NHS
Surrey Downs
Clinical Commissioning Group

Governing Body
29th January 2016

Risk Profile

Agenda Item 11 Paper 6	
Author:	Justin Dix, Governing Body Secretary
Executive Lead:	Matthew Knight, Chief Operating Officer
Relevant Committees or forums that have already reviewed this paper:	Risk is a standing item for the all Governing Body Committees
Action required:	For decision
Attached:	CCG risk profile; risk register; assurance framework
CCG Strategic objectives relevant to this paper:	Core business: relevant to all / most objectives
Risk	Subject of paper
Compliance observations:	**Finance:** There are financial risks on the risk register and achieving a sustainable financial position is on the assurance framework as one of the CCG's core objectives.
	Engagement : No specific issues.
	Quality impact: The quality team identify the potential quality impact of any risks and these are discussed with the quality committee
	Equality impact: No specific issues although formal impact assessments are conducted and risks identified from these.
	Privacy impact: No specific issues.
	Legal: No specific issues

EXECUTIVE SUMMARY

There have been minor changes to the risk profile since the last report in November. The Governing Body's attention is drawn to the new and closed risks on the CCG's risk register which have increased the balance of risk slightly towards a more red (high risk) profile.

Date of paper	20th January 2016
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Risk Profile Month 10 (January 2016)

Purpose

The aim of this document is to provide clear and accessible profiles and summaries of mitigating actions for:

- Risks to the CCG's principal objectives (assurance framework) – **Profile 1**
- Operational risks (risk register) – **Profile 2**
- A longer term view of risk (strategic estimates) – **Profile 3**

Summary

The CCG carries a greater level of risks to its principal objectives than it does to its day to day operations. Strategic risk is difficult to quantify but typically is centred on changes outside the organisation's control such as national policy, local context and technological change.

The profiles show significant risk in financial recovery & transformation. Key concerns are mitigating the risks to projects that that will deliver a sustainable health economy. See: Finance report; Finance and Performance Committee Report.

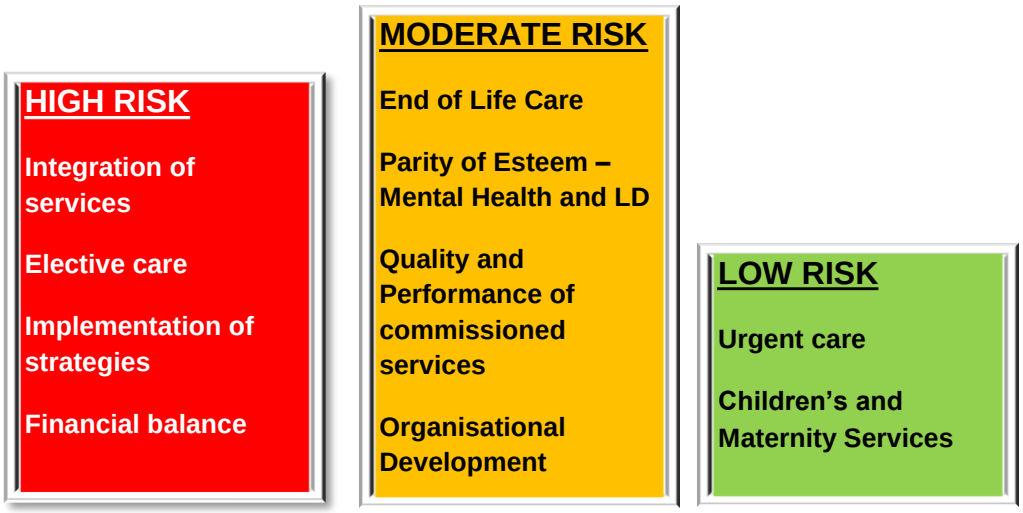
Overall quality and performance risks are good (some hotspots). See: Quality and Performance Report.

Strategic risks are less easy to evaluate but the development of the spending review, Better Care Fund 2016/17, and developments in the South West London and Surrey Downs programme will be key determinants. Organisational development, particularly localities & new governance structures will be key mitigations.

The risk register shows some variations on M8 and there are some recommended closures, new risks and changes in status.

Profile 1: Risk to delivery of principal objectives

The assurance framework is the document that sets out the risks to the CCG's principal objectives. A copy of this is attached. In summary these are as follows:



The only shift since the last period is that organisational development has been downgraded from red to amber as a result of a positive outcome to consultation with member practices on changes to the governing body and the introduction of enhanced clinical leadership.

