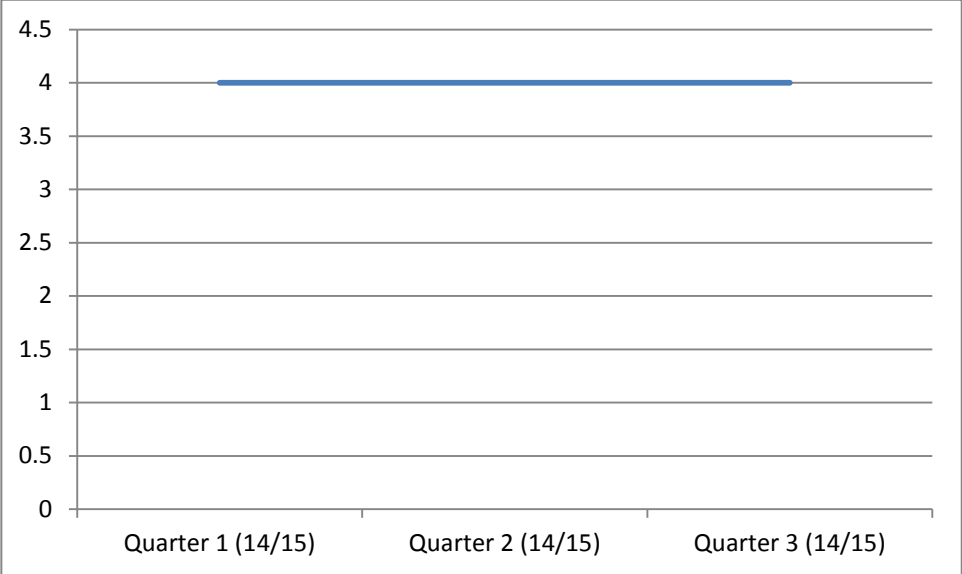
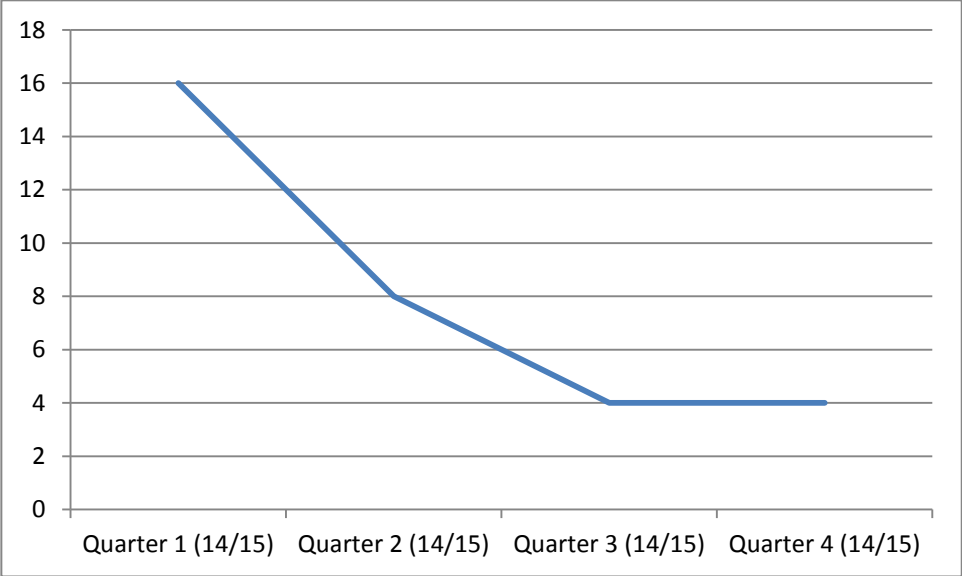
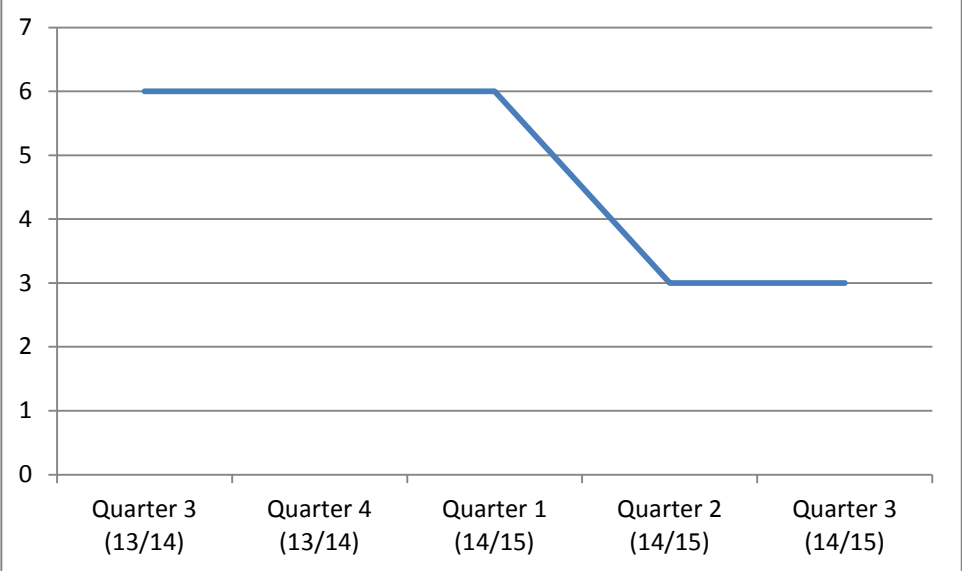


Risk No. CRR 4	Objective: High quality services tailored around the outcomes the individual wishes to achieve.	Lead: Jane Foster-Taylor								
Risk: Quality of care provided by local hospices may fail to improve, be sustainable, or may deteriorate. (This was risk 22 on the 2013/14 BAF).		Date last reviewed: December 2014								
Risk Rating (likelihood x consequence): Initial: 1 x 4 = 4 Current: 1 x 4 = 4 Risk score heat map <table border="1" data-bbox="91 587 369 754"> <tr><td></td><td>extreme (15-25)</td></tr> <tr><td></td><td>high (8-12)</td></tr> <tr><td>4</td><td>medium (4-6)</td></tr> <tr><td></td><td>low (1-3)</td></tr> </table>		extreme (15-25)		high (8-12)	4	medium (4-6)		low (1-3)		Rationale for current score: Data from various sources indicates that there are no significant quality issues with hospices serving the Thurrock population. Consequence of risk: Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.
	extreme (15-25)									
	high (8-12)									
4	medium (4-6)									
	low (1-3)									
Controls (What are we currently doing about the risk?) The Commissioning Intentions for hospices fully reflect the quality requirements that the providers 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 BB 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, Having previously been managed through Suffolk CCG, contracts for hospices are now managed by the CSU, giving greater local control over the management of the contracts.		Mitigating actions (What have we done /what more should we do?) <table border="1" data-bbox="1532 1058 2134 1150"> <tr><td>None</td></tr> <tr><td> </td></tr> </table>	None							
None										

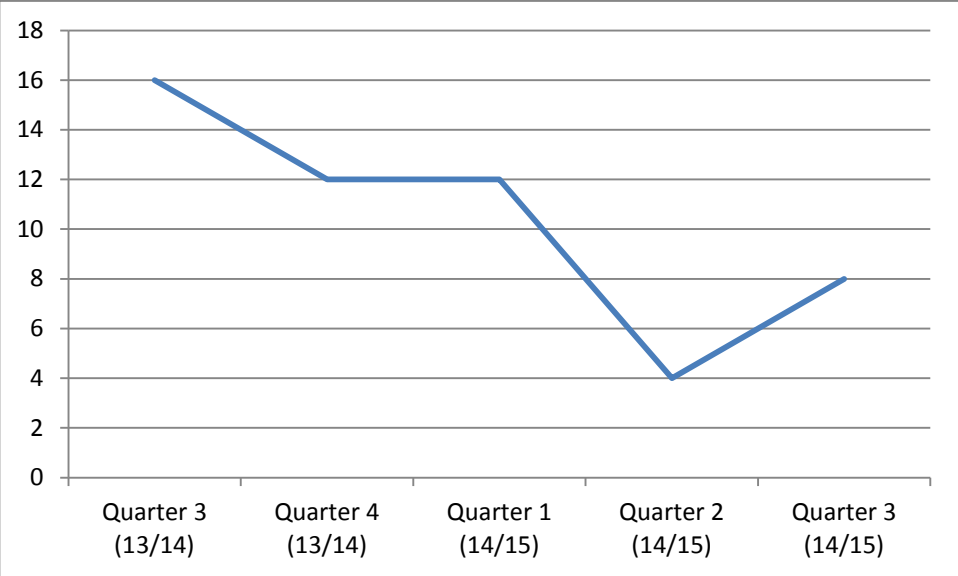
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>P/E – the CQC have not issued any negative inspection reports into local hospices, P/I – no complaints received about local hospices P/I – no significant issues with regard to serious incidents reported by local hospices</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Assurance required that the quality profile in local hospices is sustainable rather than a short-term picture</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>Provided that the current picture remains, it is anticipated that this risk will be downgraded to Low or removed from the CRR at the next review.</p>	<p>Additional Comments</p> <p>None.</p>

