

Title of paper:	Governing Body Assurance Framework and Risk Register
Meeting:	Governing Body, 29 th November 2013
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Purpose	To Agree	
	To Advise	
	To Note	

Development

The Governing Body Assurance Framework and Risk Register are produced in conjunction with Heads of Service and other managers and reviewed by the Executive Committee. The Assurance Framework enables the Governing Body to understand the risks to the principal objectives of the organisation and direct the Executive accordingly.

Some risks in the risk register are closely aligned or identical to principal objectives in the Assurance Framework. These have therefore been removed from the risk register.

Local projects or service areas may have their own risk registers. At the moment the only risk register at this level is for Continuing Health Care, however a risk register for the Out of Hospital Project is planned.

The Audit Committee reviews both the Assurance Framework and the Risk Register in order to give the Governing Body assurance that they meet the requirements for the Annual Governance Statement and the system of internal control generally.

These documents were reviewed by the Audit Committee on the 18th October and the Executive Committee on the 19th November. The Clinical Quality Committee also reviewed quality risks within the overall context of both documents at its meeting on the 7th November.

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Executive Summary and Key Issues

Assurance Framework

Movement within the Assurance Framework remains developmental. The key changes are as follows:

1.6 Failure to deliver a viable acute commissioning strategy: The Governing Body has accepted the outcome of the GP vote on the BSBV programme. However, there are still significant risks attached to pursuing reform of acute services. This therefore remains red.

1.3 Failure of the year 1 Financial plan: This has moved from amber to red because of the potential deficit arising from changes in allocations. The reasons behind this are covered in detail in the Finance Report.

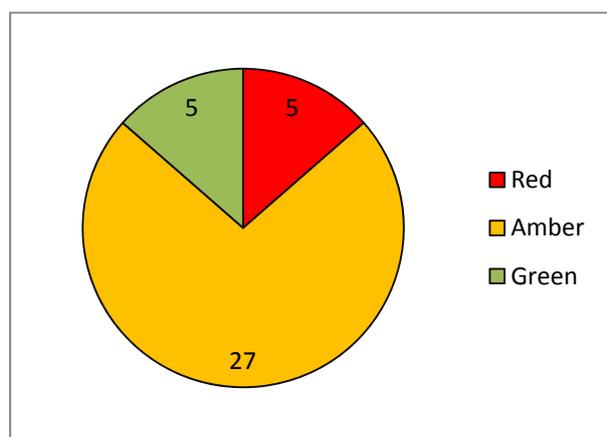
2.1 Failure of leadership or general workforce strategy: This score has improved as the CCG moves closer to a fuller staffed position with evidence of effective teamwork and an objective setting and appraisal framework.

5.1 – 5.3, and 5.5 Contracting: These risks relate to contracting processes and are all improving as the CCG develops more confidence in its capacity to manage its contracts and plan for 2014/15.

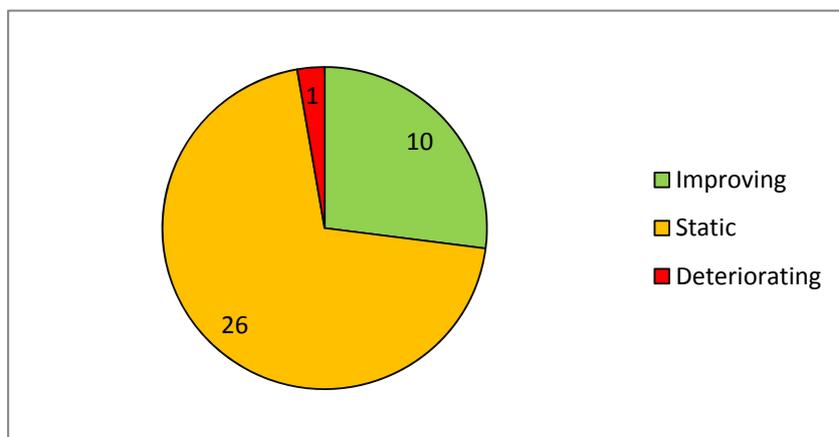
6.2 – 6.4 Governance and Authorisation: These are all improving areas and reflect the fact that the Governing Body and the principal committees are all increasingly mature in their approach, and the organisation has had its remaining two conditions lifted. However these risks remain important from a maintenance perspective.

