

GOVERNING BODY ASSURANCE FRAMEWORK (GBAF)

Southend CCG's GBAF identifies the main risks to the delivery of the CCG's strategic objectives and outlines the controls and assurances in place to manage and monitor these risks. Each risk includes actions to further reduce the risk and shows current performance based on controls and assurances in place. All strategic risks are linked to quality, finance and performance.

Risk Number and Title (linking to CCG Strategic Objectives)	Current Score	Movement	Main risks to delivery of these objectives
GBAF 16. To ensure CCG is resilient and able to discharge its statutory functions safely and efficiently.	12	→	Failure to deliver statutory obligations. Gaps in services will impact on ability to deliver objectives and QIPP targets and prepare well for 2014/15 contract negotiation round.
GBAF 18. To achieve overall financial balance and metrics set by NHS England.	12	→	Failure to achieve QIPP savings, resulting in failure to achieve financial statutory responsibilities.
GBAF 17. To deliver the NHS Constitution, in particular operational standards; to achieve waiting times, particularly in A&E.	9	→	Risk to patient safety, reduced quality of service, poor patient experience and poor patient satisfaction.
GBAF 1. To ensure high quality safe services for our patients through the management of healthcare contracts.	9	→	Patients at risk of not receiving high quality treatment and care. Performance of providers is monitored to ensure high standards of quality and patient safety.
GBAF 4. To effectively engage with GPs and to develop a clinically led membership organisation.	9	→	Failure to engage GPs in the work of the CCG and to ensure delivery of QIPP schemes.

(NB: Risks 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 and 15 have been closed.)

RISK RATING MATRIX

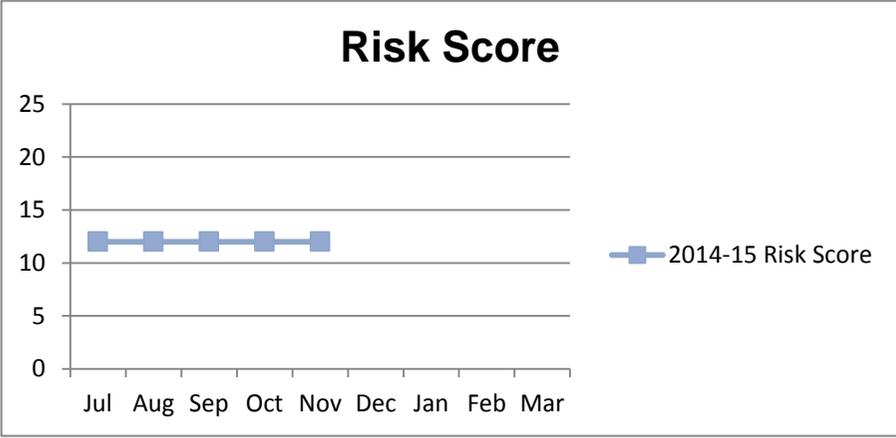
CONSEQUENCES	LIKELIHOOD				
	Rare 1	Unlikely 2	Moderate 3	Likely 4	Almost certain 5
Minor - 1	1	2	3	4	5

Moderate - 2	2	4	6	8	10
Serious - 3	3	6	9	12	15
Major - 4	4	8	12	16	20
Fatal - 5	5	10	15	20	25
KEY:	Low risk (1 – 3)	Moderate risk (4 – 6)	High risk (8 – 12)	Extreme risk (15 – 25)	

Consequences – Levels and Descriptors		
Consequence - Levels	Descriptor	Description
1	Minor	First aid treatment. Low financial consequence. Low environmental implications. Some loss of reputation
2	Moderate	Medical treatment required. Moderate environmental implications. Moderate financial consequence. Moderate loss of reputation. Moderate business interruption.
3	Serious	Serious injuries to one or more persons. Serious environmental implications. Serious financial consequence. Serious loss of reputation. Serious business interruption.
4	Major	Excessive injuries. Major environmental implications. Major financial consequence. Major loss of reputation. Major business interruption.
5	Fatal	Death or multiple deaths. Potential closure of the CCG.
Likelihood - Levels and Descriptors		
Likelihood Levels	Descriptor	Description
1	Rare	The event may occur only in exceptional circumstances.
2	Unlikely	The event could occur at some time.
3	Possible	The event should occur at some time.
4	Likely	The event will probably occur in most circumstances.
5	Almost Certain	The event is expected to occur.

