

3.1 There is a risk that what the CCG commission's will not be responsive to the needs of the local population which could lead to a failure to achieve outcomes or inefficient use of resources.

If the CCG is not responsive to the needs of local people this could result in:

- Lack of improvement in health outcomes
- Inappropriate use of resources
- Lack of improved patient experience

Risk Owner	Lead Committee	Next Review Date	Status	Direction of travel
Director of Transformation & AD Corporate Services	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
3	2	6	3	2	6	↔	3	1	3	Ongoing

Control	Description	Assurances	Status	
3.1a Street Triage Scheme.	Programme to be co-produced with Police and DAT.	Performance data supplied and managed through Central Team and Crisis Care Concordat Group		Fully effective
3.1b Autism Spectrum Disorder (ASD) Delivery Partnership between HPFT and Advocacy, to support diagnosis of adults with Autism.	Pathway ensures grass roots community support is available through Advocacy both pre- and post-diagnosis. The service is delivering great outcomes for people – ensuring people with a diagnosis of Autism are enabled to access training, education and maintain employment.	Quarterly Contract and Performance Management		Fully effective
3.1c Co-production with Learning Disabilities (LD) Stakeholders	LD Communication Training Package developed for delivery to CCG Staff and teams. Development of GP Access Toolkit for People with LD including appointment tool.	Evidence of work delivered through LD Stakeholder Board minutes		Fully effective
3.1d Health inequalities addressed through the community and voluntary sector	The Independence, Choice and Control Fund was the mechanism that the CCG used to commission the community and voluntary sector collaboratively with Essex County Council. 15 services were commissioned as a result of the fund and all have been considered to respond directly to individuals who may suffer a health inequality; whether this inequality is due to environmental factors, or specific health conditions.	Quarterly Evaluation and monitoring of Grants Programme		Fully effective

Control (continued)	Description	Assurances	Status	
3.1e West Essex CCG Clinical Priorities Group (CPG) in place.	All service restriction policies (new / revised) are taken to CPG for scrutiny (including evidence, rationale, equality impact) before making recommendations for approval to Health and Care. It is composed of clinical (GP, Pharmacy, Public Health) and commissioning representatives as well as a lay member who is the Deputy Chair.	Internal: West Essex Clinical Priorities Group minutes.		Fully effective
3.1f West Essex CCG Patient Reference Group control removed as no longer in place, see new action on page 4.				
3.1h Transformation programmes include patient engagement elements.	All programmes have comms and engagement support, plans and rolling strategies. All Business cases include quality impact assessment to ensure needs of the west Essex population are met.	Internal: Review of business cases. Minutes Health and Care Commissioning Committee.		Partially effective 
3.1i Joint Strategic Needs Assessment.	Provides evidence and supports transformation plans/commissioning intentions to close gaps identified and/or cease provision of ineffective services	Internal: Business Case development and Strategic 5 year Plan. Minutes Health and Care Commissioning Committee.		Fully effective
3.1j Appointment of Patient Experience Manager.	Regular reporting to Quality Committee on learning from patient experience, via complaints and PALS including trend analysis.	Internal: Minutes of Quality Committee.		Fully effective
3.1k Part of performance management with other providers, both lead and associate commissioner.	Ensures visibility of issues across the system.	External: Minutes of SPQRG provider performance management groups.		Fully effective
3.1l Quality Accounts (QAs).	All NHS provider organisations are required to produce and publish QAs on NHS Choices; the CCG provides scrutiny and feedback on the development of these.	External: Accounts published annually on provider websites.		Fully effective
3.1m Equality & Diversity objectives are monitored through Equality & Diversity Group.	To ensure CCG delivers on equality and diversity strategy and reports to Quality Committee.	Internal: Group minutes.		Fully effective
3.1n Equality Impact Assessment process established.	To ensure protected characteristics groups are considered in CCG strategies, policies, plans/proposals and decision-making frameworks.	Internal: Completed EIAs. Training session provided and 'surgery' established for advice/support on completion.		Partially effective

Control (continued)	Description	Assurances	Status	
3.1o CCG values relating to quality are incorporated into staff objectives and appraisals.	QAG continues to develop CCG behaviour framework for staff and Board	Internal: Completed appraisals. Staff surveys.		Fully effective
3.1p Existing health forum Sounding Board control removed as no longer in place, see new action bottom of page 3.				

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Patient access to own records: 1. 10% of patients registered for online services.				1. Achieved			1. Achieved
2. 30% of GP patient population to be signed up for GP online services* by October 2019 (*online booking of appointments, online ordering of repeat prescriptions and online access to detailed coded medical records.)	<i>To be advised</i> 2019	Peter Wightman / Geoff Roberts / Jacqui Wells / Marion Jones		2. In progress	11/19 The Primary Care team is working with individual practices who need to increase online access. As well as this a product has been procured by the CCG – Doctorlink. This is being rolled out to 6 practices this year, with the aim to roll out to all practices next year. This will be used as the preferred access route to online services by our patients. To include signposting, triage, appointment booking, prescription ordering etc. As part of the pilot we are actively marketing online access to the patients, with the		2. In progress

					objective of increasing access over the course of the project. A report on this is due in February 2020. In parallel with this, the NHS app is also being used as a means to access online services. Work is underway by NHSE to integrate the products, so the patient has only one access route to online services.		
Transformation Board has agreed TOR & framework for Expert Oversight Groups (EOGs) including providing assurance relating to patient engagement and service users.	April 2019	Toni Coles		Action complete	03/19 EOGs in place for all pathway transformation groups including Urgent Care.		Action complete
New Patient Reference Group to be developed.	November 2019	Helen Crumley		In progress	09/19 PPG Chairs were due to meet on 26 September, however this was moved to 14 November owing to diary clashes Also invited are the chairs of the local trusts to develop this group alongside the One Health and Care Partnership work. A further group of people attending will be the 46 people who have registered through the Eventbrite system and key voluntary sector partners, including Rainbow Services and HEMA.		In progress

Rationale for current score:

The consequence score is 3 due to the following:

- There is evidence from performance reporting of some services showing reduced effectiveness (cancer waiting times, 18wks, RTT)

The likelihood is 2 as:

- the reduced effectiveness in other areas is improving
- there are a large number of controls in place