

SERVICE REDESIGN

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Mar-14			Trend
SERVRED01	Operational	Chief Operating Officer	Executive Committee	Medlinc and Mid Surrey locality chairs	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.	Severe weather, high levels of demand, seasonal 'flu or other conditions, and norovirus can impact on the demand for services and also interrupt the supply and delivery of commissioned care.	Services are unavailable or subject to long waits; cancellation of elective treatment; significant impact on A&E departments, community hospitals, primary care and patient transport. Can also impact adversely on the CCG's financial and performance outturn at the end of the year if remedial action is not taken.	All health economies have published winter surge and capacity plans. The flu plan was published in July 2013 and has been followed locally. The NHS England A&E team has been reviewing local arrangements since early autumn and provides a system wide monitoring role.	None known	Urgent Care Board arrangements aflexed arrangements for community beds to support discharge and manage system pressures. The CCG has established an internal group to co-ordinate winter planning and this has given a focus in addition to the locality information on demand and capacity in local systems. Additional investment has been played in to support	The CCG is one of several organisations at local level and does not have complete control over system wide interventions, particularly the role of the ambulance service.	The CCG has deployed winter monies (6th January) and is working with suppliers through Urgent Care Bodard meetings (through to 31st March). For Epsom there are also weekly teleconferences with key suppliers.	TREAT via Urgent Care Boards and localities	4	4	16	4	3	12	Static
SERVRED05	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.	Limited resources available and the allocation process for the South of England was unclear.	Ageing or non-functioning IT equipment could lead to failings with patient record keeping, and the ability to communicate between services. This could have both operational and clinical consequences. Strategically, out of date GP IT will not support CCG strategies for Out of Hospital care and programmes sponsored by Transformation Boards that seek to modernise health care. GP IT could lag behind that of other stakeholders.	Baseline of equipment needs is now in place	Lack of clarity about future NHS England processes and timescales.	Rollout of IT refresh programme	None known	CCG has successfully lobbied for investment and a substantial sum has been allocated for 2014/15. However this does not eliminate the longer term risk and a strategic approach is required. To be reviewed in June 2014.		4	3	12	3	2	6	Static

SERVRED04	Operational	Chief Operating Officer	Executive Committee	Service redesign Manager	EDICS transitional arrangements	Potential loss of patient records / patient information.	This relates specifically to the EDICS contract cessation	Patient notes, records and appointments could be lost to agencies taking over the work on an interim basis.	The CCG has put in place an extensive programme of work to ensure that no records are lost, this has been reported on in detail at the last two Governing Body meetings.	None known	A stringent governance process has been put in place to record the transfer of paper notes and appointment details. This has been overseen by the Chief Operating Officer.	None known	No further actions required	RECOMMENDED FOR CLOSURE	5	4	20	2	2	4	Static
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PERFORMANCE

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Jan-14		Trend	
PERF01	Performance	Chief Finance Officer	Clinical Quality Committee	Head of Performance	Secamb Cat A Performance	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Category A response times.	SECAMB Published statistics show they are not meeting the required standard	Risk of potential harm to patients; impact on NHS reputation	Published statistics; feedback from patients' representatives; shared intelligence from new joint commissioner's meetings	Commissioners do not have visibility of Trust action plans	Contractual levers	CCG is associate commissioner and cannot take unilateral action	Work wqith new commissioners (NW Surrey CCG) to address performance deficits; review implementation of 19 action points recommended by recent review; ongoing scrutiny in Quality Committee.	TREAT - The CCG is committed to requiring the supplier to meet this target	4	3	12	4	3	12	Static
PERF02	Performance	Chief Finance Officer	Clinical Quality Committee	Head of Performance	SECAMB Patients transport	SECAMB Patient Transport performance is currently below expectations.	SECAMB Poor performance in relation to patient transport	This impacts on patients and carers and can also impact on acute trusts and others where patients miss appointments or cannot be discharged in a timely fashion. Potential financial impact from mismatch between expected and actual demand (cost pressure on budget)	Published statistics; feedback from patients' representatives; shared intelligence from new joint commissioner's meetings; minutes from SECAMB and Acute Trust monthly meetings	None known	Contractual levers	CCG is associate commissioner and cannot take unilateral action	Need to use Urgent Care Boards to lever co-ordinated actions around each local acute hub, using feedback from trust / SECAMB monthlyoperational meetings. From February onwards. Also actions as per PERF01 above.	TREAT - The CCG is committed to improving performance.	4	3	12	4	3	12	Static