Profile 2: Operational risk

HIGH RISK

- Provider development
- Failure to achieve quality premium
- GP IT infrastructure
- Continuing Care Retrospective Reviews
- Failure to achieve 2016-17 QIPP
- Stroke mortality and morbidity
- CHC IT Transition and data management*
- CHC Safeguarding alerts*
- CHC File handling and storage*

MODERATE RISK

- Risk to child safeguarding
- Transfer of chemotherapy commissioning
- Catastrophic Provider failure
- Infection Control
- Safeguarding Adults
- Quality of care in Care Homes
- Major incident preparedness
- Business continuity
- Business continuity
- Constitution
- Homecare medicines safety
- Immunisation - training in General Practice *
- SECAmb Cat A Performance
- Capacity and surge planning
- Acute Contract and CQUIN sign off
- 2016/17 Contract planning cycle
- Contract database
- Failure to control the acute contract portfolio - impact on Financial balance
- Cancer wait 62 days
- Community Equipment Store
- Server Room health and safety*
- CSU Resilience
- Immunisation – Safety*

LOW RISK

- Governing Body and Committee effectiveness
- CHC Retrospective claims impact on Financial balance in 215/16
- Failure to control prescribing costs - impact on Financial balance
- Impact of transfer of specialist commissioning liability on Financial balance

Operational risks have moved since the last report and although the majority of the risks are still in the middle (amber) range, there are more high (red) risks in evidence. This is largely because of new CHC risks.

Key changes are as follows.

Improving risks

- Constitution
- Governing Body and Committee effectiveness
- Failure to control the acute contract portfolio - impact on Financial balance
- Cancer wait 62 days
- Impact of transfer of specialist commissioning liability on Financial balance

Deteriorating risks

- GP IT infrastructure
- Continuing Care Retrospective Reviews (Previously Unassessed Periods of Care) team capacity

New risks

- Server Room health and safety
- CHC IT Transition and data management
- CHC Safeguarding alerts
- CHC File handling and storage

Risks recommended for closure

- Stroke services (replaced with new risk as above)
- Immunisation - training in General Practice (replaced with new risk as above)
- Failure to deliver CHC assessments within nationally mandated timescales (mitigated)
- Server Room fire risk (replaced with new risk as above)

Profile 3: Strategic risk profile

Predicting the unpredictable and predicting the long term is difficult for any organisation. The Governing Body considers strategic risk in its broad sense and escalates to the assurance framework and risk register where appropriate.

Category	Examples	Short term impact	Long term impact
Local changes	• Surrey devolution requires changes to NHS configuration • Divergence in Surrey CCG approaches to hosting impacts on organisation	Probable	Certain
Surrounding programmes	• Surrounding CCG Programmes e.g. South West London impact on Surrey Downs	Probable	Certain
National policy	• Major change to CCG configuration • New initiatives impacting on resources (historical example – Better Care Fund) • Changes in allocation formulae	Probable, difficult to predict	Certain, possibly game changing
Technology	• New high cost drugs • Continued developments in social technology e.g. The Internet of Things	Certain but gradual	Certain, possibly game changing
“Black Swan” health impact	• Antimicrobial resistance rendering establish treatments redundant • Sustained pandemic • New health need (historical example – HIV)	Possible, difficult to predict	Certain, difficult to predict

