







3.2 The CCG's ability to ensure every service user receives good quality experiences and that patients are empowered to manage their own health effectively.







Failure to deliver clinically effective services will result in:



- Poor patient outcomes
- Poor use of resources
- Poor patient experience
- Reputational damage
- Potential for legal challenge
- Loss of confidence by the local population


Risk Owner	Lead Committee	Next Review Date	Status	Direction of travel
Chief Medical Officer & Director of Nursing & Quality	Quality Committee	January 2020		





Original Risk			Current Risk				Target Risk			
Impact	likelihood	Rating	Impact	likelihood	Rating	Movement	Impact	likelihood	Rating	Target date
3	3	9	4	3	12	↔	3	1	3	2020





Control	Description	Assurances	Status	
3.2b NICE compliance monitored for all contracts. <i>Responsible Executive: CMoss</i>	Includes meetings held with EPUT (regarding NICE) to increase awareness of support available; good engagement with EPUT and Barts on their internal assessment of guidance and technical appraisals. PAH are engaging and sharing all information so NICE updates can be monitored.	Meeting minutes. New reporting tool allows improved oversight and tracking. The processes for monitoring NICE are in place for EPUT and PAH.		Fully effective
3.2c NICE user guidance for CCG staff developed. <i>Responsible Executive: CMoss</i>	A user guide of the resources available from NICE. To increase awareness of the tools and resources available to inform commissioning.	Internal: User guidance.		Fully effective
3.2d NICE policy for providers developed. <i>Responsible Executive: CMoss</i>	This is a NICE contract term which stipulates the contractual requirement of providers regarding NICE implementation and compliance submissions to the CCG	Internal: Contract Term		Fully effective
3.2f Friends and Family patients / in-patients surveys. <i>Responsible Executive: JK</i>	The FFT is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	Internal: Process for reports of survey results to Quality Committee and onto Board if issues need to be escalated.		Fully effective
		External: Monitored via Quality Surveillance Group, NHE England and all partners.		

Control	Description	Assurances	Status	
3.2g Dr Foster reports. <i>Responsible Executive: CMoss</i>	Monitoring and challenging mortality at PAH monthly Patient Safety & Quality Group (PS&QG).	Internal: Dr Foster reports / hospital guides. External: Dr Foster reports / hospital guides. PS&Q Group minutes.		Fully effective
3.2h SPQRG monitors and reviews provider performance including Quality dashboard / metrics. Partnership in place with NHS I to ensure delivery of QIP + required actions. <i>Responsible Executive: JK</i>	Monthly reports including SIs, patient experience, national reporting requirements (Referral To Treatment [RTT], cancer and so on). Includes Family & Friends Test, Healthcare acquired infection (HCAI), Patient Advice & Liaison Service (PALS), incidents including SIs go to Quality Committee together with trust specific performance.	Internal: SPQRG minutes. Quality Committee minutes. External: Quality review meeting with Area Team.		Fully effective
3.2i National guidance based quality schedules <i>Responsible Executive: JK</i>	Developed, reviewed and included in all contracts which define standards of care. Monitored through SPQRG.	Quality schedules and contracts in place. SPQRG minutes.		Fully effective
3.2j Patient experience: triangulation of data <i>Responsible Executive: JK</i>	Via PALS, Quality inbox and complaints with analysis of trends, themes and hotspots reported to Board. Feedback being built into the commissioning cycle and work with general practice.	Internal: Board minutes. Quality Committee minutes. External: Public Board papers.		Fully effective
3.2k No harm: Mandated process via NHS England <i>Responsible Executive: JK</i>	Process where providers are required to report serious incidents. CCG internal panel reviews action plans, root cause analysis and themes to follow up with trusts.	Internal: SI report to Board (part 1 & 2). External: SI report to Board (part 1 & 2). North Essex Peer Review Panel.		Fully effective
3.2l IT work to improve communications – direct patient care <i>Responsible senior manager: GRoberts</i>	Monthly IT Steering Group meetings. Includes data coding to track people through system structure, agreed at meeting 30/04/15 for 2-3 year pilot. GP hub working safely and allowing full access to data. GP data now flowing through PAH with 300 clinicians trained.	External: group minutes. My Care Record – PAH data in, Whipps Cross data in and out. GPs can now view Barts data and Barts due to go live to view GP data. STP working group has new funding for development of a shared record. STP FBC in development, for completion July for overall model for data sharing. 09/18 FBC in governance phase. PoC being designed for STP Interoperability.		Partially effective

