No.	Principal objective	No.	Principal Risk	Executive Lead	Operational lead	Source of risk	Impact of risk	Assurance	Gaps in assurance	Controls	Gaps in controls	Actions with timescales	Likelihood of risk becoming real	Impact if risk became real	Net Score
1)	**TO ENSURE THAT THE CCG HAS MEDIUM TERM STRATEGIES IN PLACE FOR ITS MAIN COMMISSIONING FUNCTIONS**	1.1	Failure to deliver a viable acute commissioning strategy	Chief Officer	BSBV Programme Manager	BSBV Programme is externally driven and does not necessarily support SDCCG population requirements	Potential impact on services to patients, standards of care and CCG's reputation.	Detailed programme involving clinician, Governing Body and BSBV project team; accountability to Council of Members; Equality Impact assessment	None known	Governing Body, Executive Team, Council of Members, BSBV assurance programme	None known	BSBV Program Review in September and october by Governing Body; Review and decision by Council of Members to follow.	4	4	16
		1.2	Out of Hospital Strategy is unsuccessful	Chief Officer	Head of Service Redesign	In order to deliver improvements in patient care and reduce cost, the CCG is developing an Out Of Hospital Strategy to achieve the necessary strategic sustainable approach to delivery. Failure of the strategy would leave the CCG without a strategic approach.	Unco-ordinated care and significant financial inefficiencies; long term impact on quality of care to patients	Strategy well developed with specific and monitorable programmes of work emerging.	None known	Executive committee is regularly overseeing delivery; consulted on with Council of Members and reviewed by Governing Body July / August 2013. Active review in localities.	None known	Specific programmes being developed for elective care, urgent care, admission avoidance, discharge processes and referral support	3	4	12
		1.3	Failure of year 1 Financial Plan	Chief Financial Officer	Head of Finance	Financial control could be undermined by lack of effective strategies for acute, community, CHC and other areas of delivery; or through strategic failures in the management of allocation processes	Failure to achieve financial balance; lack of flexibility to re-allocate resources to strategic programmes	The CCG has been proactive in seeking assurance on allocations and over-activity in providers with regular discussion on overheating contracts at the weekly Executive Committee meeting.	None known	Finance reports to Governing Body, Executive Committee; Audit Committee oversight	Lack of control over allocations processes and contract monitoring for specialist commissioning	Report to next Governing Body 27th September	3	4	12
		1.4	The five year financial plan is not sustainable	Chief Financial Officer	Head of Finance	Lack of control over strategic factors such as allocations, changes in demand, new technologies and NICE Guidance	Potential for CCG financial position to become unsustainable leading to loss of authorisation and difficulties with allocating resources equitably to patient care	Five year plan has been developed.	Process for monitoring and strategic review	Finance reports to Governing Body, Executive Committee; Audit Committee oversight	None known	Ongoing gdevelopment of five year plan within overall authorisation work.	3	5	15
		1.5	Failure of estates strategy	Chief Operating Officer	Transition Manager	Inability to align and prioritise estates to strategic intentions	Care delivered from inappropriate locations; financially inefficient services; poor quality of environment for patients	Draft Business case developed	None known	Executive Committee; Governing Body	None known	further iteration of estates strategy by end of year	3	4	12
		1.6	The Epsom Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Locality Chair	Difficulties in aligning efforts and aims of a wide group of stakeholders	Inefficiency of delivery; potentially poor quality of care for patients;	The CCG is a member of the Epsom LTB and is working with partners on both acute and community strategies for the area	None known	Executive committee Governing Body	Executive committee Governing Body	There is an active programme of work including discussions on future of Molesey Hospital	3	4	12
		1.7	The Kingston Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Locality Chair	Difficulties in aligning efforts and aims of a wide group of stakeholders	Inefficiency of delivery; potentially poor quality of care for patients;	The CCG is a member of the Kingston LTB and is working with partners on both acute and community strategies for the area	None known	Executive committee Governing Body	Executive committee Governing Body	There is an active programme of work including discussions on future of Molesey Hospital	3	4	12
		1.8	The Surrey and Sussex Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Locality Chair	Difficulties in aligning efforts and aims of a wide group of stakeholders	Inefficiency of delivery; potentially poor quality of care for patients	The CCG is a member of the SASH LTB and is working with partners on both acute and community strategies for the area	Uncertainty over SASH FT pathway	Executive committee Governing Body	None known	SDCCCG fully represented at SASH LTB meeting. Also in put into SASH Capacity and Surge Planning.	3	4	12
