement for all clinical and non-clinical staff agreed.</li> <li>• Monitoring reporting against Outcome 7 of the Essential Standards of Quality and Safety Outcomes March 2010 which is linked to the Health &amp; Social Care Act 2008.</li> <li>• Biennial Section 11, Children Act Self-Assessment.</li> <li>• Designated Nurse for Safeguarding Children ensures providers adhere to Section 11 Children Act Self-Assessment.</li> <li>• Safeguarding standards incorporated in all provider contracts. CQUIN for RDaSH and TRFT in place.</li> <li>• Commissioning Safeguarding Vulnerable Clients annual report to Safeguarding Adults Board and NHSR CCG GB.</li> <li>• Multi-Agency Safeguarding Hub (MASH) - developed.</li> <li>• Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014)</li> <li>• Casey review published 4 February 2015 into Local Government</li> </ul> <p>CQC CLAS review Feb 2015</p>	<p>Reports to RLSCB, NHSR CCG Governing Body and H&amp;W Board. Annual Report to NHSR and NHS Area Team and AQUA.</p> <p>Board level engagement at Organisational Executive level – regular reports.</p> <p>Child death review process to identify all avoidable factors. GP safeguarding leads identified and engaged in processes.</p> <p>Lead professionals at a senior Executive level identified in all health providers and NHSR CCG</p> <p>Training data is being reported quarterly</p> <p>Designated Professionals have been appraised by Chief Nurse annually. NHSR CCG Chief Nurse provides 1-1 supervision of Designated Professionals Child Protection.</p> <p>Survey Monkey utilise to check out learning from safeguarding training events</p> <p>Monthly CQC CLAS action plan peer challenge meetings</p> <p>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.</p> <p>RCCG undertaking a 1 year secondment plan with Rotherham Multi-Agency Safeguarding Hub (MASH) - paper going to OE re future</p>	<p>Reports to Local Safeguarding Children's Board (LSCB) Board. SCR reviews by OFSTED in 2011 evaluated as Outstanding. SLIP currently awaiting publication.</p> <p>CQC Children Looked After and Safeguarding review 23 – 27 February</p> <p>Improvement Panel to support multi agency delivery of Safeguarding agenda.</p> <p>NHSE Area Team triangulates scoring/outcome as green.</p> <p>Annual reports received from providers. NHSE Area Team regional and sub-regional has a safeguarding forum</p> <p>CCG Membership of Child Sexual Exploitation LSCB Sub Group and Silver groups</p> <p>• Ofsted report published November 2014, RCCG Chief Executive and RCCG Chief Nurse attends the Chief Executive/Office C&amp;YP Improvement Board on a monthly basis.</p> <p>RCCG Assistant Chief Officer attends the C&amp;YP Improvement Panel</p> <p>RCCG Head of Safeguarding and Deputy Designated Nurse attend the C&amp;YP Operational Group.</p> <p>CQC action plan</p>	<p>Safeguarding Standards in all main contracts achievement against these are monitored via contract quality meetings.</p> <p>Main provider Annual Safeguarding Children's reports published internally and externally.</p> <p>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.</p> <p>NHSR CCG OE considering a proposal to improve the Health Economy commitment to MASH on 1.12.2014 &amp; 7.12.2014</p> <p>Head of Safeguarding (CH) has become a CQC Inspector for Safeguarding.</p> <p>RCCG 5 year plan includes Safeguarding as one of its 4 priorities.</p>	<p>Serious case review process in Working Together 2018 states that an independent review team will be nationally implemented. SCR for Rotherham awaiting publication.</p> <p>There are no national IT systems in place.</p> <p>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</p> <p>MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15.</p> <p>Intercollegant document 2015 provides advice on safeguarding capacity for children.</p> <p>Intercollegant document 2015 provides advice on safeguarding capacity for Adults.</p> <p>Recruitment process under way to position of Independent Chair of RLSCB to replace retiring post holder.</p> <p>National Crime Agency reviewing 1400 cases identified by Jay report</p>	<p>CQUIN in place to monitor TRFT &amp; 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</p> <p>Child Sexual Exploitation strategy has been updated 2015. CSE Team to be re-launched this team includes health partners.</p> <p>NHS England National Team are still working on a national missing persons process.</p>	TREAT-SEE AF	<p>Providers working to rectify data reporting discrepancy in ESR/OLM.</p> <p>CQC commented (2015) national difficulty in recording Levels of Safeguarding children training.</p> <p>NHSE nationally considering 'missing children'</p> <p>NHS England Area team have a CSE action plan based on National Working Group (NWG) recommendations. This has been completed June 2015 – not sure of publication date</p> <p>SCH &amp; TRFT have a Serious Case Review action plan relating to Baby R – SLIP not yet published.</p> <p>RCCG reviewing recommendations from CQC CLAS Review February 2015, action plan being developed June 2015.</p> <p>REMOVE FROM REGISTER</p>	Dec 15 Catherine
