



Corporate Assurance Report

2015 – 16

Quarter 2

1st July 2015 – 30th September 2015

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Ref	Risk Management
CAR/77	<p>Internal Incident Reporting</p> <p>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.</p> <p>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.</p>
CAR/78	<p>The Risk Register and Assurance Framework</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Appendix 1 Assurance Framework & Risk Register Summary Appendix 2 Assurance Framework September 2015 Appendix 3 Risk Register September 2015.</p>
External assessments	
CAR/79	<p>Investors in Excellence (IiE)</p> <p>The IiE 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</p>

	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	<p>AQuA</p> <p>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.</p> <p>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.</p> <p>Activity in this quarter has included:</p> <ul style="list-style-type: none"> • 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	<p>Primary Care Sub-committee</p> <p>The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • Making decisions on 'discretionary' payment (e.g., returner/retainer schemes). <p>The CCG also carries out the following activities:</p> <ul style="list-style-type: none"> • 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. <p>Since its inception in April 2015 the committee has:</p> <ul style="list-style-type: none"> • Developed and approved a Primary Care Strategy • Reinvested the PMS premium into new enhanced services i.e. <ul style="list-style-type: none"> ✓ Phlebotomy ✓ Minor Surgery ✓ Ring Pessaries • Approved the dispersal of Chantry Bridge practice • Approved the merger of Brinsworth and Surgery of light practices.
CAR/82	<p>Public and Patient Engagement & Communications Sub-committee</p> <p>The PPE & Communications sub-committee provides strategic and operational leadership for the development of effective public and patient engagement and communication.</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • 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. <p>Since its inception in April 2015 the committee has:</p> <ul style="list-style-type: none"> • 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	<p>Policies</p> <p>The following policies agreed and approved in Quarter 2 and have been published on the CCG website.</p> <ol style="list-style-type: none"> 1 Fraud Bribery and Corruption 2 Safeguarding People and Safeguarding All Vulnerable Adults Clients Policy, 		
CAR/84	<p>Complaints</p> <p>During quarter 2, 4 formal complaints have been received. The subject of the complaints is as follows:</p> <ol style="list-style-type: none"> 1 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. <p>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.</p> <p>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.</p> <p>MP contacts</p> <p>During the period six queries were received from local MPs described as follows:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">1</td> <td>Request for information about the GPs role in identifying vulnerable children and in providing support to survivors of Child Sexual</td> </tr> </table>	1	Request for information about the GPs role in identifying vulnerable children and in providing support to survivors of Child Sexual
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	<p>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.</p>
2	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	<p>Health and Safety, Fire Safety and Security Management No report this quarter.</p>
	<p>Equality & Diversity NHS Rotherham CCG purchased "Working Effectively With The Equality Act" DVD. This is a training programme centred on the Equality Act 2010 which includes a mixture of drama scenarios focusing on the 9 protected characteristics, with expert advice and discussions from a wide range of professionals.</p> <p>On Monday 20th July 2015, the disability scenarios were delivered and discussed at the All Staff Meeting as part of the mandatory training requirement. The aim of the session was help all staff to move beyond disability awareness to become disability confident. The DVD demonstrated the practical steps needed to support customers and how to work with disabled colleagues and staff.</p> <p>The feedback received from staff highlight the effectiveness of using scenarios to increase awareness.</p> <p>The Equality and Diversity Manager has been working closely with colleagues from The Rotherham Foundation Trust to gain assurance that equality and diversity are being embedded across the services.</p>
CAR/86	<p>Declarations of Business Interest and Gifts & Hospitality Registers Further training around Declarations of Business Interest and Gifts & Hospitality has taken place to all employees of the CCG including Governing Body members, Strategic Clinical Executive, GP Members Committee and at the All Staff Meeting. Examples of both Conflict of Interest and Gifts and Hospitality were given. This has triggered more declarations to come forward.</p> <p>Attached at Appendix A B and C are the Conflict of Interest registers and Gifts & Hospitality register as at 30th September 2015. Sub-Committee registers are currently being reviewed and will be presented in February 2016 Corporate Assurance Report.</p>

Information Governance																																		
CAR/87	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>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:</p> <ul style="list-style-type: none"> • Multi Agency Safe Guarding Hub (MASH) • Clinical Portal between GP Practices and the Rotherham NHS Foundation Trust <p>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.</p> <p>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.</p>																																	
Organisational Development & Staffing Governance																																		
CAR/88	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">NHS Rotherham Dashboard Workforce Report April-September 2015</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 40%;">Staffing breakdown:</th> <th style="width: 15%;">Count / %</th> <th style="width: 25%;">Commentary</th> </tr> </thead> <tbody> <tr> <td rowspan="5" style="text-align: center; vertical-align: middle;">Staffing numbers</td> <td style="text-align: center;">Headcount</td> <td style="text-align: center;">89</td> <td rowspan="2" style="vertical-align: middle;">Including Governing Body members</td> </tr> <tr> <td style="text-align: center;">Whole Time Equivalent</td> <td style="text-align: center;">71.2</td> </tr> <tr> <td style="text-align: center;">Turnover</td> <td style="text-align: center;">4.4%</td> <td style="vertical-align: middle;">15 starters and 2 leavers since April 2015</td> </tr> <tr> <td style="text-align: center;">Cumulative sickness rate</td> <td style="text-align: center;">3.3%</td> <td style="vertical-align: middle;">This is a 1.2% Increase</td> </tr> <tr> <td style="text-align: center;">Formal cases of discipline, grievance, poor performance or bullying and harassment</td> <td></td> <td style="vertical-align: middle;">2 ongoing long term absence cases at formal review stage</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">Gender</td> <td style="text-align: center;">Female</td> <td style="text-align: center;">62</td> <td rowspan="2" style="vertical-align: middle;">Increase in both male and female staff</td> </tr> <tr> <td style="text-align: center;">Male</td> <td style="text-align: center;">27</td> </tr> <tr> <td style="text-align: center;">Age</td> <td style="text-align: center;">20-25</td> <td style="text-align: center;">1</td> <td style="vertical-align: middle;">The average age of</td> </tr> </tbody> </table>	NHS Rotherham Dashboard Workforce Report April-September 2015					Staffing breakdown:	Count / %	Commentary	Staffing numbers	Headcount	89	Including Governing Body members	Whole Time Equivalent	71.2	Turnover	4.4%	15 starters and 2 leavers since April 2015	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	Gender	Female	62	Increase in both male and female staff	Male	27	Age	20-25	1	The average age of
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		26-30	5	the workforce is 45.5 years.
		31-35	9	
		36-40	12	
		41-45	22	
		46-50	15	
		51-55	13	
		56-60	9	
		61-65	2	
		66-70	1	
Ethnicity	White	British	77	The number of White British and Other staff has increased. All other Ethnic origins remain at the same headcount. The staff survey will provide another source of data to update the position.
		Other	2	
	Mixed	White & Black Caribbean	0	
		White & Black African	0	
		White & Asian	0	
		Other	0	
	Asian / Asian British	Indian	2	
		Pakistani	1	
		Bangladeshi		
		Chinese		
	Black / Black British	Other	1	
		African		
		Caribbean		
	Other	Arab		
Other				
-----	Prefer not to say	5		
Disability	Declared disability		4	The 2014 staff survey shows that 21% of respondents stated they had a disability or long term condition
	No declared disability		76	
	Prefer not to say		9	
Religion / Belief	No religion / Atheism		4	The number of staff stating they are Christian, No religion/Atheism and Prefer not to say has increased. All other religions remain at the same headcount
	Christianity		63	
	Buddhism		0	
	Hinduism		1	
	Judaism		0	
	Islam		1	
	Sikhism		1	
	Any other religion		1	
Prefer not to say		18		
Sexual orientation	Bisexual		0	The number of staff stating they are heterosexual or do not wish to declare their sexual orientation has increased. All other sexual orientations
	Gay man		0	
	Gay Woman / Lesbian		0	
	Heterosexual		71	