		1.9	Potential for H&WB Board and H&WB Strategy to be ineffective	Chief Officer	Head of Service Redesign	Significant numbers of stakeholders in the H&WB and the potential for strategies and operational requirements to diverge	The Health and Wellbeing Board is unsuccessful in achieving effective co-ordinated health and social care commissioning	To date the H&WB has been effective in bringing stakeholders together; the strategy has widespread support.	None known	Regular H&W Board meetings and feedback; reports to Governing Body. Clinical Chair reports to Executive Committee.	None known	Review at Governing Body on 27th September	3	4	12
2)	**TO ENSURE THAT THE CCG HAS SUFFICIENT CAPACITY AND CAPABILITY TO DELIVER ITS BUSINESS**	2.1	Failure of Leadership or general workforce strategy	Chief Operating Officer	Head of Transition	CCGs are competing for people in leadership roles and skilled staff; in addition the environment is complex with staff in-house, in CSU and in hosted services	Failure to achieve organisational objectives; loss of operational control	The CCG has had considerable success in recruiting staff; the CSU is now fully operational; and hosted services are increasingly structured and accountable	Detail of collaboration for some hosted services is still being worked through	Remuneration and Nominations Committee; Executive Committee; CCG Collaborative meetings; Chief Officer's meetings	None known	Review at next REMCO on 27th September	3	4	12

		2.2	Information / reporting failure	Chief Financial Officer	Head of Planning and Performance	The CCG does not develop in-depth (i.e. from Governing Body down to locality) reporting of performance, quality and other operational matters due to organisational or technical business intelligence reasons	Lack of internal engagement; lack of assurance of progress on organisational objectives; potential failure of objectives	Internal reporting has a more focused approach with the appointment of a planning and performance lead; business intelligence support now fully recruited to	Further evidence required that reports to Governing Board are fit for purpose	Governing body oversight; Executive Committee weekly reporting; Audit Committee review; internal audit;	None known	Further development of reports for September 27th Governing Body	**3**	**4**	**12**
		2.3	There is a lack of ownership of projects, targets and budgets	Chief Operating Officer	Heads of Service	New and complex organisations need to establish regimes for engaging staff in critical tasks and make sure these are maintained	Failure to deliver organisational objectives; poor staff morale	Weekly team briefing being used to ensure clarity of purpose; Executive team is operationally reviewing effectiveness of structures and levels of engagement	Workforce statistics and reporting need further development	Executive committee oversight; Remuneration and Nominations Committee review of staff indicators; exit interviews	None known	Move to Cedar Court Sept 2013; more inclusive approach to staff briefing in new setting; staff will become more engaged as clarity around strategic delivery emerges	**3**	**3**	**9**
		2.4	It is not possible to develop a distinct Surrey Downs culture	Chief Operating Officer	Heads of Service	Surrey Downs CCG still less than six months old and purpose and direction still being established; new staff still joining the organisation; need to knit together localities with wider organisation and create identity at both levels	Failure to deliver organisational objectives; poor staff morale	Weekly team briefing being used to develop culture; SDCCG as an organisation with its own geographical identity and sense of purpose is achieving greater clarity; regular written communications to GP practices and staff; Council of Members meetings have been held	Need more systematic feedback from staff; more work needed with Council of Members to achieve ownership and engagement	Remuneration and Nominations Committee; Executive Committee; feedback from localities	Lack of a formal staff forum needs to be addressed	Move to Cedar Court Sept 2013; more inclusive approach to staff briefing in new setting; staff will become more engaged as clarity around strategic delivery emerges; Council of Members meeting planned for October	**2**	**4**	**8**
		2.5	The Governing Body fails to develop in order to deliver its responsibilities.	Chief Operating Officer	Governing Body Secretary	Surrey Downs CCG still less than six months old and purpose and direction still being established; systematic permanent appointments to external clinical members only just completed; Governing Body still in need of a development plan	Clear body of evidence that poorly developed boards produce poorer organisational outcomes, which could impact on everything from financial control to quality of services for patients	Governing Body has had three seminars and two formal meetings; strong evidence emerging of cohesiveness of purpose and good relationships and shared ambitions; lay members consulted on induction programmes.	Lack of a systematic approach with timetables for Governing Body development.	Governing body self review; feedback from authorisation	None known	Implement lay members induction Sept 2013 - March 2014; formalise Governing Body development programme	**3**	**4**	**12**
