

Strategic Objectives	Directorate Objectives:	Risk Ref	Responsible Officer:	Operational Lead	Responsible Committee:	Risk Description:	Impact Score:	Inherent Likelihood Score:	Inherent Risk Rating:	Existing Controls (measures in place to reduce likelihood)	Residual Likelihood Score:	Residual Risk Ranking:	Risk Appetite:	Target Score:	Date Risk Added:	Date Risk Updated:	Risk Direction:	Sparkline:	Rationale for current score:	KPI	Target	Actual	Assurance on Systems of Internal Control	Internal / External	Positive / Negative	Gaps in Control	Gaps in Assurance	Action Plan and Progress	Timescale
Thurrock CCG population, enabling citizens to live longer, healthy lives supported by high quality care when, where and how they need it. Achieving the Standards and Outcomes expected by the populations and set out within the Constitutional Standards	To establish the CCG Commissioning Model ensuring a whole system approach to service transformation and integration	CG02	MT	MT	TBC	Provider Interrelationships IF the interrelationships within the Provider market continue to be ineffective THEN there could be poor service delivery or gaps in service (i.e. NELFT/SEPT, BTUH/SEPT, BTUH/NELFT). RESULTING IN non delivery of statutory duties, poor patient experience and reputational damage.	3	3	9	a- There are a number of joint work streams bringing system partners together, particularly around intermediate care review.	2	6	Moderate	6	01/10/2015	18/08/2016	↕		Joint CQUIN agreed, quarterly Exec to Exec meetings with Provider Partners and Providers have agreed a joining MOU.	One off KPI: Agreement of Lead Provider FTIT	Agreed Provider	In Progress	Transformation Report Minutes Exec to Exec (July 16)	I	P	None	None	Hempsons workshop held (July 16). Next stage to agree lead provider FTIT.	10/2016
	To enter into contractual relationships with provider organisations who deliver services to the Thurrock population and monitor contracts accordingly to ensure they are delivered according to agreed service levels.	CG03	MT	MT	TBC	Relationships with CCGs IF the fragmentation between Thurrock CCG and BBCCG (in terms of commissioning strategy is not appropriately managed THEN there could be poor gaps in service or destabilised contracts RESULTING IN non delivery of statutory duties, poor patient experience and reputational damage.	4	3	12	a - Regular Executive to Executive meeting between BB and Thurrock. b - Sharing commissioning intentions letters. c - Success Regime coverage. d - Agreement of processes with BBCCG (i.e. decommissioning).	2	6	Low	4	01/10/2015	18/08/2016	↕		Relationships with BBCCG have significantly improved. Executive meetings are working well and there is agreement between the CCGs around processes such as decommissioning.	N/A	N/A	N/A	None		None	None	None	None - Business as usual.	-
		QPS06 / CG04	MT	JT	OPSC / Finance & Performance Committee	IAPT IF the quality of care and uptake of services provided to Thurrock Residents for IAPT fails to improve THEN there could be poor outcomes for patients and the public, partner organisations and other stakeholders because the CCG failed to deliver its duties regarding Mental Health RESULTING IN potential loss of reputation and penalties imposed/poor ratings from NHSE.	3	4	12	a- Contract management b- CQRG c- Weekly performance monitoring d- Assessing outcomes of patient reviews.	4	12	Low	3	01/01/2013	04/08/2016	↕		Quality Team signed off policies. Provider demonstrating good service and so far access is improving. CCG Recovery action plan required to be shared with NHSE.	Activity per head of population (Access) Recovery Waiting list to treatment <6 wks Waiting list to treatment <18wks	15% (3.75%) 50% (50%) 75% (75%) 95% (95%)	(Q1 awaiting HSCIC Validation) 3.2% 35% (reduced) 97.9%	Local Data from Provider (June 16)	I	P	None	None	CCG Recovery Plan to be submitted to NHS E showing progress update.	10/2016
	To ensure that the Constitutional Standards are delivered (i.e. A&E, 18WKS RTT, IAPT, Cancer etc) through performance management	CG07	MT	MT	OPSC / Finance & Performance Committee	BTUH (Constitutional Stds) IF BTUH fail to meet the 18wk RTT target THEN there could be a potential deterioration in patient outcomes and failure to deliver statutory duties RESULTING IN sanctions, poor ratings from NHS E or reputational damage to the CCG.	5	3	15	a - Enhanced working relationships with peers b - Attendance at CQRG c - Inclusion in quality visits to the Trust and participate in audit. d - Review of websites and Board reports e - 12.5% of STF money dependent on meeting target. f - better sighted on reporting from lead CCG	4	20	Low	5	01/02/2016	18/08/2016	↕		BTUH are not currently meeting the RTT target.	18WK RTT %		90.6% (June 16) 92%	CQRG Report (July 16) Performance Report July 16)	E	N	None	None	Getting better information from BBCCG. CSU reporting. Action: Recruiting interm performance officer.	10/2016

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Better Care: Commissioning services will be planned in line with the vision of the CCG to meet the needs of the T processes.		CG08	MT	MT	OPSC / Finance & Performance Committee	BTUH (Constitutional Stds) IF BTUH fail to meet the Cancer target THEN there could be a potential deterioration in patient outcomes and failure to deliver statutory duties RESULTING IN sanctions, poor ratings from NHS E or reputational damage to the CCG.	5	3	15	a - Enhanced working relationships with peers b - Attendance at CQRG c - Inclusion in quality visits to the Trust and participate in audit. d - Review of websites and Board reports e - 5% of STF money dependent on meeting target. f - better sighted on reporting from lead CCG	4	20	Low	5	01/02/2016	18/08/2016	↕		BTUH are not currently meeting the Cancer Wait target.	Cancer Wait %	85%	67% (June 16)	CQRG Report (July 16) Performance Report (July 16)	E I	N N	None	None	Getting better information from BBCCG. CSU reporting. Action: Recruiting interm performance officer.	10/2016