Organisational Objective	Risk Area	Risk Owner (old)	Risk owner (new)	Main responsible committee	Title of risk	Risk Description: "There is a risk that…"	Source of risk (where does this come from)	Potential effect of the risk (what might happen)	Sources of performance information use when assessing risk	T Value (Treat, Tolerate, Terminate or Transfer)	If "Treat", set target score at which risk can be tolerated or terminated	Trend	Comments	Apr-15	Jul-15	Sep-15	Nov-15	Jan-16	Mar-16
Clinical Priority 1: Maximise integration of community and primary care based services with a focus on frail older people and those with LTC	Delivery	Chief Op Officer	Dir Comm and Strategy	Quality	Failure to integrate services for key vulnerable groups	The CCG might not be able to integrate primary and community services (including CHC) for key vulnerable groups as an essential part of reforming local delivery.	Currently the lack of integration reduces the quality of care for patients and does not support the CCG's overall strategic programmes e.g. Out Of Hospital strategy	Impact on quality of care and financial sustainability	PMO reports for relevant projects; re-admission data	Treat	8	**Static**	The CCG is developing an agreed vision for integrated care with Epsom St Helier, CSH Surrey and emerging networks of GP providers. This needs investment and resourcings The CCG is now working with South West London CCGs as part of a programme covering South West London and Surrey Downs. At the same time it is in the process of confirming its main footprint for future sustainability and transformation within the Surrey health system. There are now a number of integration related projects coming on stream which may mean mitigation of the current high score is possible.	**12**	**15**	**16**	**16**	**16**	
Clinical Priority 2: Provide elective and non-urgent care, specifically primary care, care closer to home and improve patient choice	Delivery	Dir of Comm and Strategy	Dir Comm and Strategy	Quality	Failure to provide appropriate access to non-urgent and elective care	Insufficient pathways are reformed for this priority to be considered successful, or the providers and their associated workforce cannot be developed to sufficiently transform services.	Currently elective and non-urgent care is below optimal practice and there is a particular need to develop primary care to support improved care pathways.	Services continue to be developed in outmoded ways and both quality of care and use of resources are sub-optimal.	PMO reports for relevant projects; re-admission data	Treat	8	**Static**	The CCG has a clear vision for how to redesign care locally and this will be taken forward as part of the plan to develop a sustainable health economy. As above, greater influence over primary care will be key and there are positive indicators that local hubs and networks are having an impact but it is too soon to see what the long term impact of these will be.	**16**	**16**	**16**	**16**	**16**	
Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Access	Dir of Comm and Strategy	Dir Comm and Strategy	Quality	Failure to provide access to urgent care	Paqtients will default to emergency acute settings and that A&E will be overwhelmed	Known issues about inappropriate use of urgent care access points and subsequent care pathways	Patients are treated inappropriately or admitted to inappropriate care pathways; significant resources are expended on inappropriate care causing over-activity in acute sector	PMO reports for relevant projects; A&E admission data; contrat data on use of 111; SECAmb data	Treat	6	**Static**	Surrey Downs residents have enjoyed good access to urgent care with winter performance locally exceeding that of comparable systems, i.e. with A&E performance. System Resilience Groups have been effective in co-ordinating care between agencies and additional funds have been deployed effectively. The current score reflects this continued positive performance. The winter period so far has shown normal stresses on the local system but nothing to change the current level of risk.	**6**	**6**	**6**	**6**	**6**	
Clinical Priority 4: Enhanced Support for End of Life Care Patients	Patient Experience	Chief Op Officer	Dir Comm and Strategy	Quality	Failure to improve the end of life care experience	End of Life Care services will be inadequate and people will not be supported to die in their place of choice	Current service provision which can be improved both operationally and in terms of service design	People at the end of their lives and their families have a poor quality of life leading up to their death.	PMO reports for relevant projects; data on % patients dying at home; data from community providers via contract meetings	Tolerate	8	**Static**	There has been steady improvement in end of life care as reflected in the scores but there remain issues with required software solutions and interagency working. There is a high level of integration with clinical priorities 1 and 2 in this respect and further progress will be dependent on wider system reform. The EoLC strategy was presented to the September Governing Body to take this work forward through an agreed strategy.	**8**	**8**	**8**	**8**	**8**	