Risk No. GBAF16	Objective: To ensure CCG is resilient and able to discharge its statutory functions safely and efficiently.	Lead: Chief Operating Officer																												
Risk: 1. Size of CCG team is small resulting in capacity and capability issues. 2. CCG still reliant on a number of interim staff in key positions. 3. Risk to the CCG's business continuity and ability to deliver due to Centre Easter CSU ceasing to trade after September 2014.		Date last reviewed: 7/11/2014																												
<p>Risk Rating (likelihood x consequence):</p> <p>Initial: 3 x 4 = 12</p> <p>Current: 3 x 4 = 12</p> <p>Risk score heat map</p> <table border="1" data-bbox="91 571 369 738"> <tr> <td style="background-color: red; color: white;">12</td> <td style="background-color: red; color: white;">extreme (15-25)</td> </tr> <tr> <td style="background-color: orange;">12</td> <td style="background-color: orange;">high (8-12)</td> </tr> <tr> <td style="background-color: yellow;">12</td> <td style="background-color: yellow;">medium (4-6)</td> </tr> <tr> <td style="background-color: lightgreen;">12</td> <td style="background-color: lightgreen;">low (1-3)</td> </tr> </table>	12	extreme (15-25)	12	high (8-12)	12	medium (4-6)	12	low (1-3)	<div style="text-align: center;"> <h3>Risk Score</h3>  <p>2014-15 Risk Score</p> <table border="1" data-bbox="504 327 1400 758"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jul</td><td>12</td></tr> <tr><td>Aug</td><td>12</td></tr> <tr><td>Sep</td><td>12</td></tr> <tr><td>Oct</td><td>12</td></tr> <tr><td>Nov</td><td>12</td></tr> <tr><td>Dec</td><td>12</td></tr> <tr><td>Jan</td><td>12</td></tr> <tr><td>Feb</td><td>12</td></tr> <tr><td>Mar</td><td>12</td></tr> </tbody> </table> </div>	Month	Risk Score	Jul	12	Aug	12	Sep	12	Oct	12	Nov	12	Dec	12	Jan	12	Feb	12	Mar	12	<p>Rationale for current score:</p> <p>Key positions are now covered by interims to ensure target delivery, although some key permanent appointments have now been made. New organisational structure has now been approved with key posts incorporated on a permanent basis to ensure sustainability. It is anticipated that the likelihood score will decrease as further progress is made and services that transferred from CECSU on 1st October 2014 are operating as expected.</p> <p>Consequence of risk:</p> <p>Failure to deliver statutory obligations. Gaps in services will impact on ability to deliver objectives and QIPP targets and prepare well for 2014/15 contract negotiation round</p>
12	extreme (15-25)																													
12	high (8-12)																													
12	medium (4-6)																													
12	low (1-3)																													
Month	Risk Score																													
Jul	12																													
Aug	12																													
Sep	12																													
Oct	12																													
Nov	12																													
Dec	12																													
Jan	12																													
Feb	12																													
Mar	12																													
<p>Controls (What are we currently doing about the risk?) Organisational effectiveness review undertaken for 13/14 and identified skills and resource gaps. Built resilience through approved rapid hire of skilled interims, giving organisational flexibility. Weekly executive reviews/forward plans workload. Increase in collaborative working with other CCGs and local partners. Developed shared governance arrangements and shared staff resources for planned and unplanned care work. Business case for insourcing commissioning support functions will significantly improve the capacity of the CCG to be implemented from July to September.</p> <p>More thorough approach to annual objective setting for all staff underway to maximise efficiency and productivity.</p> <p>Weekly Transition Oversight Committee (TOC) established for 7 Essex CCGs, NHS England and CECSU as part of governance framework for the transition. COO is a member of the Committee. The business as usual is reviewed each week and actions taken to address any areas of concern on an individual basis. Head of Corporate Services attends weekly Transition programme board.</p> <p>The CECSU human resources team are monitoring the resignations and reporting weekly if numbers are above expected levels.</p> <p>The transition is being completed swiftly and structures were shared with staff in June. Work has been ongoing in recruiting to the new structures and a number of new staff have started with the CCG.</p> <p>NELCSU have been engaged in designing new services for those which have not transferred to the CCG, and these have now been implemented from 1st October.</p>		<p>Mitigating actions (What have we done /what more should we do?)</p> <p>Key pieces of work have been prioritised and staff have been moved flexibly to focus on these work areas.</p> <p>Directly employed CCG staff have been taking more active direct roles in areas such as acute contracting over the past year and have developed expertise in this area. The HR framework should support and retain CSU staff. A significant number of services have now transferred to NELCSU.</p>																												

