

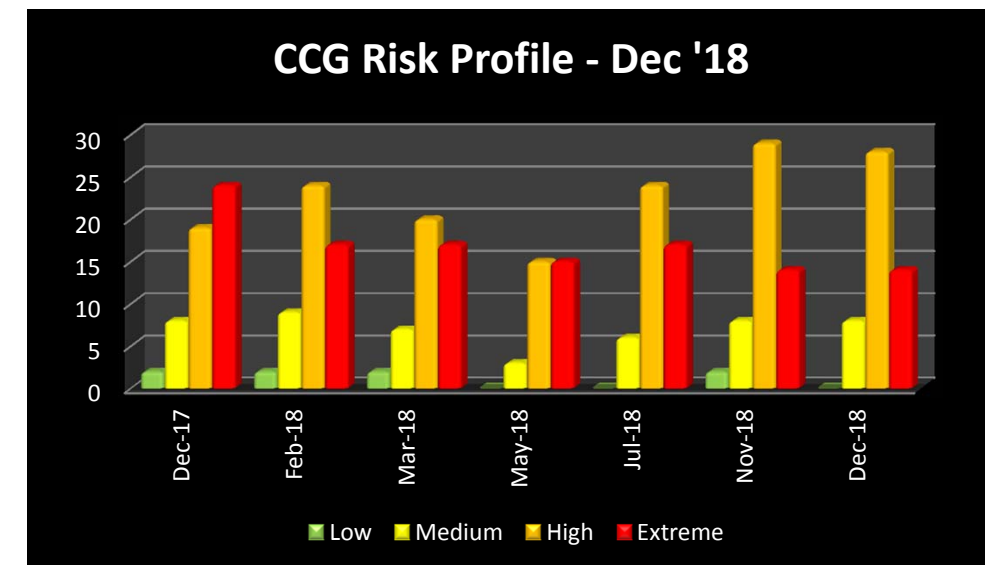
Current Ref:	Brief Description:	Dec-18	Spark	DoT	Rational for Current Score
QPS13 (STP) EEAST		25			Non compliance with cat1 and cat 2 calls, service review in place and additional staff required to implement ARP from April 18 Increased activity in the TCCG locality Handover delays at the acutes impacting 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 sevice
QPS01	EPUT - Unexpected Deaths (STP)	20			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.
FM04	Joint Committee: Finance & Overperformance	20			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.
QPS18 (STP)	SUHFT - Ophthalmology Services	20			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
QPS06	STP - Managing Quality Risks	20			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.
CG04	STP Care Pathways	16			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.
QPS16 (STP)	SUHFT Staffing Levels	16			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.

**Introduction**

At the June 2018 meeting of the Board it was agreed that risks for which the CCG are accountable, but the STP is responsible for the management of the risk, would remain on the CCG register. These risks will remain on the register until the Board is satisfied that sufficient information and assurance is received from the STP over the risks for which they are responsible. Arrangements for the management of risk within the STP is developing and consequently there are 15 risks that can be removed from the CCG register (shaded grey).

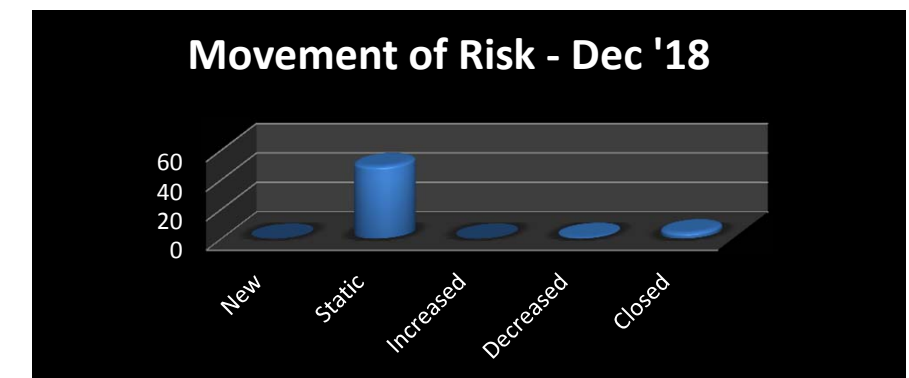
**Detail of Risks**

There are currently 50 risks held within the overarching Board Assurance Framework and Corporate Risk Registers. The profile of which is included in the chart below:



14 of those risks are rated Extreme and therefore need to be reported to the Board as the CCGs strategic risks. Those key risks relate to (in priority order):


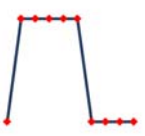
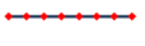




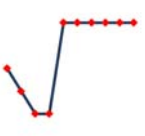


- EEAST (STP)
- EPUT Unexpected Deaths
- Joint Committee: Finance & Overperformance
- STP Managing Quality Risks
- SUHFT - Ophthalmology Services (STP)
- STP Care Pathways
- BTUH (Quality 62 Days) (STP)
- SUHFT Staffing Levels (STP)
- SUHFT - SHMI (STP)
- Child Protection Medical Exams
- Duty of Equality
- Financial Balance
- CHC: Finance
- Capacity



**Movement of Risk**

49 risks remained static, one decreased and four risks were closed.