The summary position for the Assurance Framework is as follows:

Assurance framework risks by category:



Change position since last period (September 2013):



Risk Register – narrative

The risk register has developed considerably over the last eight months and is currently in a position with a large number of static ambers and some that have deteriorated into red. Without being complacent, there is a rationale to this:

- A number of risks have moved from the register to the assurance framework and these are areas where the CCG is making better progress (i.e. the CCG is making headway against its principal objectives than it is against its operational risks)
- Some risks have deteriorated in the short term as the “new” organisation has better intelligence about them – this is both appropriate and desirable
- Similarly some risks have deteriorated or not improved because the CCG is maturing in its approach to risk and is holding risk until it is clear it has mitigation in place
- Some risks are relatively intractable and in some cases go back to the former PCT
- Some risks are still rooted in the long tail of transition
- Some risks will remain high during the CCG’s first winter period as there are many new systems and relationships in place that need to be of proven resilience

The key questions for the Governing Body are:

- Does it feel that the risk agenda is being openly discussed?
- Is it confident that risk is beginning to be owned throughout the organisation and that there are no serious hidden risks?

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Risk Register – content amendments

The following risks have been removed from the risk register as they duplicate risks in the Assurance Framework.

003 Better Services Better Value
013 Workforce / talent management
014 Financial Control Total
016 QIPP Programme Delivery
017 Contract Management
022 Allocation Process for 2013/14
023 Uncertainty over expenditure levels
042 Quality Premium

The following risks have been removed as no longer required

044 NHS 111

New Additions to the risk register:

058 GP IT
059 Safeguarding – generic risk
060 - Secamb Performance
061 - Secamb Patient Transport
062 - Specialised commissioning

Risk templates have been updated and this is reflected in the revised risk register.

It is proposed to include a new risk on the risk register around failure to achieve compliance with the Information Governance Toolkit. This has been agreed by the Executive Committee. The CCG is in the process of assigning the roles of Information Asset Owners and Data Custodians and has an Information Governance Action Plan in place, however failure to achieve toolkit requirements would have significant practical and reputational consequences for the CCG

It is also proposed to include a new risk on the risk register regarding achievement of the CCG's Equality Duty. This has been agreed by the Executive Committee and will appear on the next iteration of the risk register. A full report and action plan on Equality Duty has been provided to the 29th November Governing Body.

Risk 057 EDICs

This is reproduced using the working template as the risk is too detailed to fit on the excel spreadsheet.

Reiteration of the difference between the Assurance Framework, Risk Register, and project risk registers

Assurance Framework	Risk Register	Project Registers
Risks to the organisation's principal objectives	Broad range of operational risks	Risks specific to projects where change is being sought
Key Focus for Governing Body with mitigation by the Executive	Key focus for the Executive with mitigation by Heads of Service	Key focus for Heads of Service with mitigation by Project Leads

Recommendation(s):

The Governing Body is advised that the Assurance Framework and Risk Register provide positive assurance in most areas, however there are concerns about financial trends. See "Risk and Assurance" below for comments on the maturity of the system of internal controls in relation to risk.

Attachments / References:

Surrey Downs CCG Governing Body Assurance Framework Nov 2013 (att)
Surrey Downs CCG Risk Register Nov 2013 (att)

Implications for wider governance

Quality and patient safety: Quality and Patient safety risks were reviewed by the Clinical Quality Committee on the 7th November.

Patient and Public Engagement: None specific

Equality Duty: It is proposed to include a new risk on the risk register regarding achievement of the CCG's Equality Duty. This has been agreed by the Executive Committee and will appear on the next iteration of the risk register. A full report and action plan on Equality Duty has been provided to the 29th November Governing Body.

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Finance and resources: Finance and resource risks were reviewed by the Executive Committee on the 19th November. The overall trend in this area is deteriorating.

Communications Plan: This paper is available on the CCG web site.

Legal or compliance issues: The Assurance Framework and Risk Register are a part of the Annual Governance Statement and the overall system of internal controls. A number of individual risks relate to statutory duties.

Risk and Assurance: The CCG's approaches to risk management and risk tolerance are still maturing. There also remains a need to achieve a better understanding of risk throughout the organisation, with managers using risk assessment tools as part of everyday work rather than risk just being perceived as a compliance exercise.