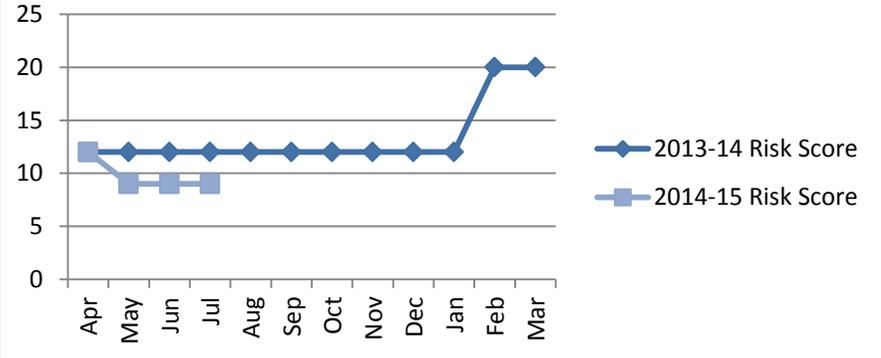
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>Regular CCG team meetings and weekly executive meeting for escalation of issues. Establishment of staff group to hear the voice of staff and address issues that potentially impact on productivity.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Assurance of timeline for implementing permanent management structure and interim appointments finish.</p> <p>Assurance around any work which is not-prioritised during this period.</p> <p>Timeframe for addressing gaps: November 2014 once transition complete and new services in place</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>Significant use of senior level interims has enabled the CCG to manage key priorities before new permanent management structures are implemented. Higher number of resignations in business intelligence than other service areas. North east London (NEL) CSU have been approached to provide cover however they are unable to do so. Interim staff will be recruited to specific areas with agreement of all CCGs to cover gaps such as business intelligence.</p>	<p>Additional Comments</p> <p>9/5/2014 – CSU elements removed from this risk – please refer to GBAF 14.</p>