		Other	0	remain at the same headcount
		Do not wish to declare	18	
	Pregnancy, Maternity and Gender Reassignment	Due to the small numbers associated with pregnancy/maternity and gender reassignment which may make individuals personally identifiable, these are not included in a public report.		N/A

CAR/89

Mandatory Training	
Name of Training	Compliance %
Equality & Diversity	98.6%
Fire Safety	98.6%
Fraud	98.6%
Health & Safety incorporating Risk Management	98.6%
Information Governance	97.1%
Moving & Handling	95.7%
Safeguarding Adults	98.6%
Safeguarding Children & Young People	98.6%
Infection Prevention	98.6%
Induction	88.6%

CAR/90

Staff Sickness Absence and Ill Health Retirements		
April 14 – Sept 15		
Total FTE Days Lost	496.7	
Average Working Days lost	12.1	
Staff absence is reviewed on a quarterly basis by OE and action taken in line with the sickness absence trigger points.		
Gender Equality Data as at 30 September 2015		
	Female	Male
Governing Body	4	10
Very Senior Managers	1	2
All other Employees	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 Number	Description	Score movement	On AF and 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 updates.

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

Date Added to AF	AF number	Risk	Lead	Uncontrolled Risk	August Score	December Score	February Score	June score	Sub-Category	Linked organisation (if applicable)	Secondary Sub-category (s)	Linked organisation (if applicable)	Gaps in Control	Gaps in Assurance		
Domain 1: Clinically commissioned, high quality services																
31.03.12	AF11	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	<i>Robin Carlisle</i>	20	20	20	20	20	1.1	Quality of commissioned services	GPs	3.2	Productivity/ Efficiency		✓	✓
31.03.12	AF09	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (provider CIPs).	<i>Sue Cassin</i>	20	16	16	16	16	1.1	Quality of commissioned services	TRFT RDASH	1.2	Patient Safety	TRFT RDASH	✓	✓
05.03.13	AF19	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures, unresolved EPR implementation issues.	<i>Robin Carlisle</i>	25	15	20	20	20	1.2	Safety	TRFT	1.3 3.3	Prevention Contracting/ Service delivery	TRFT	✓	✓
13.11.13	AF24	Failure to improve Child and Adolescent Mental Health Services (CAMHS)	<i>Kate Tufnell</i>	16	12	12	12	12	1.1	Quality of commissioned services	RDASH				✓	✓
23.12.14	AF31	Potential patient safety risks and additional costs to the CCG from the interpretation of the who pays guidance for section 117 patients	<i>Robin Carlisle</i>	20	16	16	16	16	1.1	Quality of commissioned services	RDASH	4.3	Finance		✓	✓
29.06.15	AF33	Collaborative commissioning of specialised services	<i>Jacqui Tufnell</i>	16	NEW	NEW	16	16	1.1	Quality of commissioned services		5.3	NHSE		×	×
28.08.15	AF34	Reprocurement of APMS contracts	<i>Jacqui Tufnell</i>	NEW	NEW	NEW	NEW	12	1.1	Quality of commissioned services	GPs					
Domain 2: Patients and the public are actively engaged																
None																
Domain 3: Plans deliver better outcomes for patients																
01.09.14	AF28	Failure of YAS to achieve RED 1 8 minute Target at CCG level and Yorkshire & Humber wide	<i>Dominic Blaydon</i>	20	20	20	20	20	3.1	Outcomes/ Performance measures	YAS	1.1 1.2	Quality of commissioned services Patient Safety	YAS	×	✓
31.03.12	AF12	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	<i>Robin Carlisle</i>	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	<i>Robin Carlisle</i>	16	16	16	16	16	3.2	Productivity/ Efficiency	RMBC NHSE	4.4	VFM/Impact on commissioning system		✓	×
03.06.13	AF21	Failure to meet A&E targets	<i>Sarah Lever/ Becci Chadburn</i>	16	12	12	12	12	3.1	Outcomes/ Performance measures	TRFT				×	×

Date Added to AF	AF number	Risk	Lead	Uncontrolled Risk	August Score	December Score	February Score	June score	Sub-Category	Linked organisation (if applicable)	Secondary Sub-category (s)	Linked organisation (if applicable)	Gaps in Control	Gaps in Assurance		
29.01.13	AF20	Impact of NHS 111 on local health community. Specifically potential for increase in no. of patients being referred to A&E/ 999	<i>Dominic Blaydon</i>	20	12	12	12	12	3.1	Outcomes/ Performance measures	YAS TRFT		✓	×		
31.03.12	AF04	Failure to deliver improving outcomes and key performance targets	<i>Robin Carlisle</i>	16	8	12	12	12	3.1	Outcomes/ Performance measures	YAS TRFT	6.2 Reputation	NHSE	✓	×	
29.08.15	AF35	CQC inspection of practices	<i>Jacqui Tufnell</i>	NEW	NEW	NEW	NEW	12	1.1	Quality of commissioned services	GPs					
Domain 4: Robust Governance Arrangements																
31.03.14	AF07	Failure to ensure that vulnerable children and adults have effective safeguarding processes	<i>Sue Cassin</i>	20	12	12	12	12	4.2	Safeguarding		1.3	Prevention		✓	✓
03.12.14	AF30	Capacity with TRFT Safeguarding Team – covering adults and children	<i>Sue Cassin</i>	16	12	12	12	12	4.2	Safeguarding	TRFT	5.4	Providers		✓	×
09.01.14	AF25	Reduction in resources through introduction of Better Care Fund	<i>Keely Firth</i>	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	<i>Keely Firth</i>	16	12	12	12	12	4.3	Finance					✓	×
31.03.12	AF06	Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	<i>Robin Carlisle</i>	16	12	12	12	12	4.5	Risk Management		4.2	Corporate/ Constitutional		×	×
15.09.13	AF23	Financial allocations reduced by Government. Review of Allocations by NHS England	<i>Keely Firth</i>	12	12	12	12	12	4.3	Finance					✓	×
01.09.14	AF29	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	<i>Chris Edwards</i>	20	20	20	15	15	4.2	Safeguarding					✓	✓
28.02.15	AF32	Financial risk to the CCG arising from its duties under developing case law regarding potential Deprivation of Liberties (DoLS)	<i>Keely Firth</i>	16	NEW	12	12	12	4.3	Finance					×	✓
17.05.12	AF13	Subcontracted Commissioning services with CSU fail to deliver outcomes as a result on CSU not being on lead provider framework	<i>Robin Carlisle</i>	16	12	16	16	16	4.6	Commissioning Support					×	×
Domain 5: Work in partnership																
		None														
Domain 6: Strong robust leadership																
31.03.12	AF08	Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	<i>Chris Edwards</i>	16	12	12	12	12	6.1	Capacity and capability					×	×

