

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description (What the risk is, how this will impact the organisation)	Controls and Assurance (What systems and processes does the CCG have in place to actively monitor the risk and advise on actions that could mitigate it)	Actions (What is the CCG actually doing to reduce the likelihood or impact of the risk)	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score
SD025	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Safeguarding Adults	Risk that the current level of training in Safeguarding Adults within practices and provider services does not meet that required to give assurance, and patients are not adequately protected from harm.	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight.	Designated Nurse for Safeguarding Adults has undertaken and has booked training sessions with CCG bodies and their practices, initially at level 1.	This risk is being actively managed. Longer term plan required for level 2 and 3 training.	4	3	12
SD026	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Safeguarding Children	Issues with capacity and uncertainty around roles places child safeguarding arrangements for Surrey Downs at Risk	Service level Agreement in place with Guildford and Waverley CCG (as hosts of this service). This will include systems for reporting and for alerting SDCCG to any serious safeguarding alerts	Service level Agreement in place with Guildford and Waverley CCG (as hosts of this service). This will include systems for reporting and for alerting SDCCG to any serious safeguarding alerts	This risk is being actively managed. Longer term plan required for level 2 and 3 training for staff in practices	4	3	12
SD039	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Specialist Equipment in the Community	A recent Serious Incident and Adult Safeguarding Alert has highlighted that there is not a central database held that shows where certain specialist equipment is being used out in the community therefore there is a risk that this equipment is not being maintained correctly	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight; advice from Surrey wide patient safety committee	Designated Nurse for Adult Safeguarding has alerted Quality Leads in all CCGs that this is a risk. Working initially with the CHC team to identify patients with equipment. Liaison with Milbrook re: their processes when issuing equipment. Mapping exercise to be carried out to identify specialist equipment being used in the community to enable a register to be created and maintained	This risk is being actively managed	3	3	9
SD040	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Serious Incidents Requiring Investigation	Following transition of Quality functions from NHS Surrey on 1st April 2013, Information Sharing Processes between the CSU's and providers were not finalised causing a lack of data sharing to support the robust investigation and management of SIRIs	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight; advice from Surrey wide patient safety committee	Process continues to be reviewed and refined until legal position resolved, SIRIs will be reported individually by the relevant CSU to the Commissioning CCG for monitoring and closure.	This risk is being actively managed	4	3	12
SD42	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Failure to achieve quality premium	There is a risk that the CCG's suppliers will not achieve the level of performance necessary to enable the CCG to access the national Quality premium, with resultant financial and reputational implications	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight	The CCG is closely monitoring high risk areas such as infection control targets and unplanned admissions. Agreed action plans are in place.	This risk is being actively managed	3	4	12
SD44	Clinical	Chief Operating Officer	Executive Committee	Head of Clinical Quality	111	111 fails to deliver a robust, safe service particularly at peak times	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight; advice from Surrey wide patient safety committee	The clinical lead on the Executive Committee is engaged with the host commissioner and working with lead commissioners to manage this including activity levels at peak times such as Bank Holidays. Remedial action plans agreed with SECAM.	This risk is being actively managed	4	4	16
SD45	Clinical	Chief Operating Officer	Executive Committee	Head of Clinical Quality	IAPT	There have been known performance problems with IAPT causing long delays and the creation of backlogs for Surrey Downs patients	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight; continued monitoring by 111 Board; advice from host commissioner (East Surrey)	Active contract management is in place with an agreement on clearing the backlog; alternative suppliers in the diversified market for psychological therapies are being sought; improvements in GP referral systems have been put in place.	This risk is being actively managed	3	4	12

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SD46	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Continuing Care Retrospective Reviews	Risk that the nature and scale of retrospective applications will lead to backlogs and financial pressures	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight	The criteria for these applications is largely out of the CCG's control but every effort is made to ensure that only appropriate claims are met	This risk is being actively managed	4	4	16
SD47	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Continuing Care financial pressures	Risk that the nature and scale of normal continuing care applications will lead to serious financial pressures	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight	Continuing Care applications are kept under very close monitoring as part of normal financial controls and processes	This risk is being actively managed	4	4	16
SD52	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Standards for Healthcare Acquired Infection	Local Providers are failing to meet agreed quality standards around Health Care Acquired Infections with the subsequent risk to patient safety and experience. There is also an associated risk that the CCG will fail to achieve the standards required to receive part of the quality premium payment attached to these standards.	Governing Body Oversight; Executive Team Oversight; CGCQS Committee Oversight	The CCG is closely monitoring the quality of service delivery and the implementation of improvement plans through a number of forums and site visits.	This risk is being actively managed	3	4	12
SD007	Financial	Chief Finance Officer	Audit, Corporate Governance and Risk Committee	TBC	Financial balance in 2013-14	Risk that SDCCG inherits an unforeseen deficit as a result of the under-accrual for CHC retrospective claims	Governing Body Oversight; Membership Council Oversight; Executive Team Oversight; ACG&R Committee Oversight; internal audit; external audit	Active oversight of accruals to understand position.	This risk is being actively managed and should be concluded by July 2013	4	3	12
SD014	Financial	Chief Finance Officer	Audit, Corporate Governance and Risk Committee	Head of Finance	Financial Control 2013-14	CCG is unable to meet its financial control target 2013_2014 due to increases in activity in acute and AQP contracts	Governing Body Oversight; Executive Team Oversight; ACG&R Committee Oversight; CSU Contract Challenge Process; Monthly scrutiny of key contract over performances to identify key problem areas and together with contract leads and GPs develop action plans. Work with other budget holders in PCT to ensure current levels of spend are maintained and all savings opportunities identified.	The appointment of finance and locality leads ensures more resource available to directly help support the delivery of financial control. Formal monitoring of key milestones as part of Financial recovery Plan being developed.	This risk is being actively managed	4	4	16
SD016	Financial	Chief Operating Officer	Executive Committee	Chief Operating Officer	QIPP Programme Delivery	CCG is unable to implement sufficient schemes to deliver QIPP targets in 2013_2014. CCG fails to deliver anticipated savings from QIPP programme.	Governing Body Oversight; Executive Team Oversight (weekly reporting); ACG&R Committee Oversight; Risk share agreements with other CCGs for CHC.	QIPP target this year circa £11m. Benchmarking of practices and of CCG to identify areas of opportunity. Developing Out of Hospital Strategy to meet QIPP gap of approximately £4m.	This risk is being actively managed	4	3	12