1	001	11.11.11		Failure to prevent high level lapse in adult protection.	Sue Cassin Kirsty Leahy	4	5	20	4	2	8	<p>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.</p> <p>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</p>	<p>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.</p> <p>GP leads identified and engaged in processes.</p> <p>Lead professionals identified in all health providers and NHSR CCG</p>	<p>Reports to NHSR CCG Governing Body and Safeguarding Adults &amp; Children Boards</p>	<p>Safeguarding Standards in all main contracts Annual Adults Safeguarding report Safeguarding KPIs have been published</p>	<p>Domestic Homicide review process being re-aligned to new health economy.</p> <p>Domestic Homicide Review Co-ordinator is pulling a process together for Rotherham.</p> <p>In 2013/14 NHSR CCG have provided financial support to the Domestic Homicide review process.</p> <p>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)</p>	<p>CQUIN in place to monitor TRFT &amp; RDaSH training statistics.</p> <p>Commissioning with Continuing Healthcare and Quality Assurance.</p> <ul style="list-style-type: none"> <li>• Regarding patient placement and having a robust process.</li> <li>• Continued support of patient's needs whilst in placement.</li> </ul> <p>There is a developing team and a shared process across the CHC hub (Doncaster, Rotherham, Barnsley) for specific safeguarding support</p>	Tolerate		Dec 15 Kirsty
1	077	22.05.13	AF22	Impact of Caldecott 2 inhibiting CCGs efficiency programmes, quality assurance and financial governance	Kelly Firth??? Ian Atkinson Sue Cassin	4	4	16	4	2	8	<p>NHSR CCG has begun an internal and shared risk assessment with SY CCGs.</p> <p>Assurance paper to AQUA 26 March 2014</p> <p>Quality assurance - work closely with providers to review information in order to gain assurance.</p> <p>Safeguarding - Caldecott 2 does not impact on this</p>	<p>Reviewed at AQUA on March 2014</p>	<p>Aspects of this will be picked up in 2013/14 IG Toolkit.</p> <p>National Section 252 has been agreed until October 2014.</p> <p>NHSR CCG provisionally accepted as an accredited safe haven in November 2013.</p>				Tolerate		Dec-15
1	038	11.11.11		Failure to identify other efficiency risks	Keely Firth	4	4	16	4	2	8	<p>Reporting structure in place with GP/Officer lead against the 5 QIPP work streams.</p> <p>Multi-agency approach with key partners represented at senior level.</p> <p>Additional MHL and Community Transformation QIPP groups introduced in 2014/15 and continuing to follow through QIPP plans in 2015/16.</p> <p>Continued review by finance team of all budget links throughout the year</p>	<p>Monthly reports to NHSR CCG Governing Body, including identification for emerging risks.</p> <p>Monthly sign off of budget statements by budget holders</p>		<p>Under regular review</p>	None	None	Tolerate	<p>Update Q3 2015 following plan submission.</p> <p>Work on downside scenarios for 2016/17 plans.</p>	Dec-15
1	014	11.11.11		Poor performance management does not secure health outcomes	Ian Atkinson	4	4	16	4	2	8	<p>System of monitoring a wide range of outcome measures and Board approved escalation policy by Performance Team and responsible managers.</p>	<p>Monthly Governing Body performance reports and detailed reports every quarter to OE.</p>	<p>NHSR CCG received positive assurance at NHSE assurance meeting in February 2014</p>			Tolerate	<p>Key performance issue will be deep dived at AQUA in March, May, June 2015</p>	Dec-15	
1	060	11.11.11		Major loss of reputation/ loss of patient confidence	Chris Edwards Gordon Laidlaw Helen Wyatt Sarah Whittle	4	4	16	4	2	8	<p>See actions in 1.1.3 Quality of commissioned Services does not improve. Communications team manages reputational issues in the local media.</p> <p>NHSR CCG Head of Communications Post in place.</p> <p>NHSR CCG Communication Plan in place to address reputation.</p>	<p>See actions in 1.1.3 Quality of commissioned Services does not improve.</p> <p>Communications plan for 2015/16</p> <p>Media relations policy in development</p>	<p>Established good relationships with stakeholder communications teams with regular meetings between communications leads</p> <p>Established proactive relationship with local and regional media.</p>	<p>Patient Participation Group (PPG) Quarterly Meetings in place.</p> <p>Stakeholder events to inform the formal consultation processes.</p> <p>Communication and Engagement activity is reported to NHSR CCG Governing Body every month. Established good reputation and regular contact with local and regional media</p>	<p>See actions in 1.1.3 Quality of commissioned Services does not improve.</p> <p>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</p>	<p>See actions in 1.1.3 Quality of commissioned Services does not improve.</p>	Tolerate		Dec-15