Summary of Risks

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

Risk Score	Assurance Framework	Risk Register	Rating Explained
6	1	10	Medium Risk
8	1	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)	

There are 24 risks on the GB Assurance Framework that score 12 or above, these are:

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

Domain	Sub Cat	Sub Cat	Sub Cat	Ref	Entry Date	AF Link	Principle Risk	Lead person	Uncontrolled Risk			Current Risk			Key Controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in Control	Gaps in Assurance	Outcome	Action Plan Description	Date Reviewed
									C	L	CxL	C	L	CxL									
4	4.3			007	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	12	3	2	6	Individual Funding Appeal Panel in place to ensure transparency of decision making process. Individual Funding request policy and procedure in place. Restricted procedures policy implemented in 2015/16	Reporting to NHSR CCG Governing Body and Non-Executive Chairing of Appeals. No legal challenge to date.		Report to NHSR CCG Governing Body in October 2015 relating to Individual Funding Requests	None	None	Tolerate	Update June 2015	Aug 15
3	3.3	3.1		047	11.11.11	4.5	Failure to deliver the benefits from the health and well being board	Chris Edwards	4	3	12	3	2	6	Strong relationships via LSP, CEO meetings, joint DPH appointment. Chair of H&WB Board attends CCG Governing Body. 3 CCG representatives on H&WB Board. Strong relationships built. H&WB Strategy developed and approved across health community. RMB and CCG have reviewed H&WB governance and priorities following the Louise Casey Governance Review. Changes will be effective from July 2015.	RMB 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&WB	Tolerate		Aug-15	
4	4.1			056	11.11.11	1.4	Not achieving acceptable standards for Information Governance leading to data loss/adverse patient consequence	Robin Carlisle/ Andrew Clayton	5	2	10	3	2	6	NHS Rotherham carries out an annual work programme and assessment of its Information Governance practice using the information Governance Toolkit.	AQUA given assurance on IT tool kit March 2015		Work ongoing for 2016 IG tool kit	IT tool kit satisfactory in March 2015	Tolerate		Aug-15	
4	4.1			049	11.11.11	4.4	Failure to provide safe and secure environment for staff, patients and visitors	Sarah Whittle	3	3	9	3	2	6	Wide range of H&S, Fire and Security Policies and Procedures are in place. Mandatory training updates for managers and staff. Specialist skills within workforce for H&S. Security and Fire covered by external contract. Principles for Good staff Management. H&S matters covered at Social Partnership Forum (SPF) South Yorkshire. NHSR CCG SLA's re OH and Estates. NHSR CCG values, corporate and departmental risk assessments "Contract Officers" and counselling services Premises maintenance. Incident reporting procedures. Mandatory training by all staff and completed at the end of March 2014. NHSR CCG has come top of National table for the highest % of staff completing mandatory training. Staff, SCE and GP members have undertaken training in Fraud, Equality & Diversity, Fire, H&S, Infection Control, Manual Handling, Information Governance and Safeguarding Adults & Children. Emergency Response plan and Business Continuity Plans developed and implemented and tested.	Risk assessment conducted at corporate level. Annual report to board. Social Partnership Forum (SPF) South Yorkshire actions and monitoring. Low levels of incidents. Monitoring of sickness absence levels and reasons.	H&S inspections/reports for particular issues. Positive Staff Survey results, low levels of perceived stress. 2nd best CCG in the country to work for - based on annual survey results	Annual IPaC work plans pulling together all relevant streams.	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		054	11.11.11	4.3	Failure of CCG IT Systems	Robin Carlisle/ Andrew Clayton	3	3	9	2	3	6	IT services continuity and disaster recovery is covered by several controls in the IG toolkit. Aspects of IT service reliability and resilience are subject to regular audit and inspection by internal Audit, the Audit Commission and the regional Health Authority. Information Technology Strategy 2010-2015	An internal/external network security assessment test was carried out in March 2012. The findings of this test have been reported to the Operational Risk, Governance and Quality Management Group in August 2012. Remedial actions have been carried out by the IT Service. NHS Rotherham attained satisfactory score for the IG Toolkit Assurance 2010/11. NHSR CCG Information Risk Policy			Business continuity plans and disaster recovery plans need documenting and approving.	None	Tolerate	Under regular review.	Aug-15
1	1.2	3.1		022	11.11.11	1.7	Not maintaining a satisfactory HCAIs position	Sue Cassin / Emma Batten Jason Punyer	3	3	9	3	2	6	Provider's internal/external governance arrangements. Monitor compliance framework. All NHS providers registered with CQC. Antimicrobial policies Mandatory surveillance for MRSA, MSSA, CDiff, E-Coli bacteraemia. Outbreak and incident reports. RCA/PIR processes for MRSA bacteraemia and CDiff infections. SLA between NHS Standard Contract. HCAI reduction plan. Annual plans set nationally for MRSA and CDiff. CCG strongly linked into RCA/PIR processes with main provider	Bi-monthly IPC reports to NHSR CCG Operational Risk, Governance and Quality Group. Monthly Patient Safety/Quality Assurance reports to Governing Body Exception reports to NHSR CCG Chief Nurse. HPP invited to IPaC outbreak/incident meetings. Contract Clinical Quality meetings. Monitoring TRFT trajectories for CDiff Agreed process for reporting IPaC incidents to Head of Clinical Quality oversight Monthly report to RCGG Governing Body . Standing agenda item at monthly Contract Quality Meetings. Senior member of CCG Medicines Management team attends RCA and PIR meetings. Audit processes, referred to in our Post Infection Review Panel meetings with the Infection Prevention and Control team at TRFT, will be discussed as an agenda item at the next Contract Quality meeting to make sure they are fit for purpose.	Breaches reportable to Monitor Outbreak management investigation (supported by PHE). MRSA Appeals Panel Investigation of out of area cases. Antimicrobial Policy Group attended by MMT and Health Protection Principal. NHSR CCG representation on Health Protection Committee. Annual report submitted to HPC Health Protection Assurance Framework Best Practice letter sent to GPs where antibiotic usage inappropriate (shared with MMT, NHSE)	Joint working between provider/commissioner leads across SY&B. CCG IPC Lead attends MDTs meeting when required, IPaC and PIR Overview Panel. Comprehensive RCA process adopted by TRFT which identifies any lapses in care which would be escalated through the contract. Regular communication with RFT IPaC team RCCG consulted by in TRFT policies	Lack of robust processes by GPs for community cases of CDiff Lack of clarity around the future provision of IPaC in the wider community primary care. Lack of specification for TRFT IPC service. No specified timescales for dental practices moving to best practice NHSR CCG/TRFT HCAI reduction plans Risks associated with information governance and sharing data across several organisations	Consolidate HCAI assurance processes with TRFT Clarify IPaC advice for NHSE commissioned services Lack of District wide IPaC operational network RCA processes within primary care Ensure appropriate RCA process undertaken for out of area patients Lack of information on community cases	Tolerate	Monthly PIR Overview Panels with Microbiologist/IPCT held on 16.06.14, 16.07.14, 15.09.14, 16.10.14. do we need to specify dates? Overview of CDiff cases to be discussed at the Contract Clinical Quality Group. CDiff incident meeting held on 04.12.14 as concerns around recent increase in cases. Length of stay seems to be an underlying risk factor and TRFT are undertaking an in depth review on two wards. Key messages to be reiterated to all staff on keeping up to date stool charts, reporting diarrhoea immediately to IPC, isolating patients promptly and hand washing and hygiene. CCG IPC Nurse post appointed, awaiting start date.	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.