		CG05	MT	MT	TBC	LA Budget Cuts IF there continues to be substantial reduction in budgets within the Local Authority THEN this could affect A&E discharges if domiciliary care is not sufficient RESULTING IN poor patient experience, failure to meet performance targets, poor ratings from NHS E and reputational damage.	4	3	12	Joint work on intermediate care review to establish the best way to meet the Thurrock intermediate care requirements. Closer working between CCG & LA. Dom Care now provided in-house. Joint work to explore opportunities to jointly re-procure Dom Care. BCF prioritisation of investment.	3	12	Low	4	01/10/2015	18/08/2016	↕		Services brought in-house and now being managed via the BCF. DTOCs, monitored via the ICE meeting. Substantial community investment to support service integration and intermediate care review.	delayed transfer of care rates (DTOCS)	TBC	TBC - but increasing	DTOC reports to ICE Meeting Improving DTOC performance - SRG A&E Plan CQC Action Plan	E I	N P	Need to work closer to influence Local Authority.	Currently being identified.	Work closer with LA colleagues.	10/2016
To ensure that the CCG has sufficient policies, procedures, processes and good governance practices to deliver its statutory requirements as a CCG as set out within its Constitution, the Health and Social Care Act 2012 and CCG Regulations 2012.		GV01	MA	NM	IGG / AC	CCG Authorisation IF The appointment of the Accountable Officer post issue is not resolved THEN the CCG cannot be fully authorised RESULTING IN poor opinion under the NHS England IAF and reputational damage, potential imposed special measures.	4	3	12	a - CCG working with NHS England to resolve the appointment issue. B - Acting appointment in post providing sufficient cover so that the CCG is fulfilling all its statutory duties and functions.	5	20	Low	0	01/04/2014	14/08/2016	↑		AO situation remains unresolved at this stage. This is no longer being tolerated by NHS England and the External Auditors, which could result in a public interest report or special / enforced measures.	Conditions and Directions	0	5	NHS England Annual Assessment letter (15/16) 'Requires Improvement'	E	N	None	None	Continue to work with NHS E to resolve situation.	10/2016
	it to support system sustainability and integration.		GV02	MA	NM	IGG / AC	Capacity IF the CCG continues to struggle with vacancies and capacity and the additional responsibilities placed on the CCG. THEN there may be an adverse impact on the delivery of its vision, functions and duties RESULTING IN poor opinion under NHS England IAF, reputational damage and potential errors / omissions in the commissioning and governance functions.	4	4	16	a - The CCG has a supportive and stable staff structure, which has recently expanded to support Directorates. b - Leadership is strong within the CCG. c - Services supporting the CCG hosted by other CCGs or provided by the CSU are stable and working effectively. d - Bidding for new monies to follow new responsibilities	3	12	Low	4	01/12/2013	14/08/2016	↑		Recent structure changes have enhanced the management team and increased (potential) capacity to support each Directorate. Repatriation of the CHC functions has settled. However, uncertainty from the ESR has a potential impact on staff.	Vacancy Rates Sickness Rates	Low Low	Low Low	Potential vacancies arising within the Business Support Team. Sickness rates are low. Cultural Survey did not raise any significant concerns.	I I I	N P P	Recruitment.	To receive more formal reports to the IGG.	Undertake appropriate recruitment - recruitment not yet approved by Remuneration Committee so on hold, but filled by temporary staff.

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<p>arrangements to not only comply with legislation and regulation, but to facilitate all appropriate partnership arrangements to deliver the CCG vision of an integrated health and care system operating both close to home, and within a wider strategic footprint</p>	<p>To ensure that the CCG complies with all appropriate legislation and (where appropriate) good practice, including health & safety, data protection, equality, sustainability and complaints.</p>	GV03	MA	NM/CC	IGG / QPSC	<p>Complaints IF staff are disrupted or the complaints manager is not adequately supported THEN errors in the complaints management process may arise RESULTING IN unsatisfactory patient experience by either unauthorised disclosure of information or incomplete complaint resolution.</p>	3	4	12	<p>a - Complaints policy and procedures. b - Continuity of Staff. c - Supervision and checks. d - Information Management Systems. e - Confidentiality Controls. f - Oversight at AC and QPSC. g - Audit review process. h - Joint SWE Complaints meetings.</p>	3	9	Low	3	28/06/2015	14/08/2016	↑		<p>Complaints procedures continue to be working effectively. However, the policy is currently under review, the log is changing and staff responsible for complaints are changing and so the risk has temporarily increased.</p>	Investigation in 20 working days from consent being received.	100%	TBC	<p>f - Quarterly Complaints Reports (July 16) g - Internal Audit of Complaints</p>	I E	P P	<p>Unskilled Staff Missed HSCIC Report deadline Q1 16/17 Policy being reviewed Staff involved in complaints changing NM oversight needs to increase New log yet to be in.</p>	<p>Quarterly reporting to improve by including more detail on complaints, responses, and deadlines for resolution.</p>	<p>Review staff training on complaints. Complete regular review by HoCG. Implement Internal Audit Recs. Review Complaints Policy and procedures / templates</p>	10/2016
	<p>To ensure that adequate support is provided by way of administration for all Directorates.</p>	GV04	MA	CC	IGG	<p>Directorate Support IF there is a staff shortage / lack of appropriate skills THEN errors in the administration of directorates may occur RESULTING IN insufficient support for Directorates and governance arrangements being inappropriately discharged.</p>	2	3	6	<p>a - Recruitment of additional staff. B - Internal training & development. c - Support within the Team. d - Incentivised and valued staff.</p>	5	10	Low	4	28/06/2015	19/08/2016	↔		<p>Current vacancies and staff moving to support the CHC and Primary Care teams has left the business support team with insufficient support, which is currently being provided on a temporary basis.</p>	<p>Vacancy Rates Sickness Rates</p>	Low Low	Low Low	<p>Output such as minutes of meetings reviewed by HBS and Chair. Positive feedback from Directorates.</p>	I I	P/N P	<p>Recruitment.</p>	None	<p>Undertake appropriate recruitment</p>	10/2016
