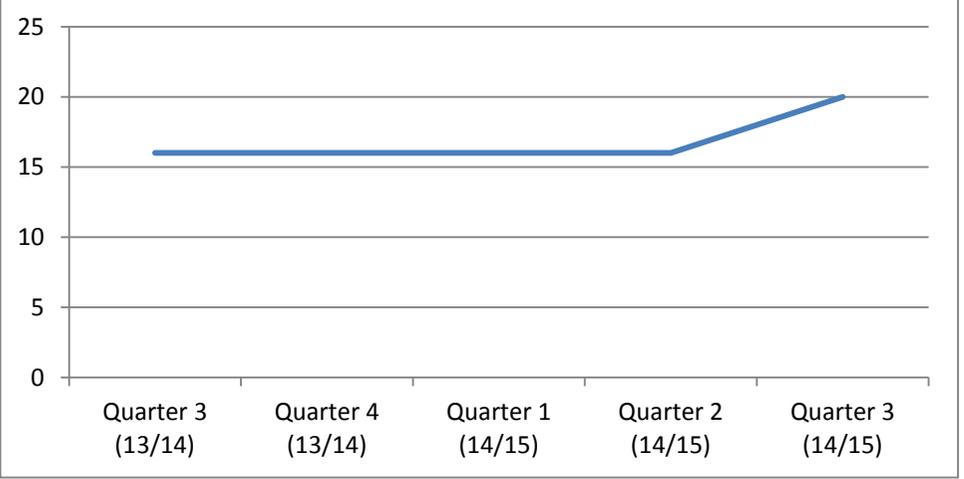
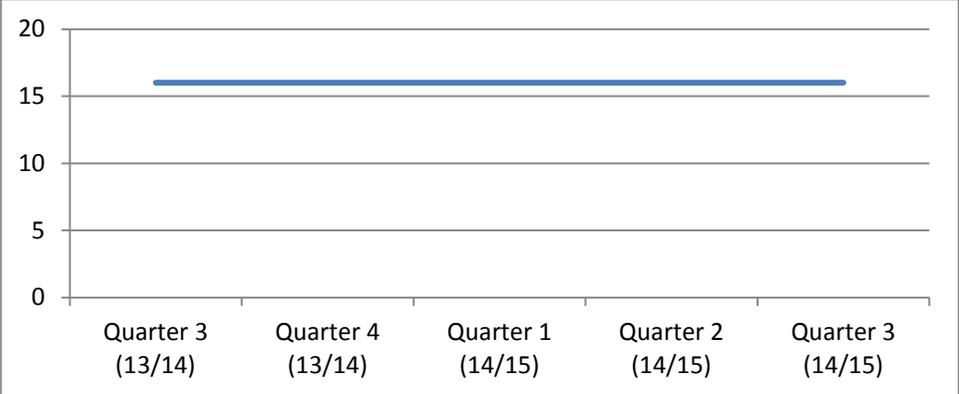
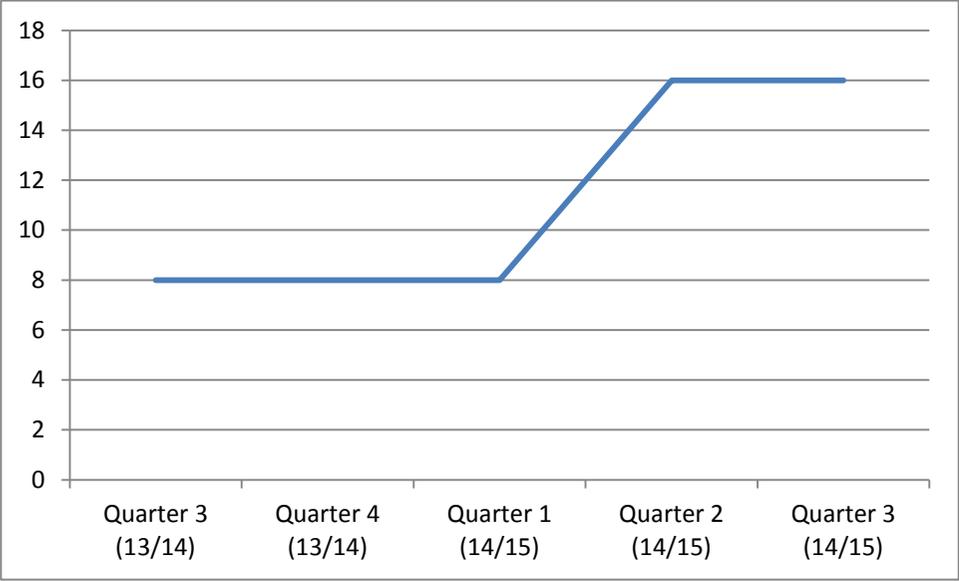


<b>Risk No. BAF2</b>	<b>Strategic Principle : High quality services tailored around the outcomes the individual wishes to achieve</b>	<b>Lead: Jane Foster-Taylor</b>																				
<b>Risk:</b> Quality of care provided by East of England Ambulance Service NHS Trust (EEAST) may fail to improve, be sustainable, or may deteriorate further (this risk was ID 022 in the 2013/14 BAF)		<b>Date last reviewed: December 2014</b>																				
<p><b>Risk Rating</b> (likelihood x consequence):</p> <p>Initial: 4 x 4 = 16</p> <p>Current: 5 x 4 = 20</p> <p>Risk score heat map</p> <table border="1" data-bbox="91 539 371 699"> <tr> <td style="background-color: red;">20</td> <td style="background-color: red;">extreme (15-25)</td> </tr> <tr> <td style="background-color: orange;">15</td> <td style="background-color: orange;">high (8-12)</td> </tr> <tr> <td style="background-color: yellow;">10</td> <td style="background-color: yellow;">medium (4-6)</td> </tr> <tr> <td style="background-color: lightgreen;">5</td> <td style="background-color: lightgreen;">low (1-3)</td> </tr> </table>	20	extreme (15-25)	15	high (8-12)	10	medium (4-6)	5	low (1-3)	 <table border="1" data-bbox="548 339 1512 818"> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 3 (13/14)</td> <td>16</td> </tr> <tr> <td>Quarter 4 (13/14)</td> <td>16</td> </tr> <tr> <td>Quarter 1 (14/15)</td> <td>16</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>16</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>20</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 3 (13/14)	16	Quarter 4 (13/14)	16	Quarter 1 (14/15)	16	Quarter 2 (14/15)	16	Quarter 3 (14/15)	20	<p><b>Rationale for current score:</b></p> <p>Despite recent moves to increase the influence of Essex commissioners on the management of the EEAST contract (which is managed by Norfolk CCG) and recent investments, response times and service quality remain significant issues. The risk rating has been increased in Quarter 3 to reflect the reality that these failings are certainly occurring.</p> <p><b>Consequence of risk:</b></p> <p>Increased mortality and poor clinical outcomes associated with ambulance response times</p> <p>Poor patient experience,</p> <p>Loss of reputation for CCG and provider,</p> <p>Enforcement actions imposed by regulators.</p>
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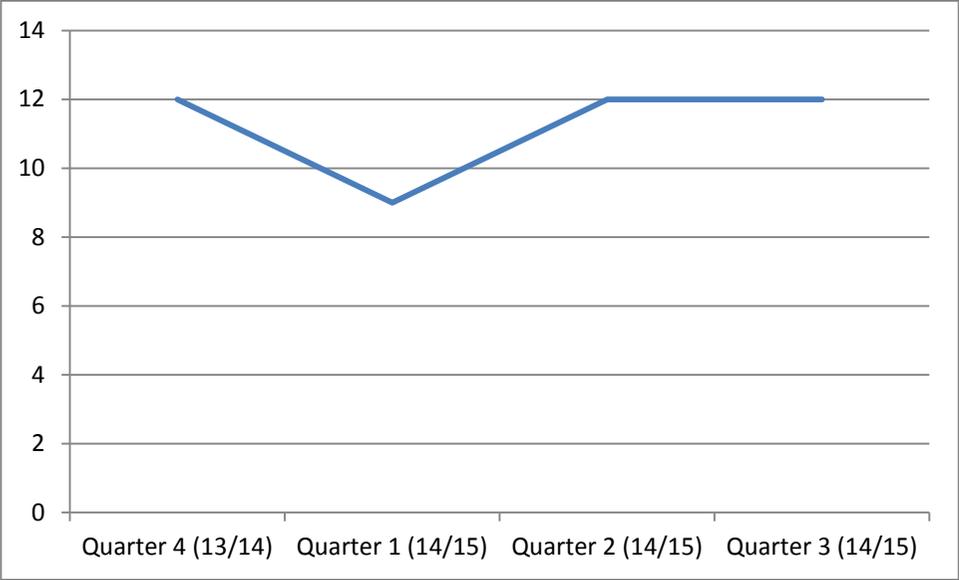
<p><b>Controls (What are we currently doing about the risk?)</b></p> <p>The Commissioning Intentions for EEAST fully reflect the quality requirements that the Trust are expected to meet, as does the quality specification within the contract and associated Key Performance Indicators, CQUIN schemes in place to incentivise quality improvements, Scrutiny and challenge of the key quality metrics by Essex Quality Surveillance Group, Scrutiny and challenge of key quality metrics at the Clinical Quality Review Group (CQRG) meetings, agreeing remedial actions, Announced and unannounced quality visits assess standards at first hand, Provider quality reports to the monthly Quality &amp; Governance Committee meetings promoting wider scrutiny of and challenge to key metrics of quality, safety and patient experience, In May/June 2014, the Essex CCGs approved funding for a business case to replace a number of excessively old ambulances, reducing the likelihood of vehicle failures, The Accountable Officer of NHS North East Essex CCG is leading an exercise to increase the resilience and quality of the EEAST Service provided in Essex and the influence of local CCGs over the contract. Head of Quality and Patient Safety represents the CCGs at both the contract and locality meetings with EEAST, providing an opportunity to influence the quality agendas and seek information on behalf of the CCGs. In addition, there is attendance at the contract and quality negotiation teleconferences for the 2015/16 contracting round.</p>	<p><b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b></p> <div data-bbox="1541 276 2132 459" style="border: 1px solid black; padding: 5px;"> <p>Work closely with the other CCGs in Essex to establish an influential group to manage the local contract – <b>to be actioned by Jane Foster-Taylor before end of March 2015</b></p> </div>