1	009	11.11.11		Failure to secure value for money from all our providers	Keely Firth	4	4	16	4	2	8	<p>Contractual framework covers 85% of investments including PBR. CQUIN schemes in place. OE/SCE review of investment/disinvestment plans.</p> <ul style="list-style-type: none"> <li>• Medicines Management team support the prescribing activities which are not on local contracts, but costs benchmark well against regional and national comparators.</li> </ul> <p>CHC team strengthened to better control care package costs</p>	<p>Strong contract management including sanctions and incentives in line with national contract and guidance.</p> <ul style="list-style-type: none"> <li>• Favourable prescribing benchmarking although pricing pressures starting to emerge.</li> </ul>	<p>External Audit annual report for 2014/15 included positive review of VFM test.</p>		None	None	Tolerate	<p>2016/17 planning in progress with assessment of CHC spend</p>	Dec-15
5	013	11.11.11		Not robustly managing plans to deliver outcomes and equitable use of funds	Ian Atkinson	4	4	16	4	2	8	<p>Skilled contracting team are kept up to date of commissioning intentions. DH Standard Contracts implemented across all main providers.</p>	<p>Monthly contracting meetings with all main providers.</p>	<p>Monthly Governing Body reporting.</p>	None	None	Tolerate	<p>OE reviewed this in December 2013</p>	Dec-15	
1	061	11.11.11		Poor human rights practice leading to adverse consequence for staff/ litigation	Sarah Whittle	4	3	12	4	2	8	<p>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).</p> <p>NHSR CCG has adopted EDS2</p> <p>Purchased DVD's to play at staff meetings commencing January 2015.</p>	<p>See actions in 1.1.3 Quality of commissioned Services does not improve.</p> <p>Working closely with other CCGs</p> <p>Equality Impact Assessment.</p> <p>EDS Self Assessment.</p>	<p>EDS Self Assessment.</p> <p>Public &amp; Patient &amp; voluntary sector are asked for EDS Self Assessments</p>		None	None	Tolerate	<p>DVD training at all staff meetings focusing on key areas - completed Age and also Disability. Watch video round table discussion - next one will be about religion and faith</p>	Dec-15

Domain	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									
1	043	11.11.11		Inability to demonstrate good process in judicial review	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. Agreed at CCG Governing Body October 2014.	Endorsement of arrangements by external Audit and Counter Fraud Services.		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.	Tolerate	CCG updated Constitution June 2015 Implemented forward plan and action logs for CCG Governing Body and AQUA.	Dec-15
1	051	11.11.11		Service quality is compromised due to lack of training	Chris Edwards	4	4	16	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 being developed in 2016	CPD for clinical staff not recorded / reported in annual L&D report	None	Tolerate		Dec-15	
2	035	11.11.11		Failure to secure efficiencies from specialised services	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	Tolerate	Update January 2014	Feb-15	
1	059	11.11.11		Lack of sufficient IT back up to enable effective business continuity	Ian Atkinson Andrew Clayton	4	3	12	3	2	6	Backups for all key information systems documented in System Specific Security Policies and agreed with Information Asset Owners. Automated backups of all centralised data taken every weekday to disk and tape backup. Weekly backups held off site.	System Specific Policies audited in Security and Resilience Audit issued October 2009.  NHSR CCG Information Risk Policy		Inability to carry out test restores on the finance system and the Calisto information system.	Unable to demonstrate successful restore of backups for finance system and Calisto information system.	Tolerate	IT strategy refreshed as part of 2015 commissioning plan.	Dec-15	
3	007	11.11.11		Reduction in funding means PCT has to make cost per case decisions that may be challenged	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.		Report to NHSR CCG Governing Body in October 2015 relating to Individual Funding Requests	None	None	Tolerate		Dec-15
1	047	11.11.11		Failure to deliver the benefits from the health and well being board	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&WB	Tolerate		Dec-15	
1	056	11.11.11		Not achieving acceptable standards for Information Governance leading to data loss/adverse patient consequence	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 2015		Work ongoing for 2016 IG tool kit	IT tool kit satisfactory in March 2015	Tolerate		Dec-15	
1	049	11.11.11		Failure to provide safe and secure environment for staff, patients and visitors	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. H&S matters covered at Social Partnership Forum (SPF) South Yorkshire, 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. Social Partnership Forum (SPF) South Yorkshire actions and monitoring. Low levels of incidents. Monitoring of sickness absence levels and reasons.	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.  Chosen by NHSE as an example for a healthy workplace	None	Tolerate	Full audit of Health and Safety, Security and Fire in June 2015 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.	Dec-15	