	<p>That governance arrangements for working in partnership with the Local Authority and other stakeholders is robust.</p>	GV05	MA	RC	IGG / AC	<p>Non-Officer Board Members IF the CCG doesn't undertake sufficient planning for the retirement of GPs and developing non-officer Management skills THEN there is a risk that the CCG may not have a fully constituted or appropriately skilled Board RESULTING IN a lack of adequate governance, scrutiny and oversight. In addition, this could result in imposed measures by NHS England.</p>	5	4	20	<p>a - CCG Board currently fully constituted. b - currently undergoing planning for CCG Board elections c - developing new organisational development plan</p>	4	20	Low	5	30/06/2015	19/08/2016	↑		<p>This risk has been split refer also to TSC03. Risk re-profiled according to revised risk of constituting and full and appropriate CCG Board.</p>	<p>Fully Constituted Board</p>	10 Members	10 Members	Under review	N/A N/A	N/A N/A	<p>Comprehensive Board Skills Map Complete OD Plan</p>	Under review	<p>Update the Board Skills Map for new Board Members. Complete OD Plan.</p>	12/2016
	<p>To ensure that the CCG complies with all appropriate legislation and (where appropriate) good practice, including health & safety, data protection, equality, sustainability and complaints.</p>	GV06	MA	NM	IGG / AC	<p>Duty of Equality IF the CCG has inadequate governance arrangements THEN it may not fully comply with legislation / guidance relating to the duty of equality RESULTING IN the CCG acting inappropriately, breaching legislation or being placed in special measures by NHS E.</p>	4	3	12	<p>a - Policies and procedures in place. b - Strategies, programmes and recruitment take account of equality. c - Impact assessments carried out</p>	3	12	Low	3	30/06/2015	14/08/2016	↑		<p>The CCG has robust processes in place to abide by legislation and guidance in relation to equality. However, the current policy and strategy require updating and new requirements for CCG reporting on equality need to be embedded.</p>	None	None	None	<p>Policies and Procedures Reports to IGG</p>	I I	P P	<p>The Equality Strategy needs to be revisited and updated. Sustainability Action Plan needs to be updated. H&S Action Plan needs updating. Policies require review</p>	<p>Overarching report mapping compliance</p>	<p>Update Equality Strategy Update Sustainability Action Plan Update H&S Policy and Action Plan Update Policies Develop legal compliance map Embed Equality Reporting</p>	10/2016

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Leadership: Establishing and operating appropriate integrated governance and	To ensure that the CCG has sufficient policies, procedures, processes and good governance practices to deliver its statutory requirements as a CCG as set out within its Constitution, the Health and Social Care Act 2012 and CCG Regulations 2012.	GV07	MA	MA	IGG / AC	<p>Success Regime IF the CCG is not sufficiently engaged in the ESR THEN it may fail to establish the appropriate governance arrangements in a timely manner or may contribute to failing to deliver its financial and service objectives RESULTING IN potential enforced changes to make efficiencies and uncertainty as to the provision of services across the Essex Health System.</p>	4	4	16	a - Regular updates on progress with Success Regime. b - Mapping service framework to Localities, CCG, Essex, Success Regime, national levels.	4	16	Low		16/12/2015	19/08/2016	↑		The impact of the success regime is better understood (hence the increased impact score), but the full impact of it is yet to be established. Good work is being carried out to gain that understanding and influence the process.	None	N/A	N/A	Regular updates at CCG Board from MA.	I	P/N	None Identified	Yet to be established	Continue to work with NHS E, other CCGs and Providers on ESR.	10/2016
		QPS01	JFT	LS	OPSC	<p>BHRT (Quality) IF BHRT do not address the delays in OPD appts and other quality concerns THEN there could be significant patient safety issues RESULTING IN potential harm or reputational damage.</p>	4	4	16	a- Contract management via CQRG b- Performance monitoring c- Intense focus by the CQC and CCGs monitoring the service provision including 35 point action plan d- Assessing outcomes of patient reviews.	4	16	Low	4	01/04/2013	04/08/2016	↕		Leadership issues potentially impacting on service delivery. Recent issues such as unprocessed incidents, 18 and 52 week breaches, Delays in radiology reporting	Compliance with waiting times	National		b- Review of Board report (May 16) c- CQC reports (latest July 15 'requires improvement') d - no harm patient reviews (May 16 serious incidents)	I E I	N N N	Some data difficult to source	a-Minutes of CQRG (not provided by 5 May for some time)	Work closely with BBCCG who are secondary commissioners for the service to ensure that there is challenge to the providers service provision	09/2016