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>N/I – quarterly updates to the Quality &amp; Governance Committee indicate that despite gradual improvements in recent months, there remain significant ongoing quality and performance issues within EEAST services in Essex, particularly in relation to ambulance response times.</p> <p>N/I – local serious incident data which is now being provided by EEAST to the Quality &amp; Patient Safety Team on behalf of Thurrock CCG continues to indicate patterns of poor quality and safety</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>Assurance is required that the recent changes to the way in which the local contract is managed and the investment in new vehicles is impacting upon service quality and response times.</p>
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>Despite recent moves to increase the influence of Essex commissioners on the management of the EEAST contract (which is managed by Norfolk CCG) and recent investments, response times and service quality remain significant issues. The risk rating cannot be reduced until there is evidence that improvements in response times are not only being achieved but also maintained.</p>	<p><b>Additional Comments</b></p> <p>None.</p>

<b>Risk No. BAF1</b>	<b>Strategic Principle : High quality services tailored around the outcomes the individual wishes to achieve</b>	<b>Lead: Jane Foster-Taylor</b>								
<b>Risk:</b> Quality of care delivered by Barking Havering & Redbridge Hospitals NHS Trust (BHRT) may fail to improve, be sustainable or may deteriorate (this risk was ID 021 in the 2013/14 BAF).		<b>Date last reviewed: December 2014</b>								
<p><b>Risk Rating</b> (likelihood x consequence):</p> <p>Initial: 4 x 4 = 16 Current: 4 x 4 = 16</p> <p>Risk score heat map</p> <table border="1" data-bbox="91 646 369 810"> <tr><td>16</td><td>extreme (15-25)</td></tr> <tr><td></td><td>high (8-12)</td></tr> <tr><td></td><td>medium (4-6)</td></tr> <tr><td></td><td>low (1-3)</td></tr> </table>	16	extreme (15-25)		high (8-12)		medium (4-6)		low (1-3)	 <p>The graph shows a constant risk rating of 16 across five quarters: Quarter 3 (13/14), Quarter 4 (13/14), Quarter 1 (14/15), Quarter 2 (14/15), and Quarter 3 (14/15). The y-axis ranges from 0 to 20 in increments of 5.</p>	<p><b>Rationale for current score:</b></p> <p>Both internal indicators and the outcome of CQC inspections continue to show that the Trust is failing to meet national standards of quality. An additional aspect of the risk has recently emerged with the impending departure of the Trust's Director of Nursing.</p> <p><b>Consequence of risk:</b></p> <p>Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.</p>
16	extreme (15-25)									
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	medium (4-6)									
	low (1-3)									
<p><b>Controls (What are we currently doing about the risk?)</b></p> <p>The Commissioning Intentions for BHRT fully reflect the quality requirements that the Trust are expected to meet, as does the quality specification within the contract and associated Key Performance Indicators, CQUIN schemes in place to incentivise quality improvements, Scrutiny and challenge to BB CCG (as lead commissioner for BHRT on behalf of the Essex CCGs) of the key quality metrics by Essex Quality Surveillance Group, BB CCG membership of internal assurance committees at BHRT, Scrutiny and challenge by BB CCG of key quality metrics at the Clinical Quality Review Group (CQRG) meetings, agreeing remedial actions, Positive working relationship with lead commissioner for BHRT (Havering CCG), with regulators and BHRT themselves, Announced and unannounced quality visits assess standards at first hand, Provider quality reports to the monthly Quality &amp; Governance Committee meetings promoting wider scrutiny of and challenge to key metrics of quality, safety and patient experience.</p>		<p><b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b></p> <table border="1" data-bbox="1536 981 2128 1252"> <tr> <td>A mechanism is needed to ensure that BBCCG escalate concerns and provide assurance to Thurrock CCG re management of quality issues at BHRT - <b>to be actioned by Jane Foster-Taylor on an ongoing basis</b></td> </tr> <tr> <td>Gain assurance from the Trust / Havering CCG with regard to the interim and permanent arrangements following the departure of the Director of Nursing – <b>to be actioned by Jane Foster-Taylor before 30<sup>th</sup> January 2015</b></td> </tr> </table>	A mechanism is needed to ensure that BBCCG escalate concerns and provide assurance to Thurrock CCG re management of quality issues at BHRT - <b>to be actioned by Jane Foster-Taylor on an ongoing basis</b>	Gain assurance from the Trust / Havering CCG with regard to the interim and permanent arrangements following the departure of the Director of Nursing – <b>to be actioned by Jane Foster-Taylor before 30<sup>th</sup> January 2015</b>						
