

Title of paper	Risk Register and Assurance Framework	
Meeting:	Governing Body	
Date:	19 th December 2014	
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Purpose	To Agree	
	To Discuss	
	To note	

Development

The risk register is maintained in conjunction with identified management leads and updated at no less than six weekly intervals. The final comments column gives a narrative on actions being taken to mitigate risks.

Executive Summary and Key Issues

The risk register has been updated for all areas except continuing health care, which is still pending (see review dates on the register entries).

The attached is an extract from the risk register which only highlights treatable risks, however the full risk register has been circulated to committee members outside of the purview of the meeting papers for this committee and comments are welcome on the broader scope of this.

There are currently three quality risks outside of tolerance:

Specialist Equipment in the Community is outside of tolerance, scoring 9 against a tolerance of 4, although this is not close to being a high risk. This risk will not be mitigated to the planned level until the capacity is in place to undertake reviews with providers.

Similarly infection control is outside of tolerance scoring 12 against a tolerance level of 6. There are also capacity issues here but also a wider issue of availability of expertise.

Failure to achieve the quality premium is technically (at least in part) now an issue rather than a risk as the loss of the premium has occurred, and it is a high scoring risk at 16 well outside of the tolerance level of 4. This is being maintained on the risk register to ensure mitigation plans are developed for next year's quality premium. However it may be that the tolerance level of 4 is unrealistically low given the nature of the targets now in place, and the committee may wish to provide some direction on this.

There are currently two performance risks outside tolerance:

SECamb Cat A performance has deteriorated from 8 to 12 and is now outside of tolerance. There are actions planned for this for the new year; this also impacts on quality premium payments.

Patient Transport is similarly outside of tolerance and improvements are being sought pending to the service being put out to tender.

There is one related corporate risk outside of tolerance:

Equality duty scores 12 against a tolerance level of 6, however this has improved from 16 following recent increases in capacity in the comms team and a meeting with the clinical lead for Equality. Work is being planned on EDS2 for the new year which should mitigate this still further.

As mentioned previously there are also three Continuing Healthcare risks outside of tolerance which have been significant issues for some time and which are being reviewed separately.

Assurance Framework

The assurance framework shows a mixture of deterioration and improvement in specific areas, the most notable being the increased risk around finance which is covered in the finance and recovery report.

Datix

The CCG has completed an agreement with Datix, the supplier of well-established Corporate Governance systems. This will be rolled out in the new year and will give the CCG a four area database with extensive search and reporting functionality that will cover the following areas:

- Risk Management
- Freedom of Information Requests
- Incident reporting
- Complaints

Implementing the system and realising the benefits of it is being undertaken jointly by the corporate, comms and quality teams.

Recommendation(s)

To Governing Body is asked to discuss the risk register and assurance framework and comment on areas of concern and / or proposed changes.

Attachments

Risk register extract December 2014

Assurance Framework extract December 2014

Implications for wider governance

Quality and patient safety

The risk register is central to maintaining adequate patient safety and quality arrangements.

Patient and Public Engagement

No specific issues. It should be noted that there are currently no lay members for PPE on the Governing Body but this will only be potentially raised as a risk if no-one is appointed to existing vacancies following interviews on the 16th December.

Equality Duty

Specific issues relating to equality duty as set out in the report.

Finance and resources

Loss of quality premium and CHC related costs are significant areas for financial impact.

Workforce

Skills deficits in relation to infection control are specifically highlighted.

Information Governance

No specific issues although IG will be a requirement of the implementation of Datix.

Conflicts of interest

No specific issues.

Communications Plan

The risk register and assurance framework are available publicly as part of the CCG's publication of its governing body papers.