		<p>09/18 – more data sharing within PAH</p> <p>09/18 – New Data Sharing Agreement has gone to practices for direct care</p> <p>09/18 – ICP Board have approved data sharing for population health management purpose.</p> <p>03/19 4 pilot sites now live with PAH feed. <b>09/19 Awaiting decision for further work with CCG. Project to continue to work with practices and their access is currently being considered.</b></p>		
Control	Description	Assurances	Status	
<p>3.2I2 IT work to improve communications – population health management</p> <p><i>Responsible Executive: CMoss</i></p>	<p>Data sharing agreements: GPs to and from Barts Health.</p> <p>Work has started on data sharing between GPs and Addenbrookes.</p> <p>GPs in neighbourhoods to allow review of a moderate frailty in Medeanalytics.</p> <p>Laptops in care homes.</p> <p>Use of Enhanced Summary Care Record (ESCR) to share with out of hours service (OOH). Training for GPs to enable ESCR and apply End of Life (EOL) codes correctly.</p>	<p>Risk strategy incentives in neighbourhoods – LES take up of 30 out of 35 practices. Budget acquired to improve Risk Strat through ETTF (West Essex and STP)</p> <p>09/18 – more data sharing within PAH</p> <p>09/18 – New Data Sharing Agreement has gone to practices for direct care</p> <p>09/18 – ICP Board have approved data sharing for population health management purpose.</p> <p>09/18 – East and North Herts Trust not yet signed up to Population Health Management.</p>		<p>Partially effective</p>
<p>3.2m My Care Record: Data Sharing Agreement between practices and PAH to view GP records.</p> <p><i>Responsible officer: Jacqui Wells</i></p>	<p>Each practice has signed a data sharing agreement with PAH, and this has been signed by the Caldicott Guardian for the hospital and the CCG.</p> <p>Data sharing agreements: GPs to PAH, west Essex GPs to PAH.</p>	<p>Internal: All documents checked for signature and stored. 09/19 ISA revised to v7 from Suffolk and North East Essex work. Funding required in order to</p>		<p>Partially effective <i>(downgraded from 03/17)</i></p>

		carry out refresh in west Essex. <b>10/19 No change to above – likely to undertake a refresh from January 2020.</b>		
3.2n GDPR action plans <i>Responsible Officer: Jane Marley</i>	In place for contracts, action plans are scrutinized and signed off by the CCG.	<b>10/19 To date 15 assessments carried out with a further 9 booked and only a few still to book.</b>		Partially effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
3.2l Scoping phase 2 for My Care Record	Ongoing	Rachel Hazeldene		In progress	 In progress
				<p>09/19 Recruiting a project manager to feed into this process. Connectivity with east and north Herts practices has improved significantly with the recruitment of a GP facilitator, and is now over 90%. We are hopefully going to have a similar role for WECCG.</p> <p>The ICP digital board has been restarted on a monthly basis and joint ICP digital strategy is being planned.</p> <p>The My Care Record brand is now being rolled out in Suffolk and north east Essex (with plans to expand to mid/south Essex).</p>	
3.2m Embedding Quality Strategy, including improving audit approach.	March 2021	Quality Oversight Group (Jane Kinniburgh / David Wallace)		In progress	 In progress
				<p>09/19 Quality Impact Assessment (QIA) is now being delivered in conjunction with the Equality impact assessments (EQIA). Training for both QIA and EQIA was rolled out during July. <i>(11/19 DW advises no further update presently.)</i></p>	

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3.2n Information governance audit processes for all our providers in line with GDPR requirements	<i>Month to be confirmed 2018/19</i>	Geoff Roberts (primary care elements) / Anne Mansfield (IG processes re ICO in contract)		In progress	10/18 Primary Care Commissioning Committee has agreed to commission additional requirements for general practice from current IG provider and this will be communicated to practices. <i>(09/19 GR advises this is still ongoing / in progress.)</i>		In progress
3.2p Quality post required for primary care	September 2018	Jane Kinniburgh / David Wallace		Action complete	09/18 Post appointed to and staff member in place.		Action complete

Rationale for current score:

The score and rationale to be revised following discussion as risk includes a number of elements that do not sit solely within one directorate:

- Good quality experience
- No harm
- Best possible outcomes
- Clinically effective
- Patient self -management