		2.6	Locality sub committees are ineffective in delivering local change	Chief Operating Officer	Locality Chairs with Head of Service Redesign	Surrey Downs CCG still less than six months old and purpose and roles and relationships between localities and groups still emerging; levels of delegated authority still being clarified	Lack of equity in terms of impact; potential failure to deliver strategy at local level.	Localities report weekly to Executive Committee - strong evidence of strategic engagement and working with local transformation boards and local services; locality performance reports	None known	Executive Committee; reports to Governing Body;	None known	Next report to Governing Body 27th September	**3**	**3**	**9**
		2.4	Collaborative commissioning arrangements are ineffective or inefficient	Chief Operating Officer	Heads of Service	Six CCGs working together in Surrey - highly complex arrangements for hosting and joint working	Potential failure in a number of areas: safeguarding; continuing healthcare; capacity and surge planning. Potential impact on patients as a result.	Monthly collaborative meetings and Chief Officers meetings; specialist review of CHC	None known	Executive Committee; reports to Governing Body;	None known	Next collaborative meeting ***	**3**	**4**	**12**
3)	**TO DELIVER SPECIFIC AND DEFINED QUALITY IMPROVEMENTS**	3.1	The CCG fails to develop soft intelligence from direct contact with service providers	Chief Operating Officer	Head of Clinical Quality	Need for commissioners to see services at first hand and to receive direct feedback from patients on their experience	Failure to see a potential "Mid Staffs" type service failure that is not evident from quantitative business intelligence and consequent patient harm and loss of reputation.	Examples of suppliers raising issues with CCG as commissioner in first six months; lay members report regularly on soft intelligence concerns	Structured feedback not yet available	Lay member input to weekly Executive Committee; feedback from complaints; CCG "walk around" style visits; Clinical Quality Committee co-ordinating known concerns	None known	Develop walkabout programme for Autumn	**3**	**4**	**12**
		3.2	Failure of quality reviews	Chief Operating Officer	Head of Clinical Quality	Quality Review meetings (QRMs) are not comprehensive and / or do not result in remedial action to address poor quality of suppliers	Potential impact on patient care - potential actual harm and reputational impact	QRMS are taking place and being minuted	Need longer term body of evidence to assess QRM effectiveness	QRMs minuted and reviewed by Clinical Quality Committee; locality clinical chairs engaged in QRMS and report direct to Executive Committee	None known	Ongoing cuycle of quality review dates established.	**2**	**3**	**6**
		3.3	Clinical audit programmes are ineffective in improving Quality and patients safety	Chief Operating Officer	Head of Clinical Quality	Poorly designed clinical audits or audits not targeted at the right areas can fail to provide assurance regarding the clinical quality of services	Potential impact on patient care - potential actual harm and reputational impact	Supplier clinical audits have been reviewed by the Clinical Quality Committee	Need longer term body of evidence to assess clinical audit effectiveness	Clinical Quality Committee	None known	Programme of clinical audits being developed based on known concerns	**2**	**3**	**6**

		3.4	Failure to achieve quality premium	Chief Operating Officer	Head of Clinical Quality	Quality premium payments are directly linked to achievement of supplier standards and targets and CCGs are effectively penalised for not achieving these	Impact on patients; loss of income to the CCG; reputational damage	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	Clinical Quality Committee; Executive Committee	None known	Improved performance reporting from end of September	4	4	16
4)	**TO IMPLEMENT SPECIFIC AND DEFINED SERVICE PATHWAY/PROVISION CHANGES**	4.1	The improvement of standards in Primary Care is low and as a result does not support the CCG's commissioning reforms	Chief Operating Officer	Service redesign managers	CCG is responsible for Local Enhanced Services but will be deploying them differently to the formeer PCT	GPs could disengage; LESs may not link to wider reform strategy of the CCG	LESs have been discussed at Excurutive Committee during August, proposals being worked up for September	None known	Executive Committee, Governing Body, locality meetings	None known	Formal proposals for discussion in September at Executive Committee	4	3	12
		4.2	Admission avoidance programmes are inadequate and do not support the objectives of the out of hospital strategy	Chief Operating Officer	Service redesign managers	CCG has set itself a target or reducing unnecessary admissions and this forms part of its quality and financial strategies	Failure to achieve QIPP targets; impact on end of year financial forecasts; loss of reputation with stakeholders	Programmes just being implemented - no evidence base as yet for whether they are being achieved. Referral support systems are being put in place rapidly by October 2013.	None known	Out of Hospital Strategy reports; Executive Committee; locality sub-committees; Governing Body oversight	None known	To sign-off business cases for Community Assessment Unit and expansion of rapid Response Service, combined with development of escalation plan	4	3	12
