Title of paper:	Assurance Framework and Risk Register		
Author:	Justin Dix, Governing Body Secretary		
Exec Lead:	Matthew Knight, Chief Finance Officer		
Date:	10th July 2015		
Meeting:	Governing Body		
Agenda item:	15	**Attachment:**	12
For:	Information		

Executive Summary:

Risk Register

The organisation continues to carry a range of risks relating to its strategic objectives and its day to day operations. There have been no significant changes in the overall quantum of risk since the last Governing Body Meeting. The following are however of note.

- There has been a thorough review of the risk relating to how the PMO manages QIPP projects. Governing body members are asked to note the narrative relating to this risk which makes it clear that there will be a critical period in the autumn for re-assessment of delivery against projects.

- A new risk has been added on immunisation training in General Practice which is being monitored by the quality team. There are some gaps in assurance and the need for long term training in this area.

- Stroke services remain a significant risk and the Governing Body has been extensively briefed on this. A separate paper sets out the proposals to establish a Committee In Common to take forward the change process in this area.

- Due to long term sickness the CCG currently lacks capacity in the area of Emergency Preparedness, Resilience and Response (EPRR). Internal support is being provided but there will be a need to complete NHS England Assurance Processes and review business continuity arrangements in the autumn that will make this a priority.

- Equality duty is currently under-resourced but a new post holder is expected to start during the summer.

- As a result of the Ofsted report on Children's services in Surrey the risk relating to child safeguarding has been raised slightly (although still only amber) whilst the position relating to NHS support to looked after children is reviewed.

- The risk around Information Governance has been raised whilst work is undertaken on addressing issues raised by the IG audit and by the need to ensure that some transformation projects have full privacy impact assessments undertaken. This is expected to be mitigated within three to four months.

- It is recommended that the risk on Primary Care Co-Commissioning is terminated as the CCG is not proceeding with developments at this stage.

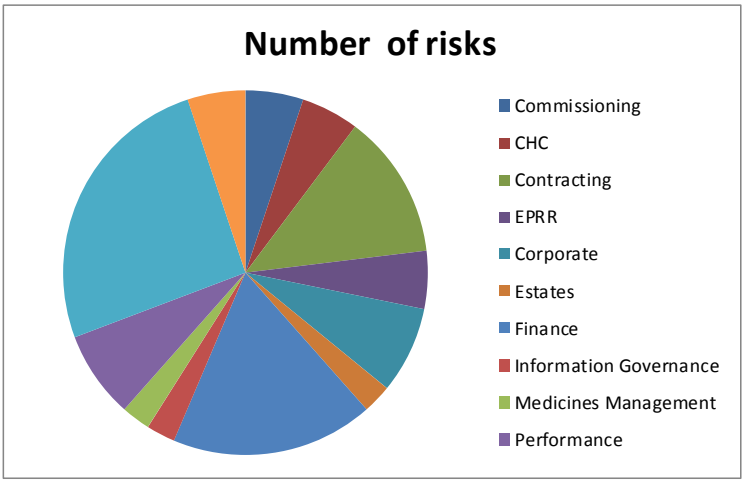
- It is also recommended that the risk relating to EDICs is closed as this matter has achieved resolution.

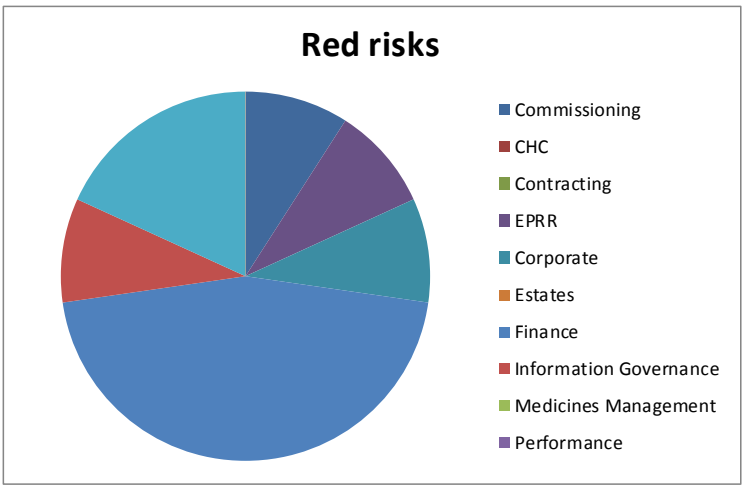
Analysis of risk

An analysis of risk is given below. This has not changed significantly since last period.

