



Corporate Assurance Report 2015 – 16

Quarter 2 1st July 2015 – 30th September 2015

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Appendices: Appendix 1

Appendix 1 Assurance Framework & Risk Register Summary

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Appendix 3 Risk Register September 2015.

Appendix A/C Conflicts of Interest

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Ref	Risk Management
CAR/77	Internal Incident Reporting
	One incident report form was completed regarding the loss of a personal USB memory stick which had on occasion been used at work. The information likely to have been stored was minutes from a meeting. A thorough search for the memory stick took place both at home and work without success.
	The incident was reported to the Head of IT who felt that given the nature of the work likely to be stored, the risk of a breach of confidentiality taking place was unlikely.
CAR/78	The Risk Register and Assurance Framework The Risk Register and Assurance Framework has been fully updated and was presented to AQuA at its meeting on the 18th September 2015. Since the last update there have been two 2 new risks added – Re-procurement of APMS contracts and CQC Inspection of Practices and 1 risk has been reduced - Reduction in resources through introduction of Better Care Fund.
	It was reported that all risks had been considered by Operational Executive in August, including the potential addition of primary care risks, whether the correct officers were assigned, if there were any overlaps which could be merged and consistency of scores. Operational Executive agreed that going forward they would review the risk register and assurance framework periodically (every 6 months).
	The domains currently used in the Assurance Framework are to be revisited and aligned to the new overall CCG Assurance Framework, this will mirror how performance reports to the Governing Body will change.
	The Assurance Framework will be considered by Mrs Cassin, Mrs Firth and Mrs Whittle, internal audit will be advised if additional assistance required in the year. Dr Cullen agreed to update SCE on processes.
	An overview of the new overarching CCG Assurance Framework was provided to AQuA. NHSE nationally brought out new CCG framework which moves to look at 5 domains rather than 6. As a result the Governing Body performance report is being revised. Quarterly self-certification is required against 5 areas which primary care commissioning are required to do. There are four categories of assessment – "outstanding", "good", "limited assurance" and "not assured". A benchmarking meeting took place in October with NHSE, where the CCG was assessed as "good"; a further meeting will take place in January.
	Appendix 1 Assurance Framework & Risk Register Summary Appendix 2 Assurance Framework September 2015 Appendix 3 Risk Register September 2015.
	External assessments
CAR/79	Investors in Excellence (IiE) The liE team have assessed and agreed actions and timescales of what can be delivered by February 2016 to incorporate the re-submission of the IiE application. The remaining actions will be achieved, but post February and may be incorporated within the CCGs new Organisational Development Plan currently being developed. To fit in with officer's workloads and specific busy times, work

will commence during December to start to populate the application. It is anticipated that this will be complete by mid-March 2016.

Committee Activity

CAR/80

AQuA

360 Assurance were requested by the Chair of AQuA to facilitate a workshop to enable members and attendees to review the effectiveness of the committee and assess benchmarking information available from other CCGs with regards to assurance and risk management and especially the accountability for quality in the governance structure.

The workshop took place on the 18th September 2015. A report of the review has been produced and is being presented to AQuA in November for discussion and approval. The recommendations will be presented at December's Governing Body.

Activity in this guarter has included:

- Feedback from The Chair who had attended Hull CCG Audit Committee. The Chair produced a written report for information as part of AQuA effectiveness review.
- Internal Audit Review of continuing Health Care Report shows that action has been taken to improve CHC management, but the recommendations highlight that more work is required. Number of actions – 13 medium risk. CCG working closely with CSU to address. Implementation dates agreed, Noted the internal continuing healthcare progress report is on agenda for further discussion.
- Internal Audit Review of the Better Care Fund. Arrangements are similar to other CCGs, looking at performance information and report to relevant boards, ensuring any risks reported to Governing Body and Health & Wellbeing Board.
- Annual Audit letter External Audit presented and confirmed the opinion issued on 27th May of a clean VFM conclusion.
- Deep dives into Delayed Transfers of Care, YAS and C-diff.
- Continuing Healthcare (CHC) Adults Progress Report presentation from lead officer
- Personal Health Budgets From October last year the CCG needs to offer and publish personal health budget. National drive for CCGs to offer PHBs to anyone in receipt of care. The paper explained methodology of how this will happen.
- Reviewed the Risk Assurance Framework and Risk registers See CAR/77
- CQC inspection of YAS Summary report

CAR/81

Primary Care Sub-committee

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.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and

• Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The CCG also carries out the following activities:

- To plan, including needs assessment, primary medical care services in Rotherham;
- To undertake reviews of primary medical care services in Rotherham;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Rotherham.

Since its inception in April 2015 the committee has:

- Developed and approved a Primary Care Strategy
- Reinvested the PMS premium into new enhanced services i.e.
 - ✓ Phlebotomy
 - ✓ Minor Surgery
 - √ Ring Pessaries
- Approved the dispersal of Chantry Bridge practice
- Approved the merger of Brinsworth and Surgery of light practices.

CAR/82

Public and Patient Engagement & Communications Sub-committee

The PPE & Communications sub-committee provides strategic and operational leadership for the development of effective public and patient engagement and communication.

This includes the following:

- Oversee the development & implementation of the communications & engagement strategies and action plans.
- Ensure that Patient and Public Engagement is central to the business of the CCG, and that it is embedded in all decision making processes adopted by the CCG
- Advise the Governing Body on all matters relating to engagement and the process of formal consultation.
- Ensure that the CCG (and the services it commissions) engage in meaningful dialogue with its public, patients and partners
- Design the specification and quality standards relating to the process relating to engagement, communication and consultation that will be used by all members of the CCG and by its staff, in particular that which will be used in the process of service transformation and service redesign, at the earliest stages
- Address ways to increase wider patient & public involvement/engagement, scanning for and implementing new and innovative mechanisms for engagement, especially in regard to under-engaged communities
- Ensure the CCG has effective communications processes in place to manage its reputation as a local leader of the NHS.
- Ensure that Equality and Diversity is embedded across Communication and Engagement activities by having due regards to the 9 protected characteristics under the Equality Act 2010.

Since its inception in April 2015 the committee has:

- Improved its engagement mapping, which was presented and discussed at its last meeting. This has since been presented at SCE, and will be tabled at each meeting as an update. Updates on engagement and communication activity were received by the sub-committee; these are standing items.
- A review report of the AGM event was presented, and the event discussed,

with the aim of better informing and planning future events. It was also agreed that an additional large scale engagement event take place in November, with a focus on GP services, and informing both the GP strategy and the commissioning plan. **Corporate Governance** CAR/83 **Policies** The following policies agreed and approved in Quarter 2 and have been published on the CCG website. Fraud Bribery and Corruption Safeguarding People and Safeguarding All Vulnerable Adults Clients Policy, CAR/84 Complaints During quarter 2, 4 formal complaints have been received. The subject of the complaints is as follows: A representative of a RCHC claimant made an appeal about the team's decision to close a claim citing exceptional circumstances, the case remains closed. 2 The daughter of a patient in receipt of CHC has complained for a second time regarding the length of time it is taking to review her mother's case. 3 The advocates of a RCHC claimant have made a second complaint regarding the lack of response to requests for information about the progress of a case. 4 A patient contacted the NHS111 service regarding a dental problem at approx. 7pm. The patient was informed that they would receive a call back from the emergency dental service; however the call back didn't happen until 9am the following morning. Explanation was provided that the case had been allocated a 24-hour disposition by the emergency dental service which had not been relayed to the patient. It is reported by NHS 111 that the member of staff offering the information should have informed the patient at the end of the assessment that a 24-hour disposition had been reached. This issue will be addressed with the individual and further training provided. The Hospital and Community Health Services Complaints Collection (KO41a) will now be submitted on a quarterly basis with the first quarter being submitted on 28th August 2015. The information obtained from the KO41a collection monitors written hospital and community health service complaints received by the NHS. It also supports the commitment given in Equity and Excellence to improve the patient experience by listening to the public voice. Historically the KO41a return was an annual return to the Health & Social Care Information Centre (HSCIC) and the information collected was split into 7 categories. The new return requests 8 categories of information. To ensure the information provided in our area was consistent across the 8 categories, guidance was provided by Doncaster CCG and implementation of the guidance was agreed by the complaint handlers. Early indicators show that the new categories force CCGs to record the majority of complaints information under 'other'. This has been highlighted to HSCIC by the NHS Complaints Managers Group on the grounds 'other' tells them nothing. **MP** contacts During the period six queries were received from local MPs described as follows:

Request for information about the GPs role in identifying vulnerable

children and in providing support to survivors of Child Sexual

	2	Exploitation, including policies and procedures in place for referrals to specialist support services. A response was sent and included copies of a referral flowchart, a leaflet, a pocket guide and Safeguarding Children's Top Tips. Following receipt of the information the MP wrote commending the CCGs proactive approach to this issue. Request for support in promoting a new e-learning opportunity re neuromuscular conditions to increase GPs awareness and knowledge of these conditions. This training was advertised in the August Bulletin for GPs and Practice Staff.								
	3 Request for an update on a RCHC claim.									
	4	Failed patient transfer by ambulance.								
	5	IRF appeal to reconsider a refusal to fund outcome.								
	6	Query regarding gluten-free foods available on prescription.								
CAR/85		h and Safety, Fire Safety and Security Management port this quarter.								
	NHS DVD. include with 6	Rotherham CCG purchased "Working Effectively With The Equality Act" This is a training programme centred on the Equality Act 2010 which des a mixture of drama scenarios focusing on the 9 protected characteristics, expert advice and discussions from a wide range of professionals.								
	at the the se disab	londay 20th July 2015, the disability scenarios were delivered and discussed a All Staff Meeting as part of the mandatory training requirement. The aim of ession was help all staff to move beyond disability awareness to become ility confident. The DVD demonstrated the practical steps needed to support mers and how to work with disabled colleagues and staff.								
		eedback received from staff highlight the effectiveness of using scenarios to ase awareness.								
	from	Equality and Diversity Manager has been working closely with colleagues The Rotherham Foundation Trust to gain assurance that equality and sity are being embedded across the services.								
CAR/86	Furth has to Strate	er training around Declarations of Business Interest and Gifts & Hospitality Registers er training around Declarations of Business Interest and Gifts & Hospitality aken place to all employees of the CCG including Governing Body members, egic Clinical Executive, GP Members Committee and at the All Staff Meeting. aples of both Conflict of Interest and Gifts and Hospitality were given. This has ered more declarations to come forward.								
	Hosp curre	hed at Appendix A B and C are the Conflict of Interest registers and Gifts & itality register as at 30 th September 2015 . Sub-Committee registers are ntly being reviewed and will be presented in February 2016 Corporate rance Report.								

Information Governance

CAR/87 Information Governance Toolkit Assessment 2015/16

An IG Toolkit Improvement Plan has been developed this quarter to inform the work required for the version 13 submission of the toolkit and work is currently on schedule for successful submission.

The following policies, procedures and documents have been reviewed and updated this quarter as part of the work for the toolkit and in line with the Information Governance Work Programme 2015/16:

- Information Governance Policy and Management Framework
- Confidentiality Code of Conduct
- Records Management Policy
- Data Protection and Subject Access Request policy
- Information Asset Risk Management Programme

Information Sharing

Information Sharing Agreements for the sharing of information between a number of organisations have been reviewed this quarter for the following projects/services to ensure that the CCG is compliant with relevant legislation:

- Multi Agency Safe Guarding Hub (MASH)
- Clinical Portal between GP Practices and the Rotherham NHS Foundation Trust

The CSU Information Governance Associate, supporting Rotherham CCG, has also been invited and will be attending the Clinical Portal Programme Board meetings to ensure the CCG interests are represented from an IG perspective.

Privacy Notice/Fair Processing Notice

The CCG's Fair Processing Notice which displayed on the website and is required to inform members of the public how the CCG uses personal information has been reviewed and updated. This is currently under review by the CCG's Reader Panel to test whether it is readable and easy to understand.