		QPS02	JFT	LS	OPSC	<p>BTUH (Quality) IF BTUH do not address the delays in 62 day targets and ED/Ambulance handover delays, THEN there could be significant patient safety issues RESULTING IN potential harm or reputational damage</p>	4	4	16	a- Focus by the CCGs and NHSE monitoring the service provision of patient pathways for cancer services across BTUH, SUHFT and MEHT b- Action plan and review of front door processes to reduce handover delays and achieve 4 hr targets c. Quality of service provision to be maintained as CQC 'Good' d- Maternity services are rated as Outstanding- CQC e- review the impact of the Success regime on how services will be managed and delivered on the block contract	3	12	Low	4	01/04/2013	04/08/2016	↕		Breaching ED target and not complying with handover delay processes. Reports to South and Mid Essex Cancer Assurance Group on Cancer waiting times indicate gaps in assurance about compliance. Good quality reports on indicators and SIs reported within timescales (CQRG).	62day breaches 4 hour ED target EEAST arrival to handover Reduced Handover Delays Maintenance of Quality KPI	zero 95% 15mins 30% reduction in delays by Q3	Thurrock 38% Combined 69.2% BTUH 67.7% 88.4% in January Hours lost June data 250 44% 15mins	a-Attendance and minutes of cancer meetings. Local CCG cancer meeting (July 16) b- CQRG reports (July 16) c- Ambulance reports and meetings with BTUH (July) d- Quality KPI	I/E I E I	P/N P/N P/N P/N	Reliance on other organisations to deliver their part of this target	Attendance at meetings to be included in the detailed discussions on performance	Working with BTUH/BBCCG and EEAST to monitor performance	10/2016
		QPS03	JFT	LS	OPSC	<p>Care Homes IF the CCG are not advised of quality concerns in care homes THEN there could be harm to residents for whom we commission care RESULTING IN reputational damage to the CCG. (Risk now includes Coach House)</p>	3	3	9	a- The CCG work closely with the LA and are advised of concerns as an when they occur b- The CCG receive information from other LA and the CQC relating to concerns across the economy during quarterly meetings c- The Quality team undertake collaborative visits with the LA to care homes d- The CHC team visit residents in care homes and provide feedback and raise concerns e- CQC reports	2	6	Low	3	01/04/2014	04/08/2016	↕		Risk re-classified now includes Coach House and general CHC. Improved intelligence received on the care homes in the locality monitor published CQC reports for themes and trends Coach House now business as usual CHC now in house and providing current feedback as concerns arise	No KPIs monitored			a- CQC reports b feedback from the LA c-Feedback from the CHC team d-Complaints	E E I E	P/N P/N P/N N	None as the CCG is not the regulator.	Willows lodge under scrutiny CQC Coach House good CQC rating, continuing to provide services therefore business as usual Bluebell Court good CQC rating, some other soft intelligence re complaints	LA, CQC and Commissioners are providing support and monitoring as required. Business as usual Further CQC review July Business as usual Monitoring as required	07/2016

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		QPS17	JFT	LS	QPSC	<p>NELFT IF NELFT are not able to address their staffing concerns and other quality issues THEN there could be patient safety issues RESULTING IN harm or reputational risk to the organisation.</p>	4	4	16	<p>a- Monitoring performance through CQRG and contract meetings b- Review of staffing and other quality metrics through quality visits to the service c- monitoring SI and complaints to identify themes and trends which are impacting upon patient safety d- Block booking of bank and agency to ensure continuity e- proactive recruitment of staff</p>	4	16	Low	3	01/03/2016	04/08/2016	↑		Risks highlighted at CQRG and reviewing the impact of staffing levels and knowledge relating to management of patients and levels of harm. AFC now at 50% so risk has increased.	Reduction in incidents through the sharing of lessons learned from SI Active recruitment to vacancies.	Not set, awaiting new national updates	Included in CQRG reports	<p>a- Quality Visits (Aug 16) b- Monitoring reports and SI (July 16) c- Patient and Staff feedback (July 16) d- CQRG KPI and contract reports feedback on CQUIN compliance (Aug 16) e- sickness and vancancy rates/turnover quarterly monitoring (July 16)</p>	E E E E I	P N P N N	A system to monitor NICE Compliance (rag rated)	Quality Audits (June 16) CQC Visit (report June/July 16) Routine Audits/Visits (June 16)	To deliver the gaps in assurance.	08/2016
	To have oversight of the provision of NHS Thurrock CCG funded services, contractually holding Providers to account to ensure that services received by Patients in the NHS Thurrock CCG population comply with legislation, contractual requirements and best practice to achieve CCG aims and objectives.	QPS05	JFT	LS	QPSC	<p>EEAST IF EEAST performance against target does not improve THEN there could be significant patient safety issues RESULTING IN potential harm or reputational damage to the organisation.</p>	5	4	20	<p>a- Contract and KPI detail service requirements b- Monthly Contract review meetings c- NEECCG leading on monthly meetings d- CQUIN schemes to incentivise quality and innovation e- Scutriny by EQSG f- Quarterly Quality meetings</p>	4	20	Low	5	01/04/2013	04/08/2016	↔		Non compliance with red 1, red2, red 19 Handover delays Vacancy rates Training and Appraisals. GP in EOC governance concerns	Trajectory set for all	75%, 75%, 95% to reduce delays by 30% Fill vacancies 95%	<p>June 16 Thurrock red 1-69.23%, red 2- 43.82%, red 19- 88.90% South West Vacs 40.07 wte Appraisals 34% PU 87%</p>	<p>a-Attendance at meeting and challenge on compliance with KPI (Aug 16) b-Monthly updates to QPSC (Aug 16) c- EEAST quality meetings and report including ACQI (July 16)</p>	E I I/E	P/N P/N P/N	Impact of hospital delays on EEAST performance Organisational strictures impacting upon contract management (both internal and external)	Limits to reporting and sharing information EEAST experiencing difficulties with other providers supporting their SI investigations	Deputy Chief Nurse continues to work with NEECCG to monitor quality and performance of the service.	09/2016