Inception date: August 2013

Last review date: 19th Nov 2013

Risk ID	SD00057
Risk Area	Operations
Risk Owner	Chief Operating Officer
Main responsible Committee	Executive Committee
Risk Manager	Service Redesign Manager
Title	EDICs- handover process (electronic and paper) and follow up assurance on new arrangements
Risk Description	That there is a potential failure to transfer appropriate clinical information to new providers, following the demise of the EDICS contract.
Source of risk	EDICs operated clinics out of Tattenham, Tadworth and Shadbolt practices and out of hubs at the Ebbisham Centre, Medwyn Centre, Leatherhead Hospital and the Old Cottage hospital. All of the sites have paper based patient records and electronic records & appointments booked accessible only via PPS (a system which EDICs own and have a licence for). All patient notes, records and appointments need to be transferred securely over to the new locations and host providers. All external agencies need to be informed of the transfer and all diagnostic results and tests currently with external companies need to be identified and transferred with the patient records. All archived files need to be transferred to new providers/storage facilities.
Effect of risk	<p>Clinical- the risk is that patient records and future booked appointments may be lost if the handover process is not completed in a timely fashion and under the correct governance process. All archived notes also need to be transferred to new providers/storage. Patient care may be delayed if the coding and payment issues are not sorted out swiftly through contracting mechanisms.</p> <p>Legal-if there is a legal challenge on patient care the archived records need to be accessible hence the need to safely transition these over to new providers/storage. The archived records are in paper form and electronic and the liability for maintaining access to them remains with the provider as specified under the contract.</p> <p>Reputational- large reputational risk if patients are not tracked through the system</p>
Assurance	<p>The CCG prioritised the needs of patients immediately and transferred monies to cover support of all clinics to ensure a safe handover process.</p> <p>Action was taken immediately with regard pathology- all new providers were emailed to outline issues and request immediate cessation of forms used. Clinicians who had made the referrals were identified by Epsom and individuals were emailed separately.</p>

	The CCG has informed all parties who have been in contact to contact EDICs solicitors with requests regarding archived records. The CCG's position has also been re stated in writing to EDICs lawyers.
Gaps in assurance	None known
Controls	<p>A stringent governance process has been put in place to record the transfer of paper notes: Clinic templates with pre booked appointments are printed off the EDICs owned PPS system; All notes for patients in that clinic are pulled, prepped and bundled together; Outcome sheet is printed off and attached to notes bundle; Outcome sheet is signed out by named contact at EDICs site and given to courier; Outcome sheet is signed in at medical records by named contact of the receiving organisation's medical records department. All future booked appointments will be pulled off the PPS systems followed by patients with future "flags" in the system (i.e. to chase a diagnostic test at X date), followed by a check of archived patients on the system to ensure their cases are closed. Nhs.net addresses have been used consistently to share patient level data where necessary for continuation of care. Clear communications have been sent round all clinic administrators with regards the process to be used and contact details have been shared across new and existing clinic locations. Relevant contact details have been shared as points of contact for operational queries.</p> <p>All relevant contact details have been shared with Epsom so they are able to map back the result to a clinic IF a clinic does not specify new location. (this should not happen as all clinics are required to use new referral forms under new providers as per emails)</p>
Gaps in controls	None known
Actions with timescales	The process of transferring patient records is complete; therefore, it is recommended that the risk is closed.
Comments on risk appetite	This risk is being actively managed

Risk scoring					
Opening position		Last update		Revised	
Pre mitigation impact score	5	Last impact score	5	Proposed impact score	5
Pre mitigation Likelihood score	4	Last likelihood score	3	Proposed likelihood score	1
Net initial score	20	Net last score	15	Proposed new net score	5