Organisational I	Development	t & Staffing	Governance
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CAR/88														
	NHS R	April-Septe	mber 2015											
		Staffing breakdown:	Count /	Commentary										
		Headcount	89	Including Governing										
		Whole Time Equivalent	71.2	Body members										
	Staffing	Turnover	4.4%	15 starters and 2 leavers since April 2015										
	numbers	Cumulative sickness rate	3.3%	This is a 1.2% Increase										
		Formal cases of discipline, grievance, poor performance or bullying and harassment		2 ongoing long term absence cases at formal review stage										
		Female	62	Increase in both										
	Gender	Male	27	male and female staff										
	Age	20-25	1	The average age of										

	26-30	1	5	the workforce is			
	31-35		9	45.5 years.			
	36-40		12	1			
	41-45		22				
	46-50	15	-				
	51-55	13	-				
	56-60		9	1			
	61-65		2	1			
	66-70		1	1			
	\A/I- '-	British	77				
	White	Other	2				
		White & Black Caribbean	0	The number of			
	Mixed	White & Black African	0	White British and Other staff has increased. All other			
		White & Asian	0	Ethnic origins remain at the same headcount. The staff			
		Other	0	survey will provide			
Ethnicity		Indian	2	another source of			
		Pakistani	1	data to update the			
	Asian / Asian British	Bangladeshi		position.			
		Chinese					
		Other	1	-			
	Black / Black British	African Caribbean		-			
	DIACK / DIACK DITUSTI	Other	1				
		Arab	ı	-			
	Other	Other		-			
		Prefer not to		1			
		say	5				
	Declared disab	ility	4	The 2014 staff survey shows that			
Disability	No declared disa	bility	76	21% of respondents stated they had a disability or long			
	Prefer not to s	-	9	term condition			
	No religion / Athe	eism	4	The number of staff			
	Christianity		63	stating they are			
	Buddhism		0	Christian, No			
Religion / Belief	Hinduism Judaism		0	religion/Atheism and			
Keligion / Dellet	Judaism		1	Prefer not to say has increased. All			
	Sikhism		1 1	other religions			
	Any other religi	ion	1	remain at the same			
	Prefer not to s		18	headcount			
	Bisexual	,	0	The number of staff stating they are			
Sexual	Gay man		0	heterosexual or do not wish to declare			
orientation	Gay Woman / Le	sbian	0	their sexual orientation has			
	Heterosexua	I	71	increased. All other sexual orientations			

		0	ther	0	remain at the same headcount				
		Do not wis	sh to declare	18					
	Pregnancy, Maternity and Gender Reassignment	with pregnancy/m reassignment individuals persona	numbers associated naternity and gender which may make ally identifiable, thes I in a public report.	N/A					
CAR/89	Mandatory Train	ning							
	Name	of Training		Compliance of	%				
	Equality & Diver	sity		98.6%					
	Fire Safety			98.6%					
	Fraud			98.6%					
	Health & Safety Management	incorporating Risk		98.6%					
	Information Gov	ernance		97.1%					
	Moving & Handl	ing	95.7%						
	Safeguarding Ad	-	98.6%						
	Safeguarding Cl People	hildren & Young	98.6%						
	Infection Preven	ition	98.6%						
	Induction		88.6%						
CAR/90									
	St	aff Sickness Absence	and III Health Retire						
	To	otal FTE Days Lost	Арііі 14 — Зері: 13	496.7					
	Av	verage Working Days	lost	lost 12.1					
		aff absence is reviewe ken in line with the sic			action				
	G	ender Equality Data a							
		overning Dedic	F	emale 4	Male				
		overning Body ery Senior Managers		10 2					
	ΔΙ	l other Employees		<u>1</u> 57	12				

GB Assurance Framework and Risk Register Summary:

Audit and Quality Assurance Committee 18 September 2015

The Risk Register and Assurance Framework have been fully updated in August 2015 and the table below summarises the key score changes.

Risk Register

Status	RR	Description	Score	On AF and
	Number		movement	ID number
New	94	Reprocurement of APMS contracts	/-12	Yes AF34
New	95	CQC inspection of practices	/-12	Yes AF35
Decrease	80	Reduction in resources through introduction of Better Care Fund	15-12	Yes AF25

GB Assurance Framework

Status	AF Number	Description	Score movement	On AF
New	AF34	Reprocurement of APMS contracts	/-12	Yes
New	AF35	CQC inspection of practices	/-12	Yes
Decrease	AF25	Reduction in resources through introduction of Better Care Fund	15-12	Yes

Please note that the categories for the Risk Register and Assurance Framework will be refreshed in line with the revised domains from the new CCG Assurance Framework, this work will take place over the next few months and revisions will be seen in the November AQA udpates.

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

Date Added to AF	AF number	Risk	Lead	Unco ntroll ed Risk	Augu st Score	Dece mber Score	Febru ary Score	June score	Sub-Category		Linked organisation (if applicable)		Secondary b-category (s)	Linked organisatio n (if applicable)	Gaps in Control	Gaps in Assuranc e
31.03.12	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	Robin Carlisle	20	1: Clir 20	20	20	20	1, nign 1.1	Quality services Quality of commissioned services	GPs	3.2	Productivity/ Efficiency		٧	٧
31.03.12	AF09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (provider CIPs).	Sue Cassin	20	16	16	16	16	1.1	Quality of commissioned services	TRFT RDASH	1.2	Patient Safety	TRFT RDASH	٧	٧
05.03.13	AF19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures, unresolved EPR implementation issues.	Robin Carlisle	25	15	20	20	20	1.2	Safety	TRFT	1.3 3.3	Prevention Contracting/ Service delivery	TRFT	٧	٧
13.11.13	AF24	Failure to improve Child and Adolescent Mental Health Services (CAMHS)	Kate Tufnell	16	12	12	12	12	1.1	Quality of commissioned services	RDASH				٧	٧
23.12.14	AF31	Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	Robin Carlisle	20	16	16	16	16	1.1	Quality of commissioned services	RDASH	4.3	Finance		٧	٧
29.06.15	AF33	Collaborative commissioning of specialised services	Jacqui Tufnell	16	NEW	NEW	16	16	1.1	Quality of commissioned services		5.3	NHSE		×	×
28.08.15	AF34	Reprocurement of APMS contracts	Jacqui Tufnell	NEW	NEW	NEW	NEW	12	1.1	Quality of commissioned services	GPs					
				Domai	n 2: Pa	tients a	nd the	public	are ac	tively engaged						
		None														
01.09.14	4520	E II CVACI LI DED 10 I I T	Dominic							es for patients	V/A.C	4.4	Overlike of	\/AC		1
01.09.14	AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	Blaydon	20	20	20	20	20	3.1	Outcomes/ Performance measures	YAS	1.1	Quality of commissioned services Patient Safety	YAS	×	٧
31.03.12	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	Robin Carlisle	20	20	20	20	20	3.2	Productivity/ Efficiency		4.4	VFM/ Impact on commissioning system	TRFT	×	×
09.01.14	AF26	Impact on CCG of other commissioners efficiency plan	Robin Carlisle	16	16	16	16	16	3.2	Productivity/ Efficiency	RMBC NHSE	4.4	VFM/Impact on commissioning system		٧	×
03.06.13	AF21	Failure to meet A&E targets	Sarah Lever/ Becci Chadbur n	16	12	12	12	12	3.1	Outcomes/ Performance measures	TRFT				×	×

Date Added to AF	AF number	Risk	Lead	Unco ntroll ed Risk	Augu st Score	Dece mber Score	Febru ary Score	June score	S	ub-Category	Linked organisation (if applicable)	Su	Secondary b-category (s)	Linked organisatio n (if applicable)	Gaps in Control	Gaps in Assuranc e
29.01.13	AF20	Impact of NHS 111 on local health community. Specifically potential for increase in no. of patients being referred to A&E/ 999	Dominic Blaydon	20	12	12	12	12	3.1	Outcomes/ Performance measures	YAS TRFT				٧	×
31.03.12	AF04	Failure to deliver improving outcomes and key performance targets	Robin Carlisle	16	8	12	12	12	3.1	Outcomes/ Performance measures	YAS TRFT	6.2	Reputation	NHSE	٧	×
29 08.15	AF35	CQC inspection of practices	Jacqui Tufnell	NEW	NEW	NEW	NEW	12	1.1	Quality of commissioned services	GPs					
				D	omain 4	4: Robı	ist Gov	ernand	e Arra	ngements						
31.03.14	AF07	Failure to ensure that vulnerable children and adults have effective safeguarding processes	Sue Cassin	20	12	12	12	12	4.2	Safeguarding		1.3	Prevention		٧	٧
03.12.14	AF30	Capacity with TRFT Safeguarding Team – covering adults and children	Sue Cassin	16	12	12	12	12	4.2	Safeguarding	TRFT	5.4	Providers		٧	×
09.01.14	AF25	Reduction in resources through introduction of Better Care Fund	Keely Firth	16	15	15	15	12	4.3	Finance		5.1	Other Commissioners	RMBC	×	×
31.03.12	AF02	Failure to meet financial targets and statutory financial duties	Keely Firth	16	12	12	12	12	4.3	Finance					٧	×
31.03.12	AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	Robin Carlisle	16	12	12	12	12	4.5	Risk Management		4.2	Corporate/ Constitutional		×	×
15 09 13	AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	12	12	12	12	12	4.3	Finance					٧	×
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 Edward s	20	20	20	15	15	4.2	Safeguarding					√	٧
28.02.15	AF32	Financial risk to the CCG arising from its duties under developing case law regarding potential Deprivation of Liberties (DoLS)	Keely Firth	16	NEW	12	12	12	4.3	Finance					×	٧
17 05 12	AF13	Subcontracted Commissioning services with CSU fail to deliver outcomes as a result on CSU not being on lead provider framework	Robin Carlisle	16	12	16	16	16	4.6	Commissioning Support					×	×
					D	omain	5: Wor	k in pa	rtners	hip						
		None														
					Don		Strong		_							
31.03.12	AF08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	Chris Edward s	16	12	12	12	12	6.1	Capacity and capability					×	×

Summary of Risks

There are 24 ricks on the CD Assurance Framework that score 12 or above, those are

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	10	Medium Risk
9	1	11	Medium Risk
12	14	13	High Risk
15	1	2	High Risk
16	5	9	Very High Risk
20	4	4	Very High Risk
25	0	0	Extreme Risk
Total	27 (24 scoring 12 or above)	59 (28 scoring 12 or above)	

AF Number	Risk Description	Risk Score
19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues.	20
11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	20
28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	20
12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	20
09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding CCG commissioned services	16
26	Impact on CCG of other commissioners efficiency plan	16
13	Subcontracted Commissioning services with CSU fail to deliver outcomes as a result on CSU not being on lead provider framework	16
31	Patient safety and cost implications of interpretation of individual case meeting health and LD funding	16
33	Collaborative commissioning of specialised services	16
29	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	15
25	Reduction in resources through introduction of Better Care Fund	15
02	Failure to meet financial targets and statutory financial duties	12
24	Failure to improve Child and Adolescent Mental Health Services	12
06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	12
08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements	12
21	Failure to meet A&E targets	12
23	Financial allocations reduced by Government. Review of Allocations by NHSE	12
20	Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E / 999	12
04	Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and external assessment results	12
07	Failure to ensure that vulnerable children and adults have effective safeguarding processes	12
30	Capacity with TRFT Safeguarding Team - covering Adults & Children	12
32	Financial risk to the CCG arising from its duties under developing case law regarding potential Deprivation of Liberties (DoLS)	12
34	Reprocurement of APMS contracts (NEW)	12
35	CQC Inspection of practices (NEW)	12

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

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

Rotherham CCG Risk Register Aug 15 (sorted by highest risk rating) (For Sept 2015 AQA)

