NHS
Surrey Downs
Clinical Commissioning Group

*Governing Body*
*30th September 2016*

# CCG Risk Profile Sept 2016

| | |
|---|---|
| **Agenda item 18 Paper 12** | |
| **Summariser:** | Justin Dix, Governing Body Secretary |
| **Authors and contributors:** | Haneef Khalid, Datix Consultant |
| **Executive Lead(s):** | Matthew Knight, Chief Finance Officer |
| **Relevant Committees or forums that have already reviewed this issue:** | Executive Management Team; Finance and Performance Committee; Quality Committee; Audit Committee |
| **Action required:** | For discussion |
| **Attached:** | Risk Profile Sept 2016 |
| **CCG principal objectives relevant to this paper:** | P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme; P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy; P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development; P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual. |
| **CCG Operating plan objectives relevant to this paper:** | OP1) Implement the quality improvement strategy; OP2) Implement pathway programmes; OP3) Enabling work programmes; OP4) Delivery of constitutional performance requirements; OP5) Delivery of other priorities |
| **CCG core functions relevant to this paper:** | CSF7 Governance and leadership, including standards of conduct |
| **Risk** | Subject of paper |

| | |
|---|---|
| **Compliance observations:** | **Finance:** Known high risks – see finance report |
| | **Engagement :** None |
| | **Quality impact:** Via specific projects with associated risks, where required |
| | **Equality impact:** None required |
| | **Privacy impact:** None required |
| | **Legal:** None |

## EXECUTIVE SUMMARY

Key points

- The CCG's exposure to risk has remained fairly consistent through 2016/17 to date and is mainly centred on financial performance / QIPP, and specific areas of supplier performance such as SECAmb.
- There is a separate paper coming to the Governing Body that refreshes the risk management strategy for 2016/17.
- At its July meeting the Governing Body agreed four principal objectives around which the assurance framework is being constructed. These are:
    - P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme;
    - P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy;
    - P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development;
    - P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual.
    - A copy of the assurance framework relating to these objectives is attached and comment on this is welcomed
- There are changes taking place which will strengthen future risk management arrangements, principally the introduction of the Datix system for control of risks (and also incidents, complaints and Freedom of Information).
- Training is taking place this autumn for staff on using Datix within the new risk management strategy. The focus of this is on managing risk at the most appropriate level, and giving Heads of Service a greater leadership role over risk management.

Challenges

- There is a cultural and systems shift underway from managing risk in a very centralised way to one which emphasises greater responsibility for managers across the organisation and which will require people to take greater ownership of the risk agenda.
- The impact of the STP and the shift to managing across a wider whole system will raise issues in future of where, by whom and how risk is managed. There is a potential threat that accountability for risk will be diluted but also, potentially, opportunities to improve risk mitigation through more effective collaboration and actions at scale.

Key questions

- Are there any risks not currently represented above that need to be included in future risk registers?
- Is the Governing Body satisfied with current levels of risk mitigation?
- Is the committee satisfied that it can assure the Governing Body that everything that can be done is being done in relation to principal objectives and corporate risks such as SECAmb?

| | |
|---|---|
| **Date of paper** | 8th September 2016 |
| **For further information contact:** | justin.dix@surreydownsccg.nhs.uk |