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Clinical Priority 5: Improve experience of Children's and maternity services	Patient Experience	Dir of Comm and Strategy	Dir Comm and Strategy	Quality	Failure to improve maternity and children's Services	Services will not be improved to best practice levels in key areas such as CAMHS, hospital and community paediatrics, and therapies for children	Current service provision which can be improved both operationally and in terms of service design	There could be a significant failure in services (particularly safeguarding) and / or a long term inefficiency in service delivery	PMO reports for relevant projects; maternity data in contracts; G&W Host CCG performance reports; reports onimplementation of young carers strategy	Tolerate	6	Static	There has been significant progress on children's services throughout the year and this is reflected in the current position. The CCG now has a very robust position on joint working with the leader commissioner and Surrey County Council including a recently completed CAMHS procurement.	6	6	6	6	6	
Clinical Priority 6: Improving patient experience and parity of esteem for people with Mental Health and Learning Disabilities (including Dementia)	Patient Experience	Chief Op Officer	Dir Comm and Strategy	Quality	Failure to improve mental health and learning disability services	People with mental health problems and learning disabilities will continue to be marginalised and lack proper access to service; MH may be regarded as lower priority than physical health	Current service provision which can be improved both operationally and in terms of service design; Potential delays in decision-making & action planning for pan-Surrey service improvements	Failure to improve mental health with potential knock-on effect for patients' physical health - potential increase in social isolation and manifesting problems e.g. stigma from MH conditions; suicide; impact on service user mental & physical health	PMO reports for relevant projects; monitoring reports from Surrey County Council and NE Hants and Farnham as host CCG	Treat	9	Static	Although a joint strategy for emotional health and wellbeing has been agreed, implementation of this will only take place in successive years. This is reflected in the improvement in scores during the year but the position is now unchanged at year end until strategies are operationalised. In addition there are national requirements for investment in mental health services which may not fit with local financial recovery and other priorities. Positive developments include IAPT and a Save Haven (crisis cafe) in Epsom.	12	12	12	12	12	
Non-clinical priority 1: Implement agreed strategies	Strategy	Dir of Comm and Strategy	Dir Comm and Strategy	Executive	Failure of strategy	Failure to implement overarching strategies e.g. Out of Hospital Strategy, Quality Improvement Strategy	CCG's own strategic programmes which are geared towards long term transformation	Although there may not be an in-year risk, the failure to make progress with individual strategies could have a significant impact on the sustainability of the CCG, its QIPP expectations, and longer term improvements for patients.	PMO reports for relevant projects; PMO dashboard	Treat	9	Static	The impact of financial recovery, the review of community hospitals and primary care commissioning indicate that existing strategies need to be reshaped to address the new local agenda. This is also supported by the themes emerging from the Governing Body review which has highlighted a need for more clarity about how different strategies are integrated and support both financial recovery and sustained quality of care. This should be accelerated through the work on the five year forward view.	16	16	16	16	16	
Non-clinical priority 2:Improve quality and performance of commissioned services	Quality and Performance	Chief Officer	Dir of Clin Perf and Delivery	Quality	Quality of commissioned services	Quality and key targets for supplier performance do not improve or deteriorate	Breadth and depth of CCG's commissioning responsibilities and diversity of contracting arrangements	This would impact on patient care and patient safety	Information from CQRGs; SIRI data on providers; infection control data; monitor ratings; CQC ratings	Treat	8	Static	In broad terms quality targets are being met although there are specific areas such as Healthcare Acquired Infection where there is ongoing work to resolve less tractable problems. There are a number of themes around quality in the Governing Body reviews that have been turned into recommendations that are nowbeing implemented.	12	12	12	12	12	

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Non-clinical priority 3:Develop the organisation	Organisational Development	Chief Officer	Dir of Transition	RNHR	The organisation does not change in ways that deliver the organisation s objectives	Organisational Development will not keep pace with the demands of the CCG or its own stated aims and strategies	This is an inherent risk for all organisations	Potential for gaps in workforce to undermine delivery; structures not aligned to delivery;	Staff survey; feedback from external and internal reviews	Treat	8	Improving	The combined requirements of the Governing Body reviews, feedback from NHS England and the issuing of Directions, and the continued work on the OD and capacity plan has given the CCG clear actions for organisational development. These have been signed off by the member practices and combined with changes to the Committees and Executive Portfolios and a programme for new clinical leadership appointments mean that the CCG is now in a much better position than at the start of the year.	16	16	20	20	12	
Non-clinical priority 4:Achieve financial balance	Finance	Chief Fin Officer	Chief Finance Officer	Executive	Achieving financial balance	The CCG fails to achieve financial balance or shifts the impact into one or more subsequent financial years	Inherent risk for all NHS organisations	Direct impact on services provision; loss of flexibility; potential for NHS England to invoke conditions or directions; reputational impact	Monthly finance reports; activity data from suppliers; QIPP forecasts	Treat	4	Static	The CCG now has an agreed control total for this year and a very tightly managed QIPP programme. A turnaround director has been appointed. The FRP has been shared with the Council of Members and the Governing Body and the organisational development work (above) will support delivery of the FRP. The risk will be to failure to achieve the agreed figure for this year rather than financial balance as such which will be achieved over the longer period.	20	20	20	20	20	