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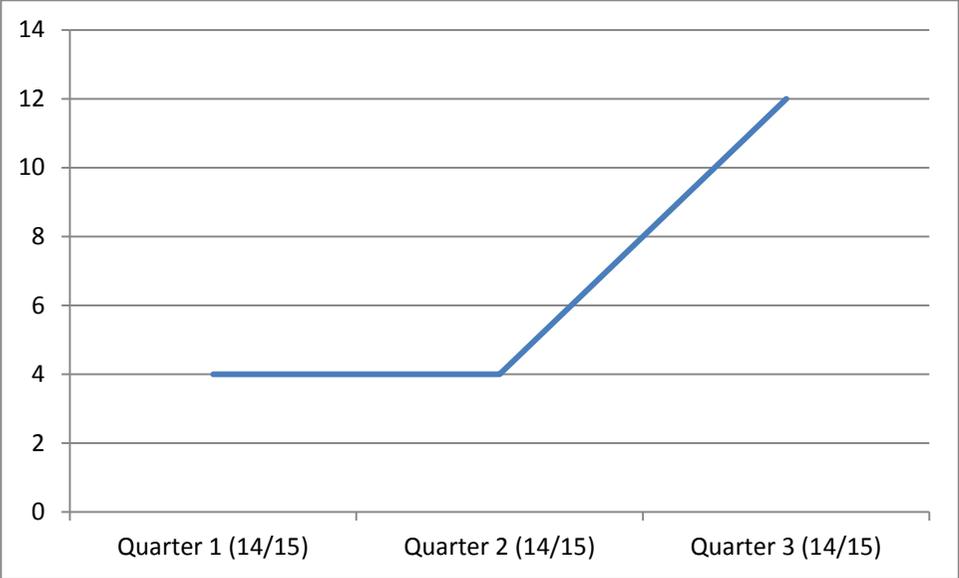
<p style="text-align: center;"><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>N/E – in July 2013, the Care Quality Commission have placed BHRT in “special measures”, having given the Trust a warning that they must make immediate improvements to the A&amp;E department at Queens Hospital. A CQC report published on 7<sup>th</sup> July 2014 identifies that these problems remain.</p> <p>N/E – CQC remain concerned about the effectiveness and visibility of the Trust’s leadership, its infection control practices and discharge planning and patient flow systems and processes.</p> <p>P/E – CQC acknowledged on 7<sup>th</sup> July 2014 that the Trust have made and sustained improvements in their maternity services following significant issues identified in previous years.</p> <p>N/E – Patient Survey report into A&amp;E services published in December 2014 showed a deterioration in patient experience in all respects apart from hospital environment which remained the same.</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>As Thurrock CCG is neither the Lead Commissioner for BHRT (Havering CCG) nor the CCG which is taking the lead on behalf of the Essex CCGs (BB CCG), we need to develop a process by which we receive assurance from BB CCG on a regular basis and input as appropriate into the handling of quality issues that affect Thurrock residents.</p> <p>An additional gap in assurance relates to the forthcoming departure of BHRT’s Director of Nursing. The CCG requires assurance that there are adequate controls in place to provide senior nursing leadership during any interim period and to recruit a high calibre permanent replacement.</p>
<p style="text-align: center;"><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>BHRT remains in “special measures” and despite improvements in certain specialties (e.g., maternity), the quality concerns remain across the Trust.</p>	<p><b>Additional Comments</b></p> <p>None.</p>

<b>Risk No. BAF 11</b>	<b>Strategic Principle :</b> Systems and structures that enable and deliver a co-ordinated and seamless response.	<b>Lead: Mandy Ansell / Dr Deshpande</b>																										
<b>Risk:</b> The CCG may have insufficient managerial and clinical capacity to deliver all of its statutory duties and strategic objectives. (This was risk ID 006 on the 2013/14 BAF and risk CRR 2 on the 2014/15 CRR).		<b>Date last reviewed:</b> <b>December 2014</b>																										
<b>Risk Rating</b> (likelihood x consequence): Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Risk score heat map <table border="1" data-bbox="91 655 369 823"> <tr><td>16</td><td>extreme (15-25)</td></tr> <tr><td>12</td><td>high (8-12)</td></tr> <tr><td>6</td><td>medium (4-6)</td></tr> <tr><td>3</td><td>low (1-3)</td></tr> </table>	16	extreme (15-25)	12	high (8-12)	6	medium (4-6)	3	low (1-3)	 <table border="1" data-bbox="546 453 1505 1034"> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 3</td> <td>(13/14)</td> <td>8</td> </tr> <tr> <td>Quarter 4</td> <td>(13/14)</td> <td>8</td> </tr> <tr> <td>Quarter 1</td> <td>(14/15)</td> <td>8</td> </tr> <tr> <td>Quarter 2</td> <td>(14/15)</td> <td>16</td> </tr> <tr> <td>Quarter 3</td> <td>(14/15)</td> <td>16</td> </tr> </tbody> </table>	Quarter	Year	Risk Score	Quarter 3	(13/14)	8	Quarter 4	(13/14)	8	Quarter 1	(14/15)	8	Quarter 2	(14/15)	16	Quarter 3	(14/15)	16	<b>Rationale for current score:</b> Whilst there are no vacancies in the Board, there are two current or impending vacancies in the officer team. The lack of a permanent Accountable Officer continues to be a significant issue preventing the CCG's full authorisation by NHS England. The consequence score has been increased to reflect the impact that continued uncertainty over this matter may have on the external auditor's opinion at year-end and the CCG's credibility with stakeholders. There is also a rapidly emerging capacity issue in the CCG team associated with the move towards greater CCG involvement in the commissioning of primary care. As a result, this risk has now been escalated to the BAF as a high risk. <b>Consequence of risk:</b> Undue strain on existing CCG clinical and officer workforce with attendant risk to health and wellbeing, Turnover of existing staff, Difficulties in recruitment due to loss of reputation.