- +	+ +	+							\bot		N	ote that all controls and assurance logged in this RR are	actual and have been received, and are not 'planned' for	the future unless stated				
Domai Sub Ca	Sub Ca	Sub Ca					Uncontrol	lled Risk	Current Risk									
		R	ef Entry Da	ite AF Link	Principle Risk	Lead person	C L	. CxL C	L	Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
1 1.2	1.3 3	3.3 073	18.02.13	1.3 AF19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. THIS RISK LINKS RISKS 55, 69 AND 71		5 5	5 25 5	4	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 vists 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 Boar to Board meetings. Informally by monthly executive to executive meetings. Regular executive to executive meetings with TRFT.	TRFT will submit responses to CQC inspection, to Stroke	with and there are now no new issues in this area being reported by GP Members Trust still under other Monitor	NHSR CCG assured that risks of patient harm have been mitigated but system is still problematic for clinicians to use and to extract information from. NHSR CCG to scrutinise 5 year plan and providers, quality impact assessment of cost improvement plans. 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	COC have produced this report. TRFT will produce action plan and report to August 2015 Contract Quality meeting. CCG will perform a risk assessment after this.	TREAT - SEE AF	TRFT required to produce action plans by CQC and the CCG. Progress to be monitored by contract quality metring and escalated to board to Board meetings and external regulators as appropriate Next Board to Board 29 June 2015.	Aug-15
3 3.2	4.4	033	11.11.11		Failure to deliver planned efficiency savings in Planned Care	Robin Carlisle	5 4	20 5	4	Programme managed/led by Clinical Referrals Management Committee. Identifies CE leadership. PLT programme of events. Efficiency programme detailed in	Monthly performance reports to NHSR CCG Governing Body and at cluster level, including identification for emerging risks.	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.	CRMC is monitoring activity monthly but there is a forecast £2m spend in 2014/15	TREAT - SEE AF	Managed via CRMC - see AF for detail Deep dive at AQuA in March 2015	Aug-15
3 3.2	4.4	031	11.11.11		Failure to deliver planned efficiency savings in unscheduled care	Robin Carlisle/ Dominic Blaydon	5 4	20 5	4	Commissioning Plan. Regular clinical to clinician meetings with TRFT. 2015 Commissioning plan set out programmes C Eleadership. PLT programme of events. Efficiency programme detailed in Commissioning Plan. ACP details actions required to deliver their savings	Performance reports received at CRMC & SRG Monthly performance reports to NHSR CCG GB. Programme & Project level KPI's 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.	risks that effect full delivery of efficiency plans. 2014/15 had substantial over performance in this area. SCE	CCG Chair and Chief Officer review in Multiagency governance with TRFF in June 2015. Key feature in 15/16 commissioning plan. SCE will review it further. Restrictions necessary in October 2015.	TREAT - SEE AF	Area to be reviewed by AQuA in March 2015. Discussed at June commissioning event for GPs	. Aug-15
3 3.1	1.1 1.	085	02.09.14		Failure of YAS to achieve RED 1 8 minute Target 2014/15 at CCG level and Yorkshire & Humber wide. The position (Roth CCG) as at Oct is 65.73% against a target of 75%.	Dominic Blaydon	5 4	20 5	4	SRG oversees the OIPP Committees and their progress 10 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 moinies 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 place to deliver 67.5% Year End Performance for Rotherham (72.6% Y& H) which includes recruitment of additional staff and the use of private providers	Winter pressure funding allocated for following initiatives:- 1) Urgent Care practitioners. Started 05.01.2015 n 2) Frequent Callers Care management scheme	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 riseds. South Yorkshire Led Commissioner Quality led 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	to reduce demand on YAS. d Additional System Resilience Monies allocated to YAS to manage demand and reduce conveyance rates.	will review it. Further restrictions to be considered in October Red demand continues to increase and the contract is forecast to over perform.	Increase in Red activity Demand. Recent resignation of the Operations Director, therefore the DOF is interim COO. Good Governance institute have concerns re YASs ability to delive action plan Recent spike re demand over Christmas and New Year periods this impacted on performance. Local performance management framework has been suspended because YAS pulled out which increases the risk.	TREAT	Continue performance management with CCG commissioning partners in Yorkshire. Consider all options to milligate the demand for YAS. Review options for contract penalties at year and	Aug-15
1 1.1	3.2	015	11.11.11		Not maintaining accessible and responsive high quality primary care (current concerns are due to overall GP capacity)	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 and recruitment strategy are being developed.	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 will sit on primary care sub committee		GP capacity in NHSE Primary Care Strategy. A local workforce plan is under development however independent contractor status and poor contracts status and poor contracts status and poor contracts specification make it difficult to challenge capacity availability. Concerns about vacancies in General Practice and ability of general practice to provide an equitable service to all of Rotherham Population.	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		See AF for details.	Aug 15
4 4.1	4.6	066	17.05.12		Subcontracted Commissioning services with CSU fail to deliver outcomes as a result on CSU not being on lead provider framework	Robin Carlisle	4 4	16 4	4	RCCG has regular SLA meetings. NHS England have set up a transition board that will meet fortnightly.	RCCG Governing Body will consider implications in March 2015.	RCCG has discussed implications with NHS England and other CCGs and will participate in transition board. NHSE reviewing CCG plan	Current performance is acceptable this will need to be maintained during transitions. Paper settling out further arrangements to share all reviews with other CCGs other than this which will be procured to August 2015 Governing Body.	Implications of lead provider framework includes the possibility that staff may leave due to uncertainty.	Concerns over specific delivery of continuing healthcare and procurement of business intelligence .	TREAT - SEE AF	Fortnightly transition board. RCCG has plans for each service BI will be procured within national lead provider framework	s Aug-15
3 3.2	4.4	079	03.01.14		Impact of other commissioners efficiency plans on CCG core business.	Robin Carlisle	4 5	5 20 4	4	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 RMRC around confinuing 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 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.	TREAT - SEE AF	Further discussions at H&WBB, QIPP Delivery Group and bi-lateral meetings with NHSE and RMBC.	Aug-15
1 1.1	1.2 4	011	11.11.11	1.4/NS	Failure to achieve the national standard for non fast track cases	Sue Cassin Alun Windle	4 4	16 4	4	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 CCG's NHS Practice Guidance. Annual internal and external audits. • Additional staff appointed • Monthly performance meetings CSU with Senior representation. • Weekly reporting.		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.	TREAT	CSU to continue to implement actions around outstanding reviews, staff shortages and other performance issues.	
1 1.1	1.2 4	1.3 071	10.01.13		Impacts on quality and safety of the cost improvement plans of our key providers AF 05 has been merged with AF09	Robin Carlisle	4 4	16 4	4	6 Robust mechanisms in place and assured by the Aquis 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.	Agua group. Robust internal mechanisms, e.g. SI committee. Lead SCE GP for each major provider Quality schedules in contracts Providers will continue to be held account throughout the transition including quality contract meetings, monitoring safety metrics, incident reports and programme of clinically led visits. Provider quality accounts Quality and patient safety lead in post Monthly reports to 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. COC Monitor PEAT socres Staff survey Patient Surveys Feedback from overview and scrutiny Reports to SHA re SIs, Inflection control and safeguarding.	SI eporting Quality monitoring standard in Contracts COC reports. NHSR CCG has received a quality impact assessment of TRFT ward closure programme. Positive assurance given by both TRFT and RDaSH at Board to Board in May 2014	2015/16 QIAs will be received by 1 April 2015	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 Discussed at Board to Board with TRFT & RDaSH in April & May 2015 with partial assurance.	TREAT - SEE AF	See Risk 073 for details	Aug-15
1 1.2	1.3 3.	3.3 069	25.10.12		Financial viability of key acute provider	Keely Firth	4 4	16 4	4	Contracts signed • Monitor FT compliance framework • Monitor FT compliance framework • Clinical Referratis Management Committee and System Resilience Group review risks with multi-agency group including clinicians. Tariff rules applied with additional opportunities to generate income through improved quality and seven day working. Non elective commissioned outrum less 0.1% Community Transformation investment Mental Health Liaison	Commissioner investment based upon mandate principles e.g. national tariff Commissioning plan aligned to support greater community working including end of life care and mental health • Opportunities through COUIN and other local enhanced schemes for the trusts to earn more income for higher quality outcomes; • Community Transformation funded to do safer discharge Monitor accepted financial plan for 2015/16	assurance from TRFT and stood the escalation down.	None	None	inpact of changes is key personal inhibiting changes 2) Risk arising from national efficiency requirements via tariff. 3) Non achievement of CQUIN and LOPI targets 4) Non achievement of QIPP Plans		Monthly update at NHSR CCG GB Z) GIAs provided for savings schemes 3, Audit Committee chair to attend-TRFT audit meetings 4) See additional actions under risk 073 5) Board reps meeting every 6 months between CCG and RFT.	Aug-15
1 1.1	4.3	088	23.12.14		Patient safety and cost implications of interpretation of individual case meeting health and LD funding responsibility (including section 117, Who pays' guidance, responsibilities for LD patients transfer at 18, Potential future responsibility for Tier 4 mental health and LD patients).	ı	5 4	20 4	4	6 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 Working arrangement with RMBC pending definitive agreement on S117 Working with NHS England to understand future individual patient costs to the CCG		South Yorkshire Nurses and CFOs group have agreed in March 2015 that 'Who pays@ must be implemented and transfer of responsibilities (both ways) will occur in a managed way from 1 April 2015		Awaiting possible national clarification A single NHSE commissioned patient had substantial quality and financial impact. Lead to temporary closure of LD ATU service by RDSH. CGG has assumed commissioning responsibility for this patient and will procure a service by November 2015	Have fed back to NHS England the risk but to date no indication the guidance will be modified RDaSH will give a weekly update on LD ATU capacity. CCG governing body will agree a panel to decide the commissionin plan at the august meeting.	AF	Who pays guidance is being implemented with lieison with other SY COGs. Panel will decide commissioning plan for single patients. Ongoing discussions with NHSE fix ensk of Tier 4 responsibilities coming to the CCG.	Aug-15
1 1.1		093	5.6.15	AF33	Collaborative commissioning of specialised services	Jacqui Tuffnell	4 4	16 4	4			3		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 - SEE	Paper to OE regarding how governing body is updated in relation to specialised commissioning.	Aug 15