# Surrey Downs CCG Risk Register - September 2016

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Continuing Health Care** | | | | | | | | | | | | |
| Access to patient data base | Not all operational staff able to access patient database | 25 (56) | Hams, Steve | Hart, Lorna | Negotiate with provider as a priority | Can't get new users on until agreement reached. | Possible | Moderate | 9 | Zero 1-5 | Treat | 12.02.16 escalated to director at provider. 22.02.16 20 new licences bought, still waiting for decision on 'concurrent use', 1 new user still waiting as BC say we are still over. 27/05/2016 Concurrent issues still exist as host issue. Close management of license issue and close down allowing BAU. Issue should be resolved by end Aug 16 when Broadcare web delivery replaces current license regime. |
| CHC File handling and storage | Member of staff will injure themselves whilst manually handling boxes of files | SDRR61 (46) | Hams, Steve | Hart, Lorna | All staff have been reminded of the need to be aware of the correct way to manaully handle . Look to paperless/paperlite working | Storage facilites within the main office area are often not at suitable height and are insuffieint for the volumes of notes handled on a daily basis | Likely | Major | 16 | Low 6-8 | Treat | Delays in implementing paperless project - short procurement being pursued |
| CHC IT Transition and data management | 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 | SDRR59 (45) | Hams, Steve | Hart, Lorna | Failures are being logged and escalated via the CSU contract meetings . Quotation sought to replace printers. Issue on remote connectivity has been raised. Secure memory sticks ordered to allow data to be saved if unable to work online | | Likely | Major | 16 | Low 6-8 | Treat | 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. CSU now engaging in citrix issues, action plan in process for data management issues. Printer issues now resolved. |
| CHC Safeguarding alerts | Risk that safeguarding alerts could be missed | SDRR60 (21) | Hams, Steve | Hart, Lorna | Clear safeguarding pathways are now displayed on the walls in CHC office. Safeguarding now attend area performance meeting on a monthly basis to update on current concerns and there is a spreadsheet accessbile to all in CHC team | | Likely | Major | 16 | Zero 1-5 | Treat | 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. |
| Continuing Care Retrospective Reviews (Previously Unassessed Periods of Care) team capacity | Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments | SDRR37 (35) | Hams, Steve | Hart, Lorna | Transformation of Service arising from review | Ability to recruit appropriately skilled staff due to model of service | Likely | Major | 16 | Low 6-8 | Treat | Down from 6 to 16 as a result of slippage in provider trajectory - being pursued actiovely with them. |
| DoLs | patients are in innapropriate care setting whilst waiting for assessments. | 28 (60) | Hams, Steve | Barrington, Sara | Carry out the assessments as a priority. | We cant use unqualified nurse assessors. | Rare | None | 1 | High 15-25 | Tolerate | 15/07/2016 - To be reviewed at the CHC Programme Team Meeting. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Dom Care | Patient safety may be compromised and costs for Dom Care are not value for money | 27 (59) | Hams, Steve | Hart, Lorna | Further to discussion with SCC, proposed pilot scheme in one or two CCG areas for new Dom Care spec (High needs only). Details to be confirmed. | The pilot scheme would not apply to existing patients. | Rare | None | 1 | High 15-25 | Treat | 11/07/2016 - Lorna to liaise with Jean Body re mitigation plan for CHC board. |
| DTOC from Acute Hospitals | Inconsistncies and issues within the discharge process as Acute hospitals will cause delayed discharges and increase the pressure on beds | 8 (51) | Hams, Steve | Hart, Lorna | Acute nurses are now in place in 4/5 of the acute hospitals with recruitment planned in to the 5th acute. Post holder delivering training and acting as point of contact to resolve any issues and speed the decision making process. Monthly reporting and analysis of effectiveness. Step down beds to be used | | Likely | Moderate | 12 | Zero 1-5 | Treat | Step down beds currently being used in Surrey Downs and East Surrey. Alamac Conference call being joined on a daily basis by a lead from the team to discuss any issues as they arise re ASPH . Fast Track Pilot in RSCH 15.01.16 4 out of 5 acute hospitals have CHC acute nurse in situ, outstanding is RSurrey, G&W have asked for PID for substantive post, LOS reduced. Issues identified with discharge teams escalated. 23.02.16 Sara doing PID for G&W, evaluation needed ABaxter based on D2A data, Lucy meet Claire Stone. Anecdotal evidence of good performance. SASH substantive coming in, Epsom Rose-needs support as Ryan moving, .....we can take Rose out, Sara comparative analysis for board. 07/06/2016 - Band 7 costs. CHC supporting 50% of Band 7 Costs. Dashboard being reviewed by Sara. 11/07/2016 - Ash. & St Peters improved, Epsom awaiting interim to start this week, Kingston - Substantive post, Royal Surrey and Frimley - advert out. |
