

<b>Title of paper:</b>	Assurance Framework and Risk Register		
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<b>Date:</b>	27 <sup>th</sup> February 2015		
<b>Meeting:</b>	Governing Body		
<b>Agenda item:</b>	18	<b>Attachment:</b>	12
<b>For:</b>	Information		
<p><b>Executive Summary:</b></p> <p>As this is the last Governing Body of the 2014/15 Business Year, this is the last presentation of the Assurance Framework and Risk Register that will allow the Governing Body to consider the assessment of strategic and operational risks prior to an outturn report in April. The aim therefore is to present a number of key highlights and lessons learnt.</p> <p><u>Assurance framework</u></p> <p>In broad terms the Assurance Framework, as a key aspect of the system of internal controls, has throughout the year accurately reflected the high levels of strategic and financial risk faced by NHS Surrey Downs (in common with other similar CCGs).</p> <p>The latest iteration shows that the level of risk has remained fairly constant around Governing Body objectives with the following exceptions:</p> <ul style="list-style-type: none"> <li>• The year-end has seen an improvement in the assessment of progress against children's services with the agreement of a county wide strategy and the potential for positive change in this area.</li> <li>• The consistently reported high risk to achieving financial balance worsened still further in December and this brought with it a significant impact on the CCG's strategic programme. In overall terms the deficit means that the CCG needs to review its strategies in line with the Five Year Forward View with the aim of being sustainable through transformation in two to three years' time.</li> <li>• This has brought with it an impact on organisational development as the CCG has had to rethink its staffing needs at the same time as seeing significant turnover, and disruption from a change in commissioning support.</li> </ul>			

## Risk register

In broad terms the risk register reflects a more detailed view of the themes in the Governing Body Assurance Framework (GBAF). However, unlike the GBAF, the risks tend to roll across the business years and are adjusted rather than terminated to reflect changing priorities in the assurance framework.

A key feature of the risk register is the significant developments in thinking that have taken place in the last year in relation to risk maturity, organisational culture, and appreciation of risk appetite. These will be reflected in the revised risk management strategy that will come to the Governing Body in April.

The risk register has been reviewed by individual managers and moderated by the Executive and a number of risks have been added, amended or proposed for removal.

The breakdown of risk is as follows

- High risks 8
- Medium risks 26
- Low risks 5

Key changes to the risk register since the last Governing Body Meeting are as follows:

### *New Risks*

- A risk to the success of the Financial Recovery Plan
- Cost pressures arising from tariff changes
- Potential inability to exploit co-commissioning with NHS England
- Provider's failing to develop in line with required transformational change
- Quality of care in care homes
- Individual Funding Request team capacity

### *Improving risks*

- Child safeguarding – now at tolerance levels
- Equality duty
- GP IT
- Continuing care retrospective team capacity
- Contract sign off
- Contract database
- Prescribing costs

### *Deteriorating risks*

- Committee effectiveness
- CHC assessments

*Risk proposed for closing*

- Patient Group Directions

**Compliance section**

Please identify any significant issues relating to the following

Risk Register and Assurance Framework

See above

Patient and Public Engagement

No significant issues – engagement takes place as appropriate to each risk.

Patient Safety & Quality

Eight of the thirty nine risks have a quality or patient safety component

Financial implications

Eight of the thirty nine risks have a finance component

Conflicts of interest

No significant issues

Information Governance

Two of the risks have an information governance component

Equality and Diversity

There is one risk relating to equality duty

Any other legal or compliance issues

One risk is currently in legal process

**Accompanying papers (please list):** Latest version of the Assurance Framework; latest version of risk register

**Summary:** What is the Governing Body being asked to do and why? To NOTE the changes and overall position with the assurance framework and risk register.

