

Directorate Objectives:	Risk Ref:	Responsible Officer: Operational Lead	Responsible Board Member	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
<b>Strategic Objective 1: Through better commissioning improve local and national health outcomes, particularly by addressing poor outcomes and inequalities</b>																												
<b>Strategic Objective 2: To maintain and improve performance against core standards.</b>																												
1. To establish the CCG Commissioning Model ensuring a whole system approach to service transformation and integration.	CG04	JH	JH	AK	TASC	4	4	16	STP Care Pathways <b>IF</b> the CCG does not adequately influence the balance of power of the 'in hospital' model <b>THEN</b> the out of hospital model will not have sufficient focus to deliver the needs of the patients in the community <b>RESULTING IN</b> a failure to deliver care closer to home which is our overarching transformation vision.	4	16	Moderate	8	21/06/2017	18/01/2019	↕		The STP development continues and resources are now being identified to align with specific pathways. There is still a lack of clarity around how care pathways will work across the STP.	None	None	None	None available	N/A	N/A	Lack of clarity over management and governance arrangements.	Oversight of the whole STP programme and how it is performing.	Work with STP Partners to clarify management, reporting, and governance arrangements.  Work with SW Essex System Partners (inc BBCCG) to agree an aligned approach to a New Commissioning Model. Share with neighbouring CCG(s) and their local systems to help influence STP pathway development and the interface with OOH element of the	02/2019
<b>Strategic Objective 2: To maintain and improve performance against core standards.</b>																												
<b>Strategic Objective 3: To help create the safest, highest quality health and care service.</b>																												
1. Scrutiny and Monitoring of Service Provision	QPS01 (STP)	LS/AM	JFT	AK	QPSC	5	4	20	EPUT - Unexpected Deaths <b>IF</b> EPUT fail to meet their reduction target for suicide <b>THEN</b> more patients will take their own lives <b>RESULTING IN</b> patient death, reputational damage due to failings in a commissioned service and not meeting national requirements.	4	20	Low	5	01/06/2018	18/01/2019	↕		Difficulty in predicting individuals actions. Whilst there are emergency measures in place, the unexpected deaths are higher than anticipated trajectory, indicating that there needs to be more robust working on suicide prevention strategies across the STP.	Unexpected deaths (53 baseline)	10% reduction 48 target	May 18 87 deaths	Serious Incident Reports Mortality Group Meeting	E	N	Not Known	Currently being identified.  More information required about service provision.	Review and monitor SI action plans and seek theme and trend analysis from mortality reports	01/2019
1. Scrutiny and Monitoring of Service Provision	QPS06 (STP)	JFT	JFT	AD	QPSC	5	5	25	JCT - Managing Quality Risks <b>IF</b> the JCT do not manage and communicate their delegated risks adequately <b>THEN</b> the CCG will not be fully sighted or assured <b>RESULTING IN</b> potential risks to patient safety, failure to meet statutory targets and updates to Regulators, reputational damage and measures imposed by NHS England.	4	20	Low	5	01/06/2018	18/01/2019	↕		The CCG are now receiving bi-monthly reports from the JCT including copies of their risk register. In addition, we receive phone updates where there are high risk concerns that need to be shared immediately. For MEHT there are some concerns relating to infection control standards which are being investigated and addressed by the CQC and JCT.	EAST Compliance with ARP Standards EAST Implementation of actions from ISR (sufficient vehicles & staff) 62 day Cancer Target Ophthalmology Incidents Infection Control Standards Mortality CQC KLOE	compliance by Q1 19/20  A Trajectory plan is in place  85% Reducing Nos  Compliance with Policy  National Trajectory "Good"	Full details are available within the JCT reports These are shared at the CCG QPSC and governing body	Mortality Updates Regulatory Updates / Reports Provider Board Reports Intelligence from QSG	E E I E	P/N P/N P/N P/N	Whilst we get bi-monthly reports we do get some communication where is applies to Thurrock resides only so not a system wide picture.	Whilst we get bi-monthly reports we do get some communication where is applies to Thurrock resides only so not a system wide picture.	Actions are included within the QPSC and JCT reports. This risk to be added to STP BAF.	03/2019