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Stroke services	SDRR04	Awaiting closure	Quality	Dir of Comm and Strat	8 Quality and Performance	Risk that poor performance at Epsom will continue and that there will be delays in resolving Surrey wide issues with designating specialist sites.	265	21/12/2015	2	2	**4**	**N/A**	**Min 1-5**	Terminate	4	Fully mitigated on basis of improved SSNAP / Senitinel stroke data.
Provider development	SDRR07	Open	Commissioning	Dir of Comm and Strat	7 Strategy	Providers, particularly community services and primary care networks, may not develop sufficiently to deliver the CCG's strategy	345	20/01/2016	4	4	**16**	**Static**	**Low 6-8**	Treat	8	This remains high risk as the CCG's various strategic platforms for change all hinge on provider development - primary care networks, community medical teams, community services and acute services. The CCG is now part of the South West London and Surrey Downs programme - this will also explore provider development. The CCG will continue to work with emerging primary care networks and other services as above.
Risk to child safeguarding	SDRR08	Open	Quality	Interim Dir of Clin Perf and Delivery	5 Children and Maternity	Child safeguarding arrangements will not be adequate	994	21/12/2015	2	4	**8**	**Static**	**Min 1-5**	Treat	4	Following discussions with Guildford and Waverley CCG (host for Children's services) there is now scope to ensure that the SDCCG risk in this area matches that of the host. For further discussion at January Quality Committee,
Transfer of chemotherapy commissioning	SDRR09	Open	Medicines Management	Interim Dir of Clin Perf and Delivery	2 elective and non urgent care	Proposed transfer of chemotherapy commissioning to CCGs will not be clinically and / or financially safe	506	20/01/2016	3	4	**12**	**Static**	**Low 6-8**	Treat	5	No actions other than those described under controls - CCG awaits further guidance from NHSE and proposal for host CCG arrangements, however unlikely to be an issue in this financial year so risk lowered pending furether information.

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Catastrophic Provider failure	SDRR11	Open	Quality	Dir of Comm and Strat	8 Quality and Performance	An unexpected clinical failure of a Provider takes place that reveals and is attributable to either a lack of early warning systems or cultural issues within the organisation that conceal significant quality and / or patient safety issues.	994	21/12/2015	2	4	**8**	**Static**	**Low 6-8**	Tolerate	N/A	No change to net score. Main concerns are with care homes rather than big suppliers. Processes for early warnings are now improved and support a rapid response where needed. Risk appetite score redefined as this will always be a risk in any health economy and the current systems and processes are adequate within resource constraints.
Infection Control	SDRR12	Open	Quality	Dir of Comm and Strat	8 Quality and Performance	Significant failings with occur in commissioned services in relation to Health Care Acquired Infection	994	21/12/2015	3	3	**9**	**Static**	**Min 1-5**	Treat	6	Recent experience with care home infections shows that systems are effective. CCG continues to work collaboratively acros Surrey to identify effective ways to share capacity and resource.Needs to be closely monitored over winter period. Reviewed Dec 2015 - no significant changes in reported activity against plan - some potential risks around loss of specialist surrey wide expertise in March which may need discussion.
Safeguarding Adults	SDRR13	Open	Quality	Chief Op Officer	8 Quality and Performance	Potential for preventable harm to Surrey Downs (and Surrey) residents and patients due to lack of resource and capacity in relation to adult safeguarding - specifically commissioners' ability to scrutinise suppliers systems and receive adequate assurance.	994	21/12/2015	3	4	**12**	**Static**	**Min 1-5**	Treat	4	Net Score revised from 4 to 12 as a result of issues identified in internal audit report. As a result of this an action plan has been put in place to bring the risk back within tolerance levels. Updates against this plan have been given to Audit Committee and Quality Committee.
Quality of care in Care Homes	SDRR15	Open	Quality	Chief Op Officer	8 Quality and Performance	The nursing care provided in care homes and care homes with nursing in Surrey Downs (and Surrey) is not of a suitable standard to ensure the safety and well-being of residents	339	21/12/2015	4	3	**12**	**Static**	**Low 6-8**	Treat	6	Development of a Surrey-wide dashboard still ongoing. Lack of Capacity will probably prevent achieving desired tolerance levels unless additional resource provided. A business case is being made for this.
Failure to achieve quality premium	SDRR18	Open	Finance	Dir of Comm and Strat	8 Quality and Performance	Quality premium payments are directly linked to achievement of supplier standards and targets and CCGs are effectively penalised for not achieving these	994	21/12/2015	4	4	**16**	**Static**	**Low 6-8**	Treat	8	Quality premium was lost in 14/15 - Discussed in quality committee and in Exec - outside possibility of some rebate. No change as at Dec 2015.