1	054	11.11.11		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, the Audit Commission and the regional Health Authority. Information Technology Strategy 2010-2015	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 2010/11.  NHSR CCG Information Risk Policy		Business continuity plans and disaster recovery plans need documenting and approving.	None	Tolerate	Under regular review.	Dec-15	
4	022	11.11.11		Not maintaining a satisfactory HCAls position	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	Bi-monthly IPC reports to NHSR CCG Operational Risk, Governance and Quality Group. Monthly Patient Safety/Quality Assurance reports to Governing Body Exception reports to NHSR CCG Chief Nurse. HPP 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 RCOG Governing Body. Standing agenda item at monthly Contract Quality Meetings.  Senior member of CCG Medicines Management team attends RCA and PIR meetings.  Audit processes, referred to in our Post Infection Review Panel meetings with the Infection Prevention and Control team at TRFT, will be discussed as an agenda item at the next Contract Quality meeting to make sure they are fit for purpose.	Breaches reportable to Monitor Outbreak management investigation (supported by PHE). MRSA Appeals Panel Investigation of out of area cases Antimicrobial Policy Group attended by MMT and Health Protection Principal. NHSR CCG representation on Health Protection Committee. Annual report submitted to HPC Health Protection Assurance Framework Best Practice letter sent to GPs where antibiotic usage inappropriate (shared with MMT, NHSE)	Joint working between provider/commissioner leads across SY&B. CCG IPC Lead attends MDTs meeting when required, IPC&D and 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 Lack of information on community cases	Tolerate	Monthly PIR Overview Panels with Microbiologist/IPC Team/ MMT representative  Overview of CDiff cases to be discussed at the Contract Clinical Quality Group.  CDiff incident meeting held on 04.12.14 as concerns around recent increase in cases. Length of stay seems to be an underlying risk factor and TRFT are undertaking an in depth review on two wards. Key messages to be reiterated to all staff on keeping up to date stool charts, reporting diarrhoea immediately to IPC, Isolating patients promptly and hand washing and hygiene. CCG IPC Nurse post appointed, awaiting start date.	01/12/2015 Emma Jason

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			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	Adverse impact on patient care due to problems 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 TRFT appointed to 4 Clinical Director posts in Sept 2014 and to all Board positions substantively by March 15 with the exception of the Medical Director who is a 6 month appointment.  Monitor agreed that the board governance condition could be discharged in December 2014  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 Board 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 Mar 2016.	Dec-15
01.09.14	AF28	4	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	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  23.12.15 - Performance for Nov 15 still within target of 67%. Over 75% of calls are responded to within 9 minutes	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	Dec-15
31.03.12	AF12	3	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	Ian Atkinson	5	4	20	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. • 2015 Commissioning plan set out programmes.	• 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.	• Quarterly assurance meetings with NHS England on key issues.  • NHS England attend SRG group	• CCG met 2013/14 targets • 2014/15 overspend reflective in 2015/16 Commissioning Plans  This is a major area in the CCG 15/16 plan. Is kept under review by Governing Body and SRG. SRG will review trajectories in Jan 2016 and decide if further restrictions are necessary.	• TRFT management changes means TRFT participation is being reviewed as part of 2015/16 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.  2014/15 had substantial over performance in this area. SCE will review it. Further restrictions to be considered in October 2015.	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	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	Dec-15
17.05.12	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.  LPR procurement now complete. Moving to implementation phase. CCG represented.	RCCG Governing Body will consider implications in Jan 2016.  RCCG has discussed implications with NHS England and other CCGs and will participate in LPR 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 LPR provider for BI	TREAT - SEE AF	Fortnightly transition board. RCCG has plans for each service  BI will be procured within national lead provider framework	Dec 2015 A Clayton I Atkinson	