16	extreme (15-25)																											
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Quarter 2	(14/15)	16																										
Quarter 3	(14/15)	16																										
<b>Controls (What are we currently doing about the risk?)</b> No current vacancies on the CCG Board, Plan in place to recruit to the Accountable Officer post following an unsuccessful first round in June 2014, Commissioning support services have been effectively transferred from Central Eastern CSU to either Thurrock CCG or new organisational homes.		<b>Mitigating actions (What have we done /what more should we do?)</b> <table border="1" data-bbox="1541 1241 2123 1347"> <tr> <td>Recruitment process needs to be completed for a permanent Accountable Officer – <b>to be actioned by Dr Deshpande / NHS England as a priority</b></td> </tr> </table>	Recruitment process needs to be completed for a permanent Accountable Officer – <b>to be actioned by Dr Deshpande / NHS England as a priority</b>																									
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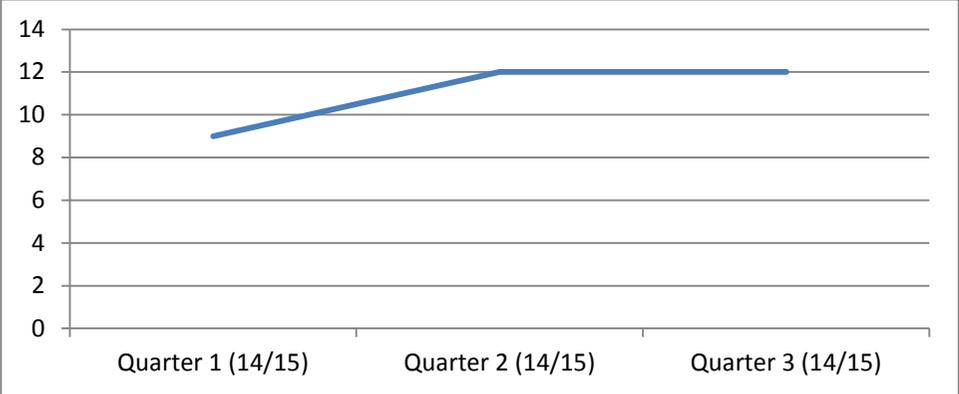
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>N/E – NHS England has retained the conditions and directions upon the CCG’s authorisation that relate to the appointment of a permanent Accountable Officer.</p> <p>P/I – staff sickness relates remain well below the national average for CCGs and local comparators.</p> <p>P/I – commissioning support services are delivering well following the transition from CECSU to their new organisational homes</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>None</p>
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>Once a permanent Accountable Officer is in place and the CCG has properly scoped and addressed the capacity pressures associated with greater involvement in the commissioning in primary care, it may be possible to reduce the risk rating. However until that time, the risk remains an extreme-rated risk.</p>	<p><b>Additional Comments</b></p> <p>None.</p>

<b>Risk No. BAF 5</b>	<b>Strategic Principle :</b> A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible	<b>Lead: Mark Tebbs / Jane Itangata</b>																		
<b>Risk:</b> Quality of care and uptake of Therapy For You, (the Improving Access to Psychological Therapies Service) provided to Thurrock residents by South Essex Partnership University NHS Foundation Trust (SEPT) may fail to improve, be sustainable or may deteriorate further. (This was risk 026 on the 2013/14 BAF)		<b>Date last reviewed: December 2014</b>																		
<b>Risk Rating</b> (likelihood x consequence): Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Risk score heat map <table border="1" data-bbox="91 571 369 740"> <tr><td style="background-color: red; color: white;">15-25</td><td>extreme (15-25)</td></tr> <tr><td style="background-color: orange;">12</td><td>high (8-12)</td></tr> <tr><td style="background-color: yellow;">4-6</td><td>medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;">1-3</td><td>low (1-3)</td></tr> </table>	15-25	extreme (15-25)	12	high (8-12)	4-6	medium (4-6)	1-3	low (1-3)	 <table border="1" data-bbox="546 368 1505 948"> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 4 (13/14)</td> <td>12</td> </tr> <tr> <td>Quarter 1 (14/15)</td> <td>9</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>12</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>12</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 4 (13/14)	12	Quarter 1 (14/15)	9	Quarter 2 (14/15)	12	Quarter 3 (14/15)	12	<b>Rationale for current score:</b> The number of people entering treatment, even under the new definition, remains below trajectory within Thurrock. Performance against target for the access KPI has not improved despite SEPT's implementation of the 100 day transformation plan. Although the contract is currently out to tender, current failure to deliver remains a high risk. <b>Consequence of risk:</b> Failure of the CCG to deliver its objectives, Loss of reputation, Poor outcomes for patients and the public, partner organisations and other stakeholders.