Domain	Sub Cat	Sub Cat	ef Entry	y Date AF	Link	Principle Risk	Lead person		rolled Risk		rrent Risk	Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
4 4	2 5.4	087	03.12	2.14		apacity with TRFT Safeguarding eam - covering Adults & Children	Sue Cassin / Catherine Hall	C 4	4 16	4	3 1	Service specification for children. Intercollegiate competency framework for expectations within an Acute and Community Services. Family Nuss Practitioner (FNP) is now at capacity however supervisor is on long	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.	NHSR CCG Chief Nurse has raised issues with TRFT Chief Nurse re FNP capacity CCG working with Chief Nurse at TRFT re interim model	New Designated CDOP doctor now in post. Assistant Chief Nurse committed 1 day per week to CQC action plan	Named Midwife WTE on long term sick Community Named Nurse on sick leave Family Nurse Practitioners (FNP) nurses are at capacity but FNP Supervisor is off on long term sick leave again.	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		CQC Action Plan in place. Monitored via Contract Quality meetings. Chief Nurses both aware of issues with LAC	Aug 15
1 1	2 1.3	3.3 055	01.04		1.3 Fa F18 pc	ailure of TRFT IT (EPR) systems otentially leading to patient harm icluding contact centre	Robin Carlisle/ Andrew Clayton	5	5 25	5	3 1	term sickness TRFT Named Professional capacity - satisfactory Named Midwife remains on long term extended sick leave 5 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.	Interim safeguarding consultant support 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	for Initial Health Assessments TRFT Medical Director has met with SCE GPs prior to implementation on 150/82012 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.	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	Safeguarding supervision remains an issue - model of supervision being supported. 20+ supervisors being trained in Sept. RCCG commissions initial health assessment clinic capacity	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. TRFT are not aware of any patient harm but are making reviewed attempts to ensure every incident is logged and investigated to increase our assurances and use the contract of the process our assurance of the NHSR CCG at Board to Board on 1 November 2014. Reviewed at Trust Board strategy meeting in June 2015.	TREAT - SEE AF	Initial Health Assessments See Risk 073 for details	Aug-15
4 4	3	008	11.11	A	F02 G 0	inancial allocations reduced by overnment. Review of Allocations by HS England	Keely Firth	5	3 15	5	3 1	5 Strong financial plan ACP predicated on national growth assumptions. Requirement to utilise 1% of recurrent allocations non-recurrently is embedded within the recurrent plan.	1% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE.	Risks reviewed at Board to Board in November 2014 NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% 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		Aug-15
4 4	3 5.1	080	08.01			eduction in resources through stroduction of Better Care Fund	Keely Firth	4	4 16	4	3 1.	Task group established with joint membership between NHSR CCG and RMBC Review of existing commitments and funding streams underway in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs.	Appropriate financial plans in place for 2015/16 onwards and plans being developed for 2016/17 on similar basis to 2015/16. Executive last 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	Initial plans signed off by H&WBB 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.					Review of all Better Care Fund limits through Q1 and Q2 to inform 2016/17 plans	Aug-15
4 4	2 2	002	11.11			ailure to prevent high level lapses in hild Protection	Sue Cassin/ Catherine Hall	4	5 20	4	3 1	All Safeguarding policies and procedures 2) Safeguarding Board reports to NHS SY & B Board and AQuA * Training requirement for all clinical and non-clinical staff agreed. **Monitoring reporting against Outcome 7 of the Essential Standards of Quality and Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Outcomes March 2010 which is linked to the Health & Social Care Act 2008 **Safety Safety Safety Safety Outcomes Post 10 which a Safety Safety Safety Safety Outcomes Post 10 which Again Safety	Annual Report to NHSR and NHS Area Team and AQuA. Board level engagement at Organisational Executive level – regular reports. Child death review process to identify all avoidable factors. GP safeguarding leads identified and engaged in processes. Lead professionals at a serior Executive level identified in all health providers and NHSR CCG Training data is being reported quarterly. Designated Professionals have been appraised by Chief Nurse annually. NHSR CCG Chief Nurse provides 1-1 supervision of Designated Professionals Child Protection. Survey Monkey utilise to check out learning from safeguarding training events	27 February Improvement Panel to support multi agency delivery of Safeguarding agenda. NHSE Area Team triangulates scoring/outcome as green.	against these are monitored via contract quality meetings. Main provider Annual Safeguarding Children's reports published internally and externally. COC review of Children Looked After and Safeguarding undertaken 23 —27 February 2015. Action Plan to be monitored by RCCG and RLSCB to seek assurance. NHSR CCG GC considering a proposal to improve the in Health Economy commitment to MASH on 1.12.2014 & 7.12.2014 Head of Safeguarding (CH) has become a CQC Inspector for Safeguarding. RCCG 5 year plan includes Safeguarding as one of its 4 priorities.	Serious case review process in Working Together 2013 states that an independent review team will be nationally implemented. SQR for Rotherham awaiting publication. There are no national IT systems in place. Children at risk or known to be Sexually Exploited who subsequently go missing from home and services, there is no national process within health for Children and families who go missing. NHS England are undertaking some work but this has been raised since their inception April 2013 MASH Commitment not included in TRPT / RDaSH Contracts for 2014/15. Intercollegant document 2014 provides advice on safeguarding capacity. Recruitment process under way to position of Independent Chair of RLSCB to replace retiring post holder.	CQC comment regarding training. Training Data monitored across the South Yorkshire . MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15 Child Sexual Exploitation strategy has been updated 2015. CSE Team to be re-launched this team includes health	AF	Action regarding training data - CSU looking into another mechanism to track results. Alternative system is being scoped by provider TRET and ROBSH. Measures to rectify data reporting discrepancy in SER/OLM also underway. CQC commented (2015) national difficulty in recording Levels of Safeguarding children training. A recent Child Sexual Exploitation case and missing individual is due to change processes antionally. NHSE rationally considering 'missing children NHSE 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 SCH & TRET have a Serious Case Review action plan relating to Baby R – SLIP not yet published. RCCG reviewing recommendations from CCC LAS Review February 2015, action plan being developed June 2015.	
4 4	1	070	04.01	AF.	13 no im ire in pr rch	HS Commissioning Organisations of successfully picking up all nportant responsibilities that were reviously NHS Rotherham PCT	Chris Edwards	4	4 16	3	4 1.	2 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		SY&B CSU have a shared leadership with West Yorkshire CSU. Monthly RCCG/CSU meetings to ensure delivery. Monthly combined SY CCG meetings with SY&B	NHSE revisiting Continuing Healthcare legacy issues			See AF for details. Awaling national guidance. Contingency in financial plan.	Aug-15
1 1	1	027	11.11	1.11	Ac	ailure to improve Child and dolescent Mental Health Services :AMHS)	Kate Tufnell/ Nigel Parkes	4	4 16	4	3 1	Monthly Contract Performance meetings - B-Monthly CAMHS Service Development & Improvement Plans (SDIP) Meetings - B-Monthly CAMHS Clinical not Clinical Meetings RDaSH - On-going Implementation of the 'Action Plan relating to the 'Emotional Wellbeing - Mental Health Strategy for Children & Young People' for Rotherham RDaSH employ Locality Workers to provide interface between GP localities & CAMHS service 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 RCCG are issuing a Performance Notice to address the ongoing issues in the CAMHS service and associated transformation process.	Monitoring of specific CAMHS Key Performance Indicators (KPI). Now receiving details of staff vacancies and sick leave. CAMHS Quality Visit planned September 2015	CQC vistsireports. CAMHS Strategy & Partnership Group meetings Healthwatch. Patient Experience Surveys embedded in the standard contract Regular GP CAMHS experience surveys	Robust CAMHS reporting information now available. Now agreed definitions of treatment	High CAMHS staff turnover/Sickness/Matemity leave. RDsSH 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 tumover & vacancy levels.	AF	New capacity & demand exercise being undertaken by Meridian in June 2015. Current CAMIFS transformation being developed for implementation. Implementation of the Action Plan relating to the 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' for Rotherham. Development of SPAIAdvice line for GPs for alternative services to CAMIFS. Treatment' definitions to be incorporated in monthly monitoring. Performance Notice and associated Action Plan to address the ongoing issues in the CAMIFS service and associated transformation process.	Aug-15
3 3	2 4.4	029		А	F12 pr	ailure to deliver affordable rescribing trajectories	Robin Carlisle/ Stuart Lakin			4	3 1	Robust performance management by Medicines Management Team. Programme managed by Area Prescribing CommitteelMedicines Management Committee. Efficiency programme detailed in Commissioning Plan. 2014 Commissioning plan set out programmes.	including identification of emerging risks. Monthly reports to SRG Group on progress		NHSR CCG making good progress in 2014/15 Individual practice plan and LIS for 15/16			AF	Managed via MMC. See AF for details.	Aug-15
4 4	.3	005	11.11			isufficient funds to finance bjectives on a recurrent basis	Keely Firth	4	4 16	4	3 1.	 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 RHFT and RCCG with a view to embedding into care pathways in 2015/16. 	1% Headroom and 0.5% contingency covered recurrently in the financial plan.	TRFT have signed the contract on the basis of the recurrent quantitum Quality Impact Assessments signed off by Provider Governing Body in 2015. AQA to review in 2015		INUIG	nouse	TREAT - SEE AF		Aug-15
1 1	1 1.2	003	11.11		F09	uality of Commissioned Services F 09 now incorporates AF05	Sue Cassin/ Sarah Lever/ Kate Tufnell / J Tufnell/ Alun Windle/ Dawn Anderson	5	3 15	4	3 1	contract we maintain quality assurance by monitoring the national quality standards within the NHS standard contract along with national and locally agreed Long Incentive Schemes. Participating in providers assurance meetings. Ad hoc and planned visits to provider units, including a programme of clinically led visits.	requirements, mortality ratios and local incentive schemes. Serious Incidents update given at each Governing Body and full reports via SI committee, NHSR CCG given written comment which is included in the reporting to AQuA. Provider quality accounts, NHSR CCG accounts which are reported to AQuA. Previder quality and incidents reported to AQuA. Provider quality and microdest reported to AQUA. Provider quality and provider to AQUA. Provider quality accounts and provider to AQUA. Provider quality accounts and provider to AQUA. Provider quality accounts a provider to AQUA. Provider quality accounts which are reported to AQUA. Provider quality accounts a provider to AQUA. Provider qualit	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.		assurance as a result of becoming a commissioner only	We believe that the allocation of responsibilities following the last reorganisation 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.	Aug 15

Domain Sub Cat	Sub Cat	Sub Cat	Entry Date	AF Link	Principle Risk	Lead person	Uncont	rolled Risk	Curr	ent Risk	Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
							С	L CxL	С	L CxL									
3 3.1		065	11.11.11	1.2	Failure to meet A&E targets	Sarah Lever or Rebecca Chadburn	4	3 12	3	4 12	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	Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings. Ongoing executive level management – priority given to A&E performance quality standard NHS England attendance at extraordinary meetings.	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 - SEE AF	Continued monitoring through the System Resilience Group and contract meetings	Aug-15
4 4.3		004	11.11.11	1.1/NS	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. Budgelary Monitoring and Reporting. National Framework for NHS Continuing Health Care Service quarterly Assurance Benchmarking against 14 Y8H PCTS. NHS Practice Guidance. Annual Commissioning Planning Process. Annual internal and external audits. Growth built nito the plans. Improved quality by CSU team has lead to reductions in some case costs.	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.				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.	AF	CSU to continue to implement actions around outstanding reviews. Doncaster CCG managing the transition process with all CCGs.	Aug-15
6 6.1		053	11.11.11		Reduced workforce capacity and capability to deliver projects and QIPP	Robin Carlisle	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 OIPP projects. Operational Executive weekly meeting. Monthly whole organisation meeting and senior manager meetings (CMM). PDR process to align individual and organisational priorities.	on 9th February 2015.		OE reviewed CCG capacity - Feb 2015		CCG will review capacity in September 2015	TREAT - SEE AF	See AF for details.	Aug-15
4 4.3		091	28 02 15		Financial risk to the CCG arising from it's duties under developing case law regarding potential Deprivation of Liberties (DoLS)		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 Did, additionally is working on a process to appropriately refer cases to legal services.			None	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 126 clients) 2. Difficulty identifying	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	Aug-15
3 3.3		094	12.8.15.	AF34	Reprocurement of APMS contracts	J Tuffnell	5	4 20	3	4 12	Formal processes are in place for reprocurement of APMS due for renewal. Key risk is the potential of no/poor response	Progress of reprocurement is a standing item on the primary care sub-committee. A business continuity plan has been developed to manage the potential consequences of no/poor response.		Business continuity plan agreed with the Local Medical Committee		Ownership of the procurement process is with NHS England.		Ensure robust timetable for reprocurement of all APMS	Aug 15
1 1.1		095	12.8.15.	AF35	CQC inspection of practices	S Cassin/ J Tuffnell	5	3 15	4	3 12			primary care sub-committee. A Health & Wellbeing member has now been allocated to provider broader		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 goin into the public domain as these are the COC processes.	g TREAT - SEE AF	Will be overseen by the Primary Care Sub Committee	Aug 15
4 4.2	5.1	083	01.09.14		Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CGG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	Chris Edwards	4	4 16	3	3 9	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 to be produced by September.			Tolerate		Aug-15
3 3.1		072	29.01.13	1.2 AF20	Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E 1999 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 handing service is still in place. Calls routed from GP surgeries will confinue to go to the GP OOH Service Recent decision by GE to decommission the call handling service. 111 performing well in South Yorkshies on longer any need for this confingency. Regional Clinical Governance Group have now been fully tested. GareUK 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.	Any issues re: NHS 111 operations dealt with here. Local	TRFT are not reporting any operational difficulties with 999 and ASE respectively as a result of 111. During winter period activity levels through NHS111 have been high particularly after snowfals. Proportion of referrable to AEE/998 have remained consistent. Approximately 10% to 999 and 5% to A&E. Asbolute numbers have gone up though. Introduced more floorwakers (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	Recent transfer of OOH class from CareUK to 11 has led to an increase in referrals to 999/A&E. Concern that system of triage at 111 is more likely to result in 999 call-out.		Tolerate	Monitoring in place to pick up any impact from changes to call handling service. Commissioners liaising with "AS and CareUK to explore full extent of problem. System Resilience Group have agreed Winter Pressure money used to support the "YAS path finder.	-
1 1.1	4.3	5.3 078	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)	Nigel Parkes	3	4 12	3	3 9	Monthly Contract Performance meetings Regular interface between RDsSH CAMHS and NHS England Case Managers. Also, liaison with RMBC as required. Direct involvement of RCCG Case Manager (if patient approaching transfer to Adult services) and RCCG CAMHS contracting lead. NHS England have started a procurement process and also sourced further Tier 4 capacity in Sheffield and York. This should alleviate Tier 4 capacity issues in the short and long term. Monthly meetings to discuss CAMHS Tier 4/Complex cases attended by NHS England, RMBC, RCCG and RTFT.	Monitoring of specific CAMHS Key Performance Indicators (KPI). Monitoring of RDaSH CAMHS data relating to patients in Tier 4 facilities.	COC visits/reports. CAMHS Strategy & Partnership Group meetings Ach toc CAMHS Interface meetings to manage the relationship between RCCG, RDsSH, RMBC and NHS England relating to the CAMHS Tier 3/Tier 4 interface.	Jemains consistent. Introduction of floor salkers on 111.01 Successful management of some complex cases by joint work between; RCOG, RMBC, RDaSH CAMHS & NHS England. Results of NHS England Tier 4 Review which calls for more local Tier 4 provision. RDaSH CAMHS successfully managing patients in the community who might otherwise be admitted to a Tier 4 facility. RDaSH And was received by the RTET to discuss CAMHS Interface issues, including Tier 4	High CAMHS staff turnover/Sickness/Matemity leave. RDsSH CAMHS senior management not fully understandings their own staff issues.	Lack of robust monitoring data on Tier 4 placements by NHS England.		RDaSHIRCCG to undertake a scoping exercise to determine the value of a CAMHS Tier 3+ service. RCCG undertaking an exercise to understand the reasons for Children being admitted to adult inpatient wards. These to be investigated through the RDaSH Issues Log and the performance notice remedial action plan.	Aug-15
4 4.3		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.	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	Aug-15
3 3.1	3.3	045	11.11.11	1.8	Services not being responsive to what people want	Sue Cassin/ Helen Wyatt	4	3 12	3	3 9	Engagement and communication sub-committee established to ensure oversight and accountability, and includes external representation. Links with Health Watch, sorutiny. Work with GP practices rengagement to sace lue post transfer of responsibility to CGs. 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 ju.e. commissioning plan. PPE embedded in Quality team, but whole organisation approach to ensure sufficient capacity for effective engagement with public and patients. PPE manager attends CRMC and is linked to other priority work streams	Body. Patient satisfaction surveys. Patient & Public Engagement and Experience report (incl Friends & Family) monthly	Patient Opinion Feedback. Community Engagement Events. Internal Audit Report 2013/4. Friends & Family Test now rollled out to all services; and available public via NHS choices. CTG monitor response rates - positive - Narrative data available for some providers. Health Watch provide regular reports to NHSR CCG, and are further developing reporting mechanisms via the **Indoodraker* system.			Assurance to include Patient and Public Engagement when changes to services are proposed and made, including changes made by providers. Possible Risk - changes to services as a result of financial challenge might not be what people want but might be only option?	Tolerate	The development of the "Moodraker' system by Healthwatch will provide external and unbiased data, and adshboard system to manage and analyse all patient feedback. Ensure through networks and various means that patients and public are engaged when changes are made to services. Engagement event planned for Nov 2015	Aug 15
4 4.3		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)		4	3 12	3	3 9	Care Pathway & Currency Development Group, contract currently with RDsSH held monthly. Memorandum of Understanding 13/14 - shadowing the PbR process. Contract Performance Group meetings held monthly. SCE to be kept involved via SCE GP Lead. MH QIPP Group to advise key officers challenges in mental health.	Memorandum of Understanding paper to OE Feb 2013 Referral criteria for entry into service Key priority for MH QIPP group but likely introduction of MH PbR will be delayed beyond April 2014.	RDaSH & Commissioner Contract Currency Group SHA Commissioner Group	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		Aug-15
1 1.1	1.2	063	11.11.11		Reconfiguration of major trauma centre could have a knock on affect to the provision of services to patients	Robin Carlisle	4	3 12	3	3 9	Discussions between NHSE and Norcom. COO party to there NHSR discussion and will report back risks if they emerge.	NHS COO reports to Board. COO report if risks emerge.		None			Tolerate		Aug-15
5 5.1	5.2	5.3 046	11.11.11	4.5	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. Tertlary 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			Relationships will develop from April 2013	Tolerate		Aug-15