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

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

Date Added to AF	AF number	Objective	Sub-obj	Sub-obj	Sub-obj	Principle Risk	Exec Lead	Uncontrolled Risk			Current Risk			Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
								C	L	CxL	C	L	CxL									
05.03.13	AF19	1	1.2	1.3	3.3	Adverse impact on patient care due to problems at TRFT evidenced by: leadership change, liquidity pressures and unresolved EPR implementation issues. <u>THIS LINKS WITH AF'S 3, 5 and 18</u> <u>THIS RISK LINKS RISKS 55, 69 AND 71 ON THE RISK REGISTER</u>	R Carlisle	5	5	25	5	4	20	1) Assurance on TRFT action plan agreed by Monitor 2) Regular contact at Board and exec level 3) NHSR CCG quality assurance processes including soft intelligence and clinically led visits 4) contract processes including contract quality meeting 5) Non recurrent funds invested to support transformational changes TRFT has a Board assured project group and recovery plan advising the clinical and financial implications of EPR implementation. TRFT have declared this a serious incident and have been investigated accordingly. • Contractual framework • Monitor FT compliance framework	Assurance from quality performance meetings, Aqua and Board Quality meetings TRFT appointed to 4 Clinical Director posts in Sept 2014 and to all Board positions substantively by March 15 with the exception of the Medical Director who is a 6 month appointment. Monitor agreed that the board governance condition could be discharged in December 2014 Quality issues are discussed at weekly OE meeting, at SCE when there are specific issues and through AQUA and Governing body reports. Meetings with TRFT are formally via contract quality meeting and at 6 monthly Boar to Board meetings. Informally by monthly executive to executive meetings. Regular Monthly executive to executive meetings with TRFT.	NHSR CCG have seen interim reports to Monitor. TRFT will submit responses to CQC inspection, to Stroke audit, Trauma Network review and a report with learning lessons on 52 week wait breaches	Monitor have discharged TRFT from Board Governance Condition. EPR patient risk issues have been dealt with and there are now no new issues in this area being reported by GP Members Trust still under other Monitor conditions these are discussed at each 6 monthly board to board. Partial assurance given at Board to Board in May 2015. Full Executive team are in place with the exception of an interim medical director. Medical Director appointed in August 2015.	NHSR CCG assured that risks of patient harm have been mitigated but system is still problematic for clinicians to use and to extract information from. NHSR CCG to scrutinise 5 year plan and providers, quality impact assessment of cost improvement plans. CCG is awaiting TRFT action plan regarding CQC visit, response to trauma network visit, stroke audit and a report on learning lessons from the 52 week wait breaches	CQC have produced this report. TRFT will produce action plan and report to August 2015 Contract Quality meeting. CCG will perform a risk assessment after this.	TREAT	TRFT required to produce action plans by CQC and the CCG. Progress to be monitored by contract quality meeting and escalated to board to Board meetings and external regulators as appropriate	Aug-15
01.09.14	AF28	3	3.1	1.1	1.2	Failure of YAS to achieve RED 18 minute Target at CCG level and Yorkshire & Humber wide	Dominic Blaydon	5	4	20	5	4	20	Bi weekly conference calls between YAS and Lead Commissioner Recovery Plan in place to deliver 67.5% Year End Performance for Rotherham (72.6% Y&H) which includes recruitment of additional staff and the use of private providers	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	
31.03.12	AF11	1	1.1	3.2	Failure to improve GP quality and efficiency in partnership with NHS England (current concerns are due to overall GP capacity and morale)	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. <i>Concerns about vacancies in General Practice and</i>	Finalise and implement the GP strategy, workforce plan and recruitment strategy	TREAT	Aug-15		
31.03.12	AF12	3	3.2	4.4	Failure to deliver system wide efficiency programmes for prescribing, planned care and unscheduled care	R Carlisle	5	4	20	5	4	20	• 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 KPIs developed and measured • SRG meets monthly with senior representatives from all agencies and receives quarterly updates from the other 3 QIPP groups.	• Quarterly assurance meetings with NHS England on key issues. • NHS England attend SRG group	• CCG met 2013/14 targets • 2014/15 overspend reflective in 2015/16 Commissioning Plans This is a major area in the CCG 15/16 plan. Is kept under review by Governing Body and SRG. SRG will review trajectories in October 2015 and decide if further restrictions are necessary.	• TRFT management changes means TRFT participation is being reviewed as part of 2015/16 contract negotiations Aqua undertaken deep dive overspends in elective and non-elective care in March 2015. SRG informed of risk re delivering follow up reductions in August 2015. 2014/15 had substantial over performance in this area. SCE will review it. Further restrictions to be considered in October 2015.	Continue to monitor QIPP delivery across the 4 key programmes via 4 specific management committee and oversight by SRG. Aqua deep dives on electives and non-electives in March 2015	TREAT	Aug-15		
09.01.14	AF26	3	3.2	4.4	Impact on CCG of other commissioners efficiency plan	R Carlisle	4	4	16	4	4	16	All commissioners discuss their plans at H&WBB and multi-agency 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 Added to AF	AF number	Objective	Sub-cate	Sub-cate	Sub-cate	Principle Risk	Exec Lead	Uncontrolled Risk			Current Risk			Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
								C	L	CxL	C	L	CxL									
31.03.12	AF09		1	1.1	1.2	Failure to maintain and improve quality of services and ensure effective quality and safety assurance processes are in place regarding NHSR CCG commissioned services (e.g. assurance on provider CIPs).	S Cassin J Tuffnell	5	4	20	4	4	16	<ul style="list-style-type: none"> 3 officers are responsible for quality of each major contract area (commissioning manager, quality and safety lead and GP) TRFT - we maintain quality assurance by monitoring the 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. 	<ul style="list-style-type: none"> Aqua minutes reported to NHSR CCG Governing Body, 2 Lay members Monthly contract performance and contract quality meetings - reporting a wide range of metrics including national and local quality requirements, mortality ratios and local incentive schemes SIs reported to each Aqua/OE/NHSE Area Team and NHSR CCG Governing Body Provider quality accounts reported to Aqua Ad hoc and planned visits to provider units, including a programme of clinically led visits and contract review processes Chief Nurse is member of Clinical Quality Groups for STH & SCH. Health Protection Nurse provides Infection Prevention and Control support via NHSR CCG SLA with Public Health. Monthly Quality and Safety and Patient Experience reports to NHSR CCG Governing Body <p>Appreciative Enquiry Policy in place, to deal with concerns about level of assurance.