Organisational Objective	Risk Area	Risk Owner (Executive)	Main responsible committee	Risk Manager	Title of risk	Number of risks on risk register for this area	Date of last update	Updated Likelihood Score	Updated Impact Score	Updated net Score	T Value (Treat, Tolerate, Terminate or Transfer)	If "Treat", set target score at which risk can be tolerated or terminated	If "Treat" set date by which target score will be achieved	Trend	Comments	April 2014	July 2014	Sept 2014	Oct 2014	December 2015	Feb 2015
Clinical Priority 1: Maximise integration of community and primary care based services with a focus on frail older people and those with LTC	Delivery	Chief Op Officer	Quality	Helen Cook	Failure to integrate services for key vulnerable groups		12/02/2015	5	3	15	Treat	8	31/03/2015	Static	Delivery dashboard shows that only 20% of projects are forecast to have been achieved and 80% are not assessed in Q4; first three quarters achievement patchy, therefore move likelihood of non-achievement to 5 giving a net score of 15.	15	15	15	12	15	15
Clinical Priority 2: Provide elective and non-urgent care, specifically primary care, care closer to home and improve patient choice	Delivery	Dir of Comm and Strategy	Quality	Phillipa Marden	Failure to provide appropriate access to non-urgent and elective care		12/02/2015	4	4	16	Treat	8	30/03/2015	Static	Mixed evidence of achievement against projects in this area. Score unchanged since last period.	15	15	16	16	16	16
Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Access	Dir of Comm and Strategy	Quality	Tom Elwick	Failure to provide access to urgent care		12/02/2015	3	3	9	Treat	6	31/03/2015	Static	A&E performance remains good comparative to London and the rest of the country. Financial dispute re Ambulatory Care Unit baseline now resolved.	12	12	12	12	9	9
Clinical Priority 4: Enhanced Support for End of Life Care Patients	Patient Experience	Chief Op Officer	Quality	TBC	Failure to improve the end of life care experience		12/02/2015	2	4	8	Tolerate	8	31/03/2015	Static	Likelihood of failure reduced to a 2 in December as the delivery dashboard shows a high level of achievement, net score therefore hits tolerance.	12	12	12	12	8	8

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Clinical Priority 5: Improve experience of Children's and maternity services	Patient Experience	Dir of Comm and Strategy	Quality	TBC	Failure to improve maternity and children's Services		12/02/2015	2	4	8	Treat	6	31/03/2015	Static	Delivery dashboard shows a high level of achievement, net score therefore now just outside tolerance.	12	12	12	12	8	8
Clinical Priority 6: Improving patient experience and parity of esteem for people with Mental Health and Learning Disabilities (including Dementia)	Patient Experience	Chief Op Officer	Quality	Peter Wade	Failure to improve mental health and learning disability services		12/02/2015	3	4	12	Treat	9	31/03/2015	Static	The emotional wellbeing and mental health strategy is now agreed - the CCG can expect positive impact over time as benefits realised. However there are issues with investment expectations in the FYFW that represent a local challenge.	16	16	16	12	12	12
Non-clinical priority 1: Implement agreed strategies	Strategy	Dir of Comm and Strategy	Executive	Dir of Comm and Strategy	Failure of strategy		12/02/2015	4	4	16	Treat	9	31/03/2015	Static	Deteriorating as the impact of financial recovery, the review of community hospitals and primary care commissioning indicate that existing strategies need to be reshaped to address the new local agenda.	12	12	12	12	12	16

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Non-clinical priority 2: Improve quality and performance of commissioned services	Quality and Performance	Chief Officer	Quality	Eileen Clark	Quality of commissioned services		12/02/2015	3	4	12	Treat	8	31/03/2015	Static	Loss of quality premium has been a significant issue as is continued SECamb performance but in broad terms targets are being met. Work being done with AQP suppliers and Quality Improvement Strategy	12	12	12	12	12	12
Non-clinical priority 3: Develop the organisation	Organisational Development	Chief Officer	RNHR	TBC	The organisation does not change in ways that deliver the organisation's objectives		12/02/2015	4	4	16	Treat	8	31/03/2015	Static	Score maintained at 16 as there are significant issues with staff turnover, and a need to review OD in light of financial recovery and primary care commissioning.	12	12	12	12	16	16
Non-clinical priority 4: Achieve financial balance	Finance	Chief Fin Officer	Executive	Dan Brown	Achieving financial balance		12/02/2015	5	4	20	Treat	4	31/03/2015	Static	Significant deficit (>£11m) now forecast for 2014/15. The CCG is in discussions with NHS England on a phased recovery plan that is based on transforming the local health economy with partners.	16	16	16	16	20	20