15-25	extreme (15-25)																			
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Quarter 2 (14/15)	12																			
Quarter 3 (14/15)	12																			
<b>Controls (What are we currently doing about the risk?)</b> Provider has conducted an extensive marketing campaign (managed by a specialist social marketing company) to increase uptake with a view to understanding the specific barriers associated with accessing the service The CCGs served a performance notice (contract query) at the end of quarter 2 which is now being addressed through a joint investigation between SEPT and the CCGs, taking into consideration the results and recommendations from the social marketing campaign Contract for IAPT is currently undergoing a competitive tender process.		<b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b> <table border="1" data-bbox="1541 1043 2132 1198"> <tr> <td>Tender process to be concluded and appointed provider mobilised – <b>process to be completed by end of March 2015</b></td> </tr> <tr> <td> </td> </tr> </table>	Tender process to be concluded and appointed provider mobilised – <b>process to be completed by end of March 2015</b>																	
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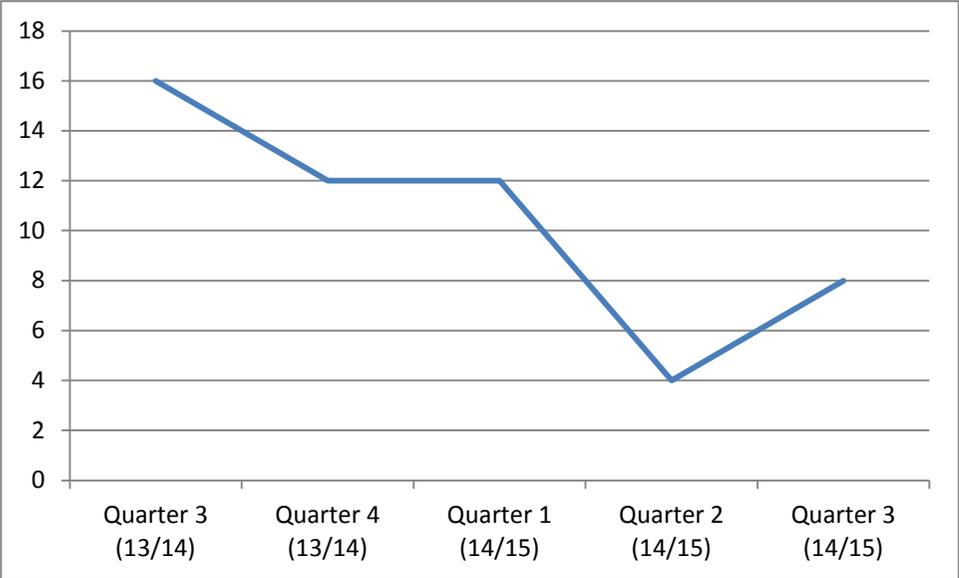
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>N/I – Therapy for You activity per head of population in Thurrock remains significantly below expected levels (in Thurrock and the Castle Point &amp; Rochford CCG areas)</p> <p>N/I – the 100 day transformation plan had no significant impact on sustaining the trajectory</p> <p>N/I – there are a significant number of people waiting to enter treatment and 38% have been waiting over 28 days</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>Assurance is required that the waiting list is being managed appropriately by the provider</p>
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>This remains a high risk due to the limited success of recent initiatives to improve the performance of the Service. In the event that serving notice does not produce a sustained improvement, a market testing exercise will identify possible alternative providers.</p>	<p><b>Additional Comments</b></p> <p>None.</p>

<b>Risk No. BAF 12</b>	<b>Strategic Principle :</b> High quality services tailored around the outcomes the individual wishes to achieve.	<b>Lead: Jane Foster-Taylor</b>																
<b>Risk:</b> Quality of care provided to NHS patients by private hospitals may fail to improve, be sustainable, or may deteriorate. (This was risk 22 on the 2013/14 BAF and was previously CRR 3 on the 2014/15 CRR – it was escalated to the BAF during Quarter 3)		<b>Date last reviewed:</b> <b>December 2014</b>																
<b>Risk Rating</b> (likelihood x consequence): Initial: 1 x 4 = 4 Current: 3 x 4 = 12 Risk score heat map <table border="1" data-bbox="91 587 369 754"> <tr><td style="background-color: red;"></td><td>extreme (15-25)</td></tr> <tr><td style="background-color: orange;">12</td><td>high (8-12)</td></tr> <tr><td style="background-color: yellow;"></td><td>medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;"></td><td>low (1-3)</td></tr> </table>		extreme (15-25)	12	high (8-12)		medium (4-6)		low (1-3)	 <table border="1"> <caption>Risk Score History</caption> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 (14/15)</td> <td>4</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>4</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>12</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 1 (14/15)	4	Quarter 2 (14/15)	4	Quarter 3 (14/15)	12	<b>Rationale for current score:</b> Whilst the general picture of quality in private hospitals serving the BB CCG population is favourable, a recent Never Event in one hospital and poor PROMS scores in another warrant increasing the risk rating to High for the current Quarter.  <b>Consequence of risk:</b> Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.