1. Scrutiny and Monitoring of Service Provision	QPS08 (STP)	JFT/MT	JFT	AK	QPSC	4	4	16	BTUH (QUALITY AND CONSTITUTIONAL STANDARDS) <b>IF</b> BTUH do not address the delays in compliance with the 62 day target <b>THEN</b> there could be significant patient safety issues <b>RESULTING IN</b> potential harm or reputational damage	4	16	Low	4	01/02/2017	18/01/2019	↕		a- all new 62 day breaches are incident reported b- established processes for reviewing harm for 62+day breaches c- workshop delivered on 3.5.17 to review cancer provision across the STP d- 31 May NHSE issued a letter advising that reporting requirements to part 1 GB to improve transparency. e- Cancelled Operations - no operations cancelled during winter pressures	Cancer 2ww Target  Thurrock 62 day perf  Harm reviews 62+ days  Harm reviews 62 days	95%  85%	Cancer 2ww 90.1% (May) Thurrock 94.3% 62 day 65% (May) Thurrock data MSB 76% 62+ Day Harm Reviews no recent data	a- Sighted on reports from attendance at Cancer Board meeting in view of STP changes and chaired by Joint Committee b- CQRG reports c- cancer self assessment report for BTUH reviewed by NHSE on level 2 'increased assurance' d - No harm has yet been identified following 62 & 104 day harm reviews.	I/E I E I	P/N P/N P/N P	Reliance on other organisations to deliver their part of this target.  CCG need to be fully sighted on RCA harm reviews for breaches in this target.  Limited up to date information on Thurrocks own 62+ breaches	Attendance at meetings to be included in the detailed discussions on performance.  Operational meetings at BTUH being cancelled.	This risk is managed through the Joint Committee reports received. Close this risk. This risk to be added to STP BAF.	03/2019

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1. Scrutiny and Monitoring of Service Provision	QPS13 (STP)	JFT	SM	AK	QPSC	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.	5	4	20	a- Contract and KPI detail service requirements b- Monthly Contract review meetings c- NEECCG leading on monthly meetings d- QUIN schemes to incentivise quality and innovation e- Scrutiny by EQSG f- Quarterly Quality meetings g- CQC report requires improvement although Caring - outstanding 2018 h- ISR published May 2018	5	25	Low	5	01/04/2013	18/01/2019	↕		Non compliance with cat1 and cat 2 calls, service review in place and additional staff required to implement ARP from April 18 Increased activity in the TCCG locality Handover delays at the acutes impacting upon the Arrival to Handover (A-H) times Vacancy rates- currently fully established Training and Appraisals new period started Oct 16 ongoing concerns re compliance CQUIN to increase Hear and Treat (H&T) rates. Adverse media reports have lead to Quality/risk summit. Loss of senior team could destabilise the service	Trajectory set for all	cat 1 Cat1T and 2 trajectories Cat 1 8.22 (m) 90th 13.6 Cat 2 24.5 (m) 90th 51.3	reporting hours lost to ED Board BTUH – CPN and recovery plan currently behind trajectory – trust working to recover, however to deliver the ISR will require additional staffing	a-Attendance at meeting and challenge on compliance with KPI b-Monthly updates to QPSC moved to Monthly c- EEAST 1/4ly quality meetings being progressed for Q3. Programme for 2018-19 d- CQUINs in progress feedback e- Appointment of new clinical lead and med director f- Quality risk Summit now closed	I I/E I/E I E	P/N P/N P P	Impact of hospital delays on EEAST performance Organisational structures impacting upon contract management (both internal and external) Impact of the ARP, went live 18 October formal performance monitoring starts April 2018 Interim Med Director in place.	Winter pressures inc demand and A-H delays Limitations to reporting, sharing information EEAST experiencing difficulties with other providers supporting their SI investigations Service review by Deloitte commissioned by NHSE, NHSI and Ipswich and Suffolk CCG	Deputy Chief Nurse has handed the work to monitor this service to the JCT but is available for advice up until 1 August- reports are received on a bi-monthly basis. This risk to be added to STP BAF.	03/2019
1. Scrutiny and Monitoring of Service Provision	QPS16 (STP)	JFT	LS	AK	QPSC	SUHFT STAFFING LEVELS IF there continues to be insufficient staffing levels THEN this will contribute to reduced levels of performance and quality concerns RESULTING IN potential harm to patients and or reputational damage to the Trust and CCG.	4	4	16	a- The service is commissioned by SCCG and there is robust monitoring through quality visits and CQRG meetings and information sharing at the QSG meetings b - there is active recruitment to vacancies. C - TCCG will report any significant concerns/new SIs relating to this service provision and impact on Thurrock residents through the QPSC reports which would be escalated to the Governing body.	4	16	low	4	16/10/2017	18/01/2019	↕		The Trust is in special measures relating to their financial controls which could impact upon quality, patient safety and service delivery.  Risks identified around vacancy levels, although there is cross cover support from other acute hospitals in the STP.  The Trust will be leading on the benign urology service, and assurances have been sought regarding the impact upon other service delivery areas.	There are standard contract KPI developed and overseen by SCCG Staffing Vacancies	TBA Low (less than 25%)	TBA 50%	Safer Staffing reports CQC Rating requires improvement	I E	N/P P	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	This risk to be added to STP BAF.	03/2019