| Insufficient Staff Resources in CHC Team | Insufficient staff resource - especially Clinical Leads, Band 5& 6 Clinicans, Administrative staff and Band 5 Data Manager. Relying heavily on temporary and agency staffing . No cover when agency staff take days off last minute . Continuous cycle of training . Risk that unable to undertake work and comply with National Framework. | 1 (49) | Hams, Steve | Hart, Lorna | Administrative staff have on the whole been recruited to post with some positions still on a 12 week temp to perm. New vacancies are being advertised .Band 5 Data Manager recruited, Insufficient applicants for Band 6 Clinical roles both in Localities and PUPoC team therefore continue to advertise for locality positions and have awarded an external provider to undertake the clinical PUPoC role. | Shortage of nurses in this field Nationally. | Likely | Moderate | 12 | Zero 1-5 | Tolerate | Staffing remains high on the agenda at CHC team weekly meetings.Aim to look at possible changes in staffing that are forecast and plan ahead. 15.01.16 Recruitment day being designed, vacancy factor in band 5& 6. 23/02/16 band 5 filled, band 6 have candidates in pipeline.....Wed interview 24.02.16. 08/07/2016 - Needs monthly monitoring. |
| Lack of Social Care Practitioners | Unable to undertake CHC reviews as they fall due in line with the National Framework | 23 (54) | Hams, Steve | Hart, Lorna | Continue to discuss issue with LA and seek to review current practioner cover areas | | Likely | Moderate | 12 | Zero 1-5 | Tolerate | 15.01.16 Continue to engage with LA through Operational meetings, and seek target resource as appropriate. Practitioner now avaialble in four localities. 07/06/2016 - SCC are attending Panel. 'Becon' Objective and feeding back. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PHB | There is a risk that fewer PHB applications will be started | 24 (55) | Hams, Steve | Hart, Lorna | Keep under constant review to ensure it is progressing and manage any feedback from patients and their representatives and CCGs | Request demand | Possible | Minor | 6 | Zero 1-5 | Tolerate | 18.01.16 PHB process under review will update in one week. 11/07/2016 - Surreywide workshop to be planned. TIAA commencing review. |
| Placements - inability to place in timely manner | Unable to place patients in a Nursing Home or secure a package of Care which could result in increased periods of stay in an acute setting | 5 (50) | Hams, Steve | Hart, Lorna | Market engagement events and closer joint working with LA with regard to care home commissioning. | | Likely | Moderate | 12 | Zero 1-5 | Tolerate | |
| PUPoC | Unable to clear the backlog of PUPoC cases by the agreed deadline given by NHSE on 30/09/2016 for having issued all outcomes of claims | 20 (52) | Hams, Steve | Hart, Lorna | Close monitoring of supplier to ensure that any early slippage is identified . Some cases are still being processed in house to ensure that there is not 100% reliance on third party | | Likely | Moderate | 12 | Zero 1-5 | Treat | Monthly contract monitoring tele conferences to ensure that closely monitored and no deviation from planned trajectory. 15.01.16 provider trajectory has slipped. Contract meeting and improvement plan identified. Contract variation imminent, expecting to meet NHS England deadline 23.02.16 |
| SCC | The account debit balance from Surrey County Council of value £29m will impact on CHC budget. | 26 (57) | Hams, Steve | Hart, Lorna | An assessment of a proportion of outstanding accounts. | Assess all of the outstanding account claims. | Likely | Major | 16 | Zero 1-5 | Treat | 23.02.16 Investigation into proportion of accounts in progress. 07/06/2016 - £1.2 million in invoices awaiting payment. Report to PDB. Needs CHC Board oversite, to be discussed on June 8th. 11/07/2016 - To chase an update from Alice. |
| SCC | The account debit balance from Surrey County Council of value £29m will impact on CHC budget. | 26 (58) | Hams, Steve | Hart, Lorna | An assessment of a proportion of outstanding accounts | Assess all of the outstanding account claims | Likely | Major | 16 | Zero 1-5 | Treat | 23.02.16 Investigation into proportion of accounts in progress. 07/06/2016 - £1.2 million in invoices awaiting payment. Report to PDB. Needs CHC Board oversite, to be discussed on June 8th. 11/07/2016 - To chase an update from Alice. |