Domain Sub Cat	Sub Cat	gno Ref	Entry Date	AF Link	Principle Risk	Lead person	Uncontro	olled Risk	Currer	ent Risk	Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
							С	L CxL	С	L CxL									
6 6.2		044	11.11.11	1.8	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	3 9	Regular press releases to local media NHSR CCG Head of Communications Post in place.	Patient & Public Engagement and Experience report monthly to NHSR CCG Governing Body - from November 2013 Annual PPE report Communication report to NHSR CCG Governing Body included in Chief Officers report. PPE mapping delivery matrix	by September 2015. CCG Commissioning Plan for 2015- 2019 now published and consulted on. Communications plan on a page is included in the 5 year commissioning plan 2015/16 2014/15 Le. communications recommendations are being	Agendas 30/01/2013 CQC registers GP Practices 17/04/2013 Francis report patient safety & patient stories 04/07/2013 healthwatch and Michael Morgan TRFT. 29/10/2013 ACP Stakeholder consultation.		Intranet is still in development and will be ready by April 2014	Tolerate		Aug-15
5 5.1		089	24.12.14		Failure to deliver against the Public Health Memorandum of Understanding	Sarah Whittle	5	3 15	3 3	3 9	Monthly Performance meetings between top team Public Health and OE. Memorandum of Understanding (MOU) agreed actions in respect of Public Health Strategy at monthly performance meeting. Share good practice between Public Health and NHSR CCG. Confidential communication to address issues and reduce escalation. Plan on a page to replace MOU being developed.		Monthly Performance meetings between top team Public Health and OE Director of Public Health retired December 2014 New Director of Public health in post July 2015.			Lack of Director of Public Health in post will impact on NHSR CCC commissioning plan. (This can come out now) New memorandum of understanding needs to be developed	Tolerate	New Director of Public Health in Post from the beginning of July Director in post	Aug-15
1 1.1		092	5.6.15		Impact of PMS/MPIG changes on the stability of practices	Jacqui Tuffnell	3	4 12	3 3		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 orgonig in relation to supporting the practices with collaborative discussions. Discussions are also confinuing in relation to Y1 reinvestment of the premium. It is planned to have firm claffication of Y1 & Y2 reinvestment and scoping of Years 3 and 4 by October 2015 to support practices to understand there longer term financial positions.	been drafted and further engagement with GPs, public and stakeholders is taking place with the intention to publish a final version in September and ultimately to incorporate into the annual commissioning plan. This should also support practices	Relevant audit controls are in place and a payment verification audit is currently being planned.		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.	Aug 15
4 4.2		001	11.11.11	1.5	Failure to prevent high level lapse in adult protection.	Sue Cassin / Kirsty Leahy	4	5 20	4 2	2 8	along with the Safeguarding forms in order to ensure Care Act 2014 and making safeguarding personal. The Health economy has raised concerns around the "content" of these documents and are to meet with RMIBC on the 7th September 2015 to resolve.	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. CP leads identified and engaged in processes. Lead professionals identified in all health providers and NHSR CCG	Reports to NHSR CCG Governing Body and Safeguarding Adults Board	Safeguarding Standards in all main contracts Annual Adults Safeguarding report Safeguarding KPIs have been published	Domestic Homicide review process being re-aligned to new health economy. Domestic Homicide Review Co-ordinator is pulling a process together for Rotherham. In 2013/14 NHSRC CG have provided financial support to the Domestic Homicide review process. Deprivation of Liberty - NHSR CCG have responsibility to ensure that all health commissioned individuals within the community are not unlawfully deprived of their liberty as guaranteed under Article 5 of the Human Rights Act by considering if the individual is "under continuous supervision and control and are not free to leave and lack capacity". The	COUIN in place to monitor TRFT & RDaSH training statistics. Multi-agency training procurement has taken place although Safequarding training has been posponed until further notice. Commissioning with Continuing Healthcare and Quality Assurance. *Regarding patient placement and having a robust process. *Continued support of patient's needs whilst in placement. Both the above are currently in development with the CSU	Tolerate		Aug 15
3 3.3	1.1 4	.4 077	22.05.13	1.2	Impact of Caldecott 2 inhibiting CCGs efficiency programmes, quality assurance and financial governance	Robin Carlisle	4	4 16	4 2	2 8	NHSR CCG has begun an internal and shared risk assessment with SY CCGs. Assurance paper to AQuA 26 March 2014	Reviewed at AQuA on March 2014	Aspects of this will be picked up in 2013/14 IG Toolkit. National Section 252 has been agreed until October 2014. NHSR CCG provisionally accepted as an accredited safe haven in November 2013.		CHC Team are to identify individuals who meet the coloria and		Tolerate		Aug-15
3 3.2	4.4	038	11.11.11	3.1	Failure to identify other efficiency risks	Keely Firth	4	4 16	4 2		Reporting structure in place with GPIOfficer lead against the 5 OIPP work streams. Multi-egency approach with key partners represented at senior level. Additional MHILD and Community Transformation (IPP groups introduced in 2014/15 and continuing to follow through (IIPP plans in 2015/16. Continued review by finance team of all budget links throughout the year	Monthly reports to NHSR CCG Governing Body, including identification for emerging risks. Monthly sign off of budget statements by budget holders		Under regular review	None	None	Tolerate	Update Q3 2015 following plan submission.	Aug-15
	4.3	037			Delivery of corporate/running costs savings has a negative impact on corporate performance	Keely Firth	4		4 2		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.	Aug-15
6 6.2		014	11.11.11		patient confidence	Robin Carlisle Chris Edwards/ Gordon Laidlaw/ Helen Wyatt/ Sarah Whittle	4	4 10	4 2	2 8	escalation policy by Performance Team and responsible managers. See actions in 1.1.3 Quality of commissioned Services does not improve. Communications team manages reputational issues in the local media.	Monthly Governing Body performance reports and detailed reports every quarter to CE. See actions in 1.1.3 Quality of commissioned Services does not improve. Communications plan for 2015/16 Media relations policy in development	Established good relationships with stakeholder communications teams with regular meetings between communications leads Established proactive relationship with local and regional media.	communication between Quarterly meetings taking place. Stakeholder events to inform the formal consultation processes.	See actions in 1.1.3 Quality of commissioned Services does not improve.	See actions in 1.1.3 Quality of commissioned Services does not improve.	Tolerate	Key performance issue will be deep dived at AQuA in March, May, June 2015	Aug-15 Aug-15
4 4.3		009	11.11.11	4.3	Failure to secure value for money from all our providers	Keely Firth	4	4 16	4 2	2 8	Contractual framework covers 85% of investments including PbR. CQUIN schemes in place. OE/SCE review of investment/disinvestment plans. *Medicines Management team support the prescribing activities which are not on local contracts, but costs benchmark well against regional and national comparators.	Strong contract management including sanctions and incentives in line with national contract and guidance. • Favourable prescribing benchmarking	External Audit annual report for 2014/15 included positive review of VFM test.	Communication and Engagement activity is reported to	None	None	Tolerate	Update Q3 2015 following plan submission.	Aug-15
3 3.1	4.3 1.	.1 013	11.11.11	1.2	Not robustly managing plans to deliver outcomes and equitable use of funds	Robin Carlisle	4	4 16	4 2	2 8	Skilled contracting team are kept up to date of commissioning intentions. DH Standard Contracts implemented across all main providers.	Monthly contracting meetings with all main providers.		Monthly Governing Body reporting.	None	None	Tolerate	OE reviewed this in December 2013	Aug-15
4 4.1	6.2	061	11.11.11	1.8	Poor human rights practice leading to adverse consequence for staff/ litigation	Sarah Whittle	4	3 12	4 2		6 monthly monitoring reports. Equality and Diversity Website. Equality and Diversity in Employment. Strategy and Action Plan. Mandatory Equality and Diversity training for at slaft. MHSR Equality and Diversity Awareness e-learning training achieved 90%. Equality, Diversity and Human Rights Steering Group. Equality Delivery System (EDS). NHSR CCG is adopting EDS2 Purchased DVD's to play at staff meetings commencing January 2015.		EDS Self Assessment. Public & Patient & voluntary sector are asked for EDS Self Assessments		None	None		DVD training at all staff meetings focusing on key areas - completed Age and also Dasbellity. Welch video round table discussion - next one will be about religion and faith	Aug-15
4 4.1		043	11.11.11	1.4	Inability to demonstrate good process in judicial review	Sarah Whittle	4	3 12	4 2		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 being developed. Agreed at NHSR 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.	Aug-15
1 1.2	1.3 3	.3 074	11.11.11 (risk 55 changed to relate to		Failure of provider IT systems potentially leading to patient harm (excluding TRFT EPR)	Robin Carlisle	5	4 20	3 2	2 6	SystmOne is a fully mirrored system held in two geographical locations. Non SystmOne GPs have their systems backed up daily and these back ups are routinely verified by a third party.	Assurance for non SystmOne GP practices are received through the backup verification resting reports. Multilagency IT strategy group meet, 4 times yearly and review key issues and risks. NHSR CCG Information Risk Policy		SCE updated on IT in February 2015 to no new concerns SCE receives regular update from lead officer and GP			Tolerate	IT strategy refreshed as part of 2015 commissioning plan.	Aug-15
	1.2 6		11.11.11		Service quality is compromised due to lack of training		4		3 2		Learning), with corporate & directorate plans in operation. Annual PDRIPDP, recorded in Personal File. Quality assurance of traininglearning packages & monitoring / reporting of statutory compliance via subject-specialists. Recording and annual reporting of MAST completion via ODHR Dept. SLA with RFT for privision of LBD services ASM & CMM development events. Targeted NHSR CCG Governing Body and SCE development	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	CPD for clinical staff not recorded / reported in annual L&D report	None	Tolerate	Haddata Louisean 2014	Aug-15
	5.3	035			specialised services	NCB risk from 1 April 2012			2 3		SCG minutes and expenditure monthly.	Monthly reports to NHSR CCG Governing Body and at cluster level, including identification for emerging risks.			None	None		Update January 2014	Feb-15
1 1.1	3.2 3	.3 059	11.11.11	4.3	Lack of sufficient IT back up to enable effective business continuity	Robin Carlisle	4	3 12	3 2	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.	Aug-15