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Major incident preparedness	SDRR19	Open	EPRR	Chief Op Officer	Other / operational	Risk that Surrey Downs CCG will be unable to discharge its responsibilities as a Category 2 responder in the event of a Major Incident or surge in demand, and will not have generally robust on-call arrangements	1017	13/01/2016	2	4	8	Static	Min 1-5	Treat	10	EPRR assurance including Major Incident preparedness noted by Governing Body Nov 2015. Further training/exercieses to be arranged
Business continuity	SDRR22	Open	EPRR	Chief Op Officer	Other / operational	Inadequate business continuity plans will mean that the CCG is incapable of functioning or that there will be an extended recovery time before normal service is resumed.	1013	09/01/2016	2	4	8	Static	Low 6-8	Tolerate	8	Business continuity plans updated January 2016. Further nutual aid arrangements being discussed with partner organisations.
Business continuity	SDRR22	Open	EPRR	Chief Op Officer	Other / operational	Inadequate business continuity plans will mean that the CCG is incapable of functioning or that there will be an extended recovery time before normal service is resumed.	1017	13/01/2016	2	4	8	Static	Low 6-8	Tolerate	8	Business continuity plans updated January 2016. Further nutual aid arrangements being discussed with partner organisations.
Constitution	SDRR25	Open	Corporate		9 Organisational Development	Risk of the constitution not being fit for purpose	1022	18/01/2016	3	4	12	Improving	Medium 9-12	Tolerate		Score reduced from 16 to 12 as Council of Members has approved constitutional changes. Need signoff by NHSE and then monitoring during implementation phase particularly recruitment of new Governing Body GPs
Governing Body and Committee effectiveness	SDRR26	Open	Corporate	Chief Fin Officer	Other / operational	The Governing Body and Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	1022	18/01/2016	2	3	6	Improving	Low 6-8	Tolerate	8	Monitor operation of revised committees through to July then consider removing from risk register.

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CHC Retrospective claims impact on Financial balance in 215/16	SDRR27	Open	Finance	Chief Fin Officer	10 Financial Balance	Risk that SDCCG inherits an unforeseen deficit as a result of the ongoing issues and risks around historic (i.e. pre April 2013) CHC retrospective claims	1021	18/01/2016	1	3	**3**	**Static**	**Low 6-8**	Tolerate	N/A	There are now risk pooling arrangements in place (and there was an underspend in 2014/15). Remains low risk.
Homecare medicines safety	SDRR29	Open	Medicines Management	Interim Dir of Clin Perf and Delivery	8 Quality and Performance	Risk that community patients may not receive a safe service in specific clinical areas.	597	20/01/2016	4	3	**12**	**Static**	**Medium 9-12**	Tolerate	N/A	No gaps in assurance from providers since last report - providers have provided required assurance and are working with homecare companies but this does remain a risk that needs to be kept under review.Situation believed to be lower risk but no formal assurance as yet.
SECAmb Cat A Performance	SDRR32	Open	Performance	Dir of Comm and Strat	3 Urgent Care	Risk that SECAMB cannot ensure acceptable performance in relation to Category A response times.	810	20/01/2016	4	3	**12**	**Static**	**Low 6-8**	Treat	8	Red 1 (defib required) is being met Red 2 all (other) is not being met. A review of harm to patients where standards not met is done and an analysis of this is being discussed at quality committee. No further actions possible whilst outcomes of host commissioner actions is awaited.
Capacity and surge planning	SDRR34	Open	EPRR	Dir of Comm and Strat	Other / operational	There is a risk of potential failures of service quality, financial stability, or business continuity that impact on patients and may cause harm in periods when there is a surge in demand (such as winter, heatwaves or during a pandemic) are not adequately planned for.	1024	20/01/2016	2	4	**8**	**Static**	**Low 6-8**	Tolerate	8	Currently risk reduced as system working relatively well as a result of seasonal trends, other than some issues in the Kingston and Epsom areas over winter. System resillience forums in place and specialist funding allocated.