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	Comments on risk appetite and risk tolerance	Sept 2013	Likelihood of risk becoming real	Impact if risk became real	Net Score	Trend
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	Need to identify future strategy, to date this has been participating in the Better Services Better Value programme but this may not be the favoured strategic option and a more local approach may be better for the local population.	Potential impact on services to patients, standards of care and CCG's reputation.	Detailed programme involving clinician, Governing Body, Epsom Hospital and BSBV project team; accountability to Council of Members.	None known	Governing Body, Executive Team, Council of Members, BSBV assurance programme	None known	A BSBV Program Review at a Governing Body Seminar took place in October and a process with local GPs including a ballot of their views took place in early November. The former recommended withdrawing from the BSBV programme and the latter indicated agreement with this approach. For decision at 29th November Governing Body meeting.	Discussion at GB and GP level have focused on comparing engagement with a SW London programme of acute reconfiguration as opposed to a local programme. By definition the SW London (BSBV) programme is felt to be outside of the CCG's risk tolerance, which is why a local approach is preferred.	16	4	4	16	Static
		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.	Un co-ordinated care and significant financial inefficiencies; long term impact on quality of care to patients	The strategy is now well developed and regularly scrutinised at both CCG and locality level.	None known	Executive committee is regularly overseeing delivery through monthly meetings and a Programme Management Approach. Variations around deadlines and KPIs can be measured through this approach.	None known	Specific programmes being developed for elective care, urgent care, admission avoidance, discharge processes and referral support.	Risk appetite and tolerance are not yet defined in this area.	12	3	4	12	Static
		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	No control over NHSE allocations processes	A likely £3m gap has emerged due to the impact of specialist commissioning allocations on the CCG. An active programme of recovery is in place to mitigate this impact. This will be reported on at the 29th November Governing Body.	The CCG has a zero tolerance approach to breaching its control total as this would result in starting 2014/15 with a deficit position and have an impact on the confidence of stakeholders in the CCG's ability to manage its resources.	12	4	4	16	Deteriorating
		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	Five year plan to be refreshed following announcement of 2014/15 and 2015/16 allocations in December 2013.	There is a link to 1.3 but the CCG has yet to define its long term risk appetite and whether high levels of in year-risk might be acceptable to achieve long term sustainability.	15	3	5	15	Static
		1.5	Failure of estates strategy	Chief Operating Officer	Programme 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 being developed. Strategy and business case process is in line with the work of the Area Team.	None known	Executive Committee; Governing Body	None known	Draft estates strategy by end of year	The CCG may have to incur as yet unidentified costs relating to some estates issues and these costs may not be avoidable.	12	3	4	12	Static
		1.6	The Epsom Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Head of Service Redesign	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	None known	There is an active programme of work including discussions on the future of Epsom Hospital following the decision by the CCG to withdraw from the BSBV programme	As one of several stakeholders on this board the CCG has only limited control	12	3	4	12	Static
		1.7	The Kingston Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Head of Service Redesign	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	None known, however as one of several stakeholders on this board the CCG has only limited control	There is an active programme of work including discussions on future of Molesey Hospital	Risk appetite and tolerance are not yet defined in this area	12	3	4	12	Static
		1.8	The Surrey and Sussex Local Transformation Board cannot co-ordinate care between agencies	Chief Officer	Head of Service Redesign	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, however as one of several stakeholders on this board the CCG has only limited control	SDCCCG fully represented at SASH LTB meeting. Also in put into SASH Capacity and Surge Planning.	Risk appetite and tolerance are not yet defined in this area	12	3	4	12	Static
		1.9	Potential for H&WB Board and H&WB Strategy to be ineffective	Chair	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, however as one of several stakeholders on this board the CCG has only limited control	Review at Governing Body on 27th September	Risk appetite and tolerance are not yet defined in this area	12	3	4	12	Static
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	TBC	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	This was reviewed at the Remuneration and Nominations Committee on the 27th September and it was agreed that the Committee should take on a role in monitoring overall HR Strategy and Performance. Reporting to commence in Nov 2013	Chief Finance Officer, Head of Finance and Director of Contracting posts now out to advert with aim of appointing by January 2014.	The CCG has shown a strong risk appetite in this area, specifically: willingness to accept vacancies in senior positions in order to recruit talented individuals for the long term; willingness to use short term premium approaches in specific posts to ensure the organisation is effective during its startup year.	12	3	3	9	Improving
		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 Body are fit for purpose	Governing body oversight; Executive Committee weekly reporting; Audit Committee review; internal audit;	Internal reporting of finance, activity and performance requires further development.	Recognising that the CCG is in the first year of operation, systems and internal reporting are being continuously improved.	The CCG has a low tolerance of risk in this area. Whilst some gaps or quality issues with information are accepted at this stage, the CCG is actively seeking to address these particularly with suppliers who are not providing information or are providing information that is not up to date.	12	2	4	8	Improving
		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 however see 2.1 above.	Executive committee oversight; Remuneration and Nominations Committee review of staff indicators; exit interviews	None known	The new Programme Management Office (PMO) is bringing structure to key tasks such as the Delivery Plan and the Out of Hospital Strategy. A reporting tool for the delivery plan was developed during Oct 2013.	The CCG has a low tolerance of risk in this area. The scheme of delegation requires that there is complete accountability for budgets and this is also being extended to significant projects and targets.	9	3	3	9	Static