A small number of risks have not been reviewed due to difficulties with meeting with risk owners, however these are not significant and will be updated before the next period.

Risks by category	Number of risks	Red risks	
Commissioning	**2**	**1**	Provider development
CHC	2	0	
Contracting	5	0	
EPRR	2	1	Major incident plans not fit for purpose
Corporate	3	1	Risk of constitution not being fit for purpose
Estates	1	0	
Finance	7	5	FRP delivery; QP payments; QIPP; acute hospital activity; specialised commisioning
Information Governance	1	1	Remedial action following IG Audit
Medicines Management	1	0	
Performance	3	0	
Quality	10	2	CSH staffing; Epsom stroke performance
Service Redesign	2	0	
Total	37	10	





Assurance Framework

There is no change in the assurance framework at this stage, however there will be changes by the time of the next Governing Body as there will be more than one quarter's data to draw on.

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 seven risks have a quality or patient safety component
Financial implications	Eight of the thirty seven risks have a finance component
Conflicts of interest	No significant issues
Information Governance	One of the risks has an information governance component
Equality and Diversity	There is one risk relating to equality duty
Any other legal or compliance issues	None
Accompanying papers (please list): The full risk register and assurance framework have been circulated separately to Governing Body Members	
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.	

Title of risk	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	Actions and Comments
Projects to support the Financial Recovery Plan	Over the lifetime of the recovery plan, there is a risk that the individual programmes will not be sufficient to address the overall deficit	16/06/2015	3	5	**15**	**Static**	Treat	4	31/03/2018	Recommended for closure as overlaps with SDRR44 (achievement of QIPP)
Staffing in CSH Surrey	Difficulties with staffing in key areas will seriously affect CSH Surrey's Business Continuity arrangements and their ability to deliver services	08/06/2015	4	4	**16**	**N/A**	Treat	8	30/09/2015	Risk identified in quality committee following concerns about workforce issues in specific areas. Being managed by provider as first line of defence but has strategic impact on i.e. review of community hospitals.
Stroke services	Risk that poor performance at Epsom will continue and that there will be delays in resolving Surrey wide issues with designating specialist sites.	24/06/2015	4	4	**16**	**Static**	Treat	4	31/03/2016	Aim is to make stroke pathway an essential element of the integrated care model, so is part of wider system reform as well as being a current performance issue.
Tariff changes	Tariff changes at national level will add to financial recovery requirements	03/06/2015	3	3	**9**	**Improving**	Tolerate	N/A		There are now good controls in place on the outcome of tariff concerns i.e. these have been factored into contract baselines for the year. Downrate risk to 3x3 and keep impact of Monitor scrutiny of tariffs under review.
Primary Care and Co-Commissioning	It may not be possible to exploit co-commissioning with NHS England to the required extent	26/06/2015	4	3	**12**	**Static**	Terminate	N/A		Recommend this risk is terminated as no plans to proceed at present. New risk when appropriate.

