Agenda item 15
Attachment 12

NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	**Assurance Framework and Risk Register**

Meeting:	Governing Body
Date:	10th October 2014
Author:	Justin Dix, Governing Body Secretary
email:	justin.dix@surreydownsccg.nhs.uk
Exec Lead:	Matthew Knight, Chief Finance Officer

Purpose	To Agree	
	To Discuss	✓
	To Note	

Development

The risk register and assurance framework are updated periodically with heads of service and review by members of the Executive both individually and collectively in the Executive Committee.

Executive Summary and Key Issues

Key points for the Governing Body to note

- The Governing Body maintains a system of internal controls which has been deemed to be fit for purpose by external auditors.
- The two current key risks that are significant are financial balance and Continuing Health Care.

Other issues

For 2014-15 the Assurance Framework is a high level document which is mapped to a detailed risk register. Both these documents are now very detailed and difficult to present in their entirety. The attached are therefore summaries, but the full documents are circulated separately to governing Body members so that they can review the controls and assurances relevant to each risk.

The majority of perceived risks are in core areas such as quality of care / patient safety, finance, and operational areas (estates, governance, IT, information Governance, business continuity). Only 8 of the 33 risks are in the developmental areas represented by the clinical priorities suggesting that the genuine risks are either few, or the approach to risk management in clinical innovation is under-developed.

The analysis of risks by category is as follows:

Risks by category	Number	Red
CHC	3	2
Contracting	4	0
EPRR	2	1
Corporate	5	2
Estates	1	0
Finance	2	1
Information Governance	2	0
Medicines Management	2	0
Performance	2	0
Quality	7	0
Service Redesign	2	0
Total	32	6

With the exception of CHC and Finance, where there are long term or structural issues some of them relating to legacy issues, the majority of the high risks are “point in time” and can expect to be mitigated.

There are three CHC risks on the risk register but there is also a separate risk register maintained by the CHC team which is in a different format. It is proposed that the CHC risk register is reviewed for consistency with the corporate risk register so that the two can be managed in an integrated way.

Recommendation(s):

The Governing Body is asked to discuss the attached and advise of improvements to the system of risk management, and highlight any specific concerns.

Attachments:

Summary of Assurance Framework and detailed risk register.

Implications for wider governance

Quality and patient safety

The largest number of risks on the risk register relate to quality, however none of these are red as the quality team has managed to reduce the levels of risk progressively over time to tolerable levels.

Patient and Public Engagement

No specific issues.

Equality Duty

The relatively high risk in relation to equality duty should be mitigated in the next report as the CCG will have additional capacity in place to support equality work.

Finance and resources

This remains one of the two mosty significant areas of risk for the CCG.

Workforce

No specific issues.

Information Governance

Neither of the risks in this category are currently high.

Conflicts of interest

No specific issues.

Communications Plan

This paper is on the CCG web site.

Legal or compliance issues

No specific issues.

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Risk and Assurance

Subject of the report.

ASSURANCE FRAMEWORK

Organisational Objective	Risk Owner (Executive)	Risk Manager	Title of risk	Risk Description: "There is a risk that..."	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	Latest Score			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	Chief Op Officer	**Helen Cook**	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.	Treat	8	31/03/2015	4	3	**12**	**Improving**	This priority is made up of 9 individual project areas for 2014-15, including Continuing Health Change is due to improvements in delivery preogrammes.

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Clinical Priority 2: Provide elective and non-urgent care, specifically primary care, care closer to home and improve patient choice	Chief Op Officer	**JWagstaff**	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.	Treat	8	30/03/2015	4	4	**16**	**Static**	There are 20 specific projects associated with this clinical priority of which 6 are associated with pathway redesign in specific areas, and 4 with primary care development. The others mainly concern operational changes and / or adoption of best clinical practice

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Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Chief Op Officer	**JWagstaff**	Failure to provide access to urgent care	Paqtients will default to emergency acute settings and that A&E will be overwhelmed	Treat	6	31/03/2015	3	4	**12**	**Static**	Whilsty A&E rates have increased, operational performance remains high

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Clinical Priority 4: Enhanced Support for End of Life Care Patients	Chief Op Officer	**Sarah Raheem**	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	Treat	8	31/03/2015	3	4	**12**	**Static**	There are four projects associated with this priority focusing on improved information sharing, better nightime services and care pathway improvements.

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Clinical Priority 5: Improve experience of Children's and maternity services	Chief Op Officer	**Kate Taylor**	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	Treat	6	31/03/2015	3	4	**12**	**Static**	There are 12 projects associated with this priority including CAMHS integration, acute and community interface for paediatrics, personal health budgets, and improvements in therapy services.