FINANCE

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Jan-14			Trend
FIN01	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	Closure of Surrey PCT business and final accounting processes	The CCG could have to deal with a significant non-recurrent cost pressure	Minimal assurance available based on PCT final accounting processes	Lack of specific and credible financial reporting in the final period of 2012-13, and lack of information since 1 st April	The CCG has minimal control over this issue other than to escalate the understanding of the impact to NHS England.	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. See comments on risk appetite.	TRANSFER - recent guidance from NHS England has provided the opportunity for increasing the provision held in the legacy balance sheets which would have the effect of transferring the substantial part of the risk to NHS England. However risk score to remain unchanged pending confirmation.	4	3	12	4	3	12	Static

CONTINUING HEALTH CARE

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Jan-14			Trend
CHC01	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	Management of applications for retrospective payments	Patients and family may wait for a long time for the result of their application and payment; risk that the nature and scale of retrospective applications will impact on the CCG's ability to remain in financial balance..	CHC Review has now reported and provides a baseline of actions required to transform the service	None known	Transformation of Service arising from review	Ability to recruit appropriately skilled staff due to model but see SD0063	Move to localised working and other actions from review aciton plan by April 2014	TREAT as set out in actions with timescales	4	4	16	4	4	16	Static
CHC02	Clinical	Chief Operating Officer	Clinical Governance, Clinical Quality and Safety Committee	Head of Continuing Care	Failure to deliver CHC assessments within nationally mandated imescales	Risk that the nature and scale of normal continuing care applications cannot be managed	Unpredictable nature of levels of applications; capacity of team to meet demand, and methods of working	Impact on patients and carers. potential serious financial pressures and further backlogs and delays, including impact on acute hospital activity	CHC Review has now reported and provides a baseline of actions required to transform the service	New database not yet procured which inhibits ability to manage and report performance.	Recruitment of additional / replacement staff; prioritisation of claims for people who are still alive and requiring support.	None known	Transformational change programme as set out in review action plan by April 2014. Database to be in place and operational July 2014.	TREAT as set out in actions with timescales	4	4	16	4	4	16	Static

CONTRACTING

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Mar-14			Trend
CONTR01	Operational	Chief Operating Officer	Executive Committee	Head of Contracting	EDICS - contractual arbitration	Suffering a financial loss as a result of the determination of costs relating to EDICs	Poorly designed original specification and contract arrangements	Unacceptably poor value for money and costs in excess of budget	The contract is now expired and an adjudicated outcome is awaited.	None known	Executive Committee oversight, contract meetings. CCG presentation of arbitration case has been highly robust.	None known	Arbitration case was prepared in January and we now await outcome of adjudication panel expected by July 2014.	TOLERATE	4	2	8	4	2	8	Static
CONTR02	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	Current state of buildings at New Epsom and Ewell Cottage Hospital and The Poplars at West Park	Potential need to close services at short notice	The supplier's estates team has put in place mitigating structural work to ensure the buildings can remain open without physical risk or risk to business continuity. NHS Property services have now commenced work on a long term solution.	None known	Executive Team oversight, contract meetings with suppliers. Propoco undertaking remedial work.	None known	Remedial work commenced in December 2013, end date TBC. However there is a need to manage infection control risks on an ongoing basis.	TREAT	4	2	8	3	2	6	Improving

CORPORATE

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Jan-14			Trend
CORP01	Operational	Chief Operating Officer	Executive Committee	Head of Corporate Business and Governing Body Secretary	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 or surge in demand, and will not have generally robust on-call arrangements	As a statutory body the CCG has responsibilities for a range of commissioned services and a duty to collaborate with NHS and other organisations to ensure that health services are maintained under abnormal circumstances (e.g. severe winter weather) and in the event of an actual major incident.	Impact on patient safety and use of resources.	The CCG has on-call arrangements and a surge and capacity plan and has attended major incident simulations run by the South of England. Surge and Capacity plans have been approved by NHS England.	The CCG lacks its own major incident plan to discharge its duties as a category 2 responder	The CCG has established a monthly heads of service meeting with emergency planning and business continuity on the agenda. Review / lookback exercise on business continuity issues leading to action plan.	None known	By end of May - develop a Major Incident Plan drawing on Surrey Draft (received 16th Jan)	TREAT - also see new risk on business continuity SD066 below	4	4	16	4	4	16	Static
CORP02	Operational	Chief Operating Officer	Executive Committee	Governing Body Secretary	Potential failure of Information Governance	Risk that Surrey CCG will be adversely affected by failure to meet high standards of information governance.	Uncertainty over arrangements for data security, management of records and other elements of the IG Toolkit for managing information safely, securely and effectively	Potential loss of patient identifiable information; poor management of data leading to impact on business; reputational impact; in severe cases, fines and legal action by the information commissioner	The CCG has been working with the South CSU for several months to an action plan that sets out the CCG's requirements to achieve IG toolkit requirements. This provides a fully RAG rated position against audit, training, policies etc.	None known	Progress on implementing IG toolkit with Heads of Service and their staff.	None known	To complete IG toolkit compliance by end of March. Staff have been progress chased at individual, team and organisation level to achieve the necessary compliance levels.	TREAT as set out under actions with timescales	4	4	16	4	4	16	Static