		4.3	Urgent Care System reforms do not have the required impact on the local health system	Chief Operating Officer	Service redesign managers	CCG has set itself a target or improving urgent care and this forms part of its quality and financial strategies	Failure to achieve QIPP targets; impact on end of year financial forecasts; loss of reputation with stakeholders	Programmes just being implemented - no evidence base as yet for whether they are being achieved	None known	Out of Hospital Strategy reports; Executive Committee; locality sub-committees; Governing Body oversight	None known	UC Board will oversee the urgent care system and improvements required for A&Es, in partnership with Kingston and SASH.	4	3	12
		4.4	Reform of Elective Care systems does not achieve the necessary objectives	Chief Operating Officer	Head of Service Redesign	CCG has set itself a target or improving elective care and this forms part of its quality and financial strategies and supports admission and discharge objectives	Failure to achieve QIPP targets; impact on end of year financial forecasts; loss of reputation with stakeholders	Programmes just being implemented - no evidence base as yet for whether they are being achieved. Referral support systems are being put in place rapidly by October 2013.	None known	Out of Hospital Strategy reports; Executive Committee; locality sub-committees; Governing Body oversight	None known	Membership engagement on development of referral management system to ensure patient choice and optimisation of referrals	4	3	12
		4.5	Local transformation Boards fail to improve discharge pathways	Chief Operating Officer	Head of Service Redesign	CCG has set itself a target or reducing unnecessary admissions and this forms part of its quality and financial strategies	Failure to achieve QIPP targets; impact on end of year financial forecasts; loss of reputation with stakeholders	Programmes just being implemented - no evidence base as yet for whether they are being achieved	None known	Out of Hospital Strategy reports; Executive Committee; locality sub-committees; Governing Body oversight	None known	Ward walk around and bed audit to identify key changes in the discharge pathway, with joint working with Surrey Council, in view of future integration funds	4	3	12
		4.6	The review of Continuing Health Care and a new CHC specification are unsuccessful	Chief Operating Officer	Head of Continuing Care	All stakeholder CCGs have identified the need to improve CHC systems and processes	Significant impact on patients and carers; loss of financial control; reputational impact; loss of confidence by other CCG's in SDCCG's ability to host	Significant work done - external review in progress - programme going forward as a result of this	None known	CHC Reference Group; Executive Committee fortnightly reporting; regular performance reports	None known	Outcome of review Oct 2013	4	4	16
5)	**TO ESTABLISH OPERATIONAL CONTROL OF SERVICES, CONTRACTS & BUDGETS**	5.1	There is a failure to sign off 2013/14 contracts and their associated CQUINs	Chief Finance Officer	Head of Contracting	Contracting is a prime function of the CCG that impacts across domains of quality, finance and performance	Loss of control over finance and performance of any supplier without a contract	All contracts and CQUINS for SDCCG signed	Not all contracts where CCG is assoicate are signed	Weekly update at Executive Committee; locality review of contracts; contract review meetings	None known	Ongoing contract review process	3	4	12
		5.2	The 2014/15 Annual Contract planning cycle is poorly managed	Chief Finance Officer	Head of Contracting	This will be the first annual planning cycle wholly owned by organisations in the new system	Poor commissioning in 2014/15; potential loss of financial control	Planning for 2014/15 planning already commenced, curent focus on business intelligence and adequate supporting data	None known	Executive Committee; Audit Committee; CCG Collaborative	None known	Activity levels and quality including CQUINS will be subject of meetings during September 2013	3	4	12
		5.3	The contact database fails to adequately capture all contracts and aligned payments	Chief Finance Officer	Head of Contracting	Adequate contract database arrangements are a prime component of overall business and financial control	Loss of financial control	Contract database being developed in finance team	None known	Executive Committee; Audit Committee	None known	Cclinical Contracts database largely complete. Work now in hand on non-clinical	4	3	12
		5.4	Contracting and Commissioning Intentions are not in place for all contracts	Chief Finance Officer	Head of Contracting	Adequate statements of commissioning intent are a prime component of overall business and financial control	Loss of financial control	Contract position is known and a contract database is established	None known	Executive Committee; Audit Committee , Governing Body; locality meetings	None known	Ongoing programme of work to ensure that contracts are in place for all suppliers.	4	3	12