| Third Party Agreements | Third Party agreemtns could be abused by provider market | 22 (53) | Hams, Steve | Hart, Lorna | Recording the existance of third party agreemtns on Broadcare which will enable us to report on the number . Strong Contract Management and annual reports on providers | | Possible | Moderate | 9 | Zero 1-5 | Treat | Will need to evaluate the number of these agreements before impact and risk fully understood. 15.01.16 Monitoring 3rd party agreements as part of NHS contracts and logged on Bcare leaflet in draft to be completed as part of Alma workplan. 07/06/2016 Michaela to audit 'Lunch and Learn'. |
| Commissioning | | | | | | | | | | | | |
| Community Equipment Store | 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. | SDRR53 (41) | Blythe, James | Elrick, Tom | Joint work with other CCGs and formally through the Section 75 agreement with Surrey County Council | Lack of control over budget operations leading to potential overspends | Likely | Minor | 8 | Low 6-8 | Tolerate | Tender has been undertaken (led by Surrey County Council) and provider appointed. Issues remain of cost pressures built in to specification - will need to be managed as part of contract monitoring. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CSU Resilience | South East CSU will not be able to deliver contracted services due to operational issues, specifically leadership and recruitment to key roles. | SDRR55 (43) | Knight, Matthew | Wu, Mable | Hold CSU to contractual levels of service | Limited ability to influence recruitment and retention strategies | Likely | Moderate | 12 | Low 6-8 | Treat | 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., see Chief Officer's report to the March Governing Body |
| GP IT infrastructure | Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload. | SDRR35 (32) | Knight, Matthew | Wilmshurst-Smith, Julian | Rollout of IT refresh programme | None known | Likely | Minor | 8 | Medium 9-12 | Treat | Installation now rolling out following conclusion of negotiations with NHS England. |
| Contracting | | | | | | | | | | | | |
| 2016/17 Contract planning cycle | The 2016/17 Annual Contract planning and monitoring cycle is poorly managed | SDRR42 (33) | Knight, Matthew | Costello, Moyra | Contract documentation, contract penalties, Exec to Exec negotiation and intervention | None known | Likely | Moderate | 12 | Low 6-8 | Treat | 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. |
| Acute Contract and CQUIN sign off | There is a failure to sign off 2015/16 contracts and their associated CQUINs | SDRR41 (18) | Knight, Matthew | Costello, Moyra | CCG is in continued negotiation on unsigned contracts and CQUINS. | None known | Likely | Moderate | 12 | Zero 1-5 | Treat | Process ongoing. At end of January 100% of contracts had been signed, excluding AQPs which are subject to a separate process. |
| Community Contract and CQUIN sign off | There is a failure to sign off 2015/16 community contracts and their associated CQUINs | SDRR52 (19) | Knight, Matthew | Wilmshurst-Smith, Julian | CCG is in continued negotiation on unsigned contracts and CQUINS. | None known | Rare | None | 1 | Zero 1-5 | Treat | Risk fully mitigated for this year - revisit in March. |
| Contract database | The contact database fails to adequately capture all contracts and aligned payments | SDRR43 (34) | Knight, Matthew | Brown, Dan | Executive Committee; Audit Committee | None known | Possible | Moderate | 9 | Low 6-8 | Treat | 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. |
| Corporate | | | | | | | | | | | | |
| Governing Body and Committee effectiveness | The Governing Body and Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles | SDRR26 (27) | McCormack, Ralph | Dix, Justin | Review of governing body committee effectiveness underway using external facilitation and structured surveys of GB and committee members | None identified | Possible | Minor | 6 | Low 6-8 | Tolerate | Monitor operation of revised committees through to July then consider removing from risk register. |
| IT Migration | The CCG will experience a business continuity disruption as a result of further iT migration and / or a period when systems are niot functioning optimally | SDRR62 (47) | Knight, Matthew | Wilmshurst-Smith, Julian | | Migration is highly technical and there is limited support for the CCG to act as an intelligent customer. | Likely | Minor | 8 | Low 6-8 | Tolerate | The CCG is working with other CCGs on a planned IT migration and has emploued project support to this end. |
| Server Room health and safety | Fire or faults in the server room could lead to bisuness continuity incident and possibly harm to staff and visitors | SDRR54 (42) | Knight, Matthew | Perrott, Jonathan | CCG and CSU are working to resolve/manage risks | CCG and SECSU still to agree their respective responsibility for resolving/managing the risks | Likely | Minor | 8 | Low 6-8 | Tolerate | Remedial works almost complete - once testing and assurance in place, may be removed from risk register |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Emergency Preparedness, Resilience and Response** | | | | | | | | | | | | |