1. Scrutiny and Monitoring of Service Provision	QPS17 (STP)	JFT	SM	AK	QPSC	SUHFT -SHMI IF the mortality rates are not robustly investigated, managed and reported THEN there could be significant patient safety concerns RESULTING IN harm to patients and or reputational damage to the Trust and CCG.	4	4	16	a- The service is commissioned by SCCG and there is robust monitoring through quality visits, CQRG meetings, reviews by external regulators and QSG reports b- National reporting of SHMI and HSMR c. Reviews by regulators d. Internal processes to review all deaths and peer support from STP. e - TCCG will report any significant concerns/new SIs relating to this service provision and impact on Thurrock residents through the QPSC reports which would be escalated to the Governing body.	4	16	low	4	16/10/2017	18/01/2019	↕		Increasing SHMI, currently 1.17, as at June 2017 which is above the national average, awaiting further updates.  The Trust is in special measures relating to their financial controls which could impact upon quality, patient safety and service delivery.  An independent review of mortality is planned.	There are standard contract KPI developed and overseen by SCCG SHMI is reducing but still higher than expected	Lower than expected 1.12 higher than expected	CQC Rating Requires Improvement	E E	P P	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	Reports are received on a bi-monthly basis. This risk to be added to STP BAF.	03/2019	
1. Scrutiny and Monitoring of Service Provision	QPS18 (STP)	JFT	JFT	AK	QPSC	SUHFT OPTHALMOLOGY SERVICES IF the quality and performance standards are not robust THEN there could be significant patient safety concerns RESULTING IN harm to patients and or reputational damage to the Trust and CCG	4	4	16	a- The service is commissioned by SCCG and there is robust monitoring through quality visits, CQRG meetings, reviews by external regulators and QSG reports b- TCCG will report any significant concerns/new SIs relating to this service provision and impact on Thurrock residents through the QPSC reports which would be escalated to the Governing body.	5	20	low	4	16/10/2017	18/01/2019	↕		The ophthalmology service remains under scrutiny following concerns relating to service provision and the reporting of serious incidents The Trust is in special measures relating to their financial controls which could impact upon quality, patient safety and service delivery. Increasing volume of 18+ week patient numbers (1500) and waiting times	There are standard contract KPI developed and overseen by SCCG	TBA TBA	CQC Rating (Special Measures) awaiting formal report	E E	N N	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	The level of detail is dependent upon the sharing of intelligence by SCCG and through the QSG reports	Close this risk as now managed through JCT. Reports are received on a bi-monthly basis and updates from QSG. This risk to be added to STP BAF.	03/2019	

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3. Comply with statutory functions and responsibilities for the following: Safeguarding Children, Safeguarding Adults, Controlled Drug Regulations, Caldicott requirements and LADO etc.	QPS21	JFT/SM	VA	AK	QPS21	4	3	12	Child Protection Medical Examinations <b>IF</b> the medical examinations and written reports are not completed / submitted <b>THEN</b> children may be left in vulnerable / abusive situations and the CCG fails to discharge its responsibilities <b>RESULTING IN</b> harm to children, sanctions against the CCG including potentially corporate manslaughter.	4	16	Low	4	01/08/2018	18/01/2019	↕		There is an increasing number of child protection medical examinations not being undertaken. Or, if they have been undertaken then the written reports not being drafted or provided in a timely manner. This is a statutory responsibility the associated risk being that the CCG / Providers cannot identify vulnerable children in order to keep them safe, prevent harm, and protect them.	Volume of Child Protection Medical Examinations Volume of examination reports provided within timescale	100% 100%	TBC TBC	NELFT to undertake internal audits on their performance against these requirements, timescale for the audit. draft audit has been conducted. The CCG is awaiting the final audit report to be shared by NELFT	E	tbc	Non delivery for 8/12 Need formal KPI and SLA to be included as CV in the NELFT contract. According to the Contracts team and BB Quality team, this has not yet been agreed by NELFT.	Dashboards and KPI to be included in contract monitoring	Work with NELFT and quality team to introduce adequate monitoring mechanisms and ensure the examinations and reports are undertaken for the children of Thurrock.	03/2019
<b>Strategic Objective 4: To balance the NHS Budget and improve efficiency and productivity.</b>																												