Title of risk	Status	Risk Area	Executive Risk Owner	Risk Manager	Main responsible committee	Relevant Assurance Framework Area	Risk Description: "There is a risk that..."	Date of latest scoring	Likelihood Score	Impact Score	Revised Net Score	Trend (change since last Governing Body report)	T Value (Treat, Tolerate, Terminate or Transfer)	If "Treat", set target score at which risk can be tolerated or terminated	If "Treat" set date by which target score will be achieved	Comments
Financial Recovery Plan	Awaiting approval	Finance	Chief Fin Officer	Mknight	Executive	10 Financial Balance	Over the lifetime of the recovery plan, there is a risk that the individual programmes will not be sufficient to address the overall deficit	09/02/2015	3	5	15	N/A	Treat	4	31/03/2018	Discussions in hand with NHSE England and extensive feedback from Deloitte on potential areas for development., Draft recovery plan in place.
Tariff changes	Awaiting approval	Finance	Dir of Comm	Dbrown	Executive	10 Financial Balance	Tariff changes at national level will add to financial recovery requirements	09/02/2015	4	3	12	N/A	Tolerate	N/A		Awaiting outcomes of national discussions
Primary Care and Co-Commissioning	Awaiting approval	Commissioning	Chief Op Officer	Jwilmshurst-Smith	PCC	7 Strategy	It may not be possible to exploit co-commissioning with NHS England to the required extent	09/02/2015	4	3	12	N/A	Tolerate	N/A		Awaiting outcomes of bid for co-commissioning status with NHS England. Indications are this will be linked to the CCG having agreed financial recovery plans in place.
Provider development	Awaiting approval	Commissioning	Dir of Comm and Strat	Jblythe	Executive	7 Strategy	Providers, particularly community services and primary care networks, may not develop sufficiently to deliver the CCG's strategy	09/02/2015	4	4	16	N/A	Treat	8	31/03/2016	Awaiting outcome of Vanguard bid; also programme of work in place with primary care and with community providers
Risk to child safeguarding	Open	Quality	Chief Op Officer	EClark	Quality	5 Children and Maternity	Child safeguarding arrangements will not be adequate	16/01/2015	1	4	4	Improving	Tolerate	N/A		Minor improvement since last update net score down from 6 to 4. CQC inspection of looked after children's services has given positive assurance for NHS although final report awaited. Safeguarding board is now well established.
Specialist Equipment in the community	Open	Quality	Chief Op Officer	EClark	Quality	8 Quality and Performance	The CCG is not assured that certain historically provided specialist equipment being used by healthcare staff in the community is fit for purpose.	16/01/2015	3	3	9	Static	Tolerate	N/A		Needs discussion with providers, starting with CSH. Work ongoing. Constrained by capacity in quality team. Change to 'tolerate' because we are not able to directly influence the situation but are assured that the current process for equipment going forward is robust.
Catastrophic Provider failure	Open	Quality	Dir of Comm and Strat	EClark	Quality	8 Quality and Performance	An unexpected clinical failure of a Provider takes place that reveals and is attributable to either a lack of early warning systems or cultural issues within the organisation that conceal significant quality issues.	16/01/2015	2	4	8	Static	Tolerate	N/A		No change to net score. Main concerns are with care homes rather than big suppliers. Processes for early warnings are now improved and support a rapid response where needed.16.01.15 update - remain as 'tolerate' no change to score but create a new risk around quality in care homes.

