

Risk Title	Exec Owner	Main responsible committee	Description	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (current) (Revised net score)	T Value
Provision of IT for CHC - remote access	Hams, Steve	CHC Programme Board	Ability to work remotely is compromised because of the IT service and facilities.	Performance manage against the SLAs. Surrey Downs CCG investigate alternative providers and reprocur. Operational in house CHC staff are supporting staff with IT queries.	We cannot change until the procurement or use an unauthorised system. This issue will increase as the service demand grows. It will affect the business continuity plan.	Surrey Downs CCG is reviewing the service and reprocurring.	Ensure adequate consideration of CHC requirements is included within the new service specification when service is reprocured.	16	Treat
CSU Resilience	Knight, Matthew	REMCOCM	South East CSU will not be able to deliver contracted services due to operational issues, specifically leadership and recruitment to key roles.	Hold CSU to contractual levels of service	Limited ability to influence recruitment and retention strategies	Feedback from CSU contract meetings, published reports on staff turnover.	Known levels of risk within the organisation not shared with the CCG	12	Treat
Failure to achieve 2016-17 QIPP	McCormack, Ralph	FPC	Risk that the CCG cannot achieve the 2016-17 £19.6m QIPP target.	As part of PMO assurance process, monthly review of all projects to assess progress against milestone plans and forecast savings. Clear escalation process for any projects falling behind plan. Structured and ongoing approach to seeking further in year savings to mitigate against the risk of underachievement of savings Agreement of block contract with Epsom St Helier which contains £8.5m of agreed savings. Programme Delivery Board reviews progress against plan monthly and report provided to Finance and Performance Committee monthly.	Control over patient demand and provider/ third party behaviour is limited. Some QIPP schemes are innovative and actual value may vary from forecast.	There is good reporting through the PMO structures across 17 projects regarding the current and forecast levels of QIPP delivery. QIPP achievement as a proportion of budget is also reported monthly. Delivery is managed via a Programme Delivery Board overseen by the Finance and Performance committee.	Uncertainties with some data lags and delays in reporting; third party assurance requirements may not be consistent with CCG requirements.	16	Treat
Financial impact of failure to achieve quality premium in 2016/17	Blythe, James	Quality	Quality premiums are lost due to poor supplier performance	Contractual levers	None known	Supplier actions relating to Quality Premiums are actively monitored by the quality team and Clinical Quality Committee; enhanced performance reporting is being introduced	None known	16	Treat
Homecare medicines safety	Hams, Steve	Quality	Risk that community patients may not receive a safe service in specific clinical areas.	Continue to seek assurance from providers through regular reports that there have been no incidents.	None identified	Feedback from all providers on necessary assurance that actions required through patient safety alerts will be carried out	None	12	Tolerate
SECAMB Cat A Performance	TE	FPC	Risk that SECAMB cannot ensure acceptable performance in relation to Category A response times.	Contractual levers	CCG is associate commissioner and cannot take unilateral action	Published statistics; feedback from patients' representatives; shared intelligence from new joint commissioner's meetings	Commissioners do not have visibility of Trust action plans	16	Treat
Immunisation - Safety	Hams, Steve	Quality	Medication errors will occur as a result of lack of systemised approach to immunisation in Primary Care	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.	Public Health England information, CQC Feedback/reports and qualitative feedback from practice staff and their patients.	Qualitative information is not comprehensive - not all practice positions are known particularly in respect of uptake of training and quality of training accessed.	12	Treat
Safeguarding Adults	Hams, Steve	Quality	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.	Surrey CCG Quality Leads discuss Adult Safeguarding monthly where the issues are monitored. Bi-monthly meeting of NHS Adult Safeguarding Leads across Providers in Surrey. Multi Agency Safeguarding Hub (MASH) in Surrey. New health sub group for safeguarding adults commences 30th April 2015.	MASH is in place but not yet fully functioning. External review and awayday planned to address issues.	Weaknesses - Critical audit report Oct 2015 has highlighted risks arising from lack of resource and gaps in process co-ordination. Normal assurance - The Surrey Safeguarding Adults Board and Sub-Committees provide oversight of all agency activities; the CCG quality committee receives regular reports from the Designated Nurse identifying risks; analysis of relevant Serious incident with safeguarding implications.	None known	12	Treat