CORP03	Operational	Chief Operating Officer	Executive Committee	Governing Body Secretary	Equality Duty	Risk that Surrey CCG will fail to comply with the 2010 Equality Act	Statutory nature of the CCG's equality duty which is reiterated in the NHS constitution	The CCG may fail to discharge its commissioning and / or employer functions in line with the law. This would mean that it was not meeting the needs of protected groups e.g. people with disabilities, age specific groups, faith, gender etc	Papers going to Governing Body Jan 2014 giving a review of the CCG's current position and setting draft equality objectives for 2014-18	Inadequate information on workforce in terms of protected group characteristics (employer duty); more systematic feedback required from stakeholders.	Implementation of Equality Objectives; use of EDS2 to measure and improve CCG's equality action plan	None known	Implement EDS2 by end of March 2014; Report twice a year to Governing Body (September and March) undertake consultation with wider stakeholders (by end of May 2014)	TREAT as set out under actions with timescales	4	4	16	4	3	12	Static
CORP04	Operational	Chief Operating Officer	Executive Committee	Governing Body Secretary	Business continuity	Risk that a major business continuity incident could cause the organisation to lose the ability to function effectively	Adverse incidents such as weather, fire, terrorist incident, pandemic illness impacting on day to day running of the organisation	Loss of buildings and IT; unable to access records and communicate with other organisations; loss of services to patients e.g. CHC. IFR and RSS; if prolonged, inability to pay contractors in a timely way and to maintain commissioning functions	Business continuity policy and plans in place; some staff training conducted	Lack of testing of policies and plans; no measures of wider staff awareness of business continuity issues	Heads of service tasked with ensuring business continuity mechanisms are in place on a team by team basis	Lack of control over landlord actions in relation to premises; low control over e.g. pandemic flu and weather that could impact on staffing	Previous actions re business continuity [plans now completed further work required - Review prior to Easter	TREAT as set out under actions with timescales	5	3	15	4	3	12	Improving