	To have oversight of the provision of NHS Thurrock CCG funded services, contractually holding Providers to account to ensure that services received by Patients in the NHS Thurrock CCG population comply with legislation, contractual requirements and best practice to achieve CCG aims and objectives.	QPS06 / CG04	JFT / MT	JI	QPSC	<p>IAPT IF the quality of care and uptake of services provided to Thurrock Residents for IAPT fails to improve THEN there could be poor outcomes for patients and the public, partner organisations and other stakeholders because the CCG failed to deliver its duties regarding Mental Health RESULTING IN potential loss of reputation and penalties imposed/poor ratings from NHSE.</p>	3	4	12	<p>a- Contract management b- CQRG c- Weekly performance monitoring d- Assessing outcomes of patient reviews.</p>	4	12	Low	3	01/01/2013	04/08/2016	↔		Quality Team signed off policies. Provider demonstrating good service and so far access is improving. CCG Recovery action plan required to be shared with NHSE.	<p>Activity per head of population (Access) Recovery Waiting list to treatment <6 wks Waiting list to treatment <18wks</p>	<p>15% (3.75%) 50% (50%) 75% (75%) 95% (95%)</p>	<p>(Q1 awaiting HSCIC Validation) 3.2% 35% (reduced) 97.9% 98.7%</p>	Local Data from Provider (June 16)	I I I E/I	P P P N	None	None	CCG Recovery Plan to be submitted to NHS E showing progress update.	10/2016
	To provide the function of the Children Safeguarding Manager, ensuring compliance with the Care Act 2015 and working with partners (including the Health & Wellbeing Board) to safeguard children within the NHS Thurrock CCG population	QPS11	JFT / MT	HF	QPSC	<p>Childrens Safeguarding IF there is insufficient scrutiny of the childrens safeguarding remit in commissioned services THEN there is likely to be patient safety concerns (if not resolved) RESULTING IN a potential harm to children, adverse media coverage and reputational damage.</p>	4	3	12	<p>a- working with NELFT and PH to review the care provision for LAC following the Ofsted review and action plan b-revised Childrens Safeguarding policy to be presented to June GB meeting c- Establishing robust partnership working between the LA, NELFT and PH to support service provision for school nurses and HV, new procurement in progress.</p>	3	12	Low	4	01/10/2015	04/08/2016	↔		CCG Team now fully established. CCG have robust internal processes for safeguarding, but there are some uncertainties about assurance of processes in providers and their capacity / completion of LAC reviews. Seeking assurance that NELFT has the capacity to deliver IHA/RHAs for the South west Essex caseload.	LAC and Childrens safeguarding KPI monitored through CQRG	Training compliance in line with HEF and Intercollegiate guidance	<p>a- Monthly monitoring of KPI (Aug 16) b- Ofsted and CQC reviews of services (April 16) c- CQRG reports (Aug 16) d- Serious Incident report themes and trends e- Monitoring numbers and themes of Serious Case Reviews (2016)</p>	I E I I E/I	N P/N P/N P/N N	Collaborative working and communication needs to be robust to ensure that there are no gaps in service provision	Action plan in place for LAC service	Review risk and changes to LAC	09/2016	

Place, at the right time, at the right level of quality that adequate systems and processes exist to address a) any deviation from high quality services or b) inequalities.

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Quality: Improving the quality and experience of services users to ensure that services are delivered in the right	To provide the function of the Children Safeguarding Manager, ensuring compliance with the Care Act 2015 and working with partners (including the Health & Wellbeing Board) to safeguard children within the NHS Thurrock CCG population	QPS14	JFT/MT	HF	QPSC	SEND Agenda IF the CCG and Local Authority fail to adequately co-ordinate to address the SEND agenda, THEN children may become disadvantaged, RESULTING IN potential loss of reputation and failure to comply with the inspection framework and national guidance.	4	4	16	a - audit for NHS England (June 16) b - developed action plan agreed with LA and provider c - monitoring via strategic SEN (multi-agency) group.	3	12	Low	6	04/08/2016	04/08/2016	NEW		Previously closed, re-opened. Following an audit, the action plan has been put in place and agreed by all parties, this is at an early stage, but there is confidence it will be delivered.	Deliver of SEND agenda by 2019	On Target	on target	RAG Rated Action Plan	I	P	Add timescales to the action log.	Board Reporting	Add timescales and complete Board Report	10/2016		
	To provide the function of the Adult Safeguarding ensuring compliance with the Care Act 2015 and working with partners (including the Health & Wellbeing Board) to safeguard adults within the NHS Thurrock CCG population.	QPS12	JFT	LS	QPSC	Adult Safeguarding IF the CCG Police and LA do not have the ability to deliver against its statutory function of Adult safeguarding THEN the Thurrock Adult Safeguarding Partnership Board (TASPB) will not be sufficiently assured that commissioned services are safe RESULTING IN potential failure to detect harm to adults.	4	3	12	a- The CCG Chief Nurse is a statutory partner of the TASPB and seeks assurance along with partners that the LA and providers are taking appropriate actions to safeguard those at risk of abuse. B- The CCG have a safeguarding adults lead c- the CCG policy is updated and in line with national guidance d- the CCG liaise with the LA and CQC relating to the reporting of safeguarding concerns d- the CCG safeguarding lead attends local, national and regional safeguarding meetings and is fully sighted on the most up to date	3	12	Low	4	01/10/2015	04/08/2016	↑		The TASPB commission audits and reviews of services when there are concerns raised relating to safety or when seeking assurance on reporting. Interim Business Manger appointed to support the TASPB.	Providers are monitored against the HEF safeguarding training KPI	Compliance with trajectories as reported at CQRG		E	P/N	a- CQRG reports from providers b- CQC and LA reports c- Quality visits to care homes and observation of care/raising safeguarding concerns d-Commission audits to seek assurance on data quality e Internal Audit of CCG processes August 2016	I/E	P/N	None	Any failure in attendance /communication delays	Actions taken and plans monitored through provider meetings	10/2016