Risk No. CRR 5	Strategic Principles : High quality services tailored around the outcomes the individual wishes to achieve	Lead: Jane Foster-Taylor																		
Risk: Quality of care provided by care homes serving the Thurrock population may fail to improve, be sustainable or may deteriorate (this was risk ID BAF 6 up to and including the Quarter 1 review)		Date last reviewed: December 2014																		
<p>Risk Rating (likelihood x consequence): Initial: 4 x 4 = 16 Current: 4 x 1 = 4 Risk score heat map</p> <table border="1" data-bbox="91 539 369 707"> <tr><td style="background-color: red;"> </td><td>extreme (15-25)</td></tr> <tr><td style="background-color: orange;"> </td><td>high (8-12)</td></tr> <tr><td style="background-color: yellow;">4</td><td>medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;"> </td><td>low (1-3)</td></tr> </table>		extreme (15-25)		high (8-12)	4	medium (4-6)		low (1-3)	 <p>The graph shows a steady decline in the risk score over four quarters. The y-axis represents the risk score from 0 to 18, and the x-axis represents the quarters from 1 to 4 of the 2014/15 financial year. The score starts at 16 in Quarter 1, drops to 8 in Quarter 2, 6 in Quarter 3, and finally reaches 4 in Quarter 4, where it remains constant.</p> <table border="1" data-bbox="546 336 1505 914"> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 1 (14/15)</td> <td>16</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>8</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>6</td> </tr> <tr> <td>Quarter 4 (14/15)</td> <td>4</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 1 (14/15)	16	Quarter 2 (14/15)	8	Quarter 3 (14/15)	6	Quarter 4 (14/15)	4	<p>Rationale for current score: The controls in place and the quality data provide assurance that there are no significant quality concerns about local care homes at present. There is also recent assurance that the processes for monitoring quality and raising issues are effective.</p> <p>Consequence of risk: Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.</p>