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	Comments on risk appetite and risk tolerance	Sept 2013	Likelihood of risk becoming real	Impact if risk became real	Net Score	Trend
		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 nine months old and purpose and direction still being established; new staff still joining the organisation; need to knit together member practices 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. Appraisal systems now in place.	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. Equality Delivery Systems suggest that the CCG should undertake some form of systematic staff survey on an annual basis.	The distinctive culture of the organisation has emerged more fully since the move to Cedar Court and recruitment to key posts that provide cohesion. Staff forum planned for early December.	Risk appetite and tolerance are not yet defined in this area.	8	2	4	8	Static
		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 nine months old and purpose and direction still being embedded; 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 several seminars and formal meetings and there is 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	Formalise a Governing Body development programme for 2014 (by end Dec 2013)	Risk appetite and tolerance are not yet defined in this area.	12	3	4	12	Static
		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 nine months old 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	The Executive has reviewed this and made changes to ensure a focus on core business and commissioning intentions through revised locality arrangements and locality reporting.	Risk appetite and tolerance are not yet defined in this area.	9	2	3	6	Improving
		2.7	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	Review of 2013/14 delivery in progress; CSU SLA being reviewed	The CCG is not prepared to tolerate risk in relation to patient safety or loss of financial control, therefore safeguarding and Continuing Health Care are key areas of focus.	12	3	4	12	Static
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 and staff 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; Programme of walkabouts developed; work in hand with PALS and Complaints to use this information in a structured way.	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	PALS and complaints work should be completed by the end of 2013.	The CCG has zero tolerance of harm to patients but where incidents occur will seek to learn from any incidents or Never Events.	12	3	4	12	Static
		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 leads engaged in QRMS and report direct to Executive Committee	Lack of control over contracts where the CCG is only an associate commissioner	Review of effectiveness of all QRMS to be completed by the end of December 2013	The CCG has zero tolerance on developing an effective QRM process as this is key to the success of overall quality management	6	2	3	6	Static
		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; Contract reviews and QRMs	None known	Quality Strategy to be developed by end Jan 2014	The CCG has low tolerance of failure by suppliers to complete their clinical audit programmes but this cannot be defined further at this stage.	6	2	3	6	Static
		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	Achievement of premium being pursued via individual premium linked targets	Q1 premium not 100% achieved and some elements of Q2 (HCAI related) will be at risk. The CCG has set a tolerance level for specific targets.	16	4	4	16	Static
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 former PCT	GPs could disengage; LESs may not link to wider reform strategy of the CCG	Service review process now in place. Virtual clinical review group established. Clinical networks in place.	None known	Executive Committee, Governing Body, locality meetings	None known	The Executive Committee has sponsored an Out of Hours Programme board with work focused on agreeing primary care standards. This is linked to the work of the Area Team.	Risk appetite and tolerance are not yet defined in this area.	12	3	3	9	Improving
		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 of 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	Executive committee review of performance	None known	Out of Hospital Strategy reports; Executive Committee; locality sub-committees; Governing Body oversight	None known	Out of Hospital Strategy; RSS now live	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static