	To provide the function of the Adult Safeguarding Manager, ensuring compliance with the Care Act 2015 and working with partners (including the Health & Wellbeing Board) to safeguard adults within the NHS Thurrock CCG population.	QPS16	JFT	JI	QPSC	Winterbourne IF the CCG doesn't engage with transforming care work THEN people with learning disabilities wont receive care in accordance with national best practice guidance RESULTING IN poor opinion from NHSE under the IAF and potential reputational damage.	4	4	16	a - Transforming Care Partnership Board. b - Weekly NHSE Return (CN/CFO) c - Weekly updates on care and treatment reviews. d - Community provider to support vision and delivery. e - S117 of Mental Health Act from IPT. f - Thurrock LD working group, reviewing at risk patients to prevent admissions.	2	8	Low		01/01/2016	18/08/2016	↓		The CCG has a detailed process to assess patients that fit the Winterbourne cohort and this is working effectively.	CTR identified patients inappropriate placed	0 Patients	2 Patients	Part II Quality and Patient Safety Board Paper	I	P	None	None	None - Business as usual.	10/2016		
	To have oversight of the provision of NHS Thurrock CCG funded services, contractually holding Providers to account to ensure that services received by Patients in the NHS Thurrock CCG population comply with legislation, contractual requirements and best practice to achieve CCG aims and objectives.	QPS07	JFT	LS	QPSC	Independent Providers IF the lead commissioners do not monitor the quality of services provided by independent provider hospitals THEN this could lead to unsafe or poor quality patient care RESULTING IN reduced capacity for NHS Care through the use of independent providers.	4	4	16	a - Established Contract and KPIs defining service specification. b- CQUIN schemes in place to incentivise quality improvements. c - Scrutiny and challenge by SE Quality Team and CQRG reports now received by TCCG. d - Announced & Unannounced visits BBCCG lead for Nuffield, SCCG lead for Spire.	3	12	Low		01/01/2014	04/08/2016	↔		TCCG now have sight of reports on services at Spire no further never events reported .	Series of KPI in line with standard NHS contract includes: Serious Incidents feedback from CQC Inspection Reports Complaints Never Event	0 0 0	1 (Nov 15)	Spire - had recent Never Event (Nov 15) CQUIN Spire (Q3 feedback) Report on nurse revalidation - Spire	E E E	N ?? P	Improved assurance from Southend CCG and NELCSU on compliance with KPI and safety for both Spire and BMI.	Assurance is provided that the arrangements for managing the private hospital contracts through the CSU are robust and delivering. Assurance also needed that the recent negative quality indicators are Spire / Nuffield are not indicative of a general fall in quality standards.	Obtain assurance regarding CSU management processes. Seek assurance on overall quality of services at Spire (SCCG) / Nuffield (BBCCG).	10/2016		
		Quality of care provided by the OOO Provider may deteriorate or be unsustainable	QPS13	JFT	LS	QPSC		4	4	16	Contract in place with IC24. CQRG meetings run by CPR CCG.	3	12	Low		01/12/2015	04/08/2016	↔		Service transferred to IC24 and demonstrating reasonable controls.	Serious Incidents Complaints	0 0	1 18 (Feb 16)	Report to QPSC from CPRCCG - quarterly -Concerns over SystemOne development requests and delays in SI Processes (now improved) and safeguarding improved. Next report August	E	P/N	In transition business as usual controls to be established.	Establishing performance reporting protocols	To work with IC24 to obtain all appropriate assurances regarding service delivery and performance. CPRCCG to undertake unannounced visits	10/2016	

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To deliver safe and effective Care Home services to the people of Thurrock.		QPS18	JFT	MW	QPS18	CHC /pupoc IE Thurrock CCG do not deliver against the trajectory (ArdenGem currently delivering the function over 10% below trajectory) and adequately manage CHC retrospective claims THEN NHSE could impose penalties and/or there could be an increase in retrospective claims RESULTING IN damage to organisational reputation, a poor governance assessment from NHSE and increased financial pressures.	4	3	12	a- Monthly reporting to QSPC and FPC b- exception reporting to Governing Body part 2 c- Monthly assurance meetings with NHSE d- HISCIC monthly data returns e Weekly Pupoc returns to NHSE	4	16	Low	4	13/06/2016	04/08/2016	↕		CHC Service now in house and integrated within the CCG. PUPOC - No signed SLA with Arden Gem, failure to deliver agreed trajectory for full compliance. Notice served by Arden Gem to all 7 CCGs, service will be delivered to end March 2017, but Witham office will close September 2016 and potential redundancies	No signed SLA no KPI			pupoc shutdown by sept 16 Sept to March monitor appeals	I	N	No controls no SLA, no KPI, no agreed service agreement	In the absence of an SLA the CCG is vulnerable	pupoc shutdown by sept 16 Sept to March monitor appeals	09/2016
		QPS19	JFT	LS	QPS19	Primary Care Nurse Education IE the CCG do not receive funding from HEE to provide primary care nurse education THEN there may be a gap in staff training and development, RESULTING IN a compromise in service	3	3	9	a- The CCG offers time to learn sessions, it is possible to have dual function sessions for nursing and medical staff on key requirements for staff in primary care b- some free training places are available, to provide professional updates c- Nurses may be able to	2	6	Low	3	13/06/2016	04/08/2016	↕		Due to restrictions in educational budgets, funds may not be available during 2016/17 to support nurse education. Practice nurse TNA undertaken by the CCG Nurse lead	None	None		I I/E E	P/N P/N P/N	Staff may not take up the opportunities offered	Unable to quantify Nurse education opportunities and gaps in service delivery	CCG will share reported concerns with NHSE and HEE through QSG	09/2016	
