

Strategic Objectives	Directorate Objectives	Risk Ref:	Responsible Officer:	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:	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	
<p>Planning: Commission certain health services that meet the needs of the Thurrock CCG population and deliver the CCG vision to enable citizens to live longer, healthy lives supported by high quality care when, where and how they need it</p>	To establish the CCG Commissioning Model ensuring a whole system approach to service transformation and integration	CG01	MT	TBC	Capacity issues within the team has a detrimental affect on the transformation programme and the team instead focus on 'fire fighting'.	3	3	9	Recruitment to Transformation Lead post. Links with public health teams. Potential recruitment of procurement partner to guide transformation work.	4	12	Moderate	01/10/2015		NEW		Risk Score has increased (likelihood) within the quarter to reflect the uncertainty over funding for staffing (particularly within Primary Care Team) going forward.	KPI's will be developed as part of the H&WB strategy.	N/A	N/A	None	N/A	N/A	Currently under review. Need to establish H&WB Strategy.	To map performance in the transformation plan to risk.	Review of performance of transformation plan. Develop H&WB Strategy (including KPIs)	12/2015	
	To establish the CCG Commissioning Model ensuring a whole system approach to service transformation and integration	CG02	MT	TBC	The interrelationships within the Provider market are ineffective resulting in poor service delivery or gaps in service (i.e. NELFT/SEPT, BTUH/SEPT, BTUH/NELFT).	3	3	9	The Transformation plan and any procurement will take some time to deliver. Therefore the focus in 16/17 will be on joint CQUIN and SDIP's to enable better coordination of care. These have not yet been negotiated so the risk remains the same.	2	6	Moderate	01/10/2015		NEW		There are a number of joint work streams bringin system partens together, particularly around intermediate care review.	KPI's will be developed as part of the H&WB strategy.	N/A	N/A	None	N/A	N/A	Currently under review. Need to establish H&WB Strategy.	To be developed once H&WB Strategy in place.	Develop H&WB Strategy	12/2015	
	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	TBC	Fragmentation between Thurrock CCG and BBCCG in terms of commissioning strategy may destabilise contracts.	4	3	12	There is a regular Executive to Executive meeting between BB and Thurrock, however, the commissioning intentions letters show different priorities and timelines. Therefore tensions remain.	4	16	Low	01/10/2015		NEW		Despite the regular Ex to Ex meetings, there is a divergence of approach between the organisations which is likely to result in splitting contracts.	N/A	N/A	N/A	None	N/A	Currently under review. Establishing additional measures.	Currently being identified.	Review control and assurance framework to identify gaps.	12/2015		
	To ensure that the Constitutional Standards are delivered (i.e. A&E, 19WKS TRR, IAPT, Cancer etc) through performance management processes.	QPS06 / CG04	MT	QPS	Quality of care and uptake of services provided to Thurrock Residents for IAPT may fail to improve resulting in potential loss of reputation, poor outcomes for patients and the public, partner organisations and other stakeholders.	3	4	12	Service re-tendered and new provider sourced. Current control framework therefore under review. Monitoring of the handover processes between services should be robust to ensure smooth transition	4	12	Low	01/01/2013	01/10/2015			Contract for IAPT under tender. New provider has been sourced for this service. Risk changed, now in relation to service transfer and so remains same score.	Activity per head of population Waiting list for treatment >28 days	TBC TBC	Below 38%	Results of the 100 day transformation plan had no significant impact on sustaining the trajectory.	I N	N	Controls currently being established.	Assurance is required that the waiting list is being managed appropriately by the new provider.	Manage service transition.	12/2015	