</p> <p>Quality Impact Assessment for RDaSH and TRFT requested and reviewed via (TRFT Contract Quality meetings and RDaSH Mental Health LD & QIPP Group)</p> <p>A performance dashboard has been drafted to support the primary care sub-committee with focusing attention on practices who are potential outliers on quality</p>	<ul style="list-style-type: none"> Reports go to NHSE Quality Surveillance Group NHSR CCG Chief Officer and Chief Nurse members of Quality Surveillance Group NHS England Area Team Quality Leads Group, SI Group and Chief Nurse Group Friends & Family test 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 <p>Provider quality accounts</p> <p>The CCG now has delegated responsibility for General practice contracts.</p>	<ul style="list-style-type: none"> CQC reports Audit commission Report regarding data quality SI reporting Cost Improvement Plans (CIPs) to be reviewed by NHSR CCG during Qtr 1 2014 including assurance from Chief Nurse and Medical Director. Aqua group. Robust internal mechanisms, e.g. SI committee. Lead SCE GP for each major provider Quality schedules in contracts Provider quality accounts Quality and patient safety lead in post Monthly reports to NHSR CCG Governing Body and at SY&B level. <p>Main provider Quality Impact Assessment plans will be received by SCE, Aqua and NHSR CCG Governing Body in 2014</p>	Substantial shifts in responsibilities for quality assurance as a result of becoming a commissioner only organisation	<ul style="list-style-type: none"> We believe that the allocation of responsibilities following the last re-organisation and staff losses is proportionate and robust. Aqua will have to be assured this is the case as part of its regular programme. Interim Medical Director now in post at TRFT. Potential lack of assurance from organisations where NHSR is not the Lead Commissioner 	TREAT	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
05.03.15	AF31		1	1.1	4.3	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).	Robin Carlisle	5	4	20	4	4	16	<p>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</p> <p>Working arrangements with other CCGs pending definitive guidance on who pays</p> <p>Working arrangement with RMBC pending definitive agreement on S117</p> <p>Working with NHS England to understand future individual patient costs to the CCG</p>	<p>Paper to OE in December 2014</p> <p>Paper to governing Body on an individual high cost patient in August 2015</p>	<p>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</p>		<p>Awaiting possible national clarification</p> <p>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</p>	<p>Have fed back to NHS England the risk but to date no indication the guidance will be modified</p> <p>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.</p>	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
17.05.12	AF13		4	4.6		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	16	<p>RCCG has regular SLA meetings.</p> <p>NHS England have set up a transition board that will meet fortnightly.</p>	<p>RCCG Governing Body will consider implications in March 2015.</p>	<p>RCCG has discussed implications with NHS England and other CCGs and will participate in transition board.</p> <p>NHSE reviewing CCG plan</p>	<p>Current performance is acceptable this will need to be maintained during transitions.</p> <p>Paper setting out further arrangements to share all reviews with other CCGs other than Bis which will be procured to August 2015 Governing Body.</p>	<p>Implications of lead provider framework includes the possibility that staff may leave due to uncertainty.</p>	<p>Concerns over specific delivery of continuing healthcare and procurement of business intelligence .</p>	TREAT	Fortnightly transition board. RCCG has plans for each service	Aug-15
5.6.15	AF33		1	1.1	5.3	Effective collaborative commissioning of specialised services	Chris Edwards Jacqui Tuffnell	4	4	16	4	4	16	<p>Specialised commissioning is changing from being NHS England's responsibility to a joint 'collaborative' responsibility with CCGs. At present, a number of specialised services are underperforming, have poor outcomes in some hospitals and the services are significantly overspent. For Yorkshire and Humber there is a £25m deficit in specialised commissioning. As yet, how the deficit will be managed and its impact on the CCG is unclear. The CCG is now represented at the specialised commissioning oversight group which meets monthly to agree and progress priority actions. The first priorities for collaboration have been agreed as vascular (service review already completed), CAMHS Tier 4 and cardiology. Joint contract management arrangements are being discussed along with governance arrangements.</p>	<p>Processes are in place for ensuring the specialised lead updates all senior officers monthly via the senior team meeting and is now meeting with Lead officers impacted by collaborative commissioning to ensure RCCG impacts are fully represented at relevant meetings.</p>		<p>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.</p>	<p>Consideration of how collaborative specialised commissioning is reported through to governing body.</p>	TREAT	<p>Paper to OE regarding how governing body is updated in relation to specialised commissioning.</p> <p>Monthly update to OE, SCE and Governing Body</p>	Aug-15	
01.09.14	AF29		4	4.2	0	Child Sexual Exploitation (CSE) - RMBC may not be able to effectively work with NHSR CCG to deliver the partnership agenda as there resources will be targeted to dealing with CSE.	Chris Edwards	5	4	20	5	3	15	<p>RMBC now run by 5 commissioners and they have produced a CSE action plan and an RMBC improvement plan</p>	<p>PLT event in November focussed on safeguarding/CSE</p> <p>Meeting taking place on 18/9 to review impact on partnerships</p>	<p>Health and Wellbeing Board, Chief Executive meetings. OFSTED review</p> <p>RMBC Commissioners</p>		<p>Revisit at the next TRFT/RDaSH board to Board meetings in November.</p>	<p>Outcome of Governance review is unknown.</p>	TREAT		Aug-15
09.01.14	AF25		4	4.3	5.1	Reduction in resources through introduction of Better Care Fund	Keely Firth	4	4	16	4	3	12	<p>Task group established with joint membership between NHSR CCG and RMBC</p> <p>Review of existing commitments and funding streams underway in 2015 including analysis of KPI and best fit to key categories / themes of desired outputs.</p>	<p>Appropriate financial plans in place for 2015/16 onwards and plans being developed for 2016/17 on similar basis to 2015/16.</p> <ul style="list-style-type: none"> Executive task group established and hold risk register Operational Office group completing work streams to deliver objectives of BCP <p>Quarterly returns to NHSE to be signed off by HWB</p>	<ul style="list-style-type: none"> 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 			<p>Review of all Better Care Fund limits through Q1 and Q2 to inform 2016/17 plans</p>	TREAT		Aug-15