Risk No. GBAF18	Objective: To achieve overall financial balance and metrics set by NHS England.	Lead: Interim Chief Finance Officer																												
Risk: QIPP Schemes to manage referrals and manage demand as sub optimal do not deliver savings. Failure of the CCG, loss of reputation and impact on patient care.		Date last reviewed: 7/11/2014																												
<p>Risk Rating (likelihood x consequence): Initial: 3 x 4 = 12 Current: 3 x 4 = 12</p> <p>Risk score heat map</p> <table border="1" data-bbox="94 507 371 673"> <tr><td></td><td>extreme (15-25)</td></tr> <tr><td>12</td><td>high (8-12)</td></tr> <tr><td></td><td>medium (4-6)</td></tr> <tr><td></td><td>low (1-3)</td></tr> </table>		extreme (15-25)	12	high (8-12)		medium (4-6)		low (1-3)	 <p>Risk Score</p> <p>The chart shows a constant risk score of 12 from July to November. The y-axis ranges from 0 to 25, and the x-axis lists months from Jul to Mar. A legend indicates the data series is '2014-15 Risk Score'.</p> <table border="1"> <caption>Risk Score Data</caption> <thead> <tr><th>Month</th><th>Risk Score</th></tr> </thead> <tbody> <tr><td>Jul</td><td>12</td></tr> <tr><td>Aug</td><td>12</td></tr> <tr><td>Sep</td><td>12</td></tr> <tr><td>Oct</td><td>12</td></tr> <tr><td>Nov</td><td>12</td></tr> <tr><td>Dec</td><td></td></tr> <tr><td>Jan</td><td></td></tr> <tr><td>Feb</td><td></td></tr> <tr><td>Mar</td><td></td></tr> </tbody> </table>	Month	Risk Score	Jul	12	Aug	12	Sep	12	Oct	12	Nov	12	Dec		Jan		Feb		Mar		<p>Rationale for current score:</p> <p>During 13/14 risk was initially assessed at a score of 16. Risk score is currently reduced to the increase in robust interventions that decrease the likelihood, although consequence would be severe. The CCG has agreed a financial Plan with NHS England for 2014/15 that recognises the challenges facing the system. The plan is reviewed frequently and still considered to be achievable by the CCG.</p> <p>Consequence of risk:</p> <p>Failure to achieve QIPP savings, resulting in failure to achieve financial statutory responsibilities. Investment in development areas to improve health outcomes will be affected. Further intervention by NHS England. Additional deficit will require repaying in future years resulting in loss of purchasing power for our patients.</p>
	extreme (15-25)																													
12	high (8-12)																													
	medium (4-6)																													
	low (1-3)																													
Month	Risk Score																													
Jul	12																													
Aug	12																													
Sep	12																													
Oct	12																													
Nov	12																													
Dec																														
Jan																														
Feb																														
Mar																														
<p>Controls (What are we currently doing about the risk?)</p> <p>Detailed financial assumption relating to £4.3m activity reduction was planned to be in place by 31st May 2014. Escalation meeting with hospital CEO, CCG Chief Officer and CP&R CCG Recovery Director. Continued concern that plan will not be produced and will impact on timescale for delivery. Alternative contracting arrangements considered and realistic service improvement plan reviewed on 12 June 2014. Monthly meetings with acute provider, pathway analysis, operating framework in place, chaired by Southend CCG COO and attended by SUHFT Dir. of Operations. SRP prior approval process agreed and implemented. Detailed national PBR benchmarking data provided to support planned care work stream.</p> <p>Ongoing work with providers and other CCGs to ensure health system continues to recover. Close working relationships with CSU colleagues. Continual review of expenditure programmes to ensure all discretionary spend is considered prior to commitment. Recovery Director and permanent recruitment to Head of PMO & QIPP now in place and QIPP programme reviews undertaken weekly with executive leads, and new reporting mechanisms developed to report financial position, and QIPP delivery, to the Governing Body and Quality, Finance & Performance Committee.</p> <p>Developing practice reports for acute activity. Roll out of practice engagement/communication plan for unplanned care schemes.</p> <p>Financial Recovery Plan being developed and approved by Governing Body. New QIPP monitoring documentation rolled out, regular challenge sessions diarised.</p>		<p>Mitigating actions (What have we done /what more should we do?)</p> <p>Action plan by specialty developed: identify procedures to be reduced, transition plan, internal protocols, impact on other services including primary care, communication plan etc.</p> <p>Weekly monitoring of QIPP scheme delivery being undertaken. Appointment of Head of Performance and PMO. Appointment of Recovery Director and sustainability review work continues. Discussions with SUHFT continue to provide early sight of activity data. Financial Recovery Plan approved in July 2014.</p>																												

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>Detailed action plans including milestones and financial trajectories developed, summary reviewed weekly at internal Executive meeting. Monitoring templates agreed, reviewed as above. Real time data to be supplied by SUHFT on a weekly/bi-weekly basis. Escalation routes agreed for use when appropriate.</p> <p>Monthly finance reports presented by CFO to Quality Finance & Performance Committee and Governing Body. Monthly acute contract update reports are presented as part of the Integrated Performance Report. Minutes of Quality Finance & Performance Committee meetings reported to the Governing Body and Audit and Risk Committee. Activity reports received for Continuing Healthcare and Prescribing monitoring activity trends and impact of actions. QIPP monitoring documents have been designed to report impact and monitored regularly with Executive Leads and at weekly Operational Executive meetings.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Information not always up to date, activity and QIPP reports being enhanced but not yet fully implemented. Permanent capacity to monitor delivery of actions. Other avenues being looked at from provider, to see if information can be more up to date to enable earlier interventions.</p> <p>Timeframe for addressing gaps: 31/12/2014</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>New operating framework now established to mirror contract agreements for 2014/15. Systems are bedding down, action plans and data beginning to flow and there is system wide confidence in arrangements. Too early to confirm financial impact. This risk remains rated as high, given the reduction in contingency held within the CCG to mitigate any deterioration in the QIPP delivery.</p>	<p>Additional Comments</p> <p>If improved agreement with trust is not progressed soon or agreement on a different agreement for 14/15 will result in potential risk of not achieving target. New schemes will need to be put in place.</p>