QPS17 (STP)	SUHFT - SHMI	16		<p>Increasing SHMI, currently 1.17, as at June 2017 which is above the national average, awaiting further updates.</p> <p>The Trust is in special measures relating to their financial controls which could impact upon quality, patient safety and service delivery.</p> <p>An independent review of mortality is planned.</p>
QPS21	Child Protection Medical Examinations	16		<p>There is an increasing number of child protection medical examinations not being undertaken.</p> <p>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.</p>
GV04	Duty of Equality	16		<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. New CSU Provider commencing July to support this process.</p>
QPS08 (STP)	BTUH (Quality 62 Days)	16		<p>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</p>
FM03	CHC: Finance	15		<p>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.</p>
FM02	Financial Balance	15		<p>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.</p>
GV01	Capacity	15		<p>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</p>
QPS22	Serious Case Reviews (Children)	12		<p>Serious case reviews Workload in Thurrock remains high as compared to other LA's/CCGs impacting on staff capacity to undertake these reviews.</p>
GV05	STP Joint Committee	12		<p>Whilst the STPJC has been in operation for over a year, governance is still developing and there is increasing pressure and risk from increasing costs and the requirement for 20% efficiency savings of running costs next financial year.</p>
CG01	Commissioning Resources	12		<p>Governance arrangements within the STP are developing and there is still some uncertainty, especially with the new requirement to reduce running costs.. Some staff are undertaking work on behalf of the STP which was not planned.</p> <p>Work relating to the STP is impacting on CCG Staff.</p>
CG02	CCG Commissioning Team	12		<p>There is currently a high demand on the Director of Commissioning at the CCG which is creeping over the anticipated 0.5WTE.</p> <p>Steps have been taken to manage workload and prioritise accordingly.</p>

QPS02	MH Workforce Planning	12		↔	TCCG are leading on Mental Health Workforce but without funding for mental health commissioning workforce lead. This is currently under review.
QPS05	CHC / Previously Unassessed Periods of Care (PUPOC)	12		↔	Correspondence from Arden & Gem informing CCG about the repatriation of files to be arranged and reviewed for completeness, before acceptance.  Arden & Gem are currently reviewing each CCGs historic PUPOC caseload and are communicating with each organisation with a final position statement (activity status and finance). Thurrock CCG anticipate receiving by 25th Jan 2019 at which stage the CCG will review for accuracy.
GV06	EPRR (OOH Comms)	12		↔	There is a gap in the arrangements for communications in relation to emergency situations outside of business hours.
QPS07 (STP)	BHRT (Quality)	12		↔	CQC identified 'requires Improvement 2018' and the CCG continues to monitor SHMI (Standardised Hospital Mortality rate) July16 to June17 down to 101.9 from 105.8 in previous period RTT 89.72% ED 84.85%
QPS09 (STP)	BTUH (Quality 4 hr ED)	12		↔	Breaches to ED trajectory, ambulance handover delays and risks for patient safety when patients are being nursed on trolleys for a significant period of time. Monitoring of escalation beds and performance through ED delivery board. BTUH have been struggling to achieve >90% since December Increased monitoring by NHSE. Some significant staffing losses at a senior level could impact on performance
QPS10 (STP)	BTUH (Pathology First)	12		↔	Monitoring of this service is undertaken by BTUH and SUHFT CCG Board concerns around the Pathology First service. series of meetings with GPs from across South Essex with the Trust Medical director, some level of assurance was provided Some adverse media concerns relating to cervical screening incidents risks continue to be highlighted at CCG and GP level on staffing levels and standards of care.
QPS12 (STP)	NELFT (Staffing)	12		↔	Reduced numbers of therapist continue to be a concern and contributing to delays in patient journey, identified during service visits.
QPS14	Deprivation of Liberty Safeguards	12		↔	The CCG now has a system in place to undertake BIA's for CHC patients, there continues to be a cost implication for this. New SET MCA/DOLS guidance and updates on coroners requirement following expected deaths. National Judicial review being progressed. LA does have a small backlog of DOLS they provide update reports to QSG and Thurrock Adult Safeguarding Board.
QPS15 (STP)	SUHFT Infection Control Concerns	12		↔	Infection Prevention and Control concerns reported during visits. There has also been incidents of MRSA. The Trust is currently in special measure relating to their financial controls which could impact upon quality, patient safety and service delivery. Further CQC and NHSE reviews now de-escalated to amber.
QPS23	LeDeR (CPR & Southend CCGs)	12		↔	There is a backlog of reviews to be undertaken Limited time to complete