Date Added to AF	AF number	Objective	Sub-category	Sub-category	Principle Risk	Exec Lead	Uncontrolled Risk			Current Risk			Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
							C	L	CxL	C	L	CxL									
31.03.12	AF04	3	3.1	6.2	Failure to deliver improving outcomes and key performance targets, leading to poor patient experience, impact on reputation and poor external assessment results	R Carlisle	4	4	16	4	3	12	<ul style="list-style-type: none"> System of monitoring a wide range of outcome measures with approved escalation policy Use all available data to commission effectively - JSNA, public health data, health needs assessments etc. GPSCE membership on H&WB. 	<ul style="list-style-type: none"> Monthly Performance Reports Regular monitoring by performance team with escalation as necessary Internal Audit Report on performance processes Monitor national outcomes framework and take necessary action to address any issues Monthly Contracting Meetings with all main providers 	Quarterly assurance meetings with NHSE	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 6 Key performance areas above trajectory requested at RCGG Governing Body in February 2015. AQUA performed deep dive in all areas of low performance in last 5 months of 15/16. 	TREAT	<ul style="list-style-type: none"> 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	
29.01.13	AF20	3	3.1		Impact of NHS 111 on the local health community. Specifically potential for increase in number of patients being referred to A&E / 999	Dominic Blaydon	4	5	20	3	4	12	<ul style="list-style-type: none"> Feedback mechanism in place to pick up any spikes in demand at A&E. Care UK call handling service is still in place. Calls routed from GP surgeries will continue to go to the GP OOH Service Recent decision by OE to decommission the call handling service. 111 performing well in South Yorkshire so no longer any need for this contingency. Regional Clinical Governance Group have now been fully tested. CareUK call handling service to be decommissioned on 12th June 2014. NHS111 will take full control of GP OOHs call handling from this date. This will bring Rotherham into line with other CCGs nationally. Level of risk does increase though because it removes back up for GP OOH 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. 	<ul style="list-style-type: none"> Regular reports to OE on NHS 111 and risk management. Regular item on the Care UK Performance /Quality Meetings. GP lead, officer lead and NHSR CCG lead nurse all actively participate in the NHS 111 governance structures. Rotherham has a 111 Rapid Response Team in place to pick up local issues Emergency Care Network and the CareUK Performance Group are overseeing local implementation of NHS 111 Clinical Governance & Quality meeting for NHS 111 reports no significant impact on A&E and 999. Service intention is to reduce demand in these areas. This has not happened but conversely we are not experiencing significant increased demand either. 	<ul style="list-style-type: none"> Regional Clinical Governance Board has now been set up. Any issues re: NHS 111 operations dealt with here. Local issues relating to Directory of Services (DOS) or service response are passed to CCGs. The SY Clinical Governance Group is overseeing issues sub regionally on post event messaging. 	<ul style="list-style-type: none"> Regular reports received from YAS on the number of referrals to 999 and A&E. Numbers are high but not out of line with other areas regionally and nationally. Also YAS & TRFT are not reporting any operational difficulties with 999 and A&E respectively as a result of 111. During winter period activity levels through NHS111 have been high particularly after snowfalls. Proportion of referrals to A&E/999 have remained consistent. Approximately 10% to 999 and 6% to A&E. Absolute numbers have gone up though. Introduced more floorwalkers (clinicians) to reduce % of calls being converted. Proportion of 111 referrals remain consistent. Winter pressures funding has been terminated but performance maintained. 24.08.15 - proportion of 111 referrals to A&E and 999 remains consistent. Introduction of floor walkers on 111 call centre should reduce number of inappropriate referrals to 999. 	<ul style="list-style-type: none"> 111 contract is regionally commissioned & this restricts NHSR CCGs ability to respond to systemic pressures. Recent transfer of OOH class from CareUK to 111 has led to an increase in referrals to 999/A&E. Concern that system of triage at 111 is more likely to result in 999 call-out. 	TREAT	<ul style="list-style-type: none"> 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	
03.06.13	AF21	3	3.1		Failure to meet A&E targets	S Lever/ B Chadburn	4	4	16	3	4	12	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Reports to OE & SCE when performance goes off track. Action plan and regular updates in progress 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Ongoing executive level management - priority given to A&E performance quality standard across TRFT Performance relative to other SY and NoE Trusts positive. RCGG engaged in transformation work to implement change in TRFT emergency pathways/ processes. 		TREAT	<ul style="list-style-type: none"> Continued monitoring through the System Resilience Group and contract meetings 	Aug-15	
15.09.13	AF23	4	4.3		Financial allocations reduced by Government. Review of Allocations by NHS England	Keely Firth	4	3	12	4	3	12	<ul style="list-style-type: none"> Strong financial plan ACP predicated on national growth assumptions. Requirement to utilise 1% of recurrent allocations non-recurrently is embedded within the recurrent plan. 	<ul style="list-style-type: none"> 1% Headroom and 0.5% contingency covered recurrently in the financial plan. Briefing provided to MPs. Letter setting out concerns sent to NHSE. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> No clear national consultation process Allocations published but NHS England advised that they are not guaranteed. 	<ul style="list-style-type: none"> No consultation on the transition path. 	TREAT		Aug-15	
13.11.13	AF24	1	1.1		Failure to improve Child and Adolescent Mental Health Services (CAMHS)	Kate Tufnell	4	4	16	4	3	12	<ul style="list-style-type: none"> 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. 'Emotional Wellbeing & Mental Health Strategy for Children & Young 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. RCGG are issuing a Performance Notice to address the ongoing issues in the CAMHS service and associated transformation process. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> CCQ visits/reports. CAMHS Strategy & Partnership Group meetings Attain Review. Healthwatch. Emotional Wellbeing and Mental Health Strategy for Children and Young People now signed off by Health & Wellbeing Board. 3 year CAMHS Partnership agreement now reached. Joint working with RMBC, RDaSH on 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' action plan. Consultation with various patient/public groups on the Development & Implementation of an 'Emotional Wellbeing & Mental Health Strategy for Children & Young People'. Repeat of CAMHS survey monkey underway November 2014 	<ul style="list-style-type: none"> Some improvements in GP satisfaction of CAMHS through the CAMHS Survey Monkey exercises. Parent and Youth Cabinet representation on the CAMHS Strategy and Partnership Group 3 year CAMHS Partnership agreement now reached. Joint working with RMBC, RDaSH on 'Emotional Wellbeing & Mental Health Strategy for Children & Young People' action plan. 	<ul style="list-style-type: none"> 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 	TREAT	<ul style="list-style-type: none"> Extra CAMHS funding agreed for 2015/16. 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	
31.03.12	AF08	6	6.1		Failure to ensure effective workforce planning and capability to deliver organisations business, maintain performance and meet statutory requirements with reduced workforce	Chris Edwards	4	4	16	4	3	12	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Commitment to investors in excellence standard Further review of workforce in March 2015. Added post in Infection Control and around the Better Care Fund work stream. Next review September 2015. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	TREAT	<ul style="list-style-type: 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	

