







1.2 Potential risk from providers delivering poor care or unsafe practice causing harm to patients.





The delivery of poor care or unsafe practice will lead to:


- Actual harm to patients including injury or death
- Increased serious incidents or never events
- Increased medication errors which can cause harm
- Missed diagnosis leading to delays in access to appropriate care
- Increase in non- elective and emergency admissions
- Increasing safeguarding alerts and impact on CCG resources
- Poor patient experience
- Reputational damage
- Potential for legal and financial challenge



Risk Owner	Lead Committee	Next Review Date	Status	Direction of travel
All Executive Directors	Executive Health and Care Commissioning Committee	January 2020		

Original Risk			Current Risk				Target Risk			
Impact	likelihood	Rating	Impact	likelihood	Rating	Movement	Impact	likelihood	Rating	Target date
5	2	10	4	3	12	↔	4	1	4	Ongoing

Controls	Description	Assurances	Status	
1.2a Regular monitoring of providers quality through Service Performance & Quality Review Groups.	Areas of poor / deteriorating quality standards and metrics are discussed and decisions are taken on contract query notices, with providers to provide recovery action plans. Quality toolkit developed and led by Quality Action Group.	Internal: Minutes of SPQRGs and quality schedules. External: Provider quality and performance data and national data sets. Minutes of associate commissioners quality meetings. Scrutiny role of NHS England.		Fully effective
1.2a1 Internal Quality Assurance and Oversight Group	CCG group that meets monthly to assess status of providers.	Internal: Minutes of Internal Oversight Group.		Fully effective
1.2b Quality assurance visits to care homes.	Quality Team go in to support quality assurance when areas of concern identified.	Action plans in homes where concerns are raised. High risk homes are prioritised.		Fully effective
1.2c Systems and processes in place to deliver national requirements for serious incident (SI) reporting and management includes SI reporting, Root Cause Analysis (RCA) and complaints.	An internal serious panel which is multi-disciplinary including GPs, Infection Control and Public Health.	Internal: Serious incidents and complaints reporting and investigations reviewed monthly at SPQRG and monthly report to Board. Round table discussions with 1 provider identified SI trend. Terms of Reference and meeting minutes. External: Weekly minutes of North Essex Collaborative provide peer review of		Fully effective

		closure decisions. Scrutiny Panel reviews then to North Essex Panel for closure decisions.		
Controls	Description	Assurances	Status	
1.2e Sighted and clear understanding of risks that impact on unsafe practice through structured programme of meetings.	CCG attendance to relevant trust meetings including Infection Prevention & Control Committee (IP&C), Mortality review group, serious incident review panels.	Internal: Monitored by Quality Committee. Board reports. External: Minutes of Trust mortality review group meetings, IP&C Committee meetings.		Fully effective
1.2f Systems in place to respond to CQC internal lines of enquiry and any national enquiries that make recommendations.	Quality Framework in place with identified leads for recommendations and action plan in place, subject to review and development. Quality Framework captures learning and recommendations from national reports.	Internal: Action plan and progress updates delivered to Quality Committee. Quality Action Group agenda item. Quality Assurance & Oversight Group. External: Independent Francis Report audit undertaken to gauge the CCG's position and awareness of actions required.		Fully effective
1.2g Appropriate committee structures and membership includes named director leads for areas of statutory responsibility.	CCG governance structure includes Quality Committee with Director of Nursing & Quality, Chief Medical Officer and Lay Member.	Internal: Minutes of Quality Committee.		Fully effective
1.2h Eclipse Tool to identify immediate risks fed back to practices.	Themes investigated and learning fed back via Medicines Optimisation Programme Board. New practice based pharmacists recruited and are being trained on identifying the risks.	Internal: Capacity to action and implement will increase with new pharmacy staff being recruited to the CCG.		Partially effective

Controls	Description	Assurances	Status	
1.2i Quality assurance visits to nursing homes and monthly Quadrant Meeting with Essex County Council (ECC) safeguarding and quality leads	'Soft intelligence' gathered by CHC Nurse Assessors through their visits. Close partnership with ECC and Care Quality Commission to jointly manage quality and performance where areas of concern / poor practice are identified.	Internal and External: Quadrant meeting notes. Action plans in homes where concerns are raised. High risk homes are prioritised. Dedicated safeguarding nurse assessor post recruited to, to support management of safeguarding concerns in homes.		Fully effective
1.2k Systems and processes embedded to deliver statutory responsibilities.	Children's lead in place. Working with NHS England (NHS E) on their assurance framework. Part of national pilot (both adults and children).	ESCB + NHS E annual audit of safeguarding compliance for adults and children. Lead staff in post. Quality assurance Safeguarding Assurance Tool (SAT) compliance tool in place with NHS E + assurance oversight. External peer review of compliance.		Fully effective
1.2i Monitoring of national and local audits	Audit plans shared and regular updates provided via the quality reports.	External: Audits are recorded and monitored on HeathAssure at PAH.		Fully effective
New control: 1.2j Performance tracking	Includes elective – RTT, follow up backlog list*, AIS list. Non-elective – tracking time in Emergency Department (ED), delayed transfer of care (DIOC), Sepsis Bundle audits by PAH. Cancer – waiting times plus process for analysis of breaches in place. System wide – PALs, Quality inbox – early warning of system problems in patient pathways and experience. *Not fully effective as part of this control.	Internal and External:		Fully effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
QIPP programme for reducing harm in the system	Ongoing	Medicines Optimisation		In progress	07/19 Medicines Optimisation team are monitoring NHSBA patient safety indicators. <i>(11/19 AR advises no further update at present.)</i>		In progress

Rationale for current score:

Current pressures as evidenced by National Targets not being met (RTT, A&E, Cancer) are causing concern and are subject to focused work and actions plans. Failure of these targets is related to lack of capacity. Current pressures may lead to unsafe care, HSMR and SHMI rises may support this view. Depletion of workforce in some areas of nursing, GP will impact on health outcomes. Transformation plans are dependent on our current providers.

Other areas of concern are:

Anti-coagulant safety, other medicines management safety, patient transport service, urgent care, DTOC and length of stay.