| Business continuity | 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. | SDRR22 (25) | Knight, Matthew | Perrott, Jonathan | Heads of service tasked with ensuring business continuity mechanisms are in place on a team by team basis | Lack of control over landlord actions in relation to premises; low control over e.g. pandemic flu and weather that could impact on staffing | Likely | Minor | 8 | Low 6-8 | Tolerate | Business continuity plans updated January 2016. Further mutual aid arrangements being discussed with partner organisations. |
| Capacity and surge planning | 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. | SDRR34 (31) | Blythe, James | Perrott, Jonathan | New System Resilience Groups (SRGs); arrangements flexed arrangements for community beds to support discharge and manage system pressures. Additional investment to support capacity planning. Following each surge period e.g. Easter there are now reviews with learning logs. | The CCG is one of several organisations at local level and does not have complete control over system wide interventions, particularly the role of the ambulance service. | Likely | Minor | 8 | Low 6-8 | Tolerate | 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. Easter being closely monitored. |
| Extreme Weather Event | Extreme weather event results in a large and sustained surge in healthcare demands. | EP005 (72) | Knight, Matthew | Perrott, Jonathan | | | Possible | Moderate | 9 | | | |
| Major incident preparedness | 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 | SDRR19 (17) | Knight, Matthew | Perrott, Jonathan | Maintain policies and procedures; provide regular training for staff; | MASH is in place but not yet fully functioning. External review and awayday planned to address issues. | Likely | Minor | 8 | Zero 1-5 | Tolerate | "EPRR assurance including Major Incident preparedness noted by Governing Body Nov 2015.<br>Further training/exercieses to be arranged. New resource bought in (specialist EPRR expertise) to give CCG more resillience." |
| Major Pollution of controlled waters | Major Pollution of controlled waters resulting in large and sustained surge in healthcare demands. | EP004 (71) | Knight, Matthew | Perrott, Jonathan | | | Likely | Moderate | 12 | | | |
| Severe flooding | Severe flooding impacting delivery of clinical care. | EP002 (69) | Knight, Matthew | Perrott, Jonathan | | | Likely | Moderate | 12 | | | |
| Severe pandemic influenza | Severe pandemic influenza resulting in high death rates etc. | EP001 (68) | Knight, Matthew | Perrott, Jonathan | | | Likely | Major | 16 | | | |
| **Finance** | | | | | | | | | | | | |
| CHC Retrospective claims impact on Financial balance in 21016/17 | 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 | SDRR27 (28) | Knight, Matthew | Brown, Dan | The CCG has minimal control over this issue other than to escalate the understanding of the impact to NHS England. | Control mechanisms within NHS England are not clear | Possible | None | 3 | Low 6-8 | Tolerate | There are now risk pooling arrangements in place (and there was an underspend in 2014/15). Remains low risk. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Failure to achieve 2016-17 QIPP | Risk that the CCG cannot deliver QIPP schemes as agreed | SDRR44 (36) | McCormack , Ralph | Chalmers, Jane | Detailed milestones linked to benefits for planned care projects have been requested by PMO. Review of QIPP performance in M7 and trajectory revised for M8-M12 to achieve the £9.8m Recommendations from CCG governance review and appointment of interim turnaround director has strengthened the ability for the CCG to direct organisational culture; restructuring of capacity; close management of project risks and issues. Additional in-year schemes being considered as part of 16/17 QIPP and where possible plans are being brought forward into 15/16. PMO reporting into the Turnaround Director and processes, governance and capacity has been strengthened. | Control over patient demand and supplier / third party behaviour is limited; some QIPP schemes are untested and forecast value may vary; difficulties with forecasting future supplier compliance; buy in to QIPP projects by referrers uncertain. | Likely | Major | 16 | Low 6-8 | Treat | 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. |