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Domai	S qns	Sub Ca	Ref	Entry Date	AF Liı	nk Principle Risk	Lead person	Uncont	trolled Ri	sk C	urrent Risk	Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
								С	L C:	d C	L Cx	L								
4 4	.3	00	07	11.11.11	1.1	Reduction in funding means PCT has to make cost per case decisions that may be challenged	Keely Firth	4	3 1	2 3	2 6	process. Individual Funding request policy and procedure in place.	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	Update June 2015	Aug 15
3 3	.3 3.1	04	47	11.11.11	4.5	Failure to deliver the benefits from the health and well being board	Chris Edwards	4	3 1	2 3	2 6	Restricted procedures policy implemented in 2015/16 Strong relationships via LSP, CGD meetings, joint D6H 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.			Assurance to be provided once individual is identified to attend H&WBB	Tolerate		Aug-15
4 4	.1	05	56	11.11.11	1.4	Not achieving acceptable standards for Information Governance leading to data loss/adverse patient consequence	Robin Carlisle/ Andrei Clayton	w 5	2 1	0 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 angoing for 2016 IG tool kit	IT tool kit satisfactory in March 2015	Tolerate		Aug-15
4 4	.1	04	49	11.11.11	4.4	Failure to provide safe and secure environment for staff, patients and visitors	Sarah Whittle	3	3	3	2 6	Wide range of H&S, File 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 Yorkship. HJRSR COS (LAYs e OH and Estates, NHSR COS (Values, corporate and departmental risk assessments "Contact Officers" and counselling services Premises maintenance. Incident reporting procedures. Maratectry training by all staff and completed at the end of March 2014. NHSR COS has come top of National bable 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.	H8S inspections/reports for particular issues. Positive Sta Sunvey results, low levels of perceived stress. 2nd best CCG in the country to work for - based on annual survey results		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.	Aug-15
1 1	.1 3.3	05	54	11.11.11	4.3	Failure of CCG IT Systems	Robin Carlisle/ Andrei Clayton	w 3	3	2	3 6	IT services continuity and disaster recovery is covered by several controls in the IC 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.	Aug-15
1 1	.2 3.1	02	22	11.11.11	1.7	Not maintaining a satisfactory HCAIs position	Sue Cassin / Emma Batten Jason Punyer	3	3	3	2 6	Provider's internal/external governance arrangements. Monitor compliance framework. All NHS provides registered with CQC. Antimicrobial policies Mandatory surveillance for MRSA, MSSA, CDiff, E-Coli bacteraemia. Outhreak and incident reports. RCAPIR processes for MRSA bacteraemia and CDiff infections. SLA between Standard Contract. HCAI reduction plan. Annual plans set nationally for MRSA and CDiff. CCG strongly linked into RCA/PIR processes with main provider	Bi-morthly 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. Monthoring TRFT trajectories for CDliff Agreed process for reporting IPaC incidents to Head of Clinical Quality oversight Morthly report to RCG 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 ter 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 are cases Antimicrobial Policy Group attended by MMT and Health Protection Principal. NHSR COG 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)	SY&B. a CCG IPC Lead attends MDTs meeting when required,	Lack of robust processes by GPs for community cases of 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 measurements. PMSR 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 Distort 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		Monthly PIR Overview Panels with MicrobiologistIPCT held on 16.06.14, 16.07.14, 16.91, 14, 16.10.14, do we need to specify dates? Overview of CDIff cases to be discussed at the Contract Clinical Quality Group. CDIff incident needing held on 04.12.14 as concerns around recent increase in cases. Length of stay seems to be an underlying risk factor and TRET are undertaking an in depth review on two wards. Key messages to be released to all saff on keeping up to date stool charts, reporting diarrhoea immediately to IPC, Isolating patients promptly and washing and flygeine. CCG IPC Nurse post appointed, awaiting start date.	Aug 15

CCG Assurance Framework Aug 2015 - arranged by highest risk first (for Sept 2015 AQA)

The principal risks in the assurance framework are high strategic potential risks which require ongoing control. These risks are linked to one of the Strategic CCG Objectives rather than operational risks which are eligible for entry to the Risk Register.

The CCG risk tolerance (appetite under which risks can be tolerated) is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances.

				Likelihood		
	Risk Matrix	(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
	(1) Negligible	1	2	3	4	5
auce	(2) Minor	2	4	6	8	10
Consequence	(3) Moderate	3	6	9	12	15
S	(4) Major	4	8	12	16	20
	(5)	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

Added to	AF OI ct	bje Sub- ive cate	Sub-Si cate b-	u Principle Risk	Exec Lead	C	L CxL	- Curre	ent Risk L CxL	- Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outco me	Actions	Date Reviewed
05.03.1 3	AF19	1 1.2	2 1.3 3	3.3 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	R Carlisle	5	5 25	5	4 20		Assurance from quality performance meetings, Aqua and Board Quality meetings TRFT appointed to 4 Clinical Director posts in Sept 2014 and to a 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 Boar to Board meetings. Informally by monthly executive to executive meetings. Regular Monthly executive to executive meetings with TRFT.	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 Monito 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.	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.	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	Aug-15
01.09.1	AF28	3 3.1	11 1.1 1	RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	Dominic Blaydon	5	4 20	5	4 20	End Performance for Rotherham (72.6% Y& H) which	Bi monthly joint South Yorkshire Commissioners performance meeting with YAS and Bi monthly performance meeting between NHSR CCG commissioners and YAS local area team GP Urgent Transport Pilot project extended to reduce demand on YAS Winter pressure funding allocated for following initiatives:- 1) Urgent Care practitioners. Started 05.01.2015 2) Frequent Callers Care management scheme 3) Floor walkers at NHS 111 call centre to reduce 999 transfers 4) Developing YAS 999 pathfinder project.	Commissioners have secured the resource of "The Good Governance Group" as an independent reviewer of the YAS recovery plan. South Yorkshire Lead Commissioner Quality lead is monitoring Quality with a focus focusing on minimisation of patient harm during the period of poor performance. YAS have shared a review of incident reporting including monitoring of potential harm from delayed response	GP Urgent Transport Pilot project extended to reduce demand on YAS		Increase in activity Demand. Recent resignation of the Operations Director, interim support in place 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	Aug-15
31.03.1	AF11	1 1.1	3.2	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	J Tufnell	4	5 20	4	5 20	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	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.		TREAT	Finalise and implement the GP strategy, workforce plan and recruitment strategy	Aug-15
31.03.1	AF12	3 3.2	2 4.4	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	R Carlisle	5	4 20	5	4 20	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 KPl'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 or key issues. NHS England attend SRG group	n • 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 October 2015 and decide if further restrictions are necessary.	Concerns about vacancies in Concret Bractice and **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.		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	Aug-15
09.01.1 4	AF26	3 3.2	2 4.4	Impact on CCG of other commissioners efficiency plan	R Carlisle	4	4 16	4	4 16	All commissioners discuss their plans at H&WBB and multi- agency 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 and Learning Disabilities not yet clear. Implications of RMBC transition to National Commissioners not yet clear.	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.	Aug-15

Date	AF	Obje Sub	b- Sub-Su		II	oncontrol	neu Curr	ent Risk							Outco		Date
Added t	_	ctive cate		·			CxL C	L CxL		Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	me		Reviewed
31.03.1	AF09	1 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	5 4	220 4 1	4 16	area (commissioning manager, quality and safety lead and GP) **TRFT - we maintain quality assurance by monitoring the national quality standards within the NHS standard contract along with national and locally agreed Local Incentive Schemes. **Participate in provider assurance meetings** **Ad hoc and planned visits to provider units, including a programme of clinically led visits. **Manage assurance of response to SIs on behalf of NHSE.* **Monitor a wide range of benchmarking HSMR & SHMI data **CQC risk ratings** **Similar processes in place for RDASH **A wide range of assurance of GP quality **Assurance from lead commissioners i.e. for STH, SCH and representation at these quality contract meetings **NHSR CCG Chief Nurse joins TRFT Chief Nurse on unannounced 'out of hours' visits. **Clinical member of Quality Assurance Team attends TRFT Senior Nurse unannounced walk rounds. **TRFT/NHSR CCG Chief Nurse monthly 1-1s Quality and Safety are harder to be assured on as providers have to deliver incremental cost improvement plans each year. The NHSR CCG is required to be assured of providers CIPs **New post of Head of Clinical Quality from August 2014 to support NHSR CCG quality agenda.	Health Protection Nurse provides Infection Prevention and Control support via NHSR CCG SLA with Public Health. Monthly Quality and Safety and Patient Experience reports to NHSR CCG Governing Body Appreciative Enquiry Policy in place, to deal with concerns about	Group and Chief Nurse Group -Friends & Family test rolled out to Mental Health, Community Services and Primary Care in December 2014. Methods of feedback are online, patient opinion and national surveys. NHSE Chief Nurse Forum CQC Monitor Staff survey Patient Surveys Feedback from overview and scrutiny Provider quality accounts The CCG now has delegated responsibility for General practice contracts.	Robust internal mechanisms, e.g. SI committee.	Substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation	We believe that the allocation of responsibilities following the last re-organisation and staff losses is proportionate and robust. Agua will have to be assured this is the case as part of its regular programme. Interim Medical Director now in post at TRFT. Potential lack of assurance from organisations where NHSR is not the Lead Commissioner.		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	Aug 15
05.03.1 5	AF31	1 1.		Patient safety and cost implications of interpretation of individual case meeting health and LD funding responsibility (including section 117, 'who pays' guidance, responsibilities for LD patients transfer at 18, Potential future responsibility for Tier 4 mental health and LD patients).		5 4	20 4		CCG will produce a paper quantifying the likely impact if the guidance is implemented in full. Current estimates are a risk of £3M to the CCG Working arrangements with other CCGs pending definitive guidance on who pays Working arrangement with RMBC pending definitive agreement on S117 Working with NHS England to understand future individual patient costs to the CCG	Paper to governing Body on an individual high cost patient in	South Yorkshire Nurses and CFOs group have agreed in March 2015 that 'Who pays@ must be implemented and transfer of responsibilities (both ways) will occur in a managed way from 1 April 2015		Awaiting possible national clarification 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	Have fed back to NHS England the risk but to date no indication the guidance will be modified RDaSH will give a weekly update on LD ATU capacity. CCG governing body will agree a panel to decide the commissioning plan at the august meeting.	TREAT	Who pays guidance is being implemented with liaison with other SY CCGs. Panel will decide commissioning plan for single patients. Ongoing discussions with NHSE Re risk of Tier 4 responsibilities coming to the CCG.	Aug-15
17.05.1 2	AF13	4 4.		Subcontracted Commissioning services with CSU fail to deliver outcomes as a result on CSU not being on lead provider framework		4 4	16 4	4 16	RCCG has regular SLA meetings. NHS England have set up a transition board that will meet fortnightly.	RCCG Governing Body will consider implications in March 2015.	and other CCGs and will participate in transition board. NHSE reviewing CCG plan	Current performance is acceptable this will need to be maintained during transitions. Paper setting out further arrangements to share all reviews with other CCGs other than Bis which will be procured to August 2015 Governing Body.	l '	Concerns over specific delivery of continuing healthcare and procurement of business intelligence .		Fortnightly transition board. RCCG has plans for each service BI will be procured within national lead provider framework	Aug-15
5.6.15	AF33	1 1.	.1 5.3	Effective collaborative commissioning of specialised services		4 4	16 4	4 16	with CCGs. At present, a number of specialised services				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	Aug-15
01.09.1 4	AF29	4 4.			Chris Edwards	5 4	20 5	3 15	RMBC now run by 5 commissioners and they have produced a CSE action plan and an RMBC improvement plan	PLT event in November focussed on safeguarding/CSE Meeting taking place on 18/9 to review impact on partnerships	Health and Wellbeing Board, Chief Executive meetings. OFSTED review RMBC Commissioners		Revisit at the next TRFT/RDaSH board to Board meetings in November.	Outcome of Governance review is unknown.	TREAT		Aug-15
09.01.1 4	AF25	4 4.	.3 5.1		Keely Firth	4 4	16 4	3 12	Task group established with joint membership between NHSR CCG and RMBC Review of existing commitments and funding streams underway in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs.	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	Initial plans signed off by H&WBB 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				TREAT	Review of all Better Care Fund limits through Q1 and Q2 to inform 2016/17 plans	Aug-15