	To ensure that the Constitutional Standards are delivered (i.e. A&E, 19WKS TRR, IAPT, Cancer etc) through performance management processes.	CG05	MT	TBC	Substantial reduction in budgets within the Local Authority could affect A&E discharges if domiciliary care is not sufficient.	4	3	12	Joint work on intermediate care review to establish the best way to meet the Thurrock intermediate care requirements.	4	16	Low	01/10/2015		NEW		LA colleagues have notified us of their dom care workforce concerns. We are working together to identify the best way to meet requirements and avoid DTOCS.	delayed transfer of care rates (DTOCS)	TBC	TBC	Currently being identified.	N/A	N/A	Currently being identified.	Currently being identified.	Review control and assurance framework to identify gaps.	12/2015	
	To provide leadership and project management to the delivery of the QIPP programme, that feeds into contract negotiations and service transformation.	CG06	MT	TBC	QIPP delivery is currently below target which could affect the financial position of the organisation. The local health and social care system is extremely financially challenged. In particular the Local Authority position could adversely affect service transformation, the BB situation may affect SW funded services and BTUH will affect the likely contract deal with the acute provider.	4	3	12	Fortnightly QIPP meetings, Monthly QIPP CORE, dedicated PMO resource, additional finance capacity focussed on QIPP. Budget contingency.	4	16	Moderate	01/10/2015		NEW		The QIPP is underdelivering against plan. however, this is not currently affecting the overall forecast of break even.	Percentage QIPP delivery against target.	TBC	TBC	TBC	N/A	N/A	Currently being identified.	Currently being identified.	Review control and assurance framework to identify gaps.	12/2015	
<p>regulation, but to facilitate all appropriate partnership arrangements to deliver the CCG vision of an</p>	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	NM	IGG / AC	The CCG cannot be fully authorised until a fully substantial Accountable Officer is in post.	4	3	12	CCG working with NHS England to resolve the appointment issue. Acting appointment in post providing sufficient cover so that the CCG is fulfilling all its statutory duties and functions.	2	8		01/04/2014	01/10/2015			Situation remains unchanged. i.e. COO acting as Interim Accountable Officer.	Conditions and Directions	0		5	NHS England has retained conditions and directions upon the CCG's authorisation. Staff sickness remains below national average.	E I	N P	None	None	Continue to work with NHS E to resolve situation.	12/2015
	The CCG struggles to deliver its vision, functions and duties due to a lack of capacity because of the size of the organisation.	GV02	NM	IGG / AC		4	4	16	The CCG has a supportive and stable staff structure, which has recently expanded to support Directorates. Leadership is strong within the CCG. Services supporting the CCG hosted by other CCGs or provided by the CSU are stable and working effectively.	2	8		01/12/2013	01/10/2015			Recent recruitment has enhanced the mangement team and increased capacity to support each Directorate.	Vacancy Rates Sickness Rates	Low Low	TBC TBC	Vacancy and sickness rates are low. Cultural Survey did not raise any significant concerns.	I I	P P	None	To receive more formal reports to the IGG.	Review and establish more formal reporting processes.	12/2015	
	To ensure that the CCG complies with all appropriate legislation and (where appropriate) good practice, including health & safety, data protection, equality, sustainability and complaints.	GV03	CC	IGG / QPSC	Errors in the complaints management process result in unsatisfactory patient experience by either unauthorised disclosure of information or incomplete complaint resolution.	3	4	12	Complaints policy and procedures. Continuity of Staff. Supervision and checks. Information Management Systems. Confidentiality Controls. Secure room to process complaints. Oversight at AC and QPSC. Audit review process.	2	6		28/06/2015	01/10/2015			Complaints procedures are working effectively and additional support within the team has enabled the Complaints investigator to devote more time to the role. Controls confirmed by internal audit.	Investigation in 20 working days from consent being received.		100%	Quarterly Complaints Reports Internal Audit of Complaints	I E	P P	Unskilled Staff	None	Review staff training on complaints. Complete regular review by HoCG. Implement Internal Audit Recs.	12/2015	