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Clinical Priority 6: Improving patient experience and parity of esteem for people with Mental Health and Learning Disabilities (including Dementia)	Chief Op Officer	**Peter Wade**	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	Treat	9	31/03/2015	3	4	**12**	**Improving**	There are 9 projects within this overall area, including development of a mental health strategy

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Non-clinical priority 1: Implement agreed strategies	Chief Officer	**MNeedham**	Failure of strategy	Failure to implement overarching strategies e.g. Out of Hospital Strategy, Quality Improvement Strategy	Treat	9	31/03/2015	4	3	**12**	**Static**	

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Non-clinical priority 2:Improve quality and performance of commissioned services	Chief Op Officer	EClark	Quality of commissioned services	Quality and key targets for supplier performance do not improve or deteriorate	Treat	8	31/03/2015	3	4	12	Static	

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Non-clinical priority 3:Develop the organisation	Chief Officer	KParsons	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	Treat	8	31/03/2015	3	4	12	Static	The CCG is participating in the Governing Body Framework of Excellence programme which should give assurance and possibly act as a control in the are of Governing Body development as part of the wider OD agenda.

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Non-clinical priority 4:Achieve financial balance	Chief Fin Officer	**SRowlands**	Achieving financial balance	The CCG fails to achieve financial balance or shifts the impact into one or more subsequent financial years	Treat	4	31/03/2015	4	4	**16**	**Static**	Whilst score remains static, financial performance has worsened with a reduction in forecast from planned surplus to breakeven

RISK REGISTER

Title of risk	Risk Area	Executive Risk Owner	Relevant Assurance Framework Area	Risk Description: "There is a risk that…"	Latest Score likelihood x impact			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	Quality	Chief Op Officer	5 Children and Maternity	Child safeguarding arrangements will not be adequate	3	2	6	Static	Tolerate	N/A		No change since last period; processes currently well embedded.
Specialist Equipment in the community	Quality	Chief Op Officer	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.	3	3	9	Static	Treat	4	31/12/2014	Needs discussion with providers, starting with CSH in September
Catastrophic supply failure	Quality	Chief Op Officer	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.	4	2	8	Static	Tolerate	N/A		None
Infection Control	Quality	Chief Op Officer	8 Quality and Performance	Significant failings with commissioned services in relation to Health Care Acquired Infection	4	3	12	Static	Treat	6	31/03/2015	Development of risk plan has been put back from July to August.
Safeguarding Adults	Quality	Chief Op Officer	8 Quality and Performance	Potential for preventable harm to Surrey residents and patients due to lack of clarity over adult safeguarding roles and resources	3	3	9	Static	Tolerate	N/A	31/03/2015	None

Care home failures	Quality	Chief Op Officer	8 Quality and Performance	Potential for residential and nursing homes in the local area to experience difficulties and / or fail.	4	2	**8**	**Static**	Tolerate	N/A	31/03/2015	None
Failure to achieve quality premium	Quality	Chief Op Officer	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	3	4	**12**	**Static**	Treat	4	30/09/2014	Main issue is failure of infection control QP, other areas need review.
Major incident preparedness	EPRR	Chief Op Officer	Other / operational	Risk that Surrey Downs CCG will be unable to discharge its responsibilities as a Category 2 responder in the event of a Major Incident or surge in demand, and will not have generally robust on-call arrangements	3	5	**15**	**Improving**	Treat	8	01/11/2014	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
Potential failure of Information Governance	Information Governance	Chief Op Officer	Other / operational	Surrey Downs CCG will be adversely affected by failure to meet high standards of information governance (NHS IG Toolkit)	4	3	**12**	**Static**	Treat	4	31/03/2015	CSUs are working together to minimise loss of momentum on IG action planning
Equality Duty	Corporate	Chief Op Officer	9 Organisational Development	Risk that Surrey Downs CCG will fail to comply with the 2010 Equality Act	3	5	**15**	**Deteriorating**	Treat	6	31/03/2015	Discussed at last Quality Committee - red actions in action plan referred to Exec. New equality lead starts 6th October, this risk should be substantially mitigated by end December
Business continuity	EPRR	Chief Op Officer	Other / operational	Inadequate business continuity plans will mean that the CCG is incapable of functioning or that there will be an extended recovery time before normal service is resumed.	3	4	**12**	**Improving**	Treat	6	30/11/2015	None