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Adde	d to num		e cate ca		·			L CxL	. С	L Cxl		Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	me	Actions	Reviewed
31.0	3.1 AF	04	3 3.1	o p to ii	ailure to deliver improving outcomes and key performance targets, leading o poor patient experience, mpact on reputation and oor external assessment esults	R Carlisle	4	4 16	4	3 12	System of monitoring a wide range of outcome measures with approved escalation policy Use all available data to commission effectively - JSNA, public health data, health needs assessments etc. GPSCE membership on H&WBB.	Monthly Performance Reports Regular monitoring by performance team with escalation as necessary Internal Audit Report on performance processes Monitor national outcomes framework and take necessary action to address any issues Monthly contracting Meetings with all main providers	Quarterly assurance meetings with NHSE	NHSR CCG 2014/15 plan received positive feedback at meeting with NHSE in February 2014 CCG 15/16 ACP have actions to address 14/15 performance issues.	6 Key performance areas above trajectory requested at RCCG Governing Body in February 2015. AQUA performed deep dive in all areas of low performance in last 5 months of 15/16.		:AT	Aqua will deep dive 6 areas in March, May, July 2015 AQUA completed deep dive of key areas in March, May and June 2015	Aug-15
29.0	1.1 AF20		3 3.1	S ii p	mpact of NHS 111 on the ocal health community. Specifically potential for nacrease in number of attents being referred to A&E / 999	Dominic Blaydon	4	5 20	3	4 12	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.	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.	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 or 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/99 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.	999 call-out.			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.	Aug-15
03.0	AF:	21 :	3 3.1	F	ailure to meet A&E targets	S Lever/ B Chadburn	4	4 16	3	4 12	Daily reports from TRFT Establishment of System Resilience Group - with membership from TRFT, RMBC, NHSE, Care UK and YAS. 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	Contract Performance meetings. Contract Quality meetings, Extraordinary Meetings. Ongoing executive level management – priority given to A&E performance quality standard NHS England attendance at extraordinary meetings.	positive.			TREAT	Continued monitoring through the System Resilience Group and contract meetings	Aug-15
15 0 13			4 4.3	b	inancial allocations reduced by Government. Review of Allocations by NHS England	·	4	3 12	4	3 12	Strong financial plan ACP predicated on national growth assumptions. Requirement to utilise 1% of recurrent allocations non- recurrently is embedded within the recurrent plan.	1% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE.	NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% Growth assumptions in commissioning plan for our 4 year plan were approved by NHS England.		No clear national consultation process Allocations published but NHS England advised that they are not guaranteed.	No consultation on the transition path.	TREAT		Aug-15
13.1	1.1 AF:	24	1 1.1	A	iailure to improve Child and Adolescent Mental Health Bervices (CAMHS)	Kate Tufnell	4	4 16	4	3 12	Standard contract with RDaSH, including partnership agreement for additional RMBC funding. Utilisation of Contract Performance Notice process. Monthly Contract Performance meetings CAMHS Strategy & Partnership Meetings RDaSH QIPP meetings with RMBC. Standard People' for Rotherham in conjunction with RMBC & RDaSH now in place and action plan being monitored. Commissioning of Attain review of CAMHS services. CAMHS issues discussed at SCE, OE and GPMC meetings. RDaSH participating in the Children & Young people's Improving Access to Psychological Therapies (CYP-IAPT) initiative. Series of GP CAMHS surveys undertaken. RDaSH employ Peer Support Workers to manage the transition of patients from CAMHS to Adult services. RDaSH Improvement Action Plan now in place August 2014 and being monitored. Monthly meetings to discuss Tier 4/Complex patients with RDaSH, NHS England, RMBC and TRFT. RCCG are issuing a Performance Notice to address the ongoing issues in the CAMHS service and associated transformation process.	Russell Brynes (SCE), supported by Simon MacKeown (GPMC), lead on CAMHS for the CCG. Direct contact with RDaSH clinicians through the CAMHS 'Clinician to Clinician meetings. Various reports on CAMHS presented to OE, SCE & GPMC.	CAMHS Strategy & Partnership Group meetings Attain Review. Healthwatch. Emotional Wellbeing and Mental Health Strategy for Children and Young People now signed off by Health & Wellbeing Board.		Fairly regular changes in RDaSH senior CAMHS management. General issues with recruiting CAMHS staff. RDaSH are indicating that staffing and skill mix are problem areas. Recruitment to the CAMHS Consultant post is still an issue		REAT	Extra CAMHS funding agreed for 2015/16 contract. SDIP-developed for 2015/16 contract. Performance Notice and associated Action Plan to address the ongoing issues in the CAMHS service and associated transformation process. CAMHS Transformation Plan being prepared which will release extra funding. Extra funding available for CAMHS Easting Disorder Service RDASH currently undergoing a reconfiguration of CAMHS services	Aug-15
31.0	3.1 AF	08	6 6.1	o n n		Chris Edwards	4	4 16	4	3 12	Staff alignment plans Communication between OE and staff to identify capacity gaps Staff training Partnership work with NHSSY&B (CSU)/other CCGs Counselling and Occupational Health Services supporting staff Targeted Board & SCE development as part of NHSR CCG authorisation. Executive weekly meeting. Monthly whole organisation meeting and senior manager meetings Structure review to take place every 6 months by the Operational Executive	6 monthly assessment of workforce alignment against priorities at OE Staff communication including monthly whole organisation briefings Performance reports to board on 6 monthly basis		Further review of workforce in March 2015. Added post in Infection Control and around the Better Care Fund work stream Next review September 2015.	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.	Aug-15

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Added to	number	ctive cate	e cate b-	Principle Risk	Exec Lead	c	L CxL	C L	. CxL	- Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outco me	Actions	Date Reviewed
31.03.1	AF02	4 4		Failure to meet financial targets and statutory financial duties	Keely Firth	4	4 16	4 3	12	Strong financial plan SFIsI Scheme of Delegation Monthly CFO meetings Regular budgetary monitoring Monitoring of ACP and QIPP programmes via QIPP Groups Contracting framework Annual internal and external audits. Performance report monthly to NHSR CCG Governing Body 0.5% Contingency in plan 1% of allocation invested non recurrently in 2015/16.	Audit and Quality assurance Committee Performance Reports Internal audit reports Comprehensive fraud reports received by Aqua group Regular updates to SCE and NHSR CCG Governing Body Contract management including sanctions and incentives in line with national contract and guidance Standard processes documented, finance team assigned objectives and have regular 1:1s Systematic monitoring of performance against plan and regular review of planned actions Information embedded within the Performance Report presented.	money. Quality Impact Assessments signed off by Provider governing body in 2015. AQA to review in 2015	Good track record of meeting financial duties	Allocations published showing the minimum growth level has been applied for 2015/16	None	TREAT	Continue to monitor through robust mechanisms including monthly reports to SCE and NHSR CCG Governing Body, Contract meetings, Clinical Referral Management Committee and System Resilience Group	Aug-15
31.03.1				vulnerable children and adults at risk have effective safeguarding processes	S Cassin Catherine Hall Kirsty Leahy	4	5 20	4 3		Safeguarding policies and procedures Representation on Local Adult and Children safeguarding Boards Mandatory training requirement for clinical and non clinical staff in place Monitoring of provider safeguarding via monthly quality meetings NHSR CCG Head of Safeguarding in place Safeguarding standards incorporated in all main provider contracts NHSR CCG Commissioning Safeguarding Clients Policy in place GP/SCE recruitment and training process in place Multi-Agency Safeguarding Hub (MASH) being developed. Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014) CQC CLAS review Feb 2015	Assurance via Aqua committee Clear lines of accountability were maintained during transition Safeguarding leads attendance at Safeguarding Boards Provision of training Commissioning Safeguarding Clients Policy in place Head of Safeguarding covers Adults and Children reporting to Chief Nurse and supported by the Adult Safeguarding and Quality Lead and the Safeguarding and Quality Assurance Officer Children Working Together 2013 implements findings from the Murnor review in relation to SCRs. This includes the establishmen of a national SCR panel. More flexibility in the approach that LSCBs can take when conducting SCRs. Lead professionals identified in all health providers and NHSR CCG -SCE review of individual responsibilities Monthly CQC CLAS action plan peer challenge meetings	Reports to Safeguarding Adults Board Reports to Safeguarding children Board Ofsted and CQC inspections Serious case reviews and SI/IMRs Homicide reviews undertaken Improvement Panel in place. NHS England Area team reports and assurances RISCB RSAB Towo yearly Section 11 Challenge meeting on 25/04/2013 LSCB to NHSR CCG. NB - TRFT and RDaSH are also being challenged. Designated Nurse to attend CQC Framework for Safeguarding & LAC in place until March 2015 Local authorities are currently reviewing the South Yorkshire & Bassettaw Safeguarding policies have been out for consultation. Membership of child sexual exploitation (CSE) Gold and Silver groups Multi- agency strategy meetings regarding Child Sexual Exploitation and action plan in place. GP lead attendance at Rotherham LSCB & Rotherham SAB and other relevant meetings Ofsted report published November 2014 Membership of Prevent Silver Group CQC action plan	Child death overview panels Safeguarding rated green by NHSR CCG authorisation panel Main provider Annual Safeguarding Children's reports published internally and externally. Annual Adults Safeguarding report published November 2014 Domestic Homicide review process re-aligned to new health economy. In 2013/14 NHSR CCG have provided financial support to the Domestic Homicide review process. Regular review of GP Lead responsibility NHSR CCG OE considering a proposal to improve the Health Economy commitment to MASH on 1.12.2014 87.12.2014 Recruitment process underway to position of Independent Chair of RLSCB to replace retiring post holder		Training Data not electronically available due to a discrepancy in the IT system. Gap is in a robust process for alerting agencies' at the earliest opportunity when young people go missing. Commissioning with Continuing Healthcare and Quality Assurance. Regarding patient placement and having a robust process. Continued support of patient's needs whilst in placement. Both the above are currently in development with the CSU Safeguarding Children is a crucial role for CCGs following the reforms 01/04/2013 to the health service. Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework document see page 17 section 3.2.2 External assurance - NHSR CCG needs to assure NHSE & RLSCB and RASB that this risk has been identified and actions are being taken to rectify the gap in assurance. MASH Commitment not included in TRFT / RDaSH Contracts for 2014/15 DASM - Designated Adult Safeguarding Manager. Nationally there is debate as to who is responsible for this role within health. Due to conflicting information from the Care Act 2104 and the draft Assurance and Accountability Framework	TREA	Continue to monitor through robust internal mechanisms and partnership structure for safeguarding. Continue to report, via Operational Risk, Governance and Quality meeting and Audit and Quality Assurance Group. Action re training - CSU looking into another mechanism and track results - Procurement has taken place and training dates to be arranged by RMBC. A recent Child Sexual Exploitation case and missing individual is due to change processes nationally. - SCE have reviewed member roles and responsibilities to ensure all areas covered and GP Leads aware of responsibilities - Interim arrangements to provide GP Lead role to safeguarding - Development programme needed to ensure future long-term cover arrangements. - Paper to OE as stated in positive assurance section Safeguarding is 1 of 4 priorities within RCCG 5 year commissioning plan	Aug 15
31.03.1	I AF06	4 4		Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	R Carlisle	4	4 16	4 3		NHIS SV&B and local governance structures agreed Scheme of Delegation OE, SCE and Aqua SFOs NHISR CCG organisational structures agreed OE/SMT/ Team meetings/ASM regular liaison with CSU/NHSE/PH regarding future transfers, identified GP and executive lead RR and AF updated every 2 months fully Additional staff appointed	Aqua group provides overall assurance Regular reports to Aqua Engagement with NHS SY&B governance leads meetings Internal audit reports on assurance framework/AGS and risk management External Audit reports reviewed at CCG GB RR and AF reviewed by Aqua at each 2 monthly meeting and twice a year at SCE and CCG GB CCG quarterly checkpoint assurance meetings with NHSE Enhanced monitoring with senior CHC clinicians by NHSR CCG Lead Officer key risks reviewed for strategic plan at RCCG Governing Body in February 2015.		15/16 commissioning plan received positive assurance from NHSE		None	TREAT		Aug-15
	AF30	4 4		Safeguarding Team - covering Adults & Children	Sue Cassii / Catherine Hall					Service specification for children. Intercollegiate competency framework for expectations within an Acute and Community Services. 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	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 consultant support		New Designated CDOP doctor now in post. Assistant Chief Nurse committed 1 day per week to CQC action plan	Named Midwife WTE on long term sick Community Named Nurse on sick leave Family Nurse Practitioners (FNP) nurses are at capacity but FNP Supervisor is off on long term sick leave again. Safeguarding supervision remains an issue - model of supervision being supported. 20+ supervisors being trained in Sept. RCCG commissions initial health assessment clinic capacity based on data from 2014 however there has.	Safeguarding Assurance and KPIs are missing key areas and lack in details. RCCG have given feedback to the provider on 9 January 2015 and 5 February 2015 for Clt 2 and made requested amendments be made. RCCG 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	TREAT	CQC Action Plan in place. Monitored via Contract Quality meetings. Chief Nurses both aware of issues with LAC Initial Health Assessments	Aug 15
	AF32	4 4		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	Current difficulty in identifying individuals that would meet the 'Acid Test' for DoL, because this data has not been previously required. Current estimate is that approximately 80% of funded patients would be potential DoLS (i.e. estimated 128 clients) 2. Difficulty identifying costs of taking individual client cases to the Court of Protection. Costs are typically between £400 and £900 per client, but in specific cases costs can increase.	reat	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 patients @ £900 = £115k.)	Aug-15
12.8.15	5. AF34	3 3		Reprocurement of APMS contracts	J Tuffnell	5	4 20	3 4		Formal processes are in place for reprocurement of APMS due for renewal. Key risk is the potential of no/poor response	Progress of reprocurement is a standing item on the primary care sub-committee. A business continuity plan has been developed to manage the potential consequences of no/poor response.		Business continuity plan agreed with the Local Medical Committee		Ownership of the procurement process is with NHS England.	TREAT	Ensure robust timetable for reprocurement of all APMS Will be overseen by the Primary Care	Aug 15
12.8.15	5. AF35	1 1	.1		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. 8 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.	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		Aug 15