		5.5	The contract Review process is not adequate to support quality and effectiveness of services	Chief Finance Officer	Head of Contracting	Contract reviews are a primary mechanism for monitoring suppliers and ensuring they take remedial action around poor performance in relation to quality and financial performance.	Negative impact on quality, performance and financial control	Contract review meetings happening and minuted; remedial actions taken as a result of poor contract performance	None known	Executive Committee, Governing Body, locality meetings	None known	Mid Year review of contracts October 2013	4	3	12

		5.6	Primary Care Contracts within the CCG's remit (LES and GPSI) are poorly managed	Chief Operating Officer	Service Redesign Managers	CCG is responsible for Local Enhanced Services but will be deploying them differently to the formeer PCT	GPs could disengage; LESs may not link to wider reform strategy of the CCG	LESs have been discussed at Executive Committee during August, proposals being worked up for September	None known	Executive Committee, Governing Body, locality meetings	None known	Formal proposals for discussion in September at Executive Committee	**3**	**4**	**12**
		5.7	Partnership funding is not utilised in line with the CCG's strategic objectives	Chief Operating Officer	Head of Contracting	Partnership funding is a key element of the CCG's ambitions to reform the local health care system and achieve more integration of care	Potential impact on strategic objectives (out of hospital strategy) and financial sustainability	Has been discussed I in Executive Committee - issue for 2014/15 planning	None known	Executive Committee, Governing Body, locality meetings	None known	Will be picked up during October as part of planning for 2014/15	**4**	**3**	**12**
6)	**TO ESTABLISH EFFECTIVE GOVERNANCE**	6.1	The SDCCG Constitution is not maintained and developed and fails to be a live tool of Governance	Chief Operating Officer	Governing Body Secretary	The constitution sets the ground rules by which the whole organisation is governed, including the relationship between the Council of Members, Governing Body, Committees, and localities.	If the constitution is not fit for purpose it can lead to loss of control, lack of clarity as to where responsibilities and accountabilities lie and could damage the organisation's ability to govern itself. This could lead in turn to poor outcomes, loss of public confidence and potentially continued authorisation.	Constitution is a live document - reviewed and amended with the agreement of NHS England (Version 3 effective from end of August 2103). Further review and amendments planned.	None known	Audit Committee; Council of Members; Governing Body review.	None known	Further review and possible amendment November 2013	**2**	**4**	**8**
		6.2	Principle Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	Chief Operating Officer	Governing Body Secretary	Committees have extensive delegated authority for assurance of principle objectives and core business - all committees must be strong in governance terms in order to meet this delegated responsibility and contribute to the overall effectiveness of the organisation	Loss of strategic and operational control; inability to comply with the requirements of the annual governance statement; potential impact on ongoing authorisation	Governing body committees have developed extensively over the last six months - reviewed terms of reference as part of amendments to the constitution - all have effective chairs and membership arrangements	None known	Audit Committee review and oversight; Governing Body oversight. Internal audit review. Committees review of own effectiveness as part of their terms of reference	None known	Further review and changes to committees planned following outcomes of internal audit review of governance and as part of next review of the constitution in November 2013	**3**	**4**	**12**
		6.3	The Governing Body Assurance Framework is not adequate to enable the group to assess its risks to its principle objectives	Chief Operating Officer	Governing Body Secretary	The GBAF is at the centre of the CCG's system of internal controls along with the risk management strategy and the risk register and needs to be effective in keeping the governing body focused on principal objectives and risks	Loss of strategic and operational control; inability to comply with the requirements of the annual governance statement; potential impact on ongoing authorisation	GBAF has been developed in line with discussion at GB seminar, discussion at Audit Committee and input from auditors	None known	Audit Committee review and oversight; Governing Body oversight. Internal audit review.	None known	Further review and changes to GBAF planned following 18th October Audit Committee and outcomes of internal audit review of governance	**2**	**4**	**8**
		6.4	SDCCG fails to discharge its remaining authorisation conditions or has new conditions placed upon it	Chief Operating Officer	Transition Manager	CCG was authorised with seven conditions from 1st April 2013	Reputation; CCG subject to continued scrutiny; resources required for core business diverted to meeting review process conditions	Significant work undertaken to successfully remove five conditions relating to quality; work in place to remove remaining conditions relating to planning and financial planning	None known	Executive Committee; Governing Body	None known	Completion of final authorisation discharge by 6th September	**2**	**4**	**8**