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SD022	Financial	Chief Finance Officer	Audit, Corporate Governance and Risk Committee	Head of Finance	Allocation Process for 2013_2014	Adverse shift in resources from allocation process or other In-year changes such as changes to Specialist Commissioning	Governing Body Oversight; Executive Team Oversight (weekly reporting); ACG&R Committee Oversight;	Negotiation as a group of CCGs with NHS England. Currently planning for a positive shift of £6.8m	This risk is being actively managed	4	4	16
SD023	Financial	Chief Finance Officer	Audit, Corporate Governance and Risk Committee	Head of Finance	Spending Levels for 2013_2014	Uncertainty over CCG expenditure levels for 2013_2014.	Governing Body Oversight; Executive Team Oversight (weekly reporting); ACG&R Committee Oversight;	Unclear what the CCG will be spending next year. Specialist Commissioning adjustments made against allocations. Impact of others service transfers and budgets splits that informed baseline data collection exercise. Need to undertake detailed work to understand shifts of activity/finance for all services including specialised commissioning, public health, NCB to understand risk areas.	This risk is being actively managed	4	3	12
SD002	Operational	Chief Operating Officer	Executive Committee	Head of Corporate Business and Governing Body Secretary	On-call and 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, and will not have generally robust on-call arrangements	Executive team oversight; NHS England Area Team review of CCGs	On call rota and information packs in place. Individual staff training for both new and experienced on-call managers. Head of Corporate Services and Governing Body Secretary has attended a training event with the Area Team in April 2013. Chief Officer has completed required strategic training.	The CCG does need to develop a response plan specific to its Category 2 responsibilities as part of its development. By September 2013.	4	4	16
SD008	Operational	Chief Operating Officer	Executive Committee	Head of Performance	EDICS - Over Performance	There is a risk that the provider will continue to increase the level of activity following the commencement of the AQP contract	Executive Team oversight; contract management process	Risk incapable of mitigation by SDCCG	This risk is being actively managed	4	3	12
SD013	Operational	Chief Operating Officer	Executive Committee	Chief Operating Officer	Recruitment and talent management	Unable to recruit to full CCG structure which could limit ability of CCG to deliver key work streams and core functions.	Executive Team oversight through weekly mobilisation reports	Full organisational structure identified, CCG actively advertising for unfilled roles, for any posts not filled the CCG is utilising other options e.g. secondments, temporary contracts	This risk is being actively managed	4	3	12
SD017	Operational	Chief Operating Officer	Executive Committee	Chief Operating Officer	Contract Management 2013-14	Contract Management for 2013_2014 is not sufficiently robust and significant numbers of contracts are late being signed	Governing Body Oversight; Executive Team Oversight (weekly reporting); ACG&R Committee Oversight; Contract management processes with providers	The CCG is working with CSU South to ensure adequate resources in place to meet contract planning requirements for 2013_2014. Also working to ensure that project plans from CSU South mean delivery of signed SLAs early enough to avoid significant risks occurring.	This risk is being actively managed	3	3	9
SD003	Strategic	Chief Officer	Governing Body	Chief Operating Officer	Better Services Better Value programme	Risk that work programmes relating to the Better Services Better value Programme and Epsom General Hospital and services in south west London are not aligned and that quality of services for patients in all settings (in-patient / community / elective / urgent) is affected.	Governing Body Oversight; Membership Council Oversight; Executive Team Oversight; BSBV Team support; advice from Capsticks on statutory responsibilities Epsom Transformation Board.	Surrey Downs is now involved in discussions relating to these reviews and is working closely with NHS London to ensure SDCCG and local patients are considered. Continued discussions with NHS partners to ensure work programmes are joined up and are aligned to SDCCG's commissioning plans. SDCCG also has own work plans relating to quality of services and the development of an Out of Hospital Strategy.	This risk is being actively managed.	3	2	6

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