NHS Rotherham Clinical Commissioning Group

2015 – 2016 Register of Interests of Rotherham CCG employed staff

This register includes interests declared by the RCCG employed staff. In accordance with the CCGs constitution, the Accountable Officer will be informed of any conflict of interest that needs to be included in the register inside 28 days. The Accountable Officer will ensure that the register(s) of interest is reviewed annually, and updated as necessary. For a new declaration, the relevant register will be updated inside 28 days.

	Position/Role	Interest Declared
4 staff	IT Team	Work across Rotherham CCG and Doncaster CCG
6 staff	Medicines Management Team (MMT)	 Work as locum pharmacists on an ad-hoc basis Attends professional development courses which may be sponsored by pharmaceutical companies. Works for Wakefield CCG MMT Participates in advisory boards and is paid to present at conferences on an ad-hoc basis. Volunteer treasurer, Salvation Army Mansfield Child Contact Centre Co-ordinator May apply for funding from Mansfield CCG. Update 23/7/2015 a member of staff participated in a two day advisory board meeting in Germany on the 2nd & 3rd of July for a company called Anglian Sterling.
1 staff	Corporate Business	 CCG Advisor for Voluntary Action Rotherham (VAR) Sits on VAR's Board as a non-voting member.
1 staff	Finance Team	Founder of The Little Pippa Jones Little Treasure Trust, Children's Cancer Charity.
1 staff	Quality Team	Spouse of a Local Councillor.
1 staff	Senior Officers	Patron of Rotherham Holiday Aid (unpaid).

1 staff	 Relative works for Barnsley CCG Healthcare Financial Management Association (HFMA). Charity no 1114463. A national charity of which I am a Volunteer Trustee. The Charity is funded largely by private subscriptions, corporate activities and private sponsorship. RCCG will spend less than £10k per annum with HFMA. Treasurer of Worsbrough Bridge Cricket Club.
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APPENDIX B



Rotherham Clinical Commissioning Group

SCHEDULE OF GIFTS/HOSPITALITY/SPONSORSHIP

NAME OF RECIPIENT	DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY	REVIEWED BY		
2015/2016	015/2016								
Keely Firth	Chief Finance Officer	Chris Edwards	Ad hoc	One overnight stay and evening meal four times a year. (Predominantly London)	£200 per attendance	Healthcare Financial Management Association (HFMA).Charity no 1114463 A national charity of which I am a Volunteer Trustee. The Charity is funded largely by private subscriptions, corporate activities and private sponsorship. RCCG will spend less than £10k per annum with HFMA.	Sarah Whittle		
Dr Barmade	Member of RCCG SCE GP in a Rotherham Practice		Various	Medical reps occasionally provide food at twice weekly meetings. GP trainers meetings 3 monthly where dinner is sponsored by medical reps.			Sarah Whittle		

NAME OF RECIPIENT	DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY	REVIEWED BY
				While attending PBC locality meeting 6-8 times per year a light lunch is provided to all attendees by medical reps.			
				In house PLT meetings 6 times per year where a light lunch is provided by medical reps.			
				Attendance at a diabetes conference on 4 th /5 th September 2015 in London. Overnight stay and meals are provided.			
			4 th /5 th 09/2015	Attended a diabetes European conference in London. Overnight stay and meals were provided.			
			15 and 16/08/2015	Attended a dinner for doctors/members of the practice at the Carlton Park Hotel, Rotherham which is likely to be sponsored by two medical			

NAME OF RECIPIENT	DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY	REVIEWED BY
			19/08/2015	representatives which was organised by a senior GP partner at the practice. As part of Continued Professional Development attends evening CME meetings one per month or every two months which are sponsored by medical representatives in Wakefield/Rotherham.			
Emma Charnock +1	Quality Assurance	Rachel Garrison	25/04/2015	Six tickets were offered on a first come first served basis to attend the Rotherham United end of	Approx £50 per ticket.	Centerplate.	Sarah Whittle
Julie Wisken +1	Project Management	Lydia George		season Ball.			Sarah Whittle
Stephen Wood +1	Finance Department	Keely Firth					Sarah Whittle
Stuart Lakin	Medicines Management	Dr Carlisle	As an when	Participates in advisory boards and has been paid to present at conferences. Such work is undertaken on an ad-hoc basis and declared at the medicines management committee.			
			July 2015	Participated in a two day advisory board meeting in Germany on the			

NAME OF RECIPIENT	DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY	REVIEWED BY
				2nd & 3rd of July for a company called Anglian Sterling (added 23.07.2015)			
Jacquie Tuffnell	Primary Care	Chris Edwards	June 2015	Provision of room and catering for Impact Group	£100.	Sheffield University.	Sarah Whittle
Jacquie Tuffnell	Primary Care	Chris Edwards	August 2015	Donation of new baby clothes for The Gate Surgery, Rotherham.	£500.	Boots the Chemist.	Sarah Whittle
Kate Roberts	Medicines Management	Stuart Lakin	02/03/2015 03/02/2015 12/03/2015 28/05/2015 02/06/2015 09/06/2015	Lunch provided at a training session Lunch provided at a training		Coloplast and Urgomedical Aspen Medical ConvaTec and Aspen Medical Urgomedical and Coloplast ConvaTec and Aspen Medical Advancis Medical and ConvaTec Urgomedical	Sarah Whittle
		0.710	13/08/2015	session Lunch provided at a training session	040	Aspen Medical and ConvaTec.	0
Ann Hodder	IT	Gail Stones	13/08/2015	Gift Token of appreciation	£10	Doncaster GP practice.	Sarah Whittle

NAME OF RECIPIENT	DEPARTMENT	MANAGER	DATE RECEIVED	SPECIFIC DETAILS	ESTIMATED VALUE	PROVIDED BY	REVIEWED BY
St Ann's Medical Practice	General Practice		Bi monthly	Sandwiches are supplied by a drug company at their Thursday bi- monthly in house PLTs.		Drug company	Sarah Whittle
Keely Firth	Finance	Chris Edwards	8 th September	KF is a volunteer Trustee for the Healthcare Financial Management Association (HFMA) Charity. HFMA have asked KF to represent them at an International conference around Women's Leadership. KF will take personal leave to attend the conference and is not receiving any payment. There is no cost to the CCG.	£1,000 for flights £1,000 for conference and accommodat ion.	Healthcare Financial Management Association (HFMA).Charity no 1114463 A national charity of which I am a Volunteer Trustee. The Charity is funded largely by private subscriptions, corporate activities and private sponsorship. RCCG will spend less than £10k per annum with HFMA. HFMA US The sponsors of the HFMA US conference are not known but given the nature of the conference it is likely to be US based Organisational or Personal Development service industries.	Chris Edwards and Sarah Whittle

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NHS Rotherham Clinical Commissioning Group

April 2015-2016 Register of Interests of the Governing Body and Senior Officers

This register includes interests declared by the Governing Body and Senior Officers of Rotherham Clinical Commissioning Group. In accordance with the CCGs constitution, the Accountable Officer will be informed of any conflict of interest that needs to be included in the register inside 14 days. The Accountable Officer will ensure that the register(s) of interest is reviewed annually, and updated as necessary. For a new declaration, the relevant register will be updated inside 28 days.

Name	Position/Role	Interest Declared
BARBER John Mr	 Lay member Member of the Audit Quality Assurance Committee (AQuA) Member of the Remuneration Committee 	 Involved with Closer Healthcare based in East Yorkshire which will soon become a CIC. Parish Councillor in Wickersley. Worked during 2014-2015 for East Midlands Ambulance Service NHS Trust as Interim DoF, then providing part-time consultancy support.
CARLISLE Robin Dr	 Lay member Member of Primary Care Sub Committee Member of the Remunerations committee 	Nil
MOSS Philip Mr	 Lay member Member of the Audit and Quality Assurance Committee (AQuA) Member of the Remuneration Committee 	 Trustee of the Rotherham Citizens Advice Bureau. Member of the Labour Party.
CASSIN Sue Mrs	Head of Quality/Lead Nurse	Nil
CULLEN Richard Dr	 Vice-Chair of the Strategic Clinical Executive GP lead on Governance & Finance of the Audit Quality Assurance Committee (AQuA) GP lead on Governance & Finance on the Remuneration Committee 	 GP partner in a Rotherham practice. Member of the Labour Party. Spouse, Constituency President, Labour Party.



Name	Position/Role	Interest Declared
DARBY Anthony	Secondary Care Consultant	 Employed by Chesterfield Royal Hospital and attend respiratory and management committees with Hardwick and North Derbyshire CCGs. Spouse is employed by Weston Park Hospital. Interest in Hyper Acute Stroke Unit (HASU) Outline Strategic Case for Change.
EDWARDS Chris Mr	Chief Officer	Patron, Rotherham Holiday Aid.
FIRTH Keely Mrs	Chief Finance Officer	 Relative is employed by Barnsley CCG. Treasurer Worsbrough Bridge Cricket Club (Volunteer). Volunteer Trustee of Healthcare Financial Management Association (HFMA).
JACOB Leonard Dr	 Chair - GP Members Committee GP lead member of the Audit Quality Assurance Committee (AQuA) GP lead, member of the Remuneration Committee 	 GP Principle within a Rotherham practice. The Rotherham NHS Foundation Trust, hospital practitioner. NHSE, Appraiser for South Yorkshire and Bassetlaw Interest in Hyper Acute Stroke Unit (HASU) Outline Strategic Case for Change.
KITLOWSKI Julie Dr	 Chair of the Governing Body and Strategic Clinical Executive Governing Body Chair of the Remuneration Committee 	 GP partner within a Rotherham practice. Spouse is a GP in Sheffield. Relative is a F2 in Manchester. Two relatives are drug representatives.
MACKEOWN Simon Dr	Vice-Chair of GP Members Committee	 GP within a Rotherham practice. Relative is employed by the Northern General Hospital, Sheffield. Hospital practitioner employed by Rotherham Hospice.
WHITTLE Sarah Mrs	Assistant Chief Officer	 CCG Advisor for Voluntary Action Rotherham (VAR). Sits on VAR's Board as a non-voting member.

Updated – October 2015