Title of risk	Status	Executive Risk Owner	Main responsible committee	Relevant Assurance Framework Area	Risk Description: "There is a risk that..."	Date of latest scoring	Likelihood Score	Impact Score	Revised Net Score	Trend	T Value (Treat, Tolerate, Terminate or Transfer)	If "Treat", set target score at which risk can be tolerated or terminated	If "Treat" set date by which target score will be achieved	Comments
Risk to child safeguarding	Open	Chief Op Officer	Quality	5 Children and Maternity	Child safeguarding arrangements will not be adequate	28/11/2014	1	4	4	Improving	Tolerate	N/A		Minor improvement since last update net score down from 6 to 4. CQC inspection of looked after children's services has given positive assurance for NHS although final report awaited. Safeguarding board is now well established.
Specialist Equipment in the community	Open	Chief Op Officer	Quality	8 Quality and Performance	The CCG is not assured that certain historically provided specialist equipment being used by healthcare staff in the community is fit for purpose.	28/11/2014	3	3	9	Static	Treat	4	31/12/2014	Needs discussion with providers, starting with CSH. Work ongoing. Constrained by capacity in quality team..
Catastrophic supply failure	Open	Dir. of Comm	Quality	8 Quality and Performance	An unexpected clinical failure of a supplier that reveals and is attributable to either a lack of early warning systems or cultural issues within the organisation that conceal significant quality issues.	28/11/2014	2	4	8	Static	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.
Infection Control	Open	Dir. of Comm	Quality	8 Quality and Performance	Significant failings with commissioned services in relation to Health Care Acquired Infection	28/11/2014	4	3	12	Static	Treat	6	31/03/2015	Development of risk plan was put back from July to August, has now been further delayed until January due to capacity in the quality team and deficits in infection prevention and control expertise across Surrey.
Safeguarding Adults	Open	Chief Op Officer	Quality	8 Quality and Performance	Potential for preventable harm to Surrey residents and patients due to lack of clarity over adult safeguarding roles and resources	28/11/2014	2	4	8	Improving	Tolerate	N/A		Minor net improvement in score from 9 to 8 - safeguarding processes felt to be now more embedded.
Care home failures	Open	Chief Op Officer	Quality	8 Quality and Performance	Potential for residential and nursing homes in the local area to experience difficulties and / or fail.	28/11/2014	4	2	8	Static	Tolerate	N/A		This is an ongoing risk which may escalate dependent on the development of the wider market for care homes. This risk may need to be revised as is currently based on small numbers of failures rather than a wider systemic problem.
Failure to achieve quality premium	Open	Dir. of Comm	Quality	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	28/11/2014	4	4	16	Deteriorating	Treat	4	30/09/2014	Net score up from 12 to 16. Failure of infection control has been highlighted, but the CCG has now been notified of a loss of quality premium due to not meeting population target for years of life lost.

Major incident preparedness	Open	Chief Op Officer	Executive	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	27/11/2014	3	5	15	Static	Treat	10	02/01/2015	Net score unchanged. Significant numbers of senior managers have now completed local EPRR Introduction to Emergency Planning Course and an MI simulation has been held 2/10/14. Assurance process in place with NHSE. Target score adjusted from 8 to 10 and date from 1st Nov to end Jan 2015 to reflect current level of resources.
Potential failure of Information Governance	Open	Chief Fin Officer	Executive	Other / operational	Surrey Downs CCG will be adversely affected by failure to meet high standards of information governance (NHS IG Toolkit)	06/11/2014	3	4	12	Static	Treat	4	31/03/2015	Net score unchanged CSUs are working together to minimise loss of momentum on IG action planning. Strategic directives put greater emphasis on information sharing in future. Chief Officer met with CSU on 25/11/14 to agree establishment of IG steering group and reporting arrangements.
Equality Duty	Open	Chief Op Officer	Quality	9 Organisational Development	Risk that Surrey Downs CCG will fail to comply with the 2010 Equality Act and face regulatory action	06/11/2014	3	4	12	Improving	Treat	6	31/03/2015	Net impact score reduced from 16 to 12 following review of likelihood of regulatory action. New equality lead started on 6th October, this risk should be substantially mitigated by end December. Stakeholder day planned for January. In addition a revised Patient and Public engagement strategy has been discussed with the Executive and will be revised and rolled out in the new year.
Business continuity	Open	Chief Op Officer	Executive	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.	27/11/2014	3	4	12	Static	Treat	8	30/11/2015	Net score unchanged. Business continuity audit confirms areas that need addressing, policies and plans in process of being updated. Heads of service briefed on need for robust approach to business continuity as we enter the winter period. Target score amended from 6 to 8 to reflect practical difficulties of eliminating this risk given Cedar Court flood plain location.
Information Security Issues in South CSU	Open	Chief Op Officer	Executive	Other / operational	Weaknesses may exist in the CCG's IT Security that could impact on CCG networks and data	06/11/2014	4	3	12	Static	Tolerate		31/10/2014	Assurance on information security to be sought from new CSU. Holding this risk until end of March when new CSU take over responsibility for network. Net scored not changed but T score revised to "Tolerate"
Risks arising from transfer of CSS	Open	Chief Fin Officer	Executive	9 Organisational Development	Business critical services will fail / under-perform during the transition to a new Commissioning Support Service	29/11/2014	1	3	3	Improving	Tolerate			Net score reduced from 8 to 3. All Commissioning services have transitioned to SECSU or CCG from SCSU other than ICT which is due to transition by Qtr1 2015. Only remaining issue is to finalise SLA.
Constitution	Open	Chief Fin Officer	Executive	9 Organisational Development	Risk of the constitution not being fit for purpose	06/11/2014	4	3	12	Deteriorating	Tolerate	N/A		Net impact score increased from 8 to 12 to reflect uncertainties and very short timescales for constitutional changes required as a result of national changes on delegation and co-Commissioning. Whilst these should be achieved they are acknowledged nationally as high risk.
Committee effectiveness	Open	Chief Fin Officer	Audit	Other / operational	Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	06/11/2014	3	3	9	Improving	Treat	8	28/02/2015	Net impact score reduced from 12 to 9. Full review of scheme of delegation and committee terms of reference largely completed. A self-assessment tool is also being developed to help committees and the GB assess effectiveness. This should be rolled out in the final quarter and provide benchmark measures for future years. Target date for achievement bought forward one month.