Date Added to AF	AF number	Objective	Sub-cate	Sub-cate	Sub-cate	Principle Risk	Exec Lead	Uncontrolled Risk			Current Risk			Key controls	Internal Assurance	External Assurance	Positive Assurances	Gaps in control	Gaps in Assurance	Outcome	Actions	Date Reviewed
								C	L	CxL	C	L	CxL									
31.03.12	AF02	4	4.3			Failure to meet financial targets and statutory financial duties	Keely Firth	4	4	16	4	3	12	<ul style="list-style-type: none"> Strong financial plan SFIs/ Scheme of Delegation Monthly CFO meetings Regular budgetary monitoring Monitoring of ACP and QIPP programmes via QIPP Groups Contracting framework Annual internal and external audits. Performance report monthly to NHSR CCG Governing Body 0.5% Contingency in plan 1% of allocation invested non recurrently in 2015/16. 	<ul style="list-style-type: none"> Audit and Quality assurance Committee Performance Reports Internal audit reports Comprehensive fraud reports received by Aqua group Regular updates to SCE and NHSR CCG Governing Body Contract management including sanctions and incentives in line with national contract and guidance Standard processes documented, finance team assigned objectives and have regular 1:1s Systematic monitoring of performance against plan and regular review of planned actions Information embedded within the Performance Report presented 	<ul style="list-style-type: none"> NHSR CCG likely to get minimum growth levels for next 5 years at 1.7% Growth assumptions in 4 year Commissioning Plan approved by NHSE External audit of annual accounts which include a review of annual governance statement and value for money. Quality Impact Assessments signed off by Provider governing body in 2015. AQA to review in 2015 	<ul style="list-style-type: none"> Good track record of meeting financial duties 	<ul style="list-style-type: none"> Allocations published showing the minimum growth level has been applied for 2015/16 	None	<ul style="list-style-type: none"> Continue to monitor through robust mechanisms including monthly reports to SCE and NHSR CCG Governing Body, Contract meetings, Clinical Referral Management Committee and System Resilience Group 	Aug-15	
31.03.12	AF07	4	4.2	1.3		Failure to ensure that vulnerable children and adults at risk have effective safeguarding processes	S Cassin Catherine Hall Kirsty Leahy	4	5	20	4	3	12	<ul style="list-style-type: none"> Safeguarding policies and procedures Representation on Local Adult and Children safeguarding Boards Mandatory training requirement for clinical and non clinical staff in place Monitoring of provider safeguarding via monthly quality meetings NHSR CCG Head of Safeguarding in place Safeguarding standards incorporated in all main provider contracts NHSR CCG Commissioning Safeguarding Clients Policy in place GP/SCE recruitment and training process in place Multi-Agency Safeguarding Hub (MASH) being developed. Ofsted inspection reported gap in partner agencies commitment to the recently established MASH (Aug 2014) 	<ul style="list-style-type: none"> Assurance via Aqua committee Clear lines of accountability were maintained during transition Safeguarding leads attendance at Safeguarding Boards Provision of training Commissioning Safeguarding Clients Policy in place Head of Safeguarding covers Adults and Children reporting to Chief Nurse and supported by the Adult Safeguarding and Quality Lead and the Safeguarding and Quality Assurance Officer Children Working Together 2013 implements findings from the Munro review in relation to SCRs. This includes the establishment of a national SCR panel. More flexibility in the approach that LSCBs can take when conducting SCRs. Lead professionals identified in all health providers and NHSR CCG SCE review of individual responsibilities 	<ul style="list-style-type: none"> Reports to Safeguarding Adults Board Reports to Safeguarding children Board Ofsted and CQC inspections Serious case reviews and SII/MRs Homicide reviews undertaken Improvement Panel in place. NHS England Area team reports and assurances RLSCB RSAB Two yearly Section 11 Challenge meeting on 25/04/2013 LSCB to NHSR CCG. NB - TRFT and RDaSH are also being challenged. Designated Nurse to attend CQC Framework for Safeguarding & LAC in place until March 2015 Local authorities are currently reviewing the South Yorkshire & Basselaw 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 	<ul style="list-style-type: none"> Child death overview panels Safeguarding rated green by NHSR CCG authorisation panel Main provider Annual Safeguarding Children's reports published internally and externally. Annual Adults Safeguarding report published November 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 & 7.12.2014 Recruitment process underway to position of Independent Chair of RLSCB to replace retiring post holder 	<ul style="list-style-type: none"> There are no national IT systems in place. Prevent NHSR CCG Lead identified and training plan being developed Children at risk or known to be Sexually Exploited who subsequently go missing from home and services. 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 & 7.12.2014 Recruitment process underway to position of Independent Chair of RLSCB to replace retiring post holder 	<ul style="list-style-type: none"> Training Data not electronically available due to a discrepancy in the IT system. Gap 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 	<ul style="list-style-type: none"> Continue to monitor through robust internal mechanisms and partnership structure for safeguarding. Continue to report, via Operational Risk, Governance and Quality meeting and Audit and Quality Assurance Group. Action re training - CSU looking into another mechanism and track results Procurement has taken place and training dates to be arranged by RMBC. A recent Child Sexual Exploitation case and missing individual is due to change processes nationally. SCE have reviewed member roles and responsibilities to ensure all areas covered and GP Leads aware of responsibilities Interim arrangements to provide GP Lead role to safeguarding Development programme needed to ensure future long-term cover arrangements. Paper to OE as stated in positive assurance section Safeguarding is 1 of 4 priorities within RCCG 5 year commissioning plan 	Aug 15	
31.03.12	AF06	4	4.5	4.2		Failure to ensure robust systems of risk management and governance are in place, not fulfilling statutory responsibilities	R Carlisle	4	4	16	4	3	12	<ul style="list-style-type: none"> NHS SY&B and local governance structures agreed Scheme of Delegation OE, SCE and Aqua SFOs NHSR CCG organisational structures agreed OE/SMT/ Team meetings/ASM regular liaison with CSU/NHSE/PH regarding future transfers, identified GP and executive lead RR and AF updated every 2 months fully Additional staff appointed 	<ul style="list-style-type: none"> Aqua group provides overall assurance Regular reports to Aqua Engagement with NHS SY&B governance leads meetings Internal audit reports on assurance framework/AGS and risk management External Audit reports reviewed at CCG GB RR and AF reviewed by Aqua at each 2 monthly meeting and twice a year at SCE and CCG GB CCG quarterly checkpoint assurance meetings with NHSE Enhanced monitoring with senior CHC clinicians by NHSR CCG Lead Officer key risks reviewed for strategic plan at RCCG Governing Body in February 2015. 	<ul style="list-style-type: none"> Annual governance letter External and internal audit reports NHSE quarterly checkpoint assurance meetings, balanced scorecard and CCG action plan and letter from NHSE with outcome of meeting 	<ul style="list-style-type: none"> 15/16 commissioning plan received positive assurance from NHSE 	None	<ul style="list-style-type: none"> CCG Action Plan in place. Monitored via Contract Quality meetings. Chief Nurses both aware of issues with LAC Initial Health Assessments 	Aug-15		
	AF30	4	4.2	5.4		Capacity with TRFT Safeguarding Team - covering Adults & Children	Sue Cassin / Catherine Hall	4	4	16	4	3	12	<ul style="list-style-type: none"> Service specification for children. Intercollegiate competency framework for expectations within an Acute and Community Services. Family Nurse Practitioner (FNP) is now at capacity however supervisor is on long term sickness 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> CCG working with Chief Nurse at TRFT re interim model for Initial Health Assessments 	<ul style="list-style-type: none"> New Designated CDOP doctor now in post. Assistant Chief Nurse committed 1 day per week to CQC action plan 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 Qtr 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 	<ul style="list-style-type: none"> 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	4.3			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	<ul style="list-style-type: none"> Regional consensus for DoLS - application of 'Acid Test' to determine if DoLS should be considered. Ongoing advice from solicitors. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Ongoing advice from solicitors. 	None	<ul style="list-style-type: none"> 1. Current difficulty in identifying individuals that would meet the 'Acid Test' for DoL, because this data has not been previously required. Current estimate is that approximately 80% of funded patients would be potential DoLS (i.e. estimated 128 clients) 2. Difficulty identifying costs of taking individual client cases to the Court of Protection. Costs are typically between £400 and £900 per client, but in specific cases costs can increase. 	<ul style="list-style-type: none"> 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.	AF34	3	3.3			Reprocurement of APMS contracts	J Tuffnell	5	4	20	3	4	12	<ul style="list-style-type: none"> Formal processes are in place for reprocurement of APMS due for renewal. Key risk is the potential of no/poor response 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> NHSE are active members of the primary care sub-committee 	<ul style="list-style-type: none"> Business continuity plan agreed with the Local Medical Committee 	<ul style="list-style-type: none"> Ownership of the procurement process is with NHS England. 	<ul style="list-style-type: none"> Ensure robust timetable for reprocurement of all APMS 	Aug 15		
12.8.15.	AF35	1	1.1			CQC inspection of practices	S Cassin/ J Tuffnell	5	3	15	4	3	12	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Will be overseen by the Primary Care Sub Committee 	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	<ul style="list-style-type: none"> Work across Rotherham CCG and Doncaster CCG
6 staff	Medicines Management Team (MMT)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> CCG Advisor for Voluntary Action Rotherham (VAR) Sits on VAR's Board as a non-voting member.
1 staff	Finance Team	<ul style="list-style-type: none"> Founder of The Little Pippa Jones Little Treasure Trust, Children's Cancer Charity.
1 staff	Quality Team	<ul style="list-style-type: none"> Spouse of a Local Councillor.
1 staff	Senior Officers	<ul style="list-style-type: none"> Patron of Rotherham Holiday Aid (unpaid).