| Failure to control prescribing costs - impact on Financial balance | Risk that prescribing spend cannot be controlled leading to a significant year end deficit | SDRR47 (38) | Hams, Steve | Watkins, Sarah | Medicines Management team are proactive in supporting practices to reduce and control spend through a wide range of initiatives. CCG has budgeted adequately for this year. | No absolute control over individual prescribing behaviours. | Possible | Minor | 6 | Low 6-8 | Tolerate | Prescribing costs running within budget - no indications of excessive run rate this stage. No change to risk score. |
| Failure to control the acute contract portfolio - impact on Financial balance | Risk that acute hospital spend cannot be controlled leading to a significant year end deficit | SDRR46 (37) | Blythe, James | Costello, Moyra | The CCG controls contracts through regular meetings and use of contract challenges and provisions | Difficulties with non-local contracts and specialist commissioning - lack of control | Likely | Minor | 8 | Low 6-8 | Tolerate | 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. |
| Financial impact of failure to achieve quality premium in 2016/17 | Quality premiums are lost due to poor supplier performance | SDRR18 (24) | Blythe, James | Brown, Dan | Contractual levers | None known | Likely | Major | 16 | Low 6-8 | Treat | Quality premium was lost in 15/16 - risk renewed for 2016/17 |
| Impact of transfer of specialist commissioning liability on Financial balance | Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total | SDRR49 (40) | Knight, Matthew | Brown, Dan | Virtually no control over this process - nationally determined | See controls | Unlikely | Minor | 4 | Low 6-8 | Tolerate | 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. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Medicines Management & Pharmaceutical Commissioning** | | | | | | | | | | | | |
| Homecare medicines safety | Risk that community patients may not receive a safe service in specific clinical areas. | SDRR29 (29) | Hams, Steve | Watkins, Sarah | Continue to seek assurance from providers through regular reports that there have been no incidents. | None identified | Likely | Moderate | 12 | Medium 9-12 | Tolerate | 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. |
| Transfer of chemotherapy commissioning | Proposed transfer of chemotherapy commissioning to CCGs will not be clinically and / or financially safe | SDRR09 (48) | Blythe, James | Watkins, Sarah | Has been raised with national pharmacy advisory group and NHS England meds opt CRG and SE Coast commissioning chief pharmacists to ensure visibility of issue see VO's detailed paper. | The CCG lacks budgetary control (including scale of financial risk), and workforce control. Also may not have control over appointmen of lead CCG. | Unlikely | Minor | 4 | Zero 1-5 | Tolerate | 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. |
| **Performance Planning & Analytics** | | | | | | | | | | | | |
| Cancer wait 62 days | Risk of not meeting 62 day cancer performance target. | SDRR48 (39) | Blythe, James | Wu, Mable | Limited performance leverage | No control over clinical behaviours in trust | Possible | Moderate | 9 | Zero 1-5 | Treat | Net risk down from 12 to 9 in January. The trust's action plan is being updated and kept under review by the Quality Committee. Improving position in most specialties. |
| SECAmb Cat A Performance | Risk that SECAMB cannot ensure acceptable performance in relation to Category A response times. | SDRR32 (30) | Elrick, Tom | Blythe, James | Contractual levers | CCG is associate commissioner and cannot take unilateral action | Likely | Major | 16 | Low 6-8 | Treat | Full update paper given to March Governing Body. Commissioners working together on remedial action and appropriate sanctions - will need to be revisited again in April. |
| **Programme Management Office** | | | | | | | | | | | | |
| Community Integration Programme (16/17 element) | Insufficient alignment between SDCCG and providers within Epsom Health & Care impacts the conclusion and sign off of the integrated business case. | PMO3 (63) | Blythe, James | Elrick, Tom | CCG can continue to facilitate discussions with and between providers. | Risk must be treated - cannot be tolerated, terminated or transferred. | | | | | | |
| Community Integration Programme (16/17 element) | Governance arrangements for delivery of Community Integration Programme are insufficient for Commissioner's oversight, monitoring of patient quality and QIPP savings delivery. | PMO4 (64) | Blythe, James | Elrick, Tom | Review delivery governance and propose refinement to existing structures along with new Terms of Reference for all 3 localities. Possibly set up a Clinical Quality Reference Group as an oversight vehicle. | Risk must be treated - cannot be tolerated, terminated or transferred. | | | | | | |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Falls | Risk of not implementing a new falls service in place by 1st April. | PMO2 (62) | Blythe, James | Elrick, Tom | Requires strategic direction including prevention, community hubs / integration links and acute falls service including fractured NOF pathway. Need to include falls in clinical leads role. Programme lead is re-working the business case for stakeholder review on 10th March including revised benefits profile and milestones | Progress without clear CCG strategic direction and full clinical (integration and urgent care) involvement e.g. including GP, hubs, acute, community, public health, ambulance / OOHs | Rare | None | 1 | | | |