Infection Control	Open	Quality	Dir of Comm and Strat	EClark	Quality	8 Quality and Performance	Significant failings with commissioned services in relation to Health Care Acquired Infection	16/01/2015	4	3	12	Static	Treat	6	31/03/2015	Development of risk plan was put back from July to August, has now been further delayed due to capacity in the quality team and deficits in infection prevention and control expertise across Surrey. CCG is now awaiting the outcome of collaborative work to identify effective ways to share capacity and resource across Surrey before proceeding. Operational risk around not completing CDiff RCAs therefore risk remains high.
Safeguarding Adults	Open	Quality	Chief Op Officer	EClark	Quality	8 Quality and Performance	Potential for preventable harm to Surrey Downs (and Surrey) residents and patients due to lack of clarity over adult safeguarding roles and resources	16/01/2015	2	4	8	Static	Tolerate	N/A		Minor net improvement in score from 9 to 8 - safeguarding processes felt to be now more embedded. 16.01.15 - no change to score
Care home failures	Open	Quality	Chief Op Officer	EClark	Quality	8 Quality and Performance	Potential for residential and nursing homes in the local area to experience difficulties and / or fail.	16/01/2015	4	2	8	Static	Tolerate	N/A		This is an ongoing risk which may escalate dependent on the development of the wider market for care homes.
Quality of care in Care Homes	Awaiting approval	Quality	Chief Op Officer	EClark	Quality	8 Quality and Performance	The nursing care provided in care homes and care homes with nursing in Surrey Downs (and Surrey) is not of a suitable standard to ensure the safety and well-being of residents	16/01/2015	4	3	12	N/A	Treat	6	31/03/2015	16.01.15 new risk around the general concern about the quality of care in care homes.
Failure to achieve quality premium	Open	Finance	Dir of Comm and Strat	EClark	Quality	8 Quality and Performance	Quality premium payments are directly linked to achievement of supplier standards and targets and CCGs are effectively penalised for not achieving these	16/01/2015	4	4	16	Static	Tolerate	N/A		Quality premium lost in 14/15 - Discussed in quality committee and in Exec - outside possibility of some rebate. To be renewed from 1st April
Major incident preparedness	Open	EPRR	Chief Op Officer	Jperrot	Executive	Other / operational	Risk that Surrey Downs CCG will be unable to discharge its responsibilities as a Category 2 responder in the event of a Major Incident or surge in demand, and will not have generally robust on-call arrangements	05/02/2015	3	5	15	Static	Treat	10	02/01/2015	Net score unchanged. No significant development this quarter. Recent staff turnover will mean requirement for additional training in Q1 of 2015/16
Potential failure of Information Governance	Open	Information Governance	Chief Fin Officer	JDix	Executive	Other / operational	Surrey Downs CCG will be adversely affected by failure to meet high standards of information governance (NHS IG Toolkit)	05/02/2015	4	3	12	Static	Treat	4	31/03/2015	A large number of people have still not completed their IG training with six weeks to go to complete IG toolkit. Strategic directives put greater emphasis on information sharing in future. IG steering group first met 06/02/15 and agreed reporting arrangements and actions to ensure staff complete training.

Equality Duty	Open	Corporate	Chief Op Officer	Unawaz	Executive	9 Organisational Development	Risk that Surrey Downs CCG will fail to comply with the 2010 Equality Act and face regulatory action	05/02/2015	2	4	8	Improving	Tolerate	N/A	31/03/2015	Draft annual report published - programme of work planned for 2015/16 - score reduced from 3x4 to 2x4 but will need to be revisited in the autumn if the CCG cannot demonstrate that it has made progress e.g. with EDS2. Recommend tolerating risk at this level until next review.
Business continuity	Open	EPRR	Chief Op Officer	JPerrot	Executive	Other / operational	Inadequate business continuity plans will mean that the CCG is incapable of functioning or that there will be an extended recovery time before normal service is resumed.	05/02/2015	3	4	12	Static	Treat	8	30/11/2015	Net score unchanged. Business continuity policy and plans approved by Exec 27/01/15. Heads of service briefed on need for robust approach to business continuity during the winter period. Target score amended from 6 to 8 to reflect practical difficulties of eliminating this risk given Cedar Court flood plain location.
Information Security Issues in South CSU	Open	Information Governance	Chief Op Officer	JDix	Executive	Other / operational	Weaknesses may exist in the CCG's IT Security that could impact on CCG networks and data	05/02/2015	4	3	12	Static	Tolerate	N/A		Assurance on information security to be sought from new CSU. Holding this risk until end of March when new CSU have taken over full responsibility for network. Net scored not changed but T score revised to "Tolerate"
Risks arising from transfer of CSS	Open	Corporate	Chief Fin Officer	Jwilshurst-Smith	Executive	9 Organisational Development	Business critical services will fail / under-perform during the transition to a new Commissioning Support Service	09/02/2015	1	3	3	Static	Tolerate	N/A		All Commissioning services have transitioned to SECSU or CCG from SCSU other than ICT which is due to transition by Qtr1 2015. Only remaining issue is to finalise SLA.
Constitution	Open	Corporate	Chief Fin Officer	JDix	Executive	9 Organisational Development	Risk of the constitution not being fit for purpose	05/02/2015	3	4	12	Static	Tolerate	N/A		Likelihood and impact scores reversed - no change to net score but uncertainties remain over constitutional changes required as a result of national changes on delegation and co-Commissioning. Whilst these should be achieved they are acknowledged nationally as high risk.
Committee effectiveness	Open	Corporate	Chief Fin Officer	JDix	Audit	Other / operational	Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	05/02/2015	4	3	12	Deteriorating	Treat	8	31/03/2015	Full review of scheme of delegation and committee terms of reference largely completed. A self-assessment tool is also being developed to help committees and the GB assess effectiveness. This should be rolled out in the final quarter and provide benchmark measures for future years. Also ITT for external facilitation being agreed. However, work by Deloitte highlights the need for a committee that focuses on finance and performance. Target date for achievement now end of March.
CHC impact on Financial balance in 2014-15	Open	Finance	Chief Fin Officer	Dbrown	Executive	10 Financial Balance	Risk that SDCCG inherits an unforeseen deficit as a result of the ongoing issues and risks around historic (i.e. pre April 2013) CHC retrospective claims	09/02/2015	3	3	9	Static	Tolerate	N/A	01/04/2015	No change in net score. £800k rebate received for this financial year. Further costs likely in both 15/16 and 16/17
Patient Group Directions	Awaiting closure	Medicines Management	Dir of Comm and Strat	Ksolomons	Executive	8 Quality and Performance	Risk that Patient Group Directions that have expired following the transition period will not be subject to proper governance	05/02/2015	2	3	6	Static	Tolerate	N/A		Area Team are now signing the nationally commission PGDs - there are a small number of remaining ones which are being chased up. Can now be closed.
Homecare medicines safety	Open	Medicines Management	Dir of Comm and Strat	Voverland	Executive	8 Quality and Performance	Risk that community patients may not receive a safe service in specific clinical areas.	05/02/2015	4	3	12	Static	Tolerate	N/A		Reviewed Feb 2015 - no change - national meeting on this issue in December may be further update. No gaps in assurance from providers since last report - providers have provided required assurance and are working with homecare companies but this does remain a risk that needs to be kept under review.