5.6.15	AF33	2	Effective collaborative commissioning of specialised services	Chris Edwards Jacqui Tuffnell	4	4	16	4	4	16	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.	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	Paper to OE regarding how governing body is updated in relation to specialised commissioning.  Monthly update to OE, SCE and Governing Body	Dec-15	
31.03.12	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 Tuffnell	4	4	16	4	4	16	• 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	• 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	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.	Implement the GP strategy, workforce plan and recruitment strategy	TREAT	Implement the GP strategy, workforce plan and recruitment strategy	Dec-15

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									
09.01.14	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	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.	Dec-15
03.06.13	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.	Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings. Ongoing executive level management - priority given to A&E performance quality standard	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	Dec-15
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	Ian Atkinson Kate Tufnell	5	4	20	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 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		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	Dec 2015 K Tufnell I Atkinson
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	5	4	20	4	4	16	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	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	Expert by Experience & Independent Clinical expert involved in procurement decision process Procurement process will test the market to ensure cost effectiveness		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	RDaSH will give a weekly update on LD ATU capacity. RDaSH's ability to recruit and retain staff	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	Dec 15 K Tufnell I Atkinson

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											
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  <b>Specific Backlog Clearance assurance</b> 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 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	Monthly submission of the RCCG IAPT reporting template to NHS England  <b>Specific Backlog Clearance assurance</b>  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  MOU in place for the delivery of the IAPT Backlog Clearance initiative by March 2016 between NHS England & RCCG						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	Dec-15
22.12.2015	AF40	1	Inability to deliver CAMHS reconfiguration in a timely manner	Nigel Parkes	4	5	20	4	4	16	Monthly CAMHS transformation 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	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	Dec-15			
22.12.15	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.	Financial performance reported in monthly report to Governing Body. Six monthly review of CCG staffing structure .	Under regular review	None	None	Tolerate	Update Q3 2015 following plan submission.  Review impact of new and shared services after transfer	Dec-15			
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	Dec-15		
22.12.2015	AF39	1	Delivery of the CAMHS Local Transformation Plan (LTP)	Nigel Parkes	4	4	16	3	4	12	Monthly CAMHS Transformation 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 Rotherham Parents Forum	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	Dec-15		
22.12.2015	AF41	1	Delayed coding mis-represents HSMR position of RFT	Ian Atkinson Sue Cassin Keely Firth	5	3	15	4	3	12	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	Regular formal updates to CCG	Assurance required that current figures not masking actual problem		RCCG contract monitoring process is holding RFT to account through the RFT action plan	Dec-15			



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									
31.03.12	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	<ul style="list-style-type: none"> <li>3 officers are responsible for quality of each major contract area (commissioning manager, quality and safety lead and GP)</li> <li>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.</li> <li>Participate in provider assurance meetings</li> <li>Ad hoc and planned visits to provider units, including a programme of clinically led visits.</li> <li>Manage assurance of response to SIs on behalf of NHSE.</li> <li>Monitor a wide range of benchmarking HSMR &amp; SHMI data</li> <li>CQC risk ratings</li> <li>Similar processes in place for RDASH</li> <li>A wide range of assurance of GP quality</li> <li>Assurance from lead commissioners i.e. for STH, SCH and representation at these quality contract meetings</li> <li>NHSR CCG Chief Nurse joins TRFT Chief Nurse on unannounced 'out of hours' visits.</li> <li>Clinical member of Quality Assurance Team attends TRFT Senior Nurse unannounced walk rounds.