QPS25	Initial Health Assessments for LAC	12		↔	The process for sharing paperwork with other providers is not as timely as statutory requirements. The timescale does not appear to start until the paperwork is received from the local authority whereas the paperwork should be delivered for all children within 3 working days. The additional concern is the documented KPI does not reflect the statutory requirement.
QPS26	Unaccompanied Asylum Seekers	10		↔	UASC may be transferred out of our care to another local authority prior to IHA being undertaken and any health needs are not known at that time.
CG05	Complexities of QIPP Delivery	10		↔	The CCG has recruited to the PMO post. There is still a significant QIPP challenge, but the CCG is working with the STP JC to manage delivery of the QIPP.
GV07	CSU (IT SERVICE) Transition to new Provider	10		↔	The IT Mobilisation Plan is being delivered appropriately as the service becomes established. There have been no major issues as part of the migration to the new service provider. Data migration is not yet complete.
FM01	QIPP	10		↔	Although full identification of QIPP schemes are known, there remains some uncertainty of delivery at this stage of the financial year, the score reflects this risk.
MM02	Notice on Provision of Services	10			DMARDS - Interim arrangement established with the hospital and LES agreed and circulated. 27 out of 29 Practices now providing LES.  Warfarin - Issues still remain unresolved, but options appraisal being developed to resolve the issue.
MM01	Medicines Financial Risk	10		↔	There has been an uplift for the medicines budget and there is more certainty within the system currently in the management of medicines and alternatives. There is a potential future INCREASED RISK. Common medicines unavailable, leading to use of more expensive alternatives and price rises.
FM05	Running Cost Allowance: Finance & Overperformance	10		↔	The Running Cost budget is expected to remain within the current plan. The JC Running Cost Budget is currently underspending and this is also expected to remain within plan this financial year.
TSC01	Alliance Contract	9		↔	The Alliance Contract is the mechanism for agreeing across Thurrock the way in which services will be delivered to achieve outcome based models of care for our patients. The contract is breaking new ground and is yet to be agreed.
QPS11 (STP)	BTUH (SI/Never Events)	9		↔	The lead CCG is working in partnership with the provider to review serious incidents. All SI are shared with TCCG when reported, it is anticipated that this will continue through the Joint Committee SI processes. No new never events
TSC02	Strategic Direction and Influence of STP	9		↔	With the development of the STP there is some uncertainty as to the strategic direction for the STP and the impact that may have on local strategy and deliverables. Work has been undertaken on the Primary Care Strategy across the STP, we are starting to align the out of hospital strategy across the CCGs.

Board/Audit Committee

QPS03	SEND Agenda	8		↔	There has been significant progress over the past few months with the recruitment to the DCO role for the CCG and the development of a joint commissioning strategy for SEND with the Council. There are areas for development identified within the Children and Families Act 2014 which continue to require improvement and development. These include joint commissioning, monitoring outcomes as a system, LD health Checks, EHC Quality control and co-design.
QPS24	Out of Area Placements	8		↔	TCCG cohort placed out of area are not seen as a priority by the receiving area which causes delays assessments being completed.
QPS04	CHC Stability of Provider Market	8		↔	Stability of market and reduction in nursing home beds/dom care beds/providers
CG06	Access to Commissioning Data	8		↔	STP BI team now fully operational. However, there is still some risk around data quality.
GV03	Complaints	6		↔	Complaints now handled in a consistent way and team is now fully resourced, but becoming embedded
PC02	Estates & Digital Strategy	6		↔	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.
CG03	Dementia Diagnosis	6		↔	The target for 18/19 has significantly increased for Thurrock CCG. Hitting the target will be challenging because it requires communication and collective actions across the whole system. There is a recovery action plan, monitored by the steering group to ensure the target is met by the end of the financial year. We are currently not in line with the expected prevalence, however, we are on trajectory with the recovery plan to be managed to target.
QPS20 (STP)	EPUT Contract Transfer to TCCG	6		↔	CQC report good.
MM04	Enteral Feeding	6		↔	Whilst there are potential risks with the contract novation, there are measures in place to ensure that patient service is continued in accordance with the KPIs.
GV02	Directorate Support	4		↓	Administrative support for the Directorates is now fully resourced'
PC01	GP Succession Planning	4		↔	The roll out of the new models of care has the sign off from the membership practices and the financial resource to implement. The first locality will go live by the end of this financial year.
GV08	CSU (CORPORATE FUNCTIONS) Transition to new Provider	4		END	The corporate functions transferred to the new CSU provider have become embedded and business as usual.