QUALITY

Risk ID	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title	Risk Description	Source of risk	Effect of the risk	Assurance	Gaps in assurance	Controls	Gaps in Controls	Actions with timescales	Comments on risk appetite	Pre-mitigation Impact Score	Pre mitigation Likelihood Score	Net initial Score	Mar-14			Trend
QUAL1	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)	The training is regulatory under CQC, not mandatory, therefore commitment to undertake appears to be less. No complete database exists to track training needs so the size of the problem is unknown. Poor uptake of Level 1 and 2 training.	Individuals (patients, employees and members of the public) may not be adequately protected from harm or able to recognise situations where others may be at risk. Potential impact on member practices' CQC registration.	Training packages developed and delivered at Level 1 for all Surrey CCG Governing Body members (at 31st March 2013). CQC inspections providing some information. Training packages at Level 1 and 2 developed for all GP practices. Major uptake of training in SDCCG since January 2014.	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	NHS England Area Team – role in co-ordinating and funding safeguarding training for GPs. CCG has the ability to put on training for its own GPs.	CCG cannot mandate training attendance and can only influence.	Earlier actions completed now maintenance work ongoing to ensure training levels maintained.	TOLERATE	4	3	12	3	2	6	Improving
QUAL2	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.	Hosting arrangements around Safeguarding Children are not yet embedded. Structures are in place but there is lack of clarity around the lines of communication. Lack of holistic working across adult and children safeguarding incidence relating to families, as highlighted in recent Domestic Homicide Reviews.	Potential risk of harm to vulnerable children.	A capacity review was undertaken; it revealed that capacity was sufficient. All vacant posts have now been recruited to.	None known	The CCG has a Service Level Agreement with Guildford and Waverley CCG (as hosts of this service) to lead on Safeguarding Children. Established multi-agency structures and processes in place across Surrey. Surrey Safeguarding Children Board, SD CCG representation on the Health Sub-group and Area Safeguarding Groups. Surrey Downs CCG quality governance structures.	None identified	Action completed, maintenance work only	TOLERATE	4	3	12	3	2	6	Improving
QUAL3	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.	There is no central database detailing specialist equipment, its location or maintenance schedule.	Potential that unsafe equipment is in use. Potential risk of harm to patients and operators of the equipment	Some databases of equipment in use. Feedback from health and social care staff working directly with patients.	No assurance on providers processes / insufficient information about historical equipment still in use.	Contractual levers for monitoring equipment in use in the community.	No controls over old equipment that is not on anyone's inventories.	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).	TOLERATE. However some remedial action still being taken.	3	3	9	3	3	9	Static
QUAL4	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.	Following the issues at Mid Staffordshire, all health economies run the risk that there is a potential unexpected failure of an organisation-wide nature.	Harm to patients, global reputational issues for the health economy	The CCG monitors a basket of indicators including mortality rates through contract meetings and other mechanisms; Governing Body Oversight; monitoring of serious incidents and other early warning signs; Surrey wide patient safety committee	None known	Ongoing site visits and direct interaction with suppliers to test organisational culture. Intervention through contracts.	None known	Continuing systematic oversight of quality as set out in controls. No specific	TOLERATE	4	4	16	4	2	8	Static

QUAL5	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	Local Providers are failing to meet agreed quality standards around Health Care Acquired Infections with the subsequent risk to patient safety and experience.	Actual or potential harm to patients. In addition, the CCG will fail to achieve the standards required to receive part of the quality premium payment attached to these standards.	Clinical Quality Review Meetings with Providers; Surrey-wide overview and advice from the infection control prevention lead in Public Health and quarterly meeting of Providers and Commissioners. Ongoing antibiotic prescribing audit and follow up with GP practices (Medicines Management Team); Heat map showing incidence across Surrey in acute, community and primary care providers to identify 'hot spots' completed October 2013.	None known	Contract meetings and contract levers; prescribing audits	None known	None specific - continuous monitoring and review through contracts and audit	TREAT	4	4	16	3	4	12	Static
QUAL6	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 adults	<ul style="list-style-type: none"> Recognition that the original collaborative arrangements and processes put in place from April 2013 are not sufficient to meet increasing focus on safeguarding responsibilities across all CCGs in Surrey. Reliance on a single Designated Nurse for six CCGs across Surrey for strategic leadership and operational leadership for Serious Case Reviews (SCR's) and Domestic Homicide Reviews (DHR's). Reliance on single Designated Nurse to represent NHS Commissioning for all six Surrey CCG's on Surrey Safeguarding Board (SSAB), sub and working groups and events, and Safeguarding Strategy and Case Conference meetings. The role does not include delivery of training around Safeguarding Adults and The Mental Capacity Act and, as yet, there is no clear plan on how this will be achieved. 	<ul style="list-style-type: none"> Capacity of the 1 WTE Designated Nurse to provide strategic direction is undermined by the imperative around operational roles such as training and education. Capacity to contribute to SCR's and DHR's may be insufficient, particularly if several occur simultaneously. Capacity 1 WTE to cover geography of Surrey, for SSAB meetings, events, strategy meetings etc Health staff are not sufficiently trained to deal with situations that have potential safeguarding adult elements There is a risk that the personal autonomy of individuals is not understood and as a result they become disempowered. This could result in litigation or legal challenge Gap in leadership during holiday or periods of illness. 	A separate risk has been raised around assurance on training for Surrey CCG Chairs and member practices with associated action plan.	Governance arrangements are not yet fully embedded	Surrey CCG Quality Leads discuss Safeguarding issues six-weekly where the 2013/14 work plan is monitored. Bi-monthly meeting of NHS Adult Safeguarding Leads across Providers in Surrey. Collaborative have commissioned an adult safeguarding internal audit.	Identify known key issues and those arising from the audit and make recommendations for the review of the Collaborative SLA (by February 2014).	TREAT	4	3	12	3	3	9	Static	