</li> <li>TRFT/NHSR CCG Chief Nurse monthly 1-1s</li> <li>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</li> <li>New post of Head of Clinical Quality from August 2014 to support NHSR CCG quality agenda.</li> </ul>	Primary Care dashboard now in place	<ul style="list-style-type: none"> <li>Reports go to NHSE Quality Surveillance Group</li> <li>NHSR CCG Chief Officer and Chief Nurse members of Quality Surveillance Group</li> <li>NHS England Area Team Quality Leads Group, SI Group and Chief Nurse Group</li> <li>Friends &amp; Family test rolled out to Mental Health, Community Services and Primary Care in December 2014.</li> <li>Methods of feedback are online, patient opinion and national surveys.</li> <li>NHSE Chief Nurse Forum</li> <li>CQC</li> <li>Monitor</li> <li>Staff survey</li> <li>Patient Surveys</li> <li>Feedback from overview and scrutiny</li> </ul>	<ul style="list-style-type: none"> <li>CQC reports</li> <li>Audit commission Report regarding data quality</li> <li>SI reporting</li> <li>Cost Improvement Plans (CIPs) to be reviewed by NHSR CCG during Qtr 1 2014 including assurance from Chief Nurse and Medical Director.</li> <li>Aqua group.</li> <li>Robust internal mechanisms, e.g. SI committee.</li> <li>Lead SCE GP for each major provider</li> <li>Quality schedules in contracts</li> <li>Provider quality accounts</li> <li>Quality and patient safety lead in post</li> <li>Monthly reports to NHSR CCG Governing Body and at SY&amp;B level.</li> </ul>	Substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation	<ul style="list-style-type: none"> <li>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.</li> <li>Interim Medical Director now in post at TRFT.</li> <li>Potential lack of assurance from organisations where NHSR is not the Lead Commissioner</li> </ul>	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	Dec 15 Jacqui
09.01.14	AF25	3	Reduction in resources through introduction of Better Care Fund	Keely Firth	4	4	16	4	3	12	<ul style="list-style-type: none"> <li>Operation and Executives groups established with joint membership between NHSR CCG and RMBC</li> <li>Review of existing commitments and funding streams completed in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs.</li> <li>Next steps involve deep dive into a number of programme areas with LA and RCCG colleagues</li> <li>Section 75 agreement in place</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate financial plans in place for 2015/16 onwards and plans being developed for 2016/17 on similar basis to 2015/16.</li> <li>Executive task group established and hold risk register</li> <li>Operational Office group completing work streams to deliver objectives of BCP</li> <li>Quarterly returns to NHSE to be signed off by HWB</li> <li>Strong audit report around governance processes received</li> </ul>	<ul style="list-style-type: none"> <li>Initial plans signed off by H&amp;WBB in February and April 2015</li> <li>Revised plan submitted on 12th December 2014 after Rotherham was approved with conditions and letter of approval with no conditions received on 21st January.</li> <li>Quarterly returns to NHSE to be signed off by HWB</li> <li>Strong audit report around governance processes received</li> </ul>	Financial performance reports indicate that funds are being well controlled	National team may amend the roles without notice	Review of all Better Care Fund limits through Q1 and Q2 to inform 2016/17 plans  Review undertaken and revised financial plans now being completed for 2016/17.	Dec-15		
31.03.12	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	<ul style="list-style-type: none"> <li>System of monitoring a wide range of outcome measures with approved escalation policy</li> <li>Use all available data to commission effectively - JSNA, public health data, health needs assessments etc.</li> <li>GPSCE membership on H&amp;WBB.</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Performance Reports</li> <li>Regular monitoring by performance team with escalation as necessary</li> <li>Internal Audit Report on performance processes</li> <li>Monitor national outcomes framework and take necessary action to address any issues</li> <li>Monthly contracting Meetings with all main providers</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly assurance meetings with NHSE</li> </ul>	<ul style="list-style-type: none"> <li>NHSR CCG 2014/15 plan received positive feedback at meeting with NHSE in February 2014</li> <li>CCG 15/16 ACP have actions to address 14/15 performance issues.</li> </ul>	<ul style="list-style-type: none"> <li>6 Key performance areas above trajectory requested at RCCG Governing Body in February 2015.</li> <li>AQUA performed deep dive in all areas of low performance in last 5 months of 15/16.</li> </ul>	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	Dec-15	