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Well Led Organisation. Establish and operate appropriate integrated governance arrangements to enable not only compliance with legislation and integrated health and care system operating close to home.	To ensure that adequate support is provided by way of administration for all Directorates.	GV04	CC	IGG	Staff shortage / lack of appropriate skills results in insufficient support for Directorates that needs to be covered by the Head of Business Support and deputies, impacting on administration delivery.	2	3	Recruitment of additional staff. Internal training & development. Support within the Team. Incentivised and valued staff.	2	4		28/06/2015	01/10/2015	↔		Recent recruitment has enhanced the management team and increased capacity to support each Directorate.	Currently being determined.	N/A	N/A	Output such as minutes of meetings reviewed by HBS and Chair. Positive feedback from Directorates.	I	P		New staff recently started and so workload still difficult to manage.	None	Training new staff. Re-aligning workload.	12/2015		
	That governance arrangements for working in partnership with the Local Authority and other stakeholders is robust.	GV05	MA	IGG / AC	There is a lack of leadership for the CCG when GPs retire and suitable replacements are not available.	4	4	CCG is aware of the trajectory for GP succession planning.	4	16		30/06/2015	01/10/2015	↔		The CCG is in the early stages of succession planning.	Currently being determined.	N/A	N/A	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.	12/2015			
	To ensure that the CCG complies with all appropriate legislation and (where appropriate) good practice, including health & safety, data protection, equality, sustainability and complaints.	GV06	NM	IGG / AC	Failure to comply with legislation / guidance relating to the duty of equality could result in the CCG acting inappropriately, breaching legislation or being placed in special measures by NHS E.	4	3	Policies and procedures in place. Strategies, programmes and recruitment take account of equality. Impact assessments carried out	2	8		30/06/2015	01/10/2015	↔		The CCG has robust processes in place to abide by legislation and guidance in relation to equality.	Currently being determined.	N/A	N/A	Equality Strategy			The Equality Strategy needs to be revisited and updated. Sustainability Action Plan needs to be updated. H&S Action Plan needs updating.	None	Update Equality Strategy	12/2015			
	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	NM	IGG / AC	Uncertainty over the impact of the success regime and how it may affect strategic plans going forward.	3	4	Currently being developed	4	12		16/12/2015			NEW		The impact of the success regime is yet to be fully understood	None	N/A	N/A	Under review			Under review	Under review	Under review	01/2016		
	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.	Lack of intelligence and assurance on the safety and quality of the service provision at BHRT could lead to patient harm or unsatisfactory patient journey not being adequately addressed.	QPS01	JFT	QPSC	Enhanced working relationships with peers i.e. Infection Control. Inclusion in very few quality visits to the Trust. Review of websites and Board reports attendance at the infection control network meeting	3	4		3	9	Low	01/04/2013	01/10/2015	↔		Risks in relation to BHRT remain unchanged, demonstrated in September performance data and assurance reports.	VTE Risk Assessment / Prophylaxis Never Events Infection Control Rates Compliance with PSAS CQC Inspections Ratings EMSA	95% 0 In Trajectory Up to date Good 0	93.2% 0 cdiff 5 MRSA 1 PSAS up to date EMSA 0	Minutes of CQRG meeting (Oct 15). Board data on BHR Web (Oct 15). Serious Incidents (Open Reporting) no current data.	I I E	P P P		Review of CQRG information by the quality team and can provide feedback to the Trust	Reports from lead CCG on action being taken to address risks with regard to delivery. Review of CQRG information by the quality team and can provide feedback to the Trust	Will be open dialogue between the Deputy Chief Nurse's for BB and Thurrock in relation to KPIs for the BHRT Service. (LS to write to Stephen Mayo). Gain assurance from the Trust Havering CCG regarding the interim and permanent arrangements following the departure of the Director of Nursing.	12/2015	