1 staff		<ul style="list-style-type: none">• 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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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							
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
				<p>While attending PBC locality meeting 6-8 times per year a light lunch is provided to all attendees by medical reps.</p> <p>In house PLT meetings 6 times per year where a light lunch is provided by medical reps.</p> <p>Attendance at a diabetes conference on 4th/5th September 2015 in London. Overnight stay and meals are provided.</p>			
			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	<p>representatives which was organised by a senior GP partner at the practice.</p> <p>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.</p>			
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 season Ball.	Approx £50 per ticket.	Centerplate.	Sarah Whittle
Julie Wisken +1	Project Management	Lydia George					Sarah Whittle
Stephen Wood +1	Finance Department	Keely Firth					Sarah Whittle
Stuart Lakin	Medicines Management	Dr Carlisle	As an when July 2015	<p>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.</p> <p>Participated in a two day advisory board meeting in Germany on the</p>			

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 02/07/2015 13/08/2015	Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session Lunch provided at a training session		Coloplast and Urgomedical Aspen Medical ConvaTec and Aspen Medical Urgomedical and Coloplast ConvaTec and Aspen Medical Advancis Medical and ConvaTec Urgomedical Aspen Medical and ConvaTec.	Sarah Whittle
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	<p>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.</p> <p>KF will take personal leave to attend the conference and is not receiving any payment.</p> <p>There is no cost to the CCG.</p>	<p>£1,000 for flights</p> <p>£1,000 for conference and accommodation.</p>	<p>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. RCGG will spend less than £10k per annum with HFMA.</p> <p>HFMA US</p> <p>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.</p>	Chris Edwards and Sarah Whittle

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	<ul style="list-style-type: none"> • Lay member • Member of the Audit Quality Assurance Committee (AQuA) • Member of the Remuneration Committee 	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Member of Primary Care Sub Committee • Member of the Remunerations committee 	Nil
MOSS Philip Mr	<ul style="list-style-type: none"> • Lay member • Member of the Audit and Quality Assurance Committee (AQuA) • Member of the Remuneration Committee 	<ul style="list-style-type: none"> • Trustee of the Rotherham Citizens Advice Bureau. • Member of the Labour Party.
CASSIN Sue Mrs	Head of Quality/Lead Nurse	Nil
CULLEN Richard Dr	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Patron, Rotherham Holiday Aid.
FIRTH Keely Mrs	Chief Finance Officer	<ul style="list-style-type: none"> Relative is employed by Barnsley CCG. Treasurer Worsbrough Bridge Cricket Club (Volunteer). Volunteer Trustee of Healthcare Financial Management Association (HFMA).
JACOB Leonard Dr	<ul style="list-style-type: none"> Chair - GP Members Committee GP lead member of the Audit Quality Assurance Committee (AQuA) GP lead, member of the Remuneration Committee 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Chair of the Governing Body and Strategic Clinical Executive Governing Body Chair of the Remuneration Committee 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Vice-Chair of GP Members Committee 	<ul style="list-style-type: none"> GP within a Rotherham practice. Relative is employed by the Northern General Hospital, Sheffield. Hospital practitioner employed by Rotherham Hospice.
WHITTLE Sarah Mrs	<ul style="list-style-type: none"> Assistant Chief Officer 	<ul style="list-style-type: none"> CCG Advisor for Voluntary Action Rotherham (VAR). Sits on VAR's Board as a non-voting member.

Updated – October 2015