CHC impact on Financial balance in 2014-15	Open	Chief Fin Officer	Executive	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	27/11/2014	3	3	9	Static	Tolerate	N/A	01/04/2015	No change in net score. Latest guidance from NHSE is that CCGs will be charged for prior year retrospective claims based on estimate disability submitted to NHSE on 31/3/14. SDCCG impact in 14/15 is £1.3m based on these estimates. Best estimate for 15/16 is £0.9m with further costs likely in 16/17
Patient Group Directions	Open	Dir. of Comm	Quality	8 Quality and Performance	Risk that Patient Group Directions that have expired following the transition period will not be subject to proper governance	28/11/2014	2	3	6	Improving	Tolerate	N/A		Area Team are now signing the nationally commission PGDs - there are a small number of remaining ones which are being chased up. Net score reduced from 12 to 6. May be closed on next review.
Homecare medicines safety	Open	Dir. of Comm	Quality	8 Quality and Performance	Risk that community patients may not receive a safe service in specific clinical areas.	28/11/2014	4	3	12	Static	Tolerate	N/A		Reviewed 28th Nov - no change - national meeting on this issue in December may be further update. No gaps in assurance from providers since last report - providers have provided required assurance and rare working with homecare companies but this does remain a risk that needs to be kept under review.
Secamb Cat A Performance	Open	Dir. of Comm	Quality	3 Urgent Care	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Category A response times.	27/11/2014	4	3	12	Deteriorating	Treat	8	31/12/2014	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 the next quality committee and taken to the January seminar with the provider. Also impacts on quality premium. Net score revised from 8 to 12.
SECAMB Patients transport	Open	Dir. of Comm	Quality	8 Quality and Performance	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Patient Transport response times.	27/11/2014	4	3	12	Static	Treat	8	31/12/2014	Performance is not improving significantly although the trust is doing a detailed investigation of each complaint and undertaking staff training. Waiting time performance remains static. This service is now being reproced.
Capacity and surge planning	Open	Dir. of Comm	Executive	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 if periods when there is a surge in demand (such as winter, heatwaves or during a pandemic) are not adequately planned for.	28/11/2014	4	4	16	Deteriorating	Treat	12	31/12/2015	Net impact score moved from 8 to 16 and T score from tolerate to treat as nationally there are significant pressures on whole systems. Central funding is being made available to support local health economies to manage pressures on A&E departments and beds. Situation to be closely managed during the winter months. Teleconferences with Area Team have now commenced and linked closely to monitoring of performance.
GP IT infrastructure	Open	Chief Op Officer	Executive	Other / operational	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	29/11/2014	3	3	9	Static	Tolerate	N/A		Risk not material at this stage - will need to be re-assessed early 2015. Existing programme is being rolled out, new capital allocation will be known early next year. New position is that all equipment will be no more than five years old by end Dec 2014 as a result of technology refresh.