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Quarter 2 (14/15)	4																	
Quarter 3 (14/15)	12																	
<b>Controls (What are we currently doing about the risk?)</b> The Commissioning Intentions for private hospitals fully reflect the quality requirements that the Trust are expected to meet, as does the quality specification within the contract and associated Key Performance Indicators, CQUIN schemes in place to incentivise quality improvements, Scrutiny and challenge to the CCG of the key quality metrics by Essex Quality Surveillance Group, Scrutiny and challenge by South Essex Quality Team (on behalf of Thurrock CCG) of key quality metrics at the Clinical Quality Review Group (CQRG) meetings, agreeing remedial actions, Announced and unannounced visits to assess standards at first hand, BB CCG has been appointed lead for the Nuffield Hospitals in South Essex, as has Southend CCG in respect of the Spire Hospitals		<b>Mitigating actions (What have we done /what more should we do?)</b> <table border="1" data-bbox="1532 1058 2128 1289"> <tr> <td>The CCG needs to work closely with NELCSU to ensure that appropriate overview and scrutiny is applied – <b>to be actioned by Jane Foster-Taylor on an ongoing basis</b></td> </tr> <tr> <td>The CCG should seek specific assurance regarding learning from the Never Event and PROMS scores at Spire and Nuffield Hospitals respectively – <b>to be actioned by Lisa Allen (BB CCG) before 31<sup>st</sup> January 2015</b></td> </tr> </table>	The CCG needs to work closely with NELCSU to ensure that appropriate overview and scrutiny is applied – <b>to be actioned by Jane Foster-Taylor on an ongoing basis</b>	The CCG should seek specific assurance regarding learning from the Never Event and PROMS scores at Spire and Nuffield Hospitals respectively – <b>to be actioned by Lisa Allen (BB CCG) before 31<sup>st</sup> January 2015</b>														
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The CCG should seek specific assurance regarding learning from the Never Event and PROMS scores at Spire and Nuffield Hospitals respectively – <b>to be actioned by Lisa Allen (BB CCG) before 31<sup>st</sup> January 2015</b>																		

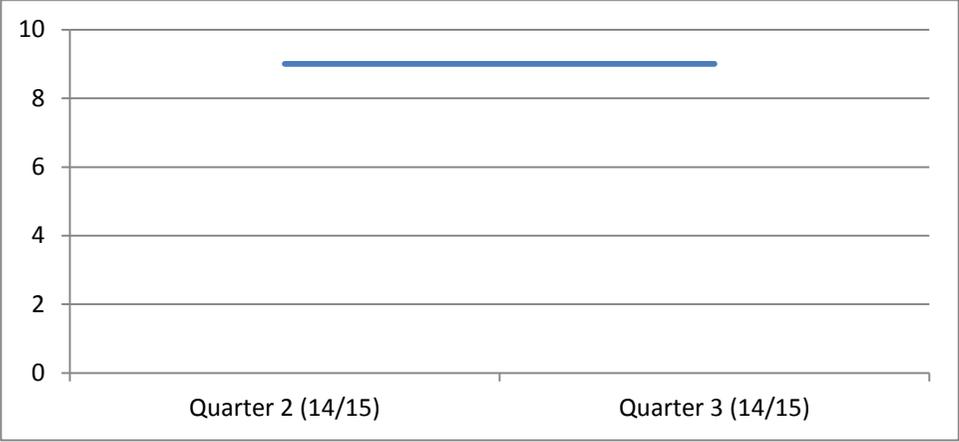
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>P/E – the CQC have not issued any negative inspection reports into local private hospitals,  P/I – no complaints received about private hospitals  P/I – no significant issues with regard to serious incidents reported by private hospitals</p> <p>/E – Patient Reported Outcome Measures (PROMS) for Nuffield Health Brentwood Hospital have deteriorated recently</p> <p>N/E – Spire Hospital has had a recent Never Event.</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>Assurance required that the new arrangements for managing the private hospital contracts through the CSU are robust and are delivering. Assurance is also needed that the recent negative quality indicators at local Spire and Nuffield Hospitals are not indicative of a general fall in quality standards.</p>
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>Due to recent quality issues at two private hospitals serving the CCG's population, the risk rating has been increased for Quarter 3. However it is anticipated that the risk rating will be reduced in Quarter 4, once further assurance has been sought. A transfer of the risk back to the CRR is therefore anticipated in Quarter 4.</p>	<p><b>Additional Comments</b></p> <p>None.</p>

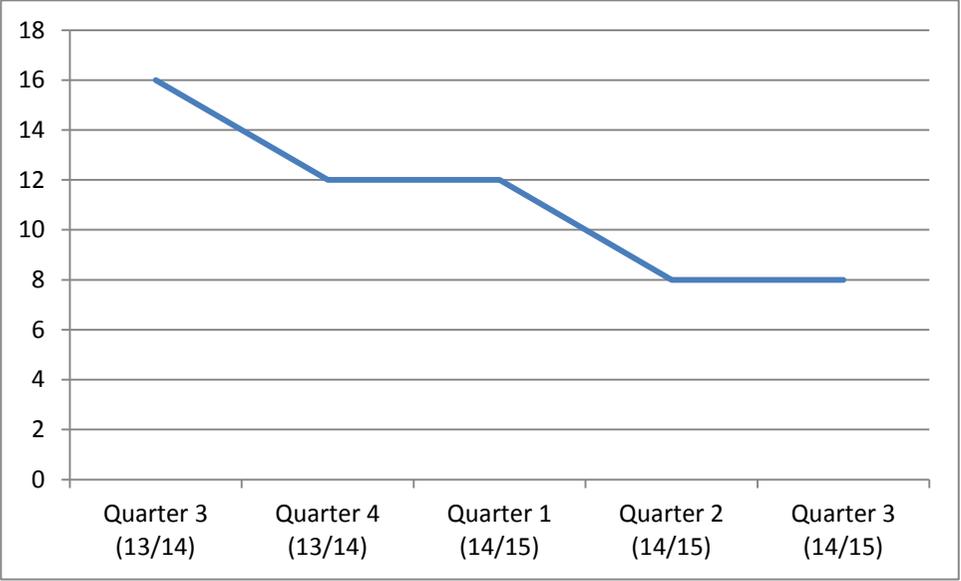
<b>Risk No. BAF 8</b>	<b>Success Criteria</b> : All organisations within the health economy report a financial surplus in 2014/15 and beyond	<b>Lead: Ade Olarinde</b>																
<b>Risk:</b> QIPP plans in the 2014/15 year may not deliver to expected levels. (This was risk ID 003 in the 2013/14 BAF).		<b>Date last reviewed: December 2014</b>																
<p><b>Risk Rating</b> (likelihood x consequence): Initial: 3 x 3 = 9 Current: 3 x 4 = 12 Risk score heat map</p> <table border="1" data-bbox="91 539 369 707"> <tr> <td style="background-color: red; color: white;">15-25</td> <td>extreme (15-25)</td> </tr> <tr> <td style="background-color: orange;">8-12</td> <td>high (8-12)</td> </tr> <tr> <td style="background-color: yellow;">4-6</td> <td>medium (4-6)</td> </tr> <tr> <td style="background-color: lightgreen;">1-3</td> <td>low (1-3)</td> </tr> </table>	15-25	extreme (15-25)	8-12	high (8-12)	4-6	medium (4-6)	1-3	low (1-3)	 <table border="1" data-bbox="546 336 1505 730"> <caption>Risk Score Progress</caption> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 (14/15)</td> <td>9</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>12</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>12</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 1 (14/15)	9	Quarter 2 (14/15)	12	Quarter 3 (14/15)	12	<p><b>Rationale for current score:</b> Whilst there have been improvements in data quality, there remains a significant risk of QIPP underachievement. The impact score has been reduced by actions taken to offset possible QIPP underachievement but the likelihood score has increased given that half of the year has now passed.</p> <p><b>Consequence of risk:</b> Significant financial pressures on the CCG, Possible failure to achieve statutory financial duty, Loss of reputation, Unplanned restrictions in commissioned services.</p>
15-25	extreme (15-25)																	
8-12	high (8-12)																	
4-6	medium (4-6)																	
1-3	low (1-3)																	
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Quarter 1 (14/15)	9																	
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<p><b>Controls (What are we currently doing about the risk?)</b></p> <p>Robust activity and performance monitoring via Programme Management Office (PMO), Development of integrated commissioning scheme with Thurrock Council (Better Care Fund) to mitigate impact of QIPP underachievement, CCG has an under-delivery reserve to mitigate impact of QIPP under-performance, CCG can now access weakly pseudonymised patient-level data through MediAnalytics, Following visits to individual practices during Autumn/Winter 2013, extra support continues to be in place for specific practices to deliver on QIPP.</p>		<p><b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b></p> <div style="border: 1px solid black; padding: 5px;"> <p>Continually review the levels of contingency to offset any QIPP under-delivery as the year progresses – <b>to be actioned by Ade Olarinde on an ongoing basis</b></p> </div>																