Secamb Cat A Performance	Open	Performance	Dir of Comm and Strat	Mwu	Quality	3 Urgent Care	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Category A response times.	05/02/2015	4	3	12	Static	Tolerate	N/A	31/03/2015	Red 1 (defib required) is being met Red 2 all (other) is not being met. A review of harm to patients where standards not met is done and an analysis of this is being discussed at quality committee. No further actions possible whilst outcomes of host commissioner actions is awaited.
SECAMB Patients transport	Open	Performance	Dir of Comm and Strat	Hcook	Quality	8 Quality and Performance	Risk that SECAMB cannot recover existing poor performance and sustain acceptable performance in relation to Patient Transport response times.	05/02/2015	3	3	9	Static	Tolerate	N/A		Performance has improved marginally. This service is now being reproced but a one year extension is being negotiated to give more time to do this properly. SCC have led a Surrey wide model to develop a future specification and will lead on this with a procurement plan. Tolerance set at current level pending completion of procurement. Trust continues to try and improve operational performance.
Capacity and surge planning	Open	Service Redesign	Dir of Comm and Strat	T Elwick	Executive	Other / operational	There is a risk of potential failures of service quality, financial stability, or business continuity that impact on patients and may cause harm if periods when there is a surge in demand (such as winter, heatwaves or during a pandemic) are not adequately planned for.	05/02/2015	3	4	12	Static	Treat	12	31/12/2015	Significant issues since last report but system as a whole continues to cope well. Remains a significant risk. Teleconferences with Area Team continue and linked closely to monitoring of performance.
GP IT infrastructure	Open	Service Redesign	Chief Op Officer	Jwilmsurst-Smith	Executive	Other / operational	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	29/11/2014	2	3	6	Improving	Tolerate	N/A		Risk not material at this stage - will need to be re-assessed early in 2015/16 financial year. Existing programme is being rolled out, new capital allocation will be known early next year. New position is that all equipment will be no more than five years old as a result of technology refresh.
Continuing Care Retrospective Reviews team capacity	Open	Continuing Health Care	Chief Op Officer	LHart	Executive	1 Integration of care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments and payments	06/02/2015	3	4	12	Improving	Treat	9	31/12/2015	Retrospective reviews being managed by CHC Direct - on target to deliver planned milestones by end of 2015.
Failure to deliver CHC assessments within nationally mandated timescales	Open	Continuing Health Care	Chief Op Officer	LHart	Executive	1 Integration of care	Risk that the nature and scale of normal continuing care applications cannot be managed	06/02/2015	4	4	16	Deteriorating	Treat	8	30/09/2015	New process, team structure involving significant change implemented on January 5th has caused disruption to substantive and agency resource but this is expected to recover rapidly following period of change.
EDICS - contractual arbitration	Open	Contracting	Chief Fin Officer	O Wilson	Audit	10 Financial Balance	Suffering a financial and reputational loss as a result of the determination of costs relating to EDICS	09/02/2015	4	3	12	Static	Tolerate	N/A		No change. Still in arbitration process.
Contract sign off	Open	Contracting	Chief Fin Officer	O Wilson	Executive	Other / operational	There is a failure to sign off 2014/15 contracts and their associated CQUINs	09/02/2015	3	3	9	Improving	Treat	4	31/03/2015	Epsom contract signed off, with mediation. AQP contract position is stronger than previously. Majority of contracts are signed or close to being signed. Target date revised mainly due to Epsom process.
Contract planning cycle	Open	Contracting	Chief Fin Officer	O Wilson	Executive	Other / operational	The 2014/15 Annual Contract planning and monitoring cycle is poorly managed	09/02/2015	4	3	12	Static	Treat	4	31/03/2015	No change in net score. Transition to new CSU arrangements is a major mitigating action but also a source of risk.
Contract database	Open	Contracting	Chief Fin Officer	O Wilson	Executive	Other / operational	The contact database fails to adequately capture all contracts and aligned payments	09/02/2015	3	3	9	Improving	Treat	4	05/09/2015	Database now functioning but needs to be monitored in use before further review of this risk and risk score.