Support the delivery of the CCGs QIPP programme. Monitor and control project and programme delivery		FM01	AO/MT	FO	Finance & Performance Committee	QIPP IE the CCG fails to deliver the QIPP target THEN it will suffer financial pressure to meet the statutory target to break-even / achieve surplus. RESULTING IN potential loss of reputation and unplanned restrictions in commissioned services.	5	4	20	a- Robust project planning, including identification of risks and issues. b-Weekly / monthly review or progress and risks. c- Identification of alternative savings to manage shortfalls. d- Forecast out-turns used for monitoring. e - QIPP Committee/PMO review	3	15	Low	0	01/04/2016	15/08/2016	↕		CCG year to date position as at month 4 indicates a shortfall, however this is being actively managed.	QIPP Savings (to date)	£2.1m (July 16)	£1.6m (July 16)	July 16 QIPP Committee Report Finance Report to F&P Finance Report to Board	I I I	P/N P/N P/N	None	Report from Internal Auditors during the year.	QIPP committee to actively seek alternative /additional QIPP schemes	10/2016
		FM04	GM	QIPP Committee	Winterbourne IE the CCG fails to adequately manage re-settlement and liaise adequately with the LA THEN the mental wellbeing of 1 Thurrock patient could be poor and the CCG may need to pay accommodation cost which should be met by the LA RESULTING IN the CCG continuing to fund at £300kpa, and/or loss of reputation.	3	4	12	a - Project managed under QIPP Programme. b - good liaison with LA for them to identify appropriate accommodation. c- tendering for suitable provider. d - comms plan to manage patient and family expectations (advocate). d - project being managed by Nexus (specialist in complex needs). e - Regular updates to NHS England.	0	0	LOW	3	30/09/2015	15/08/2016	END		This case has been effectively managed and the patient has appropriate funding and care package. Overarching Winterbourne risks managed under QPS16.											

ing efficiently, effectively, economically and securing value for money for patients and the public from the

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<p>Sustainability: Operating within the established financial plan, meeting key statutory targets by ac money we spend to support the delivery of care and managing the CCG to achieve its aims and vision</p>	For the CCG to meet its statutory financial duties and any financial planning requirements set by NHS England.	FM02	AO	FO	Finance & Performance Committee	<p>Statutory Duty: Break-Even IF the CCG fails to deliver a break-even position, THEN it will not deliver its statutory duty RESULTING IN special measures imposed by NHS England, potential loss of reputation and potential restrictions on commissioning activity.</p>	5	4	20	a - PMO arrangements b - Robust / routine reporting of financial and activity report through sub-committees and ultimately to the Board. c - Formulating and implementing remedial action plans as the need arises. d - Robust financial management policies and procedures that are followed.	3	15	Low	5	01/04/2016	15/08/2016	↕		CCG year to date position as at month 4 is break-even and achievement of surplus.	Delivery of Annual Plan (July 2016) Delivery of mandated surplus (July 2016)	£67.5m £740k	£67.48m £745k	July 16 Finance Report to F&P Finance Report to Board	I I	P P	None	Internal Audit of Financial Systems	Commission Internal Audit of Financial Systems	10/2016
		FM05	AO	FO	Finance & Performance Committee	<p>CHC: Finance IF the CCG does not appropriately manage the provision of CHC services THEN there could be an increase in CHC patients and related costs RESULTING IN an increase in unplanned costs.</p>	5	4	20	a - robust policies and procedures in place (currently being updated) b- complaints process for appeals (currently being developed into CCG complaints policy) c - reporting to F&P and QPSC and Board d - supervision and checking of assessments e - planned internal audit review	4	20	Low	5	01/04/2016	15/08/2016	↕		To date (as at July 2016) there is a pressure of £400k.	Delivery against budget year to date (July 2016)	£3.395m £3.794m	£3.794m	July 16 Finance Report to F&P Finance Report to Board	I I	N N	None	Internal Audit of CHC	Update all CHC Policies Complete update of complaints policy	10/2016
<p>Engagement: The CCG will ensure that there is adequate engagement with patients, the public and wider stakeholders in CCG business as part of delivering its statutory duty. In addition, partnership working with other agencies (local authority/social care, education, primary care, public health) will work towards delivering the Health and Wellbeing Strategy. The aim of this is to reduce inequalities and strengthen prevention and early intervention to shift care away from re-active provision in an acute setting. By empowering patients to shape their future of health provision, providing choice and facilitating a culture of inclusion whereby citizens enjoy independence and personal responsibility for their own wellbeing alongside the self-management of long-term conditions.</p>	Integrating with key partners to deliver a fully joined up patient pathway, both across Community, Mental Health, CCG Specialities and the Local Authority.	INT01	MT	MT	TBC	<p>Integration (BCF) IF the CCG fails to properly integrate with key partners THEN the commissioning of services and delivery of the CCG aims and objectives could be affected RESULTING IN in gaps in service or ineffective administration of Better Care Funds.</p>	3	3	9	a - Structures and processes in place to govern the BCF and work in an integrated way with the Local Authority (ICE Meeting) b - HWB c - HWB Strategy	1	3	Low	3	01/10/2015	18/08/2016	↕		Risks in relation to the operation of the BCF are well managed. Confirmed in Internal Audit Report.	Assured BCF Plan	Yes	Yes	Internal Audit Report on BCF (Jan 16) External NHSE BCF Approval	E E	P P	None	None	None - Business as usual.	-
		TSC04	MA	JH	TSC	<p>HWB Strategy IF the Transformation programme fails to adequately/successfully engage THEN Poor patient and public satisfaction with local NHS. Adverse impact on delivery of Health and Wellbeing Strategy Goal and lack of influence over local providers and credibility with stakeholders RESULTING IN Loss of reputation for CCG and providers, Investigations by national agencies CQC/NHSI and Special Measures.</p>	3	3	9	a - Engagement strategy b - Monthly comms and engagement meetings with Clinical Champion, PPI NED and Healthwatch c - Healthwatch input to rolling programme of engagement for each phase of transformation d - Patient Champion(s) for patient/carer views e - Monthly CRG f - Health and Social Care Engagement Group	3	9	Moderate	6	19/08/2016			NEW		Engagement with partners around the HWB Strategy is positive and fully supported by our Transformation Plans.	None	None	None	Transformation update reports to Board Parts I and II CEG, CRG and HWBB reports quarterly Patient engagement embedded in CCG Communications and Engagement Strategy Legal advice on scope of engagement gained	I E I E	P P P P	None	None	Contine with Business as Usual