Risk No. GBAF17	Objective: To deliver the NHS Constitution, in particular operational standards; to achieve waiting times, in all departments, including A&E and ensure appropriate care delivered right place first time.	Lead: Chief Operating Officer								
Risk: 1. Failure of SUHFT to achieve the 4 hour waiting time standard in A&E and increased risk of patient safety. 2. Failure to meet national waiting times for 18 weeks referral to treatment and cancer 62 day waits from urgent referral to first definitive treatment targets.		Date last reviewed: 7/11/2014								
<p>Risk Rating (likelihood x consequence):</p> <p>Initial: 3 x 3 = 9</p> <p>Current: 3 x 3 = 9</p> <p>Risk score heat map</p> <table border="1" data-bbox="91 539 371 708"> <tr> <td style="background-color: red;">25</td> <td>extreme (15-25)</td> </tr> <tr> <td style="background-color: orange;">12</td> <td>high (8-12)</td> </tr> <tr> <td style="background-color: yellow;">6</td> <td>medium (4-6)</td> </tr> <tr> <td style="background-color: lightgreen;">3</td> <td>low (1-3)</td> </tr> </table>	25	extreme (15-25)	12	high (8-12)	6	medium (4-6)	3	low (1-3)	<div style="text-align: center;"> <h3>Risk Score</h3>  <p>2014-15 Risk Score</p> </div>	<p>Rationale for current score:</p> <p>The 4 hour waiting time target in A&E was previously included as part of risk 1.</p> <p>SUHFT have failed to meet the 4 hour waiting time standard in A&E in 2013/14 performance has reached extremely low levels (53%) on particular days.</p> <p>Additional controls in place have meant the likelihood of performance continuing at such a poor level is reduced. With additional interventions and robust monitoring the likelihood of the failure to meet these standards has reduced.</p> <p>Consequence of risk:</p> <p>Risk to patient safety, reduced quality of service, poor patient experience and poor patient satisfaction.</p>
25	extreme (15-25)									
12	high (8-12)									
6	medium (4-6)									
3	low (1-3)									
<p>Controls (What are we currently doing about the risk?)</p> <p>Risk Summit held in April as a result of local and national concerns about performance in this area. As a result, a comprehensive hospital improvement plan has been developed. The final plan will be approved by the Urgent Care Working Group (UCWG) on 17 June however the plan is being implemented. The UCWG is now meeting weekly due to level of concern across system chaired by the CCG Chief Operating Officer. A further risk summit will be convened if insufficient progress.</p> <p>Recovery Action plans formally requested and under development. RTT action plan received and the CCG are working with the Trust to develop measures that will embed sustainable performance. The Trust, supported by the CCG, have commissioned the Elective Care Intensive Support Team to undertake a capacity and demand review with a workshop planned for 14th May 2014.</p> <p>This will further support the Joint Improvement Plan (JIP) work programme to deliver activity reductions in key outlying areas (as identified by PbR benchmarking and Trust peer group benchmarking). The Trust have signed up to the principles of the JIP through the 14/15 contract. In addition to the activity work streams, this work includes delivery of stricter referral thresholds through the Service Restriction Policy, C2C monitoring, New to Follow-up compliance and further development of a referral management solution across SCCG.</p>		<p>Mitigating actions (What have we done /what more should we do?)</p> <p>Hospital contracted GP filter to reduce minor attendances. Escalated performance regime</p> <p>Risk to patient safety, reduced quality of service, poor patient experience, and financial failure of CCG.</p> <p>Deep dive into all waiting lists; changed weekly reporting structure and looking at management of cancer; cancer recovery plan expected Friday 13th June.</p>								

<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>Daily monitoring reports received from SUHFT regarding A&E performance. Weekly Programme Management Office reports to assure on delivery of plan for review at UCWG. Weekly performance management led by COO.</p> <p>Monthly reports to Quality Finance & Performance Committee and Governing Body Meetings. Detailed discussions are held and minuted at these meetings. JIP works teams are being developed and will form additional QIPP schemes that will be monitored internally through the CCG PMO function. Constitutional Measures are reported to the weekly performance meeting led by the CCG to manage Trust performance.</p>	<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Governing Body assurance of SUHFT Board's engagement and concern through Board to Governing Body meeting and Chair to Chair meeting.</p> <p>Timeframe for addressing gaps:</p>
<p>Current performance (With these actions taken, how serious is the problem?)</p> <p>SUHFT failed April performance, achieved May and a poor start to June. Very unlikely to achieve Q1 performance. The control regime must continue at a senior level until full plan implemented and improvements seen.</p> <p>Recovery to deliver compliance is underway Q1 with more robust measures being embedded through to Q3 to provide sustainability, as part of the trust's Recovery Action Plan which is working to identify individual recovery trajectories. This is being developed to include Elective Care Intensive Support Team feedback, to be made available post-initial visit on 14/5/2014.</p>	<p>Additional Comments</p>