Failure to achieve 2014-15 QIPP - impact on Financial balance in 2014-15	Open	Finance	Chief Fin Officer	Dbrown	Executive	10 Financial Balance	Risk that the CCG cannot deliver QIPP schemes of sufficient value to support achievement of financial balance	09/02/2015	5	4	20	Static	Treat	8	31/03/2015	No change in net score but likelihood and impact reversed to reflect actual situation.
Destruction of old IT Equipment	Open	Corporate	Chief Op Officer	JPerrot	Executive	Other / operational	Risk that old equipment will not be properly disposed of resulting in a data loss	05/02/2015	3	3	9	Static	Treat	2	31/01/2015	Actions from IG steering group on 06/02/15 relating to this and disposal of old mobile (blackberry) handsets. Should be capable of resolution before the end of the financial year.
Failure to control the acute portfolio - impact on Financial balance in 2014-15	Open	Finance	Dir of Comm and Strat	Dbrown	Executive	10 Financial Balance	Risk that acute hospital spend cannot be controlled leading to significant a year end deficit	09/02/2015	5	4	20	Static	Treat	8	31/03/2016	Net score unchanged. Risk now rolled over into 2015/16. Acute over-activity is now a significant contributor to CCG financial position and a recovery plan is being put in place for 2015/16 as this is the major factor in the CCG's ability to continue as a going concern.
Failure to control prescribing costs - impact on Financial balance in 2015/16	Open	Finance	Chief Fin Officer	Dbrown	Executive	10 Financial Balance	Risk that prescribing spend cannot be controlled leading to significant a year end deficit	09/02/2015	2	3	6	Improving	Tolerate	N/A	28/02/2015	Current reports indicate that prescribing costs are under control. To be monitored in final quarter. Net score reduced from 9 to 6 (now within tolerance).
Cancer wait 62 days	Awaiting approval	Performance	Dir of Comm and Strat	MWu	Executive	8 Quality and Performance	Risk of not meeting 62 day cancer performance target	05/02/2015	4	3	12	Static	Treat	4	30/06/2015	Cancer Transformation Team has been on site and producing recommendations which will be available shortly. Various actions in place in line with this work. These affect specific pathways and involve the pathway between Epsom and the tertiary provider. Any patient who breaches 100 days should be subject to an RCA and any 62 day breach subject to an investigation.
Impact of transfer of specialist commissioning liability on Financial balance in 2014-15	Open	Finance	Chief Fin Officer	Dbrown	Executive	10 Financial Balance	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total	09/02/2015	5	4	20	Static	Tolerate	N/A		Net score unchanged. Risk is real circa £4.7m in year. T score changed to tolerate as this risk in practical terms is not capable of mitigation as the CCG has no influence over the central allocation of the liability.
Individual Funding Request service	Awaiting approval	Quality	Chief Op Officer	EClark	Executive	8 Quality and Performance	The service could fail in its responsibilities for providing a service on behalf of the Surrey CCGs and two Sussex CCGs and to patients making applications through the service.	27/01/2015	3	3	9	Static	Treat	6	31/03/2015	26.01.15 This is a new risk which addresses a problem that has been ongoing for over a year.