Continuing Care Retrospective Reviews and potential claims	Open	Chief Op Officer	Quality	2 elective and non urgent care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments and payments	11/07/2014	4	4	16	Static	Treat	8	31/03/2015	None
Continuing Care Retrospective Reviews team capacity	Open	Chief Op Officer	Quality	1 Integration of care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments and payments	11/07/2014	4	4	16	Static	Treat	5	31/12/2015	None
Failure to deliver CHC assessments within nationally mandated timescales	Open	Chief Op Officer	Quality	1 Integration of care	Risk that the nature and scale of normal continuing care applications cannot be managed	11/07/2014	3	3	9	Static	Treat	8		Service now operating in real time
EDICS - contractual arbitration	Open	Chief Fin Officer	Audit	10 Financial Balance	Suffering a financial and reputational loss as a result of the determination of costs relating to EDICS	27/11/2014	4	3	12	Static	Tolerate	8		No change. Still in arbitration process.
Quality of Estate	Open	Chief Fin Officer	Executive	Other / operational	Risk of a disruption to commissioned services due to a rapid deterioration in the estate at New Epsom and Ewell Cottage Hospital and / or The Poplars at West Park	29/11/2014	1	1	1	Static	Tolerate	N/A		This risk can now be closed.
Contract sign off	Open	Chief Fin Officer	Executive	Other / operational	There is a failure to sign off 2014/15 contracts and their associated CQUINs	27/11/2014	4	3	12	Static	Treat	4	31/12/2014	No change in net score. Epsom contract still outstanding. AQP contract position is stronger than previously. Majority of contracts are signed or close to being signed. Target date revised mainly due to Epsom process.
Contract planning cycle	Open	Chief Fin Officer	Executive	Other / operational	The 2014/15 Annual Contract planning and monitoring cycle is poorly managed	27/11/2014	4	3	12	Static	Treat	4	31/12/2014	No change in net score. Transition to new CSU arrangements is a major mitigating action but also a source of risk.
Contract database	Open	Chief Fin Officer	Executive	Other / operational	The contact database fails to adequately capture all contracts and aligned payments	27/11/2014	4	3	12	Static	Treat	4	05/12/2014	No change in net score. New target date established as this is now a priority.
Failure to achieve 2014-15 QIPP - impact on Financial balance in 2014-15	Open	Chief Fin Officer	Executive	10 Financial Balance	Risk that the CCG cannot deliver QIPP schemes of sufficient value to support achievement of financial balance	27/11/2014	5	4	20	Static	Treat	8	30/09/2014	No change in net score but likelihood and impact reversed to reflect actual situation. Revised forecast at M6 is reduced forecast from £3.3m to £0.2m partly based on recognition that £2m of unidentified QIPP cannot be achieved. This is before resolution of £4.4m relating to transfer of specialised commissioning.
Destruction of old IT Equipment	Open	Chief Op Officer	Executive	Other / operational	Risk that old equipment will not be properly disposed of resulting in a data loss	27/11/2014	3	3	9	Improving	Treat	2	31/01/2015	Currently there are over 100 old computers in the loft at Cedar Court that are not being sent for disposal due to lack of clarity on disposal processes. South East and South CSUs are in dialogue regarding disposal. Not likely to be resolved until new year. Net score reduced as storage risk re-evaluated and now lower than originally thought.

Failure to control the acute portfolio - impact on Financial balance in 2014-15	Open	Dir. of Comm	Executive	10 Financial Balance	Risk that acute hospital spend cannot be controlled leading to significant a year end deficit	27/11/2014	5	4	20	Static	Treat	8	28/02/2015	Net score unchanged. Acute over-activity is now a significant contributor to CCG financial position and a recovery plan is being put in place.
Failure to control prescribing costs - impact on Financial balance in 2014-15	Open	Chief Fin Officer	Executive	10 Financial Balance	Risk that prescribing spend cannot be controlled leading to significant a year end deficit	27/11/2014	2	3	6	Improving	Tolerate	6	28/02/2015	Current reports indicate that prescribing costs are under control. To be monitored in final quarter. Net score reduced from 9 to 6 (now within tolerance).
Impact of transfer of specialist commissioning liability on Financial balance in 2014-15	Open	Chief Fin Officer	Executive	10 Financial Balance	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total	27/11/2014	5	4	20	Static	Tolerate			Net score unchanged. Risk is real circa £4.7m in year. T score changed to tolerate as this risk in practical terms is not capable of mitigation as the CCG has no influence over the central allocation of the liability.