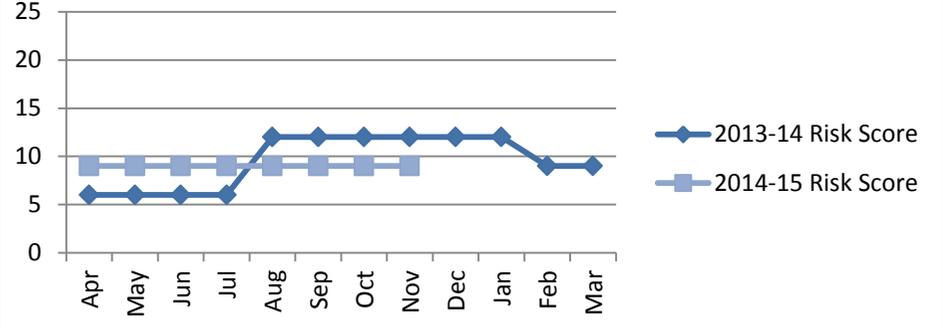
Risk No. GBAF1	Objective: To ensure high quality, safe services for our patients through the management of healthcare contracts	Lead: Chief Nurse																																															
Risk: Patient at risk of not receiving high quality care therefore at greater potential of the risk of harm.		Date last reviewed: 12/11/2014																																															
<p>Risk Rating (likelihood x consequence):</p> <p>Initial: 4 x 3 = 12 Current: 3 x 3 = 9 Risk score heat map</p> <table border="1" data-bbox="91 453 369 619"> <tr> <td style="background-color: red; color: white;">9</td> <td style="background-color: red; color: white;">extreme (15-25)</td> </tr> <tr> <td style="background-color: orange;">9</td> <td style="background-color: orange;">high (8-12)</td> </tr> <tr> <td style="background-color: yellow;">9</td> <td style="background-color: yellow;">medium (4-6)</td> </tr> <tr> <td style="background-color: lightgreen;">9</td> <td style="background-color: lightgreen;">low (1-3)</td> </tr> </table>	9	extreme (15-25)	9	high (8-12)	9	medium (4-6)	9	low (1-3)	<div style="text-align: center;"> <h3>Risk Score</h3>  <table border="1" data-bbox="548 347 1429 705"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>2013-14 Risk Score</th> <th>2014-15 Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>12</td><td>12</td></tr> <tr><td>May</td><td>9</td><td>9</td></tr> <tr><td>Jun</td><td>12</td><td>9</td></tr> <tr><td>Jul</td><td>12</td><td>9</td></tr> <tr><td>Aug</td><td>12</td><td></td></tr> <tr><td>Sep</td><td>12</td><td></td></tr> <tr><td>Oct</td><td>12</td><td></td></tr> <tr><td>Nov</td><td>12</td><td></td></tr> <tr><td>Dec</td><td>12</td><td></td></tr> <tr><td>Jan</td><td>12</td><td></td></tr> <tr><td>Feb</td><td>20</td><td></td></tr> <tr><td>Mar</td><td>20</td><td></td></tr> </tbody> </table> </div>	Month	2013-14 Risk Score	2014-15 Risk Score	Apr	12	12	May	9	9	Jun	12	9	Jul	12	9	Aug	12		Sep	12		Oct	12		Nov	12		Dec	12		Jan	12		Feb	20		Mar	20		<p>Rationale for current score:</p> <p>The risk score has been reviewed based on the consequence of failing to monitor that services are safe rates as serious and the controls put in place through contracts and quality/clinical governance arrangements are rated as possible due to the number of interactions with patients in our local provider environments. Failure to resolve quality and safety issues will have a significant impact on the patient's treatment, as well as on CCG's success and reputation.</p> <p>Consequence of risk:</p> <p>Reduced quality and patient safety and potential for serious harm to patients. Poor patient experience.</p>
9	extreme (15-25)																																																
9	high (8-12)																																																
9	medium (4-6)																																																
9	low (1-3)																																																
Month	2013-14 Risk Score	2014-15 Risk Score																																															
Apr	12	12																																															
May	9	9																																															