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	Comments on risk appetite and risk tolerance	Sept 2013	Likelihood of risk becoming real	Impact if risk became real	Net Score	Trend
		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.	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static
		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	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static
		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	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static
		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	CCG collaborative not yet signed up to outcomes of the review process	The Outcome of the review will be reported and acted on in November 2013	The CCG has zero tolerance of any potential impact on patient safety and quality	16	4	4	16	Static
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 main contracts and CQUINs for SDCCG signed	CCG does not yet have contracts in place for all suppliers.	Programme of review of out of hospital suppliers	None known	Ongoing contract review process	Low tolerance of risk for non-NHS providers due to less control and significant volumes.	12	3	4	12	Static
		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, current focus on business intelligence and adequate supporting data	None known	Executive Committee; Audit Committee; CCG Collaborative	None known	Report to Board and subsequent actions between now and March 2014	Risk appetite and tolerance are not yet defined in this area	12	2	4	8	Improving
		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	Contract database now nearly complete, non-clinical contracts still to be done	Risk appetite and tolerance are not yet defined in this area	12	4	2	8	Improving
		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	Work ongoing between now and February	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static
		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	Contract review process to be reviewed at end of year for effectiveness over first 12 months	Risk appetite and tolerance are not yet defined in this area	12	3	3	9	Improving
		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 former 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	Prioritised within delivery plan and programme of work in place	Risk appetite and tolerance are not yet defined in this area	12	3	4	12	Static
		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 in Executive Committee - issue for 2014/15 planning	None known	Executive Committee, Governing Body, locality meetings	None known	Forum now established with Social Care, discussions ongoing	Risk appetite and tolerance are not yet defined in this area	12	4	3	12	Static
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 submitted 1st November 2013.	None known	Audit Committee; Council of Members; Governing Body review.	None known	Awaiting feedback from NHS England on changes submitted in November. Scheme of Delegation to be reviewed by end of January.	There is low tolerance of an inadequate constitution because it is so central to the system of internal control and the core functions of the organisation.	8	2	4	8	Static

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	Comments on risk appetite and risk tolerance	Sept 2013	Likelihood of risk becoming real	Impact if risk became real	Net Score	Trend
		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 eight months - reviewed terms of reference as part of amendments to the constitution - all have effective chairs and membership arrangements. A joint meeting of the Audit and Quality Committees in Oct 2013 highlighted the need for a joined up approach.	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	Joint Chairs of Committees meeting planned for January 2014 to review effectiveness and plan for formal evaluation at year end.	There is low tolerance of an inadequate set of arrangements for Governing Body Committees because they are so central to the system of internal control.	12	2	4	8	Improving
		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	The Governing Body Assurance Framework has been updated following discussions at Audit Committee and last Governing Body however there is a continuing need to improve ownership and value of the GBAF as a tool and to develop discussion on risk appetite and risk tolerance. Further discussion at January Audit Committee.	There is low tolerance of an inadequate GBAF because it is so central to the system of internal control.	8	2	3	6	Improving
		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	Delivery Plan implementation and Assurance Framework will give assurance that there is no significant threat to continuing authorisation.	None known	Executive Committee; Governing Body	None known	Final Conditions removed October 2013. In order to maintain its authorisation the CCG needs to	The CCG has a zero tolerance approach to any loss of autonomy bought about by having conditions re-imposed on its licence to operate.	8	1	4	4	Improving