1. To ensure that the CCG meets its statutory financial duties to operate within revenue and capital limits and not to exceed the running cost allowance.	FM02	MW	TM	LL	Finance & Performance Committee	5	4	20	Statutory Duty: Break-Even <b>IF</b> the CCG fails to deliver a break-even position, <b>THEN</b> it will not deliver its statutory duty <b>RESULTING IN</b> special measures imposed by NHS England, potential loss of reputation and potential restrictions on commissioning activity.	3	15	Low	0	01/04/2018	10/01/2019	↕		The CCG plans to break-even, but given the time of year there is not currently enough data / history to be more certain about the potential year-end achievement.	Delivery of Annual Plan (FOT as at May 18) Delivery of Statutory Breakeven duty	£216.3m Breakeven	£216.3m Breakeven	<b>Dec 18</b> Finance Report to F&P Finance Report to Board	I I	P P	None	Internal Audit of Financial Systems	None	02/2019
1. To ensure that the CCG meets its statutory financial duties to operate within revenue and capital limits and not to exceed the running cost allowance.	FM03	MW	TM	LL	Finance & Performance Committee	5	5	25	CHC: Finance <b>IF</b> the CCG does not appropriately manage the provision of CHC services <b>THEN</b> there could be an increase in CHC patients and related costs <b>RESULTING IN</b> an increase in unplanned costs, and increased risk to the achievement of Statutory duty to Breakeven.	3	15	Low	5	01/04/2016	10/01/2019	↕		The expectation is to deliver planned expenditure. But there is a potential for the CHC position to worsen due to the impact of increased activity and prices.	(FOT as at Jan 18) Delivery against budget year to date	£13.9m £10.4m YTD	£13.9m £10.4m YTD	<b>Dec 18</b> Finance Report to F&P Finance Report to Board Integrated Commissioning executive	I I I	P P P	None	Internal Audit of CHC Programme of QIPP Audits	None	02/2019
1. To ensure that the CCG meets its statutory financial duties to operate within revenue and capital limits and not to exceed the running cost allowance.	FM04	MW	TM	LL	Finance & Performance Committee	5	4	20	Joint Committee: Finance & Overperformance <b>IF</b> the governance around the Joint Committee is not sound <b>THEN</b> there could be overperformance and potential financial consequences <b>RESULTING IN</b> cost pressures and financial failure in achieving statutory duties.	4	20	Low	5	01/06/2017	11/12/2018	↕		There is currently uncertainty around the governance of the Joint Committee, which could impact on the CCG's achievement of its Statutory duty to breakeven, should financial performance not be appropriately managed.	Achievement of the Joint Committee Budget. Financial Performance of delegated portfolios.	TBA TBC	TBA TBC	Performance reports to be received from the JC.	E	N	Currently: Establishing the governance arrangements. Establishing the performance management arrangements. Establishing the feedback processes to provide assurance to the CCG Board.	Internal Audits of Joint Committee Functions.	Work with Joint Committee and NHS England to establish processes, procedures and good governance Risk & Assurance Committee Establishment	01/2019
<b>Strategic Objective 5: To lead a step change in the NHS preventing ill health and supporting people to live healthier.</b>																												
<b>Strategic Objective 6: Transforming models of care across acute, community and primary care. To improve out of hospital care.</b>																												

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<b>Strategic Objective 7: To deliver good governance in accordance with the CCG Constitution</b>																											
	GV01	MA	MM	IGG / AC	<p><b>Capacity</b>  <b>IF</b> the CCG continues to struggle with vacancies and capacity and the additional responsibilities placed on the CCG.  <b>THEN</b> there may be an adverse impact on the delivery of its vision, functions and duties  <b>RESULTING IN</b> poor opinion under NHS England IAF, reputational damage and potential errors / omissions in the commissioning and governance functions.</p>	5	4	20	a - The CCG has a supportive and stable staff structure, 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.	3	15	Low	4	01/12/2013	18/01/2019	↕	Redistribution of roles inherent in the STP and the pressures to address the required 20% efficiency savings in running costs continues to cause disproportionate pressure on human resources within the CCG	Vacancy Rates Sickness Rates	Low Low	Low Low	Vacancies within the Business Support Team. Sickness rates are low.	I I	N P	Recruitment. Staff Survey	To receive more formal reports to the IGG.	To carry out Cultural Survey	03/2019
	GV04	MA	MM	IGG / AC	<p><b>Duty of Equality</b>  <b>IF</b> the CCG has inadequate governance arrangements  <b>THEN</b> it may not fully comply with legislation / guidance relating to the duty of equality  <b>RESULTING IN</b> the CCG acting inappropriately, breaching legislation or being placed in special measures by NHS E.</p>	4	3	12	a - Policies and procedures in place. b - Strategies, programmes and recruitment take account of equality. c - Impact assessments carried out	4	16	Low	4	30/06/2015	18/01/2019	↕	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. New CSU Provider commencing July to support this process.	None	None	None	Policies and Procedures Reports to IGG	I I	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	Overarching report mapping compliance	Update Equality Strategy Update Sustainability Action Plan Update H&S Policy and Action Plan Update Policies Develop legal compliance map Embed Equality Reporting	03/2019