Jun	12	9																																															
Jul	12	9																																															
Aug	12																																																
Sep	12																																																
Oct	12																																																
Nov	12																																																
Dec	12																																																
Jan	12																																																
Feb	20																																																
Mar	20																																																
<p>Controls (What are we currently doing about the risk?)</p> <p>Formal Clinical Quality Review Groups (CQRGs) with provider services (SUHFT, SPIRE, BMI and SEPT). Care Home quality monitoring in conjunction with Southend Borough Council. Robust annual workplan for CQRGs. Clear quality specifications are included in each contract. Essex wide Quality Surveillance Group meetings with other commissioners/regulators to share intelligence. Regular planned announced and unannounced quality visits to providers. Formal one2one meeting between Chief Nurse and key quality leads in providers. Infection Control Team reviews all Healthcare Associated Infections (HCAIs). Where appropriate individual provider risks are entered on the corporate risk register to ensure individual issues are identified and managed. Regular meetings with CQC responsible inspectors to share information and intelligence. GP representation on CQRG and SUHFT Mortality Group.</p>		<p>Mitigating actions (What have we done /what more should we do?) Winter pressure on A&E and hospital services will need to be closely monitored for impact on quality and safety of care. CCG Chief Nurse to discuss with SUHFT Chief Nurse how to identify potential impact. 30 Nov 2014.</p> <p>Closer monitoring needed of smaller contracts with potential risk areas, Quality team reviewing contracts database to identify potential risk areas and arrange review visits.</p>																																															
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <p>Monthly quality reports and minutes of Quality Finance & Performance Committee submitted to the governing body on a bi-monthly basis. Assurance Reports from providers. Observations from quality visits, meetings and reports formally fed to QFP and CQRG. Monitoring of action plans from visits, serious incidents, complaints CQUINs, KPIs, Safety thermometer, Friends and family testing and other key quality areas at CQRG, Internal and External Audit reports on CCG processes. Information to Quality Surveillance Group from other commissioners/regulators.</p>		<p>Gaps in assurance (What additional assurances should we seek?) Additional assurance from provider that quality recommendations are being met implemented and sustained. Assurance that there is early identification of issues when quality/safety of patients is impacted due to current focus on finance and performance. More robust information on the provider's internal quality monitoring systems to confirm the assurances given.</p>																																															