Information Security Issues in South CSU	Information Governance	Chief Op Officer	Other / operational	Weaknesses may exist in the CCG's IT Security that could impact on CCG networks and data	4	3	**12**	**Static**	Treat	4	31/10/2014	Assurance on information security to be sought from new CSU
Risks arising from transfer of CSS	Corporate	Chief Fin Officer	9 Organisational Development	Business critical services will fail / under-perform during the transition to a new Commissioning Support Service	4	5	**20**	**Static**	Treat	12	30/09/2014	Risks associated with HR processes (staff consultation) are currently a key factor
Constitution	Corporate	Chief Op Officer	9 Organisational Development	Risk of the constitution not being fit for purpose	3	2	**6**	**Static**	Tolerate	N/A		None
Committee effectiveness	Corporate	Chief Op Officer	Other / operational	Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	4	3	**12**	**Static**	Treat	8	31/03/2015	Should be mitigated following Framework of Excellence exercise
CHC impact on Financial balance in 2014-15	Finance	Chief Fin Officer	10 Financial Balance	Risk that SDCCG inherits an unforeseen deficit as a result of the ongoing issues and risks around historic (i.e. pre April 2013) CHC retrospective claims	3	3	**9**	**Static**	Tolerate	N/A	01/04/2015	Guidance issued at year end allowed for prior year retrospective claims to be managed by NHs England and not CCGs.
Patient Group Directions	Medicines Management	Chief Op Officer	8 Quality and Performance	Risk that Patient Group Directions that have expired following the transition period will not be subject to proper governance	4	3	**12**	**Static**	Tolerate	N/A		Ongoing dialogue - no timeline as yet for when a resolution will be achieved.
Homecare medicines safety	Medicines Management	Chief Op Officer	8 Quality and Performance	Risk that community patients may not receive a safe service in specific clinical areas.	4	3	**12**	**Static**	Tolerate	N/A		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	Performance	Chief Fin Officer	3 Urgent Care	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Category A response times.	4	2	**8**	**Improving**	Tolerate	N/A	31/12/2014	If performance sustained to end of January the can be closed

SECAMB Patients transport	Performance	Chief Fin Officer	8 Quality and Performance	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Patient Transport response times.	4	3	**12**	**Static**	Treat	8	31/12/2014	New PCS oversight group will be overseeing; dedicated service redesign lead in place
Capacity and surge planning	Service Redesign	Chief Op Officer	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.	4	2	**8**	**Improving**	Tolerate	N/A	31/10/2014	Following discussions with COO the risk has been reduced to 4x2 as considerable work has been done on resilience planning during August. Target score probably needs to be reduced in line with new risk appetite statement.
GP IT infrastructure	Service Redesign	Chief Op Officer	Other / operational	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	3	3	**9**	**Static**	Tolerate	N/A		Risk not material at this stage - will need to be re-assessed early 2015
Continuing Care Retrospective Reviews and potential claims	Continuing Health Care	Chief Op Officer	2 elective and non urgent care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments	4	4	**16**	**Static**	Treat	8	31/03/2015	None
Continuing Care Retrospective Reviews team capacity	Continuing Health Care	Chief Op Officer	1 Integration of care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments	4	4	**16**	**Static**	Treat	5	31/12/2015	None

Failure to deliver CHC assessments within nationally mandated timescales	Continuing Health Care	Chief Op Officer	1 Integration of care	Risk that the nature and scale of normal continuing care applications cannot be managed	3	3	**9**	**Static**	Treat	8		Service now operating in real time
EDICS - contractual arbitration	Contracting	Chief Fin Officer	10 Financial Balance	Suffering a financial and reputational loss as a result of the determination of costs relating to EDICs	4	3	**12**	**Static**	Tolerate	8		None
Quality of Estate	Estates	Chief Fin Officer	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	2	2	**4**	**Improving**	Tolerate	N/A		This is linked to the Epsom Community Hospital project and may need to extend by two weeks in association with this. Risk should be capable of being closed by end of (calendar) year.
Contract sign off	Contracting	Chief Fin Officer	Other / operational	There is a failure to sign off 2014/15 contracts and their associated CQUINs	4	3	**12**	**Static**	Treat	4	31/10/2014	AQP contract position is stronger than previously.
Contract planning cycle	Contracting	Chief Fin Officer	Other / operational	The 2014/15 Annual Contract planning and monitoring cycle is poorly managed	4	3	**12**	**Static**	Treat	4	31/12/2014	Transition to new CSU arrangements is a major mitigating action but also a source of risk.
Contract database	Contracting	Chief Fin Officer	Other / operational	The contact database fails to adequately capture all contracts and aligned payments	4	3	**12**	**Static**	Treat	4		None
Failure to achieve 2014-15 QIPP - impact on Financial balance in 2014-15	Finance	Chief Fin Officer	10 Financial Balance	Risk that the CCG cannot deliver QIPP schemes of sufficient value to support achievement of financial balance	5	4	**20**	**Static**	Treat	8	30/09/2014	All QIPP programmes have been reviewed
Destruction of old IT Equipment	Corporate	Chief Op Officer	Other / operational	Risk that old equipment will not be properly disposed of resulting in a data loss	4	3	**12**	**Static**	Treat	2	31/10/2014	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.