| Primary Care Capacity | Primary Care will not have sufficient capacity to absorb all the activity which will be repatriated from community and acute settings | PMO1 (61) | Blythe, James | Blythe, James | Robust planing process for all projects, early identification of any workforce and estates requriements for the delivery of new services in primary care | Risk must be treated - cannot be tolerated, terminated or transferred. | | | | | | |
| Primary Care Engagement | Primary Care will not agree to deliver more care closer to home due to a lack of engagement and invovlment in any changes which are being proposed and then subsequently developed | PMO6 (67) | Blythe, James | Blythe, James | Ensure projects have clear comms and engagment plans for working with primary care from the outset. Involvement of locality chairs in the development of proejcts pre Clinical Cabinet sign off of them | | | | | | | |
| QIPP 16/17 | The CCG's 'control' total QIPP will not be achieved | PMO5 (65) | McCormack , Ralph | McCormack , Ralph | Further work is planned a Head of Service and executive level to advance these opportunities as soon as is possibl. Fill the Gap workshop planned for 26th May 16. | | | | | | | |
| Secondary Care Engagement in delivery of QIPP schemes | The shift of activity from the acute sector into the community or that the planned reduction in outpatinets will not be achieved | PMO6 (66) | Blythe, James | Blythe, James | Continue to engage with secondary care colleagues, escalate to EMT if project and programme managers unable to achieve levels of engagment required, when necessary Exec to Exec conversations (clinical and non-clinical) to try and resolve | | | | | | | |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Quality & Patient Safety** | | | | | | | | | | | | |
| Catastrophic Provider failure | 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. | SDRR11 (26) | Blythe, James | Clark, Eileen | Direct interaction with suppliers to change organisational culture. Intervention through contracts. Performance notices and penalties in some areas. | None identified | Likely | Minor | 8 | Low 6-8 | Tolerate | 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. |
| Immunisation - Safety | Medication errors will occur as a result of lack of systemised approach to immunisation in Primary Care | SDRR56 (44) | Hams, Steve | Clark, Eileen | Setting up and rolling out training; education of practice nurses and HCAs by PHE on their roles and responsibilities, facilitated by SDCCG. CCG and localities to champion a systematic approach to training, Continue to offer accredited training Programmes and updates. | Surrey Downs CCG cannot enforce training - responsibility lies with individual practitioners / practices. | Likely | Moderate | 12 | Low 6-8 | Treat | 13.01.16 Further review - Systems and Practice not embedded in some practices. Further work needed within localities led by PCWT and GP Tutor |
| Infection Control | Significant failings with occur in commissioned services in relation to Health Care Acquired Infection | SDRR12 (15) | Hams, Steve | Clark, Eileen | Contract meetings and contract levers; performance management and withholding of payment. | No operational level expertise and capacity within the CCG quality team or Surrey Public Health team to undertake in depth investigations and monitoring required. | Possible | Moderate | 9 | Zero 1-5 | Treat | 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 Feb 2016 - no significant changes in reported activity against plan - loss of specialist surrey wide expertise in March still not assured for future. Score unchanged but needs careful monitoring. |
| Quality of care in Care Homes | 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 | SDRR15 (23) | Hams, Steve | Clark, Eileen | "Adult safeguarding interventions; Contractual sanctions: remove or suspend placements." | No gaps identified | Likely | Moderate | 12 | Low 6-8 | Treat | Development of a Surrey-wide dashboard still ongoing. Lack of Capacity will probably prevent achieving desired tolerance levels unless additional resource provided. Project Initiation Document (PID) signed off by CHC programme Board andnow proceeding to business case. |