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<p>Better Health: The NHS Thurrock CCG Transformation Plan will improve the health and wellbeing of its population through integration and partnership working to redesign care pathways, so that services are delivered closer to home (where appropriate) using new models of care that integrate across all health and social care boundaries.</p>	To engage with NHS England and other relevant bodies to assure the CCG that safe, effective Primary Care is delivered to the people of Thurrock.	TSC01 / QPS04	JFT/MA	RC	QPS/C	<p>Primary Care IF a limited opportunity to recruit to vacancies and increasing number of practices deemed inadequate by CQC is not properly managed. THEN the shortage of primary care workforce to meet the growing demand could be RESULTING IN late diagnosis and increased demand on unplanned care services.</p>	5	5	25	<p>a) Long-term transformation project established along with the Primary Care development team within the CCG. b) Active support and engagement with Primary care. c) Regional and local engagement to develop infrastructure and workforce. d) Support from Public Health to inform planning for existing and future needs. e) Improve and expand the existing hub offer. f) Pre and post CQC visit support to practices. g) Working with colleagues on the Essex wide footprint to develop and implement newer models of care.</p>	5	25	Low	5	30/06/2015	15/08/2016	↕		Working on an Essex-wide footprint to recruit EU GPs to address the short-term workforce issues. One practice (within Thurrock) selected to be a pilot site. The benefits of this are yet to be realised.	CQC Inspections NHSE Regional Team Inspections	Satisfactory to Good	Concerns	<p>July 2016 a) Transformation Estates project plan for Healthy living centres- on track. B) Practice development project plan- on track. C) Pre and post CQC visit to practices being offered on an ongoing basis. D) Hub delivery and uptake continues to improve. E) Engagement with colleagues on a Essex footprint is ongoing.</p>	I&E I I&E I I&E	P P P P P	None	None	Action plan in place and CCG chair to set up training and guidance from CQC on what support can be offered. Develop business case to offer practice manager support to standardise practice manager skill sets.	10/2016
		TSC02	MA	JH	TSC	<p>Transformation Plans IF Programme management fails to adequately engage successfully THEN Reduction in costs not achieved and quality of accessibility and care for patients not improved. Benefits of integrated working not secured for the local system and the citizens of Thurrock. The STP fails. RESULTING IN Loss of reputation for CCG and providers, investigations by national agencies CQC/NHSI and potential Special Measures.</p>	5	4	20	<p>a - Transformation proposals are set out in the Thurrock Transformation Plan, b - the ACP integration plans are focused on preparing services to deliver this transformation within an agreed Commissioning and Operating Principles framework. c - Monthly transformation progress updates to Board and weekly transformation progress meetings with Clinical Chair d - Lead CCG for the STP Frailty and EoL Workstream e - weekly system partner/provider progress meetings</p>	3	15	Moderate	8	19/08/2016		NEW		Transformation programme still in early stage, however progress made to date around engagement is very positive.	Under Consideration	N/A	N/A	<p>Transformation update reports to Board Parts I and II CEG, CRG and HWBB reports quarterly STP reports Provider partnership engagement report to Board CCG membership of internal partnership committees of main providers</p>	I E E I I	P P P P P	Roadmap for monitoring system progress awaited and untested Robust triangulation of system provider plans needed (local and STP)	Regular formal reports to the Board.	Support development and roll-out of Roadmap Further develop systems to, collate, analyse and share plans to ensure compatibility	12/2016
		TSC03	MA	RC	IGG / AC	<p>GP Succession Planning IF the CCG doesn't undertake sufficient planning for the retirement of GPs THEN there is an increased pressure on the current Primary Care Provision RESULTING IN a lack of GP Services for patients in the future.</p>	4	4	16	<p>a - CCG is aware of the trajectory for GP succession planning. b - primary care team working with GP Practices. c - Reporting to Primary care Committee.</p>	4	16	Low	4	30/06/2015	19/08/2016	↕		The CCG is in the early stages of succession planning and is looking to recruit outside Thurrock. This risk has been split refer also to GV05.	None	None	None	Under review			CCG to formally map the GP succession planning trajectory. Processes need to be established to manage succession planning.	Lack of formalised documentation on GP succession planning.	Strategy for the management of GP succession planning be established.	10/2016
		TSC05	MA	RC	TSC	<p>Estates & Digital Strategy IF the CCG fails to address the recommendations from the Estates Strategy and implement paperless at the point of care from the local digital roadmap THEN the CCG will not deliver the National 'must do' standards in this area RESULTING IN an increased pressure on the delivery of the ESR STP.</p>	3	3	9	<p>a - work plan with primary care team b - reporting to Estates Group c - attendance at relevant stakeholder groups d - engagement with key stakeholders</p>	3	9	Low	3	19/08/2016		NEW		The CCG has established work plans in place for the delivery of the Estates Strategy and the Digital Roadmap, upon which we are making good progress.	None	None	None	Under review			Under Review	Under review	Under Review	09/2016