	extreme (15-25)																			
	high (8-12)																			
4	medium (4-6)																			
	low (1-3)																			
Quarter	Risk Score																			
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Quarter 2 (14/15)	8																			
Quarter 3 (14/15)	6																			
Quarter 4 (14/15)	4																			
<p>Controls (What are we currently doing about the risk?)</p> <p>Regular attendance by Thurrock CCG at pan-Essex information-sharing meetings to gain intelligence and assurance on the quality standards at care homes, Monthly meetings with members of Thurrock Council, local care homes and the Patient Safety & Quality Team, to share intelligence and concerns and plan remedial action where needed, System in place for undertaking joint quality visits with Thurrock Council when quality concerns arise with a particular home, Scrutiny and challenge of the key quality metrics by the Essex Quality Surveillance Group.</p>		<p>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</p> <table border="1" data-bbox="1541 1010 2130 1161"> <tr> <td>Continue to develop programme of joint visits and information sharing with the Local Authority – to be actioned by Jane Foster-Taylor on an ongoing basis</td> </tr> <tr> <td> </td> </tr> </table>	Continue to develop programme of joint visits and information sharing with the Local Authority – to be actioned by Jane Foster-Taylor on an ongoing basis																	
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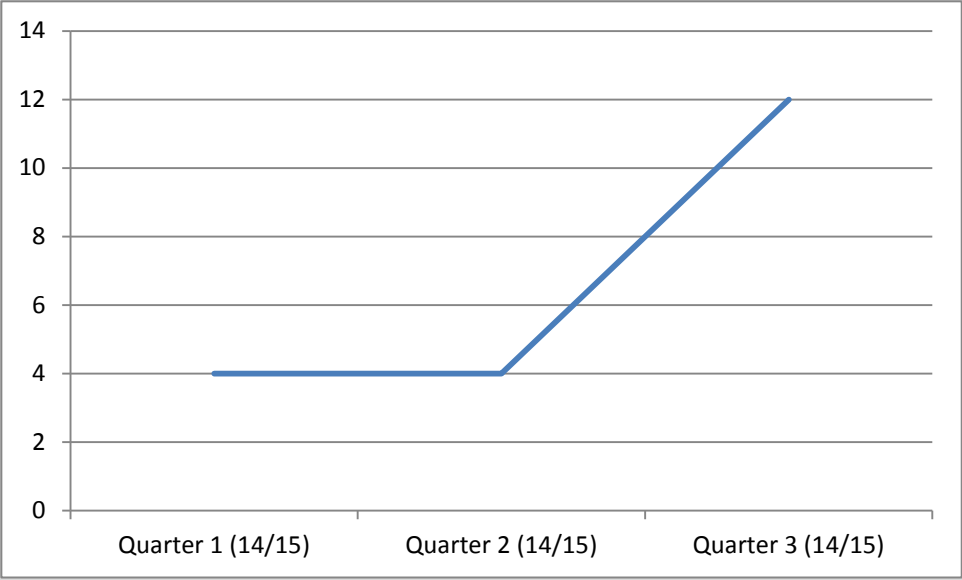
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>P/E – Care Quality Commission have issued no detrimental reports into local care homes, P/E – no concerns raised through the complaints or serious incidents process P/E – no concerns raised about the quality of care homes by GPs, NELFT community health services or other providers. P/E – recent evidence that the joint visit programme and other processes for highlighting concerns are operating when quality issues start to emerge</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Assurance is required that the improved picture of quality in care homes is