15.09.13	AF23	3	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	4	3	12	4	3	12	<ul style="list-style-type: none"> <li>Strong financial plan</li> <li>ACP predicated on national growth assumptions. Requirement to utilise 1% of recurrent allocations non-recurrently is embedded within the recurrent plan.</li> <li>Downside scenario planning inherent in 2016/17 plan</li> </ul>	<ul style="list-style-type: none"> <li>1% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE.</li> </ul>	<ul style="list-style-type: none"> <li>NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% though allocations for 2016/17 still awaited.</li> <li>Growth assumptions in ACP for our 4 year plan were approved by NHSE.</li> </ul>	No clear national consultation process Allocations published but NHSE advised that they are not guaranteed	Lack of clarity around overall process	Await allocations in Jan 2016 and work up downside actions	Dec-15		
31.03.12	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	<ul style="list-style-type: none"> <li>Staff alignment plans</li> <li>Communication between OE and staff to identify capacity gaps</li> <li>Staff training</li> <li>Partnership work with NHSS&amp;B (CSU)/other CCGs</li> <li>Counselling and Occupational Health Services supporting staff</li> <li>Targeted Board &amp; SOE development as part of NHSR CCG authorisation.</li> <li>Executive weekly meeting. Monthly whole organisation meeting and senior manager meetings</li> <li>Structure review to take place every 6 months by the Operational Executive</li> </ul>	<ul style="list-style-type: none"> <li>6 monthly assessment of workforce alignment against priorities at OE</li> <li>Staff communication including monthly whole organisation briefings</li> <li>Performance reports to board on 6 monthly basis</li> </ul>	<ul style="list-style-type: none"> <li>Commitment to investors in excellence standard</li> </ul>	<ul style="list-style-type: none"> <li>Further review of workforce in March 2016.</li> <li>Added post in Infection Control and around the Better Care Fund work stream Next review September 2015.</li> </ul>	None	None	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.	Dec-15	
31.03.12	AF02	3	Failure to meet financial targets and statutory financial duties	Keely Firth	4	4	16	4	3	12	<ul style="list-style-type: none"> <li>Strong financial plan</li> <li>SFIs/ Scheme of Delegation</li> <li>Monthly CFO meetings</li> <li>Regular budgetary monitoring</li> <li>Monitoring of ACP and QIPP programmes via QIPP Groups</li> <li>Contracting framework</li> <li>Annual internal and external audits.</li> <li>Performance report monthly to NHSR CCG Governing Body</li> <li>0.5% Contingency in plan</li> <li>1% of allocation invested non recurrently in 2015/16.</li> </ul>	<ul style="list-style-type: none"> <li>Audit and Quality assurance Committee</li> <li>Performance Reports</li> <li>Internal audit reports</li> <li>Comprehensive fraud reports received by Aqua group</li> <li>Regular updates to SCE and NHSR CCG Governing Body</li> <li>Contract management including sanctions and incentives in line with national contract and guidance</li> <li>Standard processes documented, finance team assigned objectives and have regular 1:1s</li> <li>Systematic monitoring of performance against plan and regular review of planned actions</li> <li>Information embedded within the Performance Report presented to NHSR CCG Governing Body</li> <li>Annual updates to NHSR CCG Governing Body and exception reporting.</li> <li>Downside scenario planning inherent in 2016/17 plan onwards</li> </ul>	<ul style="list-style-type: none"> <li>NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% though allocations for 2016/17 still awaited.</li> <li>Growth assumptions in 4 year Commissioning Plan approved by NHSE</li> <li>External audit of annual accounts which include a review of annual governance statement and value for money.</li> <li>Quality Impact Assessments signed off by Provider governing body in 2015.</li> <li>AQA to review in 2015</li> </ul>	<ul style="list-style-type: none"> <li>Good track record of meeting financial duties</li> </ul>	Allocations published showing the minimum growth level has been applied for 2015/16	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  Await allocations in Jan 2016 and work up downside actions	Dec-15	

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									
31.03.12	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	<ul style="list-style-type: none"> <li>NHS SY&amp;B and local governance structures agreed</li> <li>Scheme of Delegation</li> <li>OE, SCE and Aqua</li> <li>SFOs</li> <li>NHSR CCG organisational structures agreed</li> <li>OE/SMT/ Team meetings/ASM</li> <li>regular liaison with CSU/NHSE/PH regarding future transfers, identified GP and executive lead</li> <li>RR and AF updated every 2 months fully</li> <li>Additional staff appointed</li> </ul>	<ul style="list-style-type: none"> <li>Aqua group provides overall assurance</li> <li>Regular reports to Aqua</li> <li>Engagement with NHS SY&amp;B governance leads meetings</li> <li>Internal audit reports on assurance framework/AGS and risk management</li> <li>External Audit reports reviewed at CCG GB</li> <li>RR and AF reviewed by Aqua at each 2 monthly meeting and twice a year at SCE and CCG GB</li> <li>CCG quarterly checkpoint assurance meetings with NHSE</li> <li>Enhanced monitoring with senior CHC clinicians by NHSR CCG Lead Officer</li> <li>key risks reviewed for strategic plan at RCCG Governing Body in February 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Annual governance letter</li> <li>External and internal audit reports</li> <li>NHSE quarterly checkpoint assurance meetings, balanced scorecard and CCG action plan and letter from NHSE with outcome of meeting</li> </ul>	15/16 commissioning plan received positive assurance from NHSE		None	TREAT		Dec-15