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Gaps in assurance	Gaps in Controls	Actions with timescales	Comments on risk appetite	Sep-13			Nov-13			Trend
SD0002	Operational	Chief Operating Officer	Executive Committee	Head of Corporate Business and Governing Body Secretary	Business continuity 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	There is still a lack of detail on the CCG's role as a C2 responder and there is currently a lack of clarity about the lead role of the Area Team. The CCG has completed the NHSE Assurance Template which appears to require significantly more resource than currently planned for.	None known	By 31st October – Develop a business continuity plan by department; By 31st October - develop a response plan specific to Category 2 responsibilities.	This risk is being actively managed	3	4	12	3	4	12	Static
SD0007	Financial	Chief Finance Officer	Audit, Corporate Governance and Risk Committee	Head of Finance	Financial balance in 2013-14	Risk that SDCCG inherits an unforeseen deficit as a result of the under-accrual for CHC retrospective claims	Lack of specific and credible financial reporting in the final period of 2012-13, and lack of information since 1 st April	Control mechanisms within the legacy team are not known	The CCG has been actively seeking oversight of accruals to understand position. However, the final position is still not known and remains a risk until concluded. There are no further actions the CCG can take at this time.	This risk is being actively managed and should be concluded shortly but is contingent on closure from the Department of Health. CCGs do not at this time have opening balances as a result.	4	3	12	4	3	12	Static
SD0008	Operational	Chief Operating Officer	Executive Committee	Head of Performance	EDICS - Over Performance	There is a risk that it will not be possible to agree closing activity figures with this now terminated contract	None known	None known	The CCG now has much more effective oversight of this contract and this has been prioritised by the contracting team.	This risk is being actively managed	4	2	8	4	2	8	Static
SD0025	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Safeguarding Adults	As host commissioner and Surrey lead for the Adult Safeguarding, the CCG is not assured that the current level of training in Safeguarding Adults within member practices and provider services meets that required by the regulators of primary care, the Care Quality Commission (CQC)	No database to properly record attendance at training; known issues with poor training attendance; lack of information about what level and frequency of training that practices are providing to their staff	None	Write to all Surrey CCG Governing Body Chairs to seek assurance that all members of their governing body have received level 2 training (by end of November 2013). Follow up on poor response to training needs assessment in GP practices and identifying a lead for adult safeguarding and mental capacity (by end of November 2013) Contact NHSE Surrey and Sussex Area Team to confirm funding and collaborative working with the CCGs (by end of November 2013)	This risk is being actively managed.	4	2	8	4	3	12	Deteriorating
SD0026	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Safeguarding Children	Since transition to new NHS Structures, from April 2013, Surrey Downs CCG is not sufficiently assured on the robustness of safeguarding processes for children.	Systematic collaborative working across health groups leading to potential duplication or gaps in communication.	None identified	Ongoing work to strengthen collaborative working (by end of March 2014) Reduce boundaries between children and adult safeguarding working arrangements (by December 2013). Host commissioner recruiting to vacant posts (by March 2014).	This risk is being actively managed.	4	2	8	4	3	12	Deteriorating
SD0039	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Specialist Equipment in the Community	The CCG is not assured that certain specialist equipment being used by healthcare staff in the community is fit for purpose.	No assurance on providers processes.	None known	Write to Surrey Downs contracted Providers requesting assurance on their processes for monitoring the use and maintenance of equipment provided to patients in their care (by end of December 2013).	This risk is an historical risk that has been recognised for many years. CCG now taking active approach.	3	3	9	3	3	9	Static
SD0043	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Catastrophic supply failure	Risk of 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.	None known	Collaborative or host working relationships for other providers	Surrey wide patient safety monitoring of serious incidents, trends and other early warnings. Work with e.g. public health observatories and regulators to identify potential signals of failure. Site visitors and direct interaction with suppliers to test organisational culture.	This risk is being actively managed	4	3	12	4	3	12	Static

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Gaps in assurance	Gaps in Controls	Actions with timescales	Comments on risk appetite	Sep-13			Nov-13			Trend
SD0046	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Continuing Care	Continuing Care Retrospective Reviews and potential claims	Risk that Continuing Healthcare team will not be able to adequately perform their day to day work; Risk that provision in the balance sheet is not sufficient to cover the liability	None known	None known	CHC External review taking place, will report in November	This risk is being actively managed	4	4	16	4	4	16	Static
SD0047	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Continuing Care	Continuing Care levels of claims	Risk that the nature and scale of normal continuing care applications cannot be managed	None known	None known	CHC External review taking place, will report in November	This risk is being actively managed	4	4	16	4	4	16	Static
SD0052	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Clinical Quality	Standards for Healthcare Acquired Infection	Failure to meet infection control standards	None known	None known	Develop a heat map showing incidence across Surrey in acute, community and primary care providers to identify 'hot spots' (by end of October 2013) Renewed focus on patient notes audit in cases of C.Difficile and sharing learning (Medicines management team) by end of November 2013.	This risk is being actively managed	4	4	16	4	4	16	Static
SD0053	Delivery	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Contracting	Quality of Estate	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	None known	None known	There is currently no indication that this risk will become real and no further action is planned at this stage, however there is a need to manage infection control risks on an ongoing basis and the score has been amended to reflect this.	Pending development of a strategic solution with partners, this risk is accepted.	4	2	8	4	3	12	Deteriorating
SD054	Operational	Chief Operating Officer	Executive Committee	Medicine and Mid Surrey Locality chairs	Epsom hub capacity and surge planning	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.	<ul style="list-style-type: none"> There is no guidance available as yet on overall planning for winter 2013/14. Epsom as part of Epsom St Helier Trust is organisationally located within the London planning system which means extra caution needs to be taken to ensure Surrey sensitive planning. 	None known	Aug 2013 – work with GP localities to ensure take up of 'flu LESS (issued by NHS England 1st Aug) Sep 2013 - Development and implementation of winter capacity and escalation plan with key suppliers Oct 2013 - Implementation of flu plan	This risk is being actively managed to achieve as low a score as possible	4	4	16	4	4	16	Deteriorating
SD055	Operational	Chief Operating Officer	Executive Committee	East Elmbridge Locality Chair	Kingston hub capacity and surge planning	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.	There is no guidance available as yet on overall planning for winter 2013/14	None known	Aug 2013 – work with GP localities to ensure take up of 'flu LESS (issued by NHS England 1st Aug) Sep 2013 - Establishment of winter operational group Sep 2013 - Development and implementation of winter capacity and escalation plan with key suppliers Oct 2013 - Implementation of flu plan	This risk is being actively managed to achieve as low a score as possible	4	4	16	4	4	16	Deteriorating
SD056	Operational	Chief Operating Officer	Executive Committee	Dorking Locality Chair	SASH hub capacity and surge planning	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.	Lack of assurance from supplier relating to issues such as recruitment plans for winter and resolution of technical issues relating to x-ray reporting	None known	Aug 2013 – work with GP localities to ensure take up of 'flu LESS (issued by NHS England 1st Aug) Sep 2013 - Establishment of winter operational group Sep 2013 - Development and implementation of winter capacity and escalation plan with key suppliers Oct 2013 - Implementation of flu plan	This risk is being actively managed to achieve as low a score as possible	4	4	16	4	4	16	Static