sustained rather than a short-term improvement</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>Quality data from various sources provide assurance that there is no significant quality concerns about local care homes at present and that the governance arrangements for identifying and addresses any emerging issues are effective in practice.</p> <p>It is anticipated that this risk will be further downgraded or removed from the CRR in quarter 3, provided that the quality profile does not deteriorate.</p>	<p>Additional Comments</p> <p>None.</p>

Risk No. CRR 1	Strategic Principle: Health and care solutions that can be accessed close to home.	Lead: Mandy Ansell																				
Risk: Pressures on maternity capacity amongst local providers may result in lack of choice for patients and may compromise patient safety in units that are over capacity, particularly given the population growth in Thurrock.		Date last reviewed: December 2014																				
Risk Rating (likelihood x consequence): Initial: 3 x 3 = 9 Current: 1 x 3 = 3 Risk score heat map <table border="1" data-bbox="91 603 369 772"> <tr><td style="background-color: red;"> </td><td>extreme (15-25)</td></tr> <tr><td style="background-color: orange;"> </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;">3</td><td>low (1-3)</td></tr> </table>		extreme (15-25)		high (8-12)		medium (4-6)	3	low (1-3)	 <table border="1" data-bbox="546 403 1505 976"> <thead> <tr> <th>Quarter</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Quarter 3 (13/14)</td> <td>6</td> </tr> <tr> <td>Quarter 4 (13/14)</td> <td>6</td> </tr> <tr> <td>Quarter 1 (14/15)</td> <td>6</td> </tr> <tr> <td>Quarter 2 (14/15)</td> <td>3</td> </tr> <tr> <td>Quarter 3 (14/15)</td> <td>3</td> </tr> </tbody> </table>	Quarter	Risk Score	Quarter 3 (13/14)	6	Quarter 4 (13/14)	6	Quarter 1 (14/15)	6	Quarter 2 (14/15)	3	Quarter 3 (14/15)	3	Rationale for current score: There are no issues with quality or capacity at present. Consequence of risk: Lack of patient choice, Poor quality care for patients on units that are operating over capacity, Loss of reputation for CCG and providers, Disjointed care as women attend hospitals for antenatal care and birth due to lack of choice in the pathway.