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>N/I – QIPP delivery is currently at only 75% overall at the end of Quarter 2 P/I – some improvements have been shown in referral patterns, P/I – improvements in the reporting function has improved confidence in the delivery of some schemes</p>		<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p>																

<b>Current performance (With these actions taken, how serious is the problem?)</b>	<b>Additional Comments</b>
There remains a high risk of QIPP under achievement in 2014/15. However the risk of this under-delivery having a significant impact on the CCG's ability to achieve its statutory financial duties is being effectively managed through the ongoing identification of non-recurrent funds elsewhere in the CCG's financial envelope.	None.

<b>Risk No. BAF 7</b>	<b>Strategic Principle :</b> High quality services tailored around the outcomes the individual wishes to achieve	<b>Lead: Jane Foster-Taylor</b>																				
<b>Risk:</b> Quality of care delivered by Basildon & Thurrock University Hospitals NHS Foundation Trust (BTUH) may fail to improve, be sustainable, or may deteriorate. (This was risk ID 024 in the 2013/14 BAF and CRR 6 on the 2014/15 CRR – it was escalated to the BAF as BAF 7 during Quarter 4.		<b>Date last reviewed: December 2014</b>																				
<p><b>Risk Rating</b> (likelihood x consequence): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Risk score heat map</p> <table border="1" data-bbox="91 639 369 807"> <tr><td style="background-color: red;"> </td><td style="background-color: red;">extreme (15-25)</td></tr> <tr><td style="background-color: orange;">8</td><td style="background-color: orange;">high (8-12)</td></tr> <tr><td style="background-color: yellow;"> </td><td style="background-color: yellow;">medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;"> </td><td style="background-color: lightgreen;">low (1-3)</td></tr> </table>		extreme (15-25)	8	high (8-12)		medium (4-6)		low (1-3)	 <table border="1" data-bbox="546 437 1505 1015"> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 3 (13/14)</td> <td>16</td> </tr> <tr> <td>Quarter 4 (13/14)</td> <td>12</td> </tr> <tr> <td>Quarter 1 (14/15)</td> <td>12</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>4</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>8</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 3 (13/14)	16	Quarter 4 (13/14)	12	Quarter 1 (14/15)	12	Quarter 2 (14/15)	4	Quarter 3 (14/15)	8	<p><b>Rationale for current score:</b> The risk rating has been increased during Quarter 3 as a result of some emerging quality concerns at the Trust raised by the CQC and the CCG, including discharge, medicines management and adult safeguarding.</p> <p><b>Consequence of risk:</b> Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.</p>
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<p><b>Controls (What are we currently doing about the risk?)</b></p> <p>The Commissioning Intentions for BTUH fully reflect the quality requirements that the Trust are expected to meet, as does the quality specification within the contract and associated Key Performance Indicators, CQUIN schemes in place to incentivise quality improvements, Scrutiny and challenge to BB CCG of the key quality metrics by Essex Quality Surveillance Group, BB CCG membership of internal assurance committees at BHRT, Scrutiny and challenge of key quality metrics at the Clinical Quality Review Group (CQRG) meetings, agreeing remedial actions, with regulators and BTUH themselves, Announced and unannounced quality visits assess standards at first hand, Provider quality reports to the monthly Patient Safety &amp; Quality Committee meetings promoting wider scrutiny of and challenge to key metrics of quality, safety and patient experience.</p>	<p><b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b></p> <table border="1" data-bbox="1541 276 2123 400"> <tr> <td data-bbox="1541 276 2123 352">Continue to closely monitor quality at BTUH – to be completed on an ongoing basis by Jane Foster-Taylor</td> </tr> <tr> <td data-bbox="1541 352 2123 400"> </td> </tr> </table>	Continue to closely monitor quality at BTUH – to be completed on an ongoing basis by Jane Foster-Taylor	
Continue to closely monitor quality at BTUH – to be completed on an ongoing basis by Jane Foster-Taylor			
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>P/I – programme of announced and unannounced quality visits by the CCG to a wide range of specialties and areas in BTUH demonstrates that standards of quality and patient experience are being met.</p> <p>P/E &amp; P/I – benchmarking data and patient surveys demonstrate improvements in service quality and patient experience</p> <p>P/E – CQC report dated 5<sup>th</sup> May 2013 shows that standards are being met with regard to treating people with dignity and respect and involving them in their care, and standards of staffing.</p> <p>P/E – CQC report dated 9<sup>th</sup> June 2014 lifted the “special measures” placed on BTUH and rated them as “green” overall (maternity services was rated as “outstanding”, however surgery as a specialty was still rated as “requires improvement”</p> <p>N/E – CQC have raised concerns recently about some aspects of the Trust’s systems and processes.</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>The CCG requires assurance that the significant improvements recognised in 2014 by the CQC are sustainable.</p>		
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>Whilst the overall picture of quality at BTUH remains positive, the risk rating has been increased in response to a small number of significant concerns which have emerged recently from internal and external sources. Quality at BTUH will continue to be monitored and it is anticipated that the risk rating will be reduced during Quarter 4 such that the risk may be de-escalated to the CRR.</p>	<p><b>Additional Comments</b></p> <p>None.</p>		

<b>Risk No. BAF 10</b>	<b>Strategic Principle :</b> High quality services tailored around the outcomes the individual wishes to achieve.	<b>Lead: Jane Foster-Taylor</b>								