		Lack of intelligence and assurance on the safety and quality of the service provision at BTUH could lead to patient harm or unsatisfactory patient journey not being adequately addressed.	QPS02	JFT	QPSC	Enhanced working relationships with peers. Attendance at CQRG. Inclusion in quality visits to the Trust and participate in audit. Review of websites and Board reports	3	4		3	9	Low	01/04/2013	01/10/2015	↔		Risks in relation to BTUH remain unchanged, demonstrated in September performance data and assurance reports.	VTE Risk Assessment / Prophylaxis Never Events Infection Control Rates Compliance with PSAS CQC Inspections Ratings EMSA	95% 0 In Trajectory Up to date Good 0	>95% 0 (Nov 15) MRSA 1 CDIFF ABOVE Up to date Good (2015) EMSA 0	Serious Incidents (as at end Nov 15) CQRG (Nov 15) Patient Records Audit HDU care (Nov 15)	E E E	P P P		None	None	None	None	N/A
		Lack of intelligence and assurance on the safety and quality of the service provision in Care Homes (responsibility of the LA) could lead to patient harm or unsatisfactory patient journey being being adequate addressed.	QPS03	JFT	QPSC	Pan-Essex information sharing meetings re: quality in Care Homes. Monthly meetings with Thurrock Council. Joint quality visits when concerns arise. Scrutiny and challenge by the Essex Quality Surveillance Group.	3	3		1	3	Low	01/04/2014	01/10/2015	↔		Risks in relation to care homes (under control of LA) remain unchanged.	Assessment is BY EXCEPTION: CQC Inspections Ratings Safeguarding Concerns Incidents / Complaints	Good 0 0	Willow Lodge Concerns	CQC Reports (no new reports available yet)			None as the CCG is not the regulator.	None. Assurance is via the LA and KPIs reviewed by CCG.	Business as usual	N/A		
To commission Continuing Healthcare (CHC) / Personal Health Budget (PHB) administration services that ensure patients in the NHS Thurrock CCG population are properly cared for within the CHC / PHB framework.	The Coach House have given notice to the CCG relating to the impending closure of this facility and will require the move of those patients being cared for within this service. There is a significant risk to the health and wellbeing of these patients requiring resting to other facilities and ongoing concerns for the friends and families should the location of the new site be some distance from the present location	QPS10	JFT	QPSC	Dialogue with Coachhouse. Discussions with other Agencies. Communication with Patients.	4	4		3	12	Low	26/08/2015	01/10/2015	NEW		Uncertainty of future for Patients in Coach House, but further dialogue is now being undertaken between the CCG and owners to source and alternative provider for this service. Risk therefore reduced from 16 to 12 within the quarter.	None	None	None	Internal Communications	I	N	CCG inability to influence Provider.	Require finalised arrangements for Coach House Patients and signed paperwork from Provider or successor or new Provider.	Continue to liaise with relevant partners and the Provider to resolve issue. Communicate with Patients and Stakeholders.	12/2015			

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Performance: delivery of commitments and improve Ensure that services are delivered in the right place	objectives.	QPS13	JFT	QPS	Quality of care provided by the OOO Provider may deteriorate or be unsustainable	4	4	Contract in place with IC24.	4	16	Low	01/12/2015		NEW		Service now transferred to IC24, relatively smooth transition, however some performance issues identified in SI processes and early days. So risk remains high.	Serious Incidents Complaints	0 0	no data	None			In transition business as usual controls to be established. Establishing performance reporting protocols	Lack of assurance over new provider arrangements.	To work with IC24 to obtain all appropriate assurances regarding service delivery and performance.	03/2016
	To deliver safe and effective Care Home services to the people of Thurrook.	QPS09	JFT	QPSC	The quality of services in Care Homes could be unregulated as a consequence of a lack of adequate management from the host of CHC services (ArdenGem).	5	4	Contract with ArdenGem to ensure individual patient contracts in place. Provider served notice so no entering a period of transition.	5	25	Low	30/06/2015	30/10/2015	↑		ArdenGem have given notice on the CHC contract and so the CCG must source alternative arrangements for CHC Services.	Serious Incidents Complaints	0 0	no data - in transition	None as currently in a period of transition.	N/A N/A		Lack of contracts established with Care Home Providers	Internal Audit of CHC. Performance Reports at an adequate level to provide assurance on systems of internal control.	To seek assurances from ArdenGem during transition period. Source alternative arrangements for CHC provision.	12/2015