	extreme (15-25)																					
	high (8-12)																					
	medium (4-6)																					
3	low (1-3)																					
Quarter	Risk Score																					
Quarter 3 (13/14)	6																					
Quarter 4 (13/14)	6																					
Quarter 1 (14/15)	6																					
Quarter 2 (14/15)	3																					
Quarter 3 (14/15)	3																					
Controls (What are we currently doing about the risk?) Essex-wide maternity capacity plan in place, led by BB CCG. The Essex-wide maternity capacity group communicates regularly to Thurrock CCG.		Mitigating actions (What have we done /what more should we do?) <table border="1" data-bbox="1536 1075 2119 1168"> <tr><td>None</td></tr> <tr><td> </td></tr> </table>	None																			
None																						

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>P/I and P/E – no indications of maternity capacity pressures or lack of choice at present.</p> <p>P/E – no complaints relating to lack of choice of maternity of services.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>The capacity situation requires continual monitoring to ensure that choice and safety remain paramount.</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>There are no unexpected pressures in maternity capacity at local providers at the present time and all local units (including Dartford & Gravesham NHS Trust) are accepting new bookings. The Essex-wide maternity capacity plan seems to be delivering sustainable solutions.</p>	<p>Additional Comments</p> <p>None.</p>

Risk No. CRR 6	Strategic Principle : High quality services tailored around the outcomes the individual wishes to achieve	Lead: Jane Foster-Taylor																				
Risk: 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 has now been escalated to the 2014/15 BAF for the second time as BAF 7)		Date last reviewed: December 2014																				
<p>Risk Rating (likelihood x consequence): Initial: 4 x 4 = 16 Current: 2 x 4 = 8 Risk score heat map</p> <table border="1" data-bbox="91 708 369 877"> <tr><td></td><td>extreme (15-25)</td></tr> <tr><td>8</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)	8	high (8-12)		medium (4-6)		low (1-3)	 <table border="1" data-bbox="548 507 1503 1085"> <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>Rationale for current score: 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>Consequence of risk: Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.</p>
	extreme (15-25)																					
8	high (8-12)																					
	medium (4-6)																					
	low (1-3)																					
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Quarter 3 (13/14)	16																					
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Quarter 2 (14/15)	4																					
Quarter 3 (14/15)	8																					

<p>Controls (What are we currently doing about the risk?)</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 & Quality Committee meetings promoting wider scrutiny of and challenge to key metrics of quality, safety and patient experience.</p>	<p>Mitigating actions (What have we done /what more should we do? Who will do it and when?)</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>Assurances (How do we know if the things we are doing are having an impact?)</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 & P/I – benchmarking data and patient surveys demonstrate improvements in service quality and patient experience</p> <p>P/E – CQC report dated 5th 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 9th 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>Gaps in assurance (What additional assurances should we seek?)</p> <p>The CCG requires assurance that the significant improvements recognised in 2014 by the CQC are sustainable.</p>		
<p>Current performance (With these actions taken, how serious is the problem?)</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.</p>	<p>Additional Comments</p> <p>None.</p>		

Risk No. CRR 3	Strategic Principle : High quality services tailored around the outcomes the individual wishes to achieve.	Lead: Jane Foster-Taylor																
Risk: 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 has now been escalated to the 2014/15 BAF as Risk BAF 12)		Date last reviewed: December 2014																
Risk Rating (likelihood x consequence): Initial: 1 x 4 = 4 Current: 3 x 4 = 12 Risk score heat map <table border="1" data-bbox="91 655 369 823"> <tr><td style="background-color: red;"> </td><td style="background-color: red;">extreme (15-25)</td></tr> <tr><td style="background-color: orange;">12</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)	12	high (8-12)		medium (4-6)		low (1-3)	 <table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Quarter</th> <th>Risk Rating</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 Rating	Quarter 1 (14/15)	4	Quarter 2 (14/15)	4	Quarter 3 (14/15)	12	Rationale for current score: 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. Consequence of risk: Unsafe or poor quality patient care, Poor patient experience, Loss of reputation for CCG and providers, Enforcement actions imposed by regulators.
	extreme (15-25)																	
12	high (8-12)																	
	medium (4-6)																	
	low (1-3)																	
Quarter	Risk Rating																	
Quarter 1 (14/15)	4																	
Quarter 2 (14/15)	4																	
Quarter 3 (14/15)	12																	
Controls (What are we currently doing about the risk?) 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		Mitigating actions (What have we done /what more should we do?) <table border="1" data-bbox="1532 1129 2141 1358"> <tr> <td>The CCG needs to work closely with NELCSU to ensure that appropriate overview and scrutiny is applied – to be actioned by Jane Foster-Taylor on an ongoing basis</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 – to be actioned by Lisa Allen before 31st January 2015</td> </tr> </table>	The CCG needs to work closely with NELCSU to ensure that appropriate overview and scrutiny is applied – to be actioned by Jane Foster-Taylor on an ongoing basis	The CCG should seek specific assurance regarding learning from the Never Event and PROMS scores at Spire and Nuffield Hospitals respectively – to be actioned by Lisa Allen before 31st January 2015														
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<p>Assurances (How do we know if the things we are doing are having an impact?)</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>Gaps in assurance (What additional assurances should we seek?)</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>Current performance (With these actions taken, how serious is the problem?)</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.</p>	<p>Additional Comments</p> <p>None.</p>