<b>Risk:</b> Quality of care provided by the South Essex Emergency Doctor Service (SEEDS) during the out-of-hours period may deteriorate, may fail to improve, or may be unsustainable		<b>Date last reviewed : December 2014</b>								
<b>Risk Rating</b> (likelihood x consequence): Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Risk score heat map <table border="1" data-bbox="91 539 369 707"> <tr><td></td><td>extreme (15-25)</td></tr> <tr><td>9</td><td>high (8-12)</td></tr> <tr><td></td><td>medium (4-6)</td></tr> <tr><td></td><td>low (1-3)</td></tr> </table>		extreme (15-25)	9	high (8-12)		medium (4-6)		low (1-3)		<b>Rationale for current score:</b> Local commissioners have significant concerns about the quality and safety of services provided by SEEDS which are currently under active investigation.  <b>Consequence of risk:</b> Unsafe or poor quality patient care Poor patient experience Enforcement action imposed by regulators Loss of reputation for CCG and SEEDS Need to identify alternative providers of out-of-hours services in short timescale
	extreme (15-25)									
9	high (8-12)									
	medium (4-6)									
	low (1-3)									
<b>Controls (What are we currently doing about the risk?)</b>  Comprehensive service review is currently in progress across the South Essex CCGs, in conjunction with NHS England – outcome due by end of January 2015		<b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b> <table border="1" data-bbox="1532 882 2134 978"> <tr><td>Await outcome of formal review – due January 2015</td></tr> <tr><td> </td></tr> </table>	Await outcome of formal review – due January 2015							
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<b>Assurances (How do we know if the things we are doing are having an impact?)</b> N/E – initial evidence submission by SEEDS as part of the review was incomplete and did not therefore provide the required level of assurance to commissioners		<b>Gaps in assurance (What additional assurances should we seek?)</b> Assurance required about the quality and sustainability of SEEDS services								
<b>Current performance (With these actions taken, how serious is the problem?)</b>  Local commissioners have significant concerns about the quality and safety of services provided by SEEDS which are currently under active investigation.		<b>Additional Comments</b> None.								

<b>Risk No. BAF3</b>	<b>Strategic Principle :</b> A focus on preventing and timely intervention that supports people to be healthy and live independently for as long as possible	<b>Lead: Mandy Ansell / Ade Olarinde</b>																				
<b>Risk:</b> 18 week referral to treatment (RTT) targets may not be achieved across all providers. (This risk was ID 018 in the 2013/14 BAF)		<b>Date last reviewed: December 2014</b>																				
<b>Risk Rating</b> (likelihood x consequence): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Risk score heat map <table border="1" data-bbox="91 608 369 775"> <tr><td style="background-color: red;"> </td><td style="background-color: red;">extreme (15-25)</td></tr> <tr><td style="background-color: orange;">8</td><td style="background-color: orange;">high (8-12)</td></tr> <tr><td style="background-color: yellow;"> </td><td style="background-color: yellow;">medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;"> </td><td style="background-color: lightgreen;">low (1-3)</td></tr> </table>		extreme (15-25)	8	high (8-12)		medium (4-6)		low (1-3)	 <table border="1" data-bbox="546 405 1507 986"> <thead> <tr> <th>Quarter</th> <th>Risk Rating</th> </tr> </thead> <tbody> <tr> <td>Quarter 3 (13/14)</td> <td>16</td> </tr> <tr> <td>Quarter 4 (13/14)</td> <td>12</td> </tr> <tr> <td>Quarter 1 (14/15)</td> <td>12</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>8</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>8</td> </tr> </tbody> </table>	Quarter	Risk Rating	Quarter 3 (13/14)	16	Quarter 4 (13/14)	12	Quarter 1 (14/15)	12	Quarter 2 (14/15)	8	Quarter 3 (14/15)	8	<b>Rationale for current score:</b> Although problems remain with 3 specialities at present, the Trust is now on track to achieve compliance, at aggregate level, on all 3 RTT standards from December 2014 onwards in line with national requirements.  <b>Consequence of risk:</b> Adverse impact on clinical outcomes and patient experience, Loss of reputation for CCG and providers, Intervention by regulators.
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<b>Controls (What are we currently doing about the risk?)</b> Weekly performance review meetings in place with main providers, BB CCG (as lead commissioner for BTUH) has agreed a plan to achieve compliance, at aggregate level, on all 3 RTT standards from December 2014 onwards. In terms of speciality level compliance, BB CCG is working closely with the Trust to develop realistic plans to achieve specialty level compliance which is expected to be achieved in Quarter 4. In order for the Trust to reduce the tail of patients waiting over 18 weeks, it has embarked upon a significant programme of outsourcing and creating additional capacity through waiting list initiatives, additional clinics and theatre lists. Right Time, Right Place work at BTUH in place to address RTT sustainability on an ongoing basis.		<b>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</b> <table border="1" data-bbox="1534 1078 2128 1232"> <tr> <td>Need to continually work with providers to monitor plans and revise if necessary – <b>to be actioned by James Buschor and Mandy Ansell on an ongoing basis</b></td> </tr> </table>	Need to continually work with providers to monitor plans and revise if necessary – <b>to be actioned by James Buschor and Mandy Ansell on an ongoing basis</b>																			
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<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <p>P/I - The Trust submitted a compliant position on the incomplete RTT standard for August 2014.</p>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></p> <p>Assurance is required on a very regular basis that the long waiters are being treated and that RTT compliance at aggregate and specialty level remains on trajectory</p>
<p><b>Current performance (With these actions taken, how serious is the problem?)</b></p> <p>Although problems remain with 3 specialities at present, the Trust is now on track to achieve compliance, at aggregate level, on all 3 RTT standards from December 2014 onwards in line with national requirements.</p>	<p><b>Additional Comments</b></p> <p>None.</p>