Organisational Objective	Risk Area	Risk Owner (Executive)	Main responsible committee	Title of risk	Risk Description: "There is a risk that..."	Number of risks on risk register for this area	Actions (reference other action documents rather than describe actions in detail)	Date of last update	Updated Likelihood Score	Updated Impact Score	Updated net Score	T Value (Treat, Tolerate, Terminate or Transfer)	If "Treat", set target score at which risk can be tolerated or terminated	If "Treat" set date by which target score will be achieved	Trend	Comments
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	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.	2	CHC Programme; individual programmes under this heading	26/09/2014	5	3	15	Treat	8	31/03/2015	Deteriorating	delivery dashboard shows that only 20% of projects are forecast to have been achieved and 80% are not assessed in Q4; first three quarters achievement patchy, therefore move likelihood of non-achievement to 5 giving a net score of 15.
Clinical Priority 2: Provide elective and non-urgent care, specifically primary care, care closer to home and improve patient choice	Delivery	Chief Op Officer	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.	1	Primary Care offer development work; individual programmes under this heading; continued development of the Referral Support Service	09/12/2014	4	4	16	Treat	8	30/03/2015	Static	Mixed evidence of achievement against projects in this area. Score unchanged since last period.
Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Access	Chief Op Officer	Quality	Failure to provide access to urgent care	Patients will default to emergency acute settings and that A&E will be overwhelmed	1	See Out Of Hospital Strategy and work of urgent care boards.	09/12/2014	3	3	9	Treat	6	31/03/2015	Improving	A&E performance remains good comparative to London at 96%. Financial dispute re Ambulatory Care Unit baseline should be resolved during January.
Clinical Priority 4: Enhanced Support for End of Life Care Patients	Patient Experience	Chief Op Officer	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	0	Timescales and actions are set out in relevant projects	09/12/2014	2	4	8	Tolerate	8	31/03/2015	Improving	Likelihood of failure reduced to a 2 as the delivery dashboard shows a high level of achievement, net score therefore hits tolerance.
Clinical Priority 5: Improve experience of Children's and maternity services	Patient Experience	Chief Op Officer	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	1	Individual children's projects as set out under delivery	09/12/2014	2	4	8	Treat	6	31/03/2015	Improving	Likelihood of failure reduced to a 2 as the delivery dashboard shows a high level of achievement, net score therefore now just outside tolerance.
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	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	0	See PMO & relevant project mandates for mental health and learning disability	09/12/2014	3	4	12	Treat	9	31/03/2015	Improving	No change but note the emotional wellbeing and mental health strategy being agreed this month and need to monitor - expect positive impact over time as benefits realised.
Non-clinical priority 1: Implement agreed strategies	Strategy	Chief Officer	Executive	Failure of strategy	Failure to implement overarching strategies e.g. Out of Hospital Strategy, Quality Improvement Strategy, Mental Health Strategy	0	Actions set out in Out Of Hospital Strategy; Quality Improvement Strategy; Mental Health Strategy	09/12/2014	4	3	12	Treat	9	31/03/2015	Static	No change. Strategies will be reviewed over coming months in preparation for next year.

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Non-clinical priority 2: Improve quality and performance of commissioned services	Quality and Performance	Chief Op Officer	Quality	Quality of commissioned services	Quality and key targets for supplier performance do not improve or deteriorate	13 (includes 1 new and 2 recommended for closure)	Actions set out in action log of quality committee	09/12/2014	3	4	12	Treat	8	31/03/2015	Static	Loss of quality premium has been a significant issue as is continued SECAMB performance but in broad terms targets are being met. Work being done with AQP suppliers and Quality Improvement Strategy
Non-clinical priority 3: Develop the organisation	Organisational Development	Chief Officer	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	3	Organisational Development Plan (in development)	09/12/2014	4	4	16	Treat	8	31/03/2015	Deteriorating	Score raised to 16 (4x4) as there are issues with staffing and OD at the moment, although we expect these to be mitigated by the time of the next governing body as recruitment takes place and the CSU changeover beds down
Non-clinical priority 4: Achieve financial balance	Finance	Chief Fin Officer	Executive	Achieving financial balance	The CCG fails to achieve financial balance or shifts the impact into one or more subsequent financial years	6	See QIPP programme projects; projects e.g. for medicines management and CHC	09/12/2014	5	4	20	Treat	4	31/03/2015	Deteriorating	Significant deficit now forecast for 2013/14 (see finance report).