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Gaps in assurance	Gaps in Controls	Actions with timescales	Comments on risk appetite	Sep-13			Nov-13			Trend	
SD057	Operational	Chief Operating Officer	Executive Committee	Service redesign Manager				SEE TEMPLATE				5	3	15	5	3	15	Static
SD058	Operational	Chief Operating Officer	Executive Committee	Service redesign Manager	GP IT infrastructure	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	Lack of clarity about existing IT baselines e.g. an up to date asset register showing age, fitness for purpose etc of equipment; lack of clarity about NHS England processes and timescales.	Ultimately this is outside the CCG's control as it lies with NHS England. The CCG is not allowed to commit resources to this as it is not a CCG function.	CCG is Continuing to lobby for investment.	This risk is being actively managed .		4	3	12	4	3	12	Static
SD059	Clinical	Chief Operating Officer	Clinical Quality Committee	Head of Clinical Quality	Safeguarding Adults	Potential for preventable harm to Surrey residents and patients during the embedding of CCG- hosting arrangements for safeguarding adul	Governance arrangements are not yet fully embedded	None	Identify known key issues and those arising from the audit and make recommendations for the review of the Collaborative SLA (by December 2013). Confirm that the CCG will provide interim administrative support pending the outcome of the audit (by end of October).	This risk is being actively managed.		4	2	8	4	3	12	Deteriorating
SD060	Performance	Chief Finance Officer	Clinical Quality Committee	Head of Performance	Secamb Performance Targets	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Category A response times.	None known	CCG is associate commissioner and cannot take unilateral action	The CCG has reviewed this risk at the Clinical Quality Committee and is seeking further assurance and action from the supplier	Strategically the CCG is committed to meeting all targets in its commissioned services. The CCG has a zero tolerance approach to this target.		4	3	12	4	3	12	Static
SD061	Performance	Chief Finance Officer	Clinical Quality Committee	Head of Performance	SECAMB Patients transport	SECAMB Patient Transport performance is currently below expectations.	None known	CCG is associate commissioner and cannot take unilateral action	The CCG has reviewed this risk at the Clinical Quality Committee and is seeking further assurance and action from the supplier	Strategically the CCG is committed to meeting all targets in its commissioned services. The CCG has a zero tolerance approach to this target.		4	3	12	4	3	12	Static

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Gaps in assurance	Gaps in Controls	Actions with timescales	Comments on risk appetite	Sep-13			Nov-13			Trend
SD062	Commissioning	Chief Finance Officer	Executive Committee	head of Contracting	Specialist Commissioning - Financial Impact	Uncertainty over impact of specialist commissioning on allocations and activity could jeopardise the CCG's breakeven control target	None known	Ultimate decision making lies with NHS England and in addition, operationally the CCG does not have day to day control over activity; there are delays in getting reports on potential contractual liabilities.	Negotiations with NHS England are ongoing	The CCG has a zero tolerance approach to this area and will expect specialist commissioning to come in on budget.	4	3	12	4	3	12	Static