| Title of Risk | Risk Description | Old Ref (New Ref) | Executive Risk Owner | Risk Lead | Controls | Gaps in controls | Likelihood Score | Impact Score | Revised Net Score | Risk Appetite | T Value | Actions and Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Safeguarding Adults | 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. | SDRR13 (16) | Hams, Steve | Clark, Eileen | "<br><br>Surrey CCG Quality Leads discuss Adult Safeguarding monthly where the issues are monitored.<br>Bi-monthly meeting of NHS Adult Safeguarding Leads across Providers in Surrey.<br>Multi Agency Safeguarding Hub (MASH) in Surrey. New health sub group for safeguarding adults commences 30th April 2015.<br>" | MASH is in place but not yet fully functioning. External review and awayday planned to address issues. | Possible | Major | 12 | Zero 1-5 | Treat | 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 (Jan 2016) - further action plan monitoring report requestd for March Quality Committee. Score unchanged. |
| Stroke mortality and morbidity | 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 | SDRR57 (20) | Blythe, James | Blythe, James | Commission services that meet required standards; monitor that quality of care is being delivered | Commissiining needs to be done with other CCGs (specifically East Surrey). | Possible | None | 3 | Zero 1-5 | Treat | 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. |

# SURREY DOWNS CCG - GOVERNING BODY ASSURANCE FRAMEWORK 2016/17

| Principal Objective | Risks to delivery of this objective | Source of risk (where does this come from) | Potential effect of the risk (what might happen) | Pre-mitigation likelihood Score | Pre-mitigation impact Score | Net initial Score | Date of latest scoring | Mitigations and Comments | Revised Likelihood Score | Revised Impact Score | Revised Net Score | Risk Appetite range for this category of risk | T Value (Treat, Tolerate, Terminate or Transfer) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme | P1(a): Failure to achieve QIPP target | Scale and complexity of QIPP programme | QIPP shortfall would add pressure to find non-recurrent savings in year and add to subsequent years QIPP targets | 4 | 5 | 20 | 01/09/2016 | Significant pressure on QIPP schemes remains | 4 | 5 | 20 | Minimal 1-5 | Treat |
| P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme | P1(b) Failure to control contracts with suppliers | Historical volatility of contracts, particularly acute and non-local contracts | Actual cost pressure generating requirements for additional Non Recurrent Savings and potentially further QIPP schemes | 4 | 5 | 20 | 01/09/2016 | Contracts for 2016-17 have been arranged to reduce risk | 3 | 4 | 12 | Low 6-8 | Treat |
| P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme | P1(c) Unplanned adjustments to central allocations or additional commitments | Historical examples of central changes that cannot be planned for | Actual cost pressure generating requirements for additional Non Recurrent Savings and potentially further QIPP schemes | 3 | 4 | 12 | 01/09/2016 | No scope to mitigate central actions | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy | P2(a) Failure to agree collaborative arrangements with key partner organisations in the STP | Complexity of STP arrangements - large number of commissioner and provider organisations working together | STP effectiveness will be severely limited | 4 | 5 | 20 | 01/09/2016 | Collaborative arrangements under discussion - terms of reference for joint committee being drafted | 3 | 4 | 12 | Low 6-8 | Treat |
| P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy | P2(b) Failure to engage with / make the case for change to the public on required transformation | Known issues with making the clinical case for change where service delivery is complex and public perceptions associate change with service reduction | Change will be delayed or even abandoned | 3 | 4 | 12 | 01/09/2016 | For future consideration - no current plans for engagement. Reconsider when STP plans are clearer and actual service changes proposed. | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy | P2(c) Workforce supply issues across the STP cannot be resolved to enable delivery of transformed models of care. | Historical difficulties with recruitment and retention, particularly those sectors of the STP footprint that border London | STP plans will be delayed and here will be an impact on patient care and financial sustainability | 3 | 4 | 12 | 01/09/2016 | For future consideration when STP plans are clearer and actual service change impact on workforce understood. | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands Sustainability and Transformation Plan (STP) and ensure that this contributes significantly to the creation of a sustainable health economy | P2(d) The STP cannot identify or attract sufficient investment to pump prime transformational change, particularly in the areas of estates, digital infrastructure and skills. | Shortages of national and local investment funds | STP plans will be delayed and here will be an impact on patient care and financial sustainability | 3 | 4 | 12 | 01/09/2016 | For future consideration when STP plans are clearer and requirements for levels of investment understood | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development | P3(a) Lack of investment to make primary care transformation a reality | Shortages of national and local investment funds | General practice cannot participate in the CCG primary care strategy and associated workstreams | 3 | 4 | 12 | 01/09/2016 | For future consideration when primary care plans are clearer and requirements for levels of investment understood | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development | P3(b) Overall NHSE assurance position (directions) means the CCG is not able to take on local primary care commissioning responsibilities | NHSE Directions in force since August 2015 | CCG is prevented from fully leading primary care locally | 3 | 4 | 12 | 01/09/2016 | Risk remains in place - dependent on P1 and other factors | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development | P3(c) Wider strategic context and general pressures in primary care mean that local practices cannot easily engage | Increasing demand on primary care and difficulties with maintaining supply of GPs to local practices | General practice cannot participate in the CCG primary care strategy and associated workstreams | 3 | 4 | 12 | 01/09/2016 | For future consideration when primary care plans are clearer and requirements for levels of investment understood | 3 | 4 | 12 | Medium 9-12 | Tolerate |
| P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual. | P4(a) Turnover and continued use of interims in the senior management group reduces the effectiveness of the HOS development programme | Historical issues with recruitment and retention | Cohesive of heads of service as a group and effectiveness of senior management as a whole is reduced | 3 | 4 | 12 | 01/09/2016 | At the moment turnover is low and the Heads of service programme is proceeding well. Review again in early 2017. | 2 | 4 | 8 | Low 6-8 | Tolerate |
| P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual. | P4(b) Changes in the wider strategic context e.g. STP mean that the Governing Body development programme is overtaken by events | STP and other strategic change | Governing body is limited in scope and influence | 3 | 4 | 12 | 01/09/2016 | Significant board level development in place and significant influence over STP developments. Review again in early 2017. | 2 | 4 | 8 | Low 6-8 | Tolerate |