Current performance (With these actions taken, how serious is the problem?)

Within SUHFT there are ongoing concerns with specific areas of quality and safety including - VTE risk assessment and prophylaxis, Maternity serious incidents, reporting of patient incidents. SPIRE has raised a number of Never Events that are under close scrutiny.

Additional Comments

Detailed reports on all quality, safety, safeguarding and patient experience areas are reported in detail to the Quality, Finance and Performance Committee where assurances are sought from the Chief Nurse on the safety and quality of provider services and how required improvements are being monitored.

Risk No. GBAF4	Objective: To effectively engage with GPs and to develop a clinically led membership organisation.	Lead: Chief Operating Officer																																															
Risk: Failure to engage GPs in the work of the CCG and to ensure delivery of QIPP schemes.		Date last reviewed: 07/11/2014																																															
<p>Risk Rating (likelihood x consequence):</p> <p>Initial: 2 x 3 = 6 Current: 3 x 3 = 9</p> <p>Risk score heat map</p> <table border="1" data-bbox="91 531 371 699"> <tr><td style="background-color: red;">9</td><td style="background-color: red;">extreme (15-25)</td></tr> <tr><td style="background-color: orange;">9</td><td style="background-color: orange;">high (8-12)</td></tr> <tr><td style="background-color: yellow;">9</td><td style="background-color: yellow;">medium (4-6)</td></tr> <tr><td style="background-color: lightgreen;">9</td><td style="background-color: lightgreen;">low (1-3)</td></tr> </table>	9	extreme (15-25)	9	high (8-12)	9	medium (4-6)	9	low (1-3)	<p style="text-align: center;">Risk Score</p>  <table border="1" data-bbox="501 389 1444 722"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>2013-14 Risk Score</th> <th>2014-15 Risk Score</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>6</td><td>9</td></tr> <tr><td>May</td><td>6</td><td>9</td></tr> <tr><td>Jun</td><td>6</td><td>9</td></tr> <tr><td>Jul</td><td>6</td><td>9</td></tr> <tr><td>Aug</td><td>12</td><td>9</td></tr> <tr><td>Sep</td><td>12</td><td>9</td></tr> <tr><td>Oct</td><td>12</td><td>9</td></tr> <tr><td>Nov</td><td>12</td><td>9</td></tr> <tr><td>Dec</td><td>12</td><td>9</td></tr> <tr><td>Jan</td><td>12</td><td>9</td></tr> <tr><td>Feb</td><td>9</td><td>9</td></tr> <tr><td>Mar</td><td>9</td><td>9</td></tr> </tbody> </table>	Month	2013-14 Risk Score	2014-15 Risk Score	Apr	6	9	May	6	9	Jun	6	9	Jul	6	9	Aug	12	9	Sep	12	9	Oct	12	9	Nov	12	9	Dec	12	9	Jan	12	9	Feb	9	9	Mar	9	9	<p>Rationale for current score: Lack of GP engagement will impact on CCG's ability to deliver against its QIPP schemes.</p> <p>Consequence of risk: Pathways will not reflect best practice. Resources not utilised effectively. Risk that patients will not receive optimal treatment in a timely way. Additional impact on patient experience. QIPP targets not met.</p>
9	extreme (15-25)																																																
9	high (8-12)																																																
9	medium (4-6)																																																
9	low (1-3)																																																
Month	2013-14 Risk Score	2014-15 Risk Score																																															
Apr	6	9																																															
May	6	9																																															
Jun	6	9																																															
Jul	6	9																																															
Aug	12	9																																															
Sep	12	9																																															
Oct	12	9																																															
Nov	12	9																																															
Dec	12	9																																															
Jan	12	9																																															
Feb	9	9																																															
Mar	9	9																																															
<p>Controls (What are we currently doing about the risk?)</p> <p>Appointed dedicated engagement GP Clinical Lead – Dr Peter Long to lead on the member practice engagement work programme. Established Members Forums, nurse forums, peer review sessions, practice visit programme, regular communications with GPs and new programme of work designed to support practices implement QIPP programmes. Established GP links to each practice to ensure regular two-way communication and provide support in relevant areas. Appointed new clinical leads from 1st May with clear roles and responsibilities for setting strategic direction and for their budgets and QIPP schemes. Data packs provided to each practice on a monthly basis. Agreement with hospital to provide emergency admission data for patients in care homes. “Meet the governing body” session at November members’ forum, along with breakout groups to hear from membership on their priorities. Currently appointing to additional planned care GP lead role.</p>		<p>Mitigating actions (What have we done /what more should we do?)</p> <table border="1" data-bbox="1624 815 2119 1034"> <tr><td>Appointment of GP scheme lead and Executive Lead</td></tr> <tr><td>Practice visit programme</td></tr> <tr><td>Quarterly Members’ Forum Meetings have been increased to six per year.</td></tr> </table>	Appointment of GP scheme lead and Executive Lead	Practice visit programme	Quarterly Members’ Forum Meetings have been increased to six per year.																																												
Appointment of GP scheme lead and Executive Lead																																																	
Practice visit programme																																																	
Quarterly Members’ Forum Meetings have been increased to six per year.																																																	
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> - Monitoring of referrals to SPOR, attendance at Time to Learn (TTL) sessions, members forums and events. - Regular reports at monthly clinical executive from GP leads - Activity data monitored from new QIPP programmes - Regular QIPP review at operational executive - Monthly review of hospital data 		<p>Gaps in assurance (What additional assurances should we seek?)</p> <p>Continue to seek solution to data restriction issues to enable better monitoring</p>																																															
<p>Current performance (With these actions taken, how serious is the problem?)</p> <ul style="list-style-type: none"> - Referrals to SPOR increased through better engagement over winter months and this is being maintained. - Some practices still not engaging in CCG events. Emergency admissions levels and A&E attendances still of concern 		<p>Additional Comments</p>																																															