

Corporate Risk Register

(as of 24th January 2017)

Title	ID	Opened	Executive Owner	Risk lead	Main responsible committee	Description	Rating (current)	Risk Appetite	T Value	Actions and Comments
Department: Continuing Health Care (CHC)										
CHC is non-compliant in meeting the requirements of the framework	86	09/11/2016	Hams, Steve	Barrington, Sara	CHC Programme Board	Due to increasing demand of the local health economy CHC may not achieve the targets set within the national framework for CHC services.	16	High 15-25	Treat	Exploring existing processes and identifying efficiencies that can be achieved.
CHC PHB Workforce	118	06/01/2017	Hams, Steve	Barrington, Sara	CHC Programme Board	We cannot meet the trajectory expected by NHS England.	20	Medium 9-12	Treat	We are reviewing PHB take up and providing training.
Lack of affordable packages of care/providers in the market place	50	20/01/2015	Hams, Steve	Barrington, Sara	CHC Programme Board	Due to possible under provision within the provider market there could be increasing use of private providers and spot contracts, with higher prices being charged.	15	Low 6-8	Treat	The care home forum is contributing to our understanding of the market place.
OT Provision	111	05/12/2016	Hams, Steve	Barrington, Sara	CHC Programme Board	The OT referrals will impact CHC finances.	12	High 15-25	Treat	We are monitoring the number of referrals being received.
Potential Inability to Secure Appropriate Care Packages for Domiciliary Care	59	21/06/2016	Hams, Steve	Barrington, Sara	Executive	Spot purchasing for domiciliary care placements impacts achieving value for money.	1	High 15-25	Treat	SDCCG contract team are putting in place an NHS contract in the interim with all providers who have spot contracts for dom care.

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Potential non-compliance in meeting CHC Framework requirements for DST assessment	54	22/09/2015	Hams, Steve	Barrington, Sara	Executive	Unable to undertake CHC reviews as they fall due, in line with the National Framework requirements.	15	Zero 1-5	Treat	SB is in discussions with SCC for dedicated Social Worker resource. This will be referred to the Executive team for progressing with SCC.
Provision of IT for CHC - remote access	45	31/03/2015	Hams, Steve	James, Michaela	CHC Programme Board	Ability to work remotely is compromised because of the IT service and facilities.	16	High 15-25	Treat	Look into the use of dongles Participate in the ITT evaluation panel. Request and IT help clinic to solve clinician's access problems.
Department: Commissioning										
GP IT infrastructure	32	01/04/2013	Knight, Matthew	Wilmshurst-Smith, Julian	Audit	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	8	Medium 9-12	Treat	Installation now rolling out following conclusion of negotiations with NHS England.
Department: Contracting										
Failure to manage 2017/18 contracting negotiation effectively	114	14/12/2016	Knight, Matthew	Costello, Moyra	FPC	There is a risk that the CCG will not manage contract negotiations effectively and will find itself in unnecessary mediation or arbitration.	8	Medium 9-12	Treat	Contracts have been negotiated effectively and unnecessary mediation has been avoided so far.
Department: Corporate										
Governing Body and Committee effectiveness	27	01/04/2013	McCormack, Ralph	Dix, Justin	Audit	The Governing Body and Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	6	Low 6-8	Tolerate	Monitor operation of revised committees through to July then consider removing from risk register.
IT Migration	47	08/03/2016	Knight, Matthew	Wilmshurst-Smith, Julian	Audit	The CCG will experience a business continuity disruption as a result of further IT migration and / or a period when systems are not functioning optimally	8	Low 6-8	Tolerate	The CCG is working with other CCGs on a planned IT migration and has employed project support to this end.
Server Room health and safety	42	02/11/2015	Knight, Matthew	Perrott, Jonathan	Audit	Fire or faults in the server room could lead to business continuity incident and possibly harm to staff and visitors	8	Low 6-8	Tolerate	Remedial works almost complete - once testing and assurance in place may be removed from risk register.
Department: EPRR										

Please see

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Business continuity	25	01/04/2013	Knight, Matthew	Perrott, Jonathan	Audit	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.	8	Low 6-8	Tolerate	Updated business continuity plans are in place. Mutual aid arrangements agreed with partner organisations.
Major incident preparedness	17	01/04/2013	Knight, Matthew	Perrott, Jonathan	Audit	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.	8	Zero 1-5	Tolerate	NHSE has accepted SDCCG EPRR self-assurance as 'Substantial' in 2016. In 2015 it was 'Partial' Training/exercises regularly implemented. Specialist EPRR resource now on SDCCG payroll to give CCG more resilience. SDCCG's ability to respond to a Major Incident to be tested in an exercise scheduled for May 2017.
Flooding of Cedar Court	123	24/01/2017	Knight, Matthew	Perrott, Jonathan	Audit	Risk that Surrey Downs CCG will be unable to carry on business as usual due to the specific risk of the location of Cedar Court on a floodplain adjacent to the River Mole which floods frequently. This includes short term risk where the building may need to be evacuated, and medium term risk where the lift may be out of operation for an extended period thus preventing some staff and visitors from accessing SDCCG offices.	8	Medium 9-12	Tolerate	SDCCG Estates team liaises with Landlord's agents re flood protection equipment operation, monitors river levels, and liaises with Heads of Service when risk of flooding is high so that they can communicate with staff re alternative working arrangements in event of flood.
Department: Finance										
Failure to achieve 2016-17 QIPP	36	13/07/2014	McCormack, Ralph	Chalmers, Jane	FPC	Risk that the CCG cannot achieve the 2016-17 £19.6m QIPP target.	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.

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Failure to control prescribing costs impact on Financial balance	38	05/08/2014	Hams, Steve	Watkin, Sarah	FPC	Risk that prescribing spend cannot be controlled leading to a significant year end deficit.	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	37	05/08/2014	Blythe, James	Costello, Moyra	FPC	Risk that acute hospital spend cannot be controlled leading to a significant year end deficit.	8	Low 6-8	Tolerate	Net score reduced from 16 to 8. Acute over-activity has been largely defined through negotiations including agreeing year end position with Epsom St Helier.
Impact of transfer of specialist commissioning liability on Financial balance	40	05/08/2014	Knight, Matthew	Brown, Dan	FPC	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total.	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.
Department: Performance planning & analytics										
Cancer wait 62 days	39	27/11/2014	Blythe, James	Wu, Mable	FPC	Risk of not meeting 62 day cancer performance target.	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.
Department: Planned care service redesign										
CVD	89	10/11/2016	McKinley, Oliver	McKinley, Oliver	Planned Care Programme Board	The risk is that savings target may not be met, it is unclear at this stage what is achievable from the areas identified for development. Financial modelling will be undertaken once scope has been agreed.	20	Low 6-8	Treat	None identified.
Department: Quality & Patient Safety										

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Stroke mortality and morbidity	20	20/01/2016	Blythe, James	Blythe, James	Quality	Risk that stroke outcomes for patients will remain below acceptable levels at Epsom and SASH unless surrey stroke review can address issues relating to appropriate service configuration.	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.