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GP IT infrastructure	SDRR35	Open	Commissioning	Chief Op Officer	Other / operational	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	1024	20/01/2016	4	4	**16**	**Deteriorating**	**Medium 9-12**	Treat	9	CCG lacks detailed rollout plans for GP IT systems, despite escalation with suppliers. Mitigation in place to ensure experienced sub contractor (Healthcare Computing) rolls out new hardware.
Continuing Care Retrospective Reviews (Previously Unassessed Periods of Care) team capacity	SDRR37	Open	CHC	Chief Op Officer	1 Integration of care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments	1024	20/01/2016	4	4	**16**	**Deteriorating**	**Low 6-8**	Treat	8	Down from 6 to 16 as a result of slippage in provider trajectory - being pursued actively with them.
Failure to deliver CHC assessments within nationally mandated timescales	SDRR38	Awaiting closure	CHC	Chief Op Officer	1 Integration of care	Risk that the nature and scale of normal continuing care applications cannot be managed	1024	20/01/2016	3	2	**6**	**Static**	**Low 6-8**	Terminate	8	Bi-weekly performance meetings ensure all localities are within target thesholds, will continue to be closely monitored. No longer a risk.
Acute Contract and CQUIN sign off	SDRR41	Open	Contracting	Chief Fin Officer	Other / operational	There is a failure to sign off 2015/16 contracts and their associated CQUINs	285	18/01/2016	4	3	**12**	**Static**	**Min 1-5**	Treat	4	Process ongoing. At end of January 100% of contracts had been signed, excluding AQPs which are subject to a separate process.
2016/17 Contract planning cycle	SDRR42	Open	Contracting	Chief Fin Officer	Other / operational	The 2016/17 Annual Contract planning and monitoring cycle is poorly managed	285	18/01/2016	3	4	**12**	**Static**	**Low 6-8**	Treat	4	CCG will aim to be ahead of timetable compared to previous years to successfully mnitigate this risk fully. Organisation wide review of capacity / OD plan aims to ensure there is adequate capacity in place.

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Contract database	SDRR43	Open	Contracting	Chief Fin Officer	Other / operational	The contact database fails to adequately capture all contracts and aligned payments	654	18/01/2016	3	3	**9**	**Static**	**Low 6-8**	Treat	4	Database now functioning but community and smaller contracts needs to be monitored before further review of this risk and risk score. Remains outside of tolerance.
Failure to achieve 2016-17 QIPP	SDRR44	Open	Finance	Chief Fin Officer	10 Financial Balance	Risk that the CCG cannot deliver QIPP schemes as agreed	554	18/01/2016	4	4	**16**	**Static**	**Low 6-8**	Treat	8	Bottom up analysis of 15/16 schemes completed and £9.8 m remains the plan. Some work on ensuring individual project actions identified as part of that review are implemented. The PMO is now tracking delivery against the QIPP profile that emerged from that review which has enabled us to tie milestones more closely to benefit delivery. Programme Delivery Board terms of reference have been reviewed and strengthened. The PMO will be reviewing with the PDB the current risk rating score once M10 data becomes available.
Failure to control the acute contract portfolio - impact on Financial balance	SDRR46	Open	Finance	Dir of Comm and Strat	10 Financial Balance	Risk that acute hospital spend cannot be controlled leading to a significant year end deficit	531	18/01/2016	2	4	**8**	**Improving**	**Low 6-8**	Tolerate	8	Net score reduced from 16 to 8. Acute over-activity has been largely defined through negotiatrions including agreeing year end position with Epsom St Helier.
Failure to control prescribing costs - impact on Financial balance	SDRR47	Open	Finance	Interim Dir of Clin Perf and Delivery	10 Financial Balance	Risk that prescribing spend cannot be controlled leading to a significant year end deficit	531	18/01/2016	2	3	**6**	**Static**	**Low 6-8**	Tolerate	N/A	Prescribing costs running within budget - no indications of excessive run rate this stage. No change to risk score.

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Cancer wait 62 days	SDRR48	Open	Performance	Dir of Comm and Strat	8 Quality and Performance	Risk of not meeting 62 day cancer performance target	417	18/01/2016	3	3	**9**	**Improving**	**Zero 1-5**	Treat	4	Net risk down from 12 to 9. The trust's action plan is being updated and kept under review by the Quality Committee. Improving position in most specialties.
Impact of transfer of specialist commissioning liability on Financial balance	SDRR49	Open	Finance	Chief Fin Officer	10 Financial Balance	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total	531	18/01/2016	1	4	**4**	**Improving**	**Low 6-8**	Tolerate	N/A	Net risk reduced from 8 to 4. £4.7m has been incorporated into budgets for this year – . Future risks around specific areas e.g. morbid obesity and renal. Some minor income from SC but no new guidance on potential top slicing. To refresh in 2016/17.
Community Contract and CQUIN sign off	SDRR52	Open	Contracting	Chief Fin Officer	Other / operational	There is a failure to sign off 2015/16 community contracts and their associated CQUINs	231	20/01/2016	1	1	**1**	**Static**	**Min 1-5**	Treat	4	Risk fully mitigated for this year - revisit in March.
Community Equipment Store	SDRR53	Open	Commissioning	Dir of Comm and Strat	Other / operational	There is a risk that the reprocurement of the community equipment store will not meet the needs of patients and carers and / or cause additional cost pressures	156	14/01/2016	2	4	**8**	**Static**	**Low 6-8**	Tolerate		Tender has been undertaken (led by Surrey County Council) and is in final stages. CCGs have been invoved in evaluation of tender bids - outcome not yet known. Issues remain of cost pressures built in to specification - will need to be managed as part of contract mon itoring.