	AF30	1	Capacity with TRFT Safeguarding Team - covering Adults & Children	Sue Cassin Catherine Hall	4	4	16	4	3	12	<ul style="list-style-type: none"> <li>Service specification for children.</li> <li>Intercollegiate competency framework for expectations within an Acute, Community and LAC Services.</li> <li>Family Nurse Practitioner (FNP) is now at capacity and supervisor has left - post being advertised</li> <li>TRFT Named Professional capacity - satisfactory</li> <li>Named Midwife WTE on long term sick leave. Interviews taking place on 18 Dec 2015.</li> <li>Intercollegiate final draft for adult safeguarding now complete.</li> </ul>	<ul style="list-style-type: none"> <li>Quality report including key performance indicators, FNP Annual Report, Issue raised re safeguarding supervision at CQC review therefore logged on CQC Action Plan. Long term sickness being monitored by Assistant Chief Nurse TRFT</li> <li>Interim safeguarding consultant nursing support. Recruited Designated and Secondment into CSE post.</li> <li>Supervisor left - post being advertised</li> </ul>	<ul style="list-style-type: none"> <li>CCG working with Chief Nurse at TRFT re interim model for Initial Health Assessments</li> <li>Corporate parenting continues to monitor an improving picture in relation to initial health assessments.</li> <li>FNP continue to seek support from Sheffield.</li> </ul>	<ul style="list-style-type: none"> <li>New Designated CDOP doctor now in post.</li> <li>Assistant Chief Nurse committed 1 day per week to CQC action plan</li> <li>Capacity in safeguarding team improving.</li> <li>New safeguarding model now in place. Trained a significant number of staff to deliver the model.</li> </ul>	<ul style="list-style-type: none"> <li>Named Midwife left. Interviews taking place on 18 Dec 2015.</li> <li>Community Named Nurse on sick leave</li> <li>Family Nurse Practitioners (FNP) nurses are below at capacity but FNP Supervisor has now left - post is being advertised.</li> <li>RCCG commissions initial health assessment clinic capacity based on data from 2014 however there has been an increase in children coming into care over a significant period of time. The 54 clinics currently commissioned are over subscribed</li> </ul>	TRFT have included initial health assessments on their risk register and discussions are ongoing	TREAT - SEE AF	<ul style="list-style-type: none"> <li>CQC Action Plan in place. Monitored via Contract Quality meetings.</li> <li>Chief Nurses both aware of issues with LAC Initial Health Assessments</li> </ul>	Dec 15 Catherine
	AF32	3	Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties	Keely Firth	4	4	16	3	4	12	<ul style="list-style-type: none"> <li>Regional consensus for DoLS - application of 'Acid Test' to determine if DoLS should be considered. Ongoing advice from solicitors.</li> </ul>	Highlighted in Chief Nurse report to OE 16/2/15. The Safeguarding Adults & Clinical Quality Lead is working on a process with the Continuing Healthcare Lead to identify cases that may be subject to a DoL, additionally is working on a process to appropriately refer cases to legal services.	Ongoing advice from solicitors.		None	<ul style="list-style-type: none"> <li>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)</li> <li>2. Difficulty identifying costs of taking individual client cases to the Court of Protection. Costs are initially between £400 and £500 per case.</li> </ul>	TREAT - SEE AF	<ul style="list-style-type: none"> <li>Note financial impacts of incurring Court of Protection Costs for potentially increasing number of patients over coming months/year, and make some provision /acknowledgement of this in 15-16 financial statements. /c. 428 actions</li> </ul>	Dec-15
12.8.15.	AF35	2	CQC inspection of practices	S Cassin J Tuffnell	5	3	15	4	3	12	<ul style="list-style-type: none"> <li>Quality &amp; contracting assurance framework agreed and in place to support the CCG with any issues arising out of the CQC 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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>NHSE and Health watch are actively engaged in the primary care sub-committee. A Health &amp; Wellbeing member has now been allocated to provider broader representation to the committee</li> </ul>		<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	TREAT - SEE AF	<ul style="list-style-type: none"> <li>Will be overseen by the Primary Care Sub Committee</li> </ul>	Dec 15