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Server Room health and safety	SDRR54	Awaiting approval	Corporate	Chief Fin Officer	Other / operational	Fire or faults in the server room could lead to bisuness continuity incident and possibly harm to staff and visitors	77	18/01/2016	3	4	**12**	**N/A**	**Low 6-8**	Treat	6	CSU and CCG to meet to agree action plan and funding to meet minimum required health and safety standards
Server Room fire risk	SDRR54	Awaiting closure	Corporate	Chief Fin Officer	Other / operational	Fire in the server room could lead to bisuness continuity incident and harm to staff and visitors	72	13/01/2016	3	4	**12**	**Static**	**Low 6-8**	Terminate	N/A	CSU and CCG to meet to agree action plan and funding to meet minimum required health and safety standards
CSU Resilience	SDRR55	Open	Commissioning	Chief Fin Officer	9 Organisational Development	South East CSU will not be able to deliver contracted services due to operational issues, specifically leadership and recruitment to key roles.	58	18/01/2016	3	4	**12**	**Static**	**Low 6-8**	Treat	8	The CCG is aware that SECSU is in financial difficulties. The CCG's main risks are within ICT, acute contracts and BI; the CCG is assigning members of the finance team to the three key acute contracts for oversight purposes. The CCG is also working with the Surrey Collaborative on using the Lead Provider Framework to reproduce the ICT element.
Immunisation - Safety	SDRR56	Open	Quality	Chief Op Officer	8 Quality and Performance	Medication errors will occur as a result of lack of systemised approach to immunisation in Primary Care	253	13/01/2016	3	4	**12**	**N/A**	**Low 6-8**	Treat	4	13.01.16 Further review - Systems and Practice not embedded in some practices. Further work needed within localities led by PCWT and GP Tutor

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Stroke mortality and morbidity	SDRR57	Open	Commissioning	Dir of Comm and Strat	3 Urgent Care	Risk that stroke outcomes for patients will remain below acceptable levels at Epsom and SASH unless surrey stroke review can address isssues relating to appropriate service configuration	1	21/01/2016	3	5	15	N/A	Min 1-5	Treat	5	Surrey commissioners are working with their local health systems to develop the best approaches for delivering the whole pathway of care. The requirements would be clearly laid out regarding the 'must dos' for pathway delivery and an appropriate timescale agreed.
CHC IT Transition and data management	SDRR59	Awaiting approval	CHC	Interim Dir of Clin Perf and Delivery	8 Quality and Performance	The level of service and support does not enable an efficicent and effective IT to allow business as usual activities. System functionality therefore poor, responsiveness of 'cloud hosted' database slow. Repeated printer failures leave periods of time when we are unable to produce lettters and copy documents. Inability of staff working remotely to access system	295	20/01/2016	4	4	16	N/A	Low 6-8	Treat	8	As main database is cloud hosted and all patient records are accessed via Citrix link it is critical that the system is accessible at all times to allow clinicians to remotely access and to deal with time critical decisions relating to patient welfare by reference to their records. Connectiviey and response times in the office are also reduced and response times to service tickets are slow. 15.01.16 CSU now engaging in citrix issues, action plan in process for data management issues.
CHC Safeguarding alerts	SDRR60	Awaiting approval	CHC	Interim Dir of Clin Perf and Delivery	8 Quality and Performance	Risk that safeguarding alerts could be missed	730	20/01/2016	4	4	16	N/A	Min 1-5	Treat	6	15.01.16 No engagement obtained from safeguarding team. Spreadsheet is not best vehicle for engagement and often out of date, communication between social services and safeguarding team has been an issue as seasonal pressures have identified care agencies that are closed to NHS but open to LA. Post safeguarding alert, raised with EC.
CHC File handling and storage	SDRR61	Awaiting approval	CHC	Interim Dir of Clin Perf and Delivery	8 Quality and Performance	Member of staff will injure themselves whilst manually handling boxes of files	366	20/01/2016	4	4	16	N/A	Low 6-8	Treat	6	Delays in implementing paperless project - short procurement being pursued