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Provider development	Providers, particularly community services and primary care networks, may not develop sufficiently to deliver the CCG's strategy	09/04/2015	4	4	**16**	**Static**	Treat	8	31/03/2016	This remains high risk as the CCG was unsuccessful with its Vanguard bid although has been successful with the Prime MInisters Challenge Fund bid for Epsom. The aim is to proceed with providers responding to agreed changes in pathways, which will benefit patients and support financial recovery. Investment will be needed to realise this.
Risk to child safeguarding	Child safeguarding arrangements will not be adequate	08/06/2015	2	4	**8**	**Deteriorating**	Tolerate	N/A		Ofsted / CQC report although not highlighting major issues with NHS does mean that there are significant assurance risks in interagency working.
Transfer of chemotherapy commissioning	Proposed transfer of chemotherapy commissioning to CCGs will not be clinically and / or financially safe	06/02/2015	3	5	**15**	**Static**	Treat	5	31/12/2015	Reviewed 28/11/14 no further information available from centre. Phased transition over two financial years - significant overspend with an 8% cost pressure year on year (this is 23% of total specialised Comm growth risk). No further meetings planned - awaiting further advice from NHSE. Unlikely to be any change this side of the general election.
Specialist Equipment in the community	The CCG is not assured that certain historically provided specialist equipment being used by healthcare staff in the community is fit for purpose.	08/06/2015	3	3	**9**	**Static**	Tolerate	N/A		Risk is 'tolerated' because we are not able to directly influence the situation but are assured that the current process for equipment going forward is robust. Providers offer first line of defence agtainst potential incidents occurring.
Catastrophic Provider failure	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 and / or patient safety issues.	08/06/2015	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.

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Infection Control	Significant failings with occur in commissioned services in relation to Health Care Acquired Infection	08/06/2015	4	3	**12**	**Static**	Treat	6	31/03/2016	CCG continues to work collaboratively acros Surrey to identify effective ways to share capacity and resource. Local targets failed for 2014/15 - Operational risk around 2015/16 remains high. Quality team seeking additional resource to work with providers on resolving issues. Need for 0.4 WTE Band 7 fed into capacity review, At the moment the lack of capacity in the quality team means that it is not possible to close the gap between the current and target scores.
Safeguarding Adults	Potential for preventable harm to Surrey Downs (and Surrey) residents and patients due to lack of resource and capacity in relation to adult safeguarding - specifically commissioners' ability to scrutinise suppliers systems and receive adequate assurance.	08/06/2015	1	4	**4**	**Static**	Tolerate	N/A		There is a health sub group meeting regularly to look at Adult Safeguarding. Recommended this risk should be on the risk registerof the Surrey CCG collaborative.
Care home failures	Potential for residential and nursing homes in the local area to experience difficulties and / or fail.	08/06/2015	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. Reviewed in care homes forum.

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Quality of care in Care Homes	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	08/06/2015	4	3	**12**	**Static**	Treat	6	31/03/2015	Ongoing review and monitoring at this stage with escalation around in dividual homes where there are identified concerns.
Failure to achieve quality premium	Quality premium payments are directly linked to achievement of supplier standards and targets and CCGs are effectively penalised for not achieving these	08/06/2015	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. Risk has been renewed from 1st April for new financial year.
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	26/06/2015	3	5	**15**	**Static**	Treat	10	02/01/2015	Due to long term sickness the CCG currently lacks capacity in the area of Emergency Preparedness, Resilience and Response (EPRR). Internal support is being provided but there will be a need to complete NHS England Assurance Processes and review business continuity arrangements in the autumn that will make this a priority.
Potential failure of Information Governance	Surrey Downs CCG will be adversely affected by failure to meet high standards of information governance (NHS IG Toolkit)	23/06/2015	2	4	**8**	**Deteriorating**	Tolerate	4		IG Toolkit self assessment for 2014/15 was at level 2 for second year running. IG steering group now in place. However some issues arising from IG audit and internal capacity being reviewed and some risks associated privacy impact of transformation projects. Interim additional capacity has been bought in to ensure that there is robust preparation for completing the 2015/16 IG Toolkit submission. Risk escalated slightly whilst these issues worked through.

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Equality Duty	Risk that Surrey Downs CCG will fail to comply with the 2010 Equality Act and face regulatory action	23/06/2015	3	4	**12**	**Deteriorating**	Tolerate	N/A	31/03/2015	No progress due to lack of an equality lead in comms team - risk will need to be revisited in the autumn if the CCG cannot demonstrate that it has made progress e.g. with EDS2. Recommend continue tolerating risk at this level until next review. New Patient Engagement manager due to start during SUmmer which is key post in moving these issues forward. Risk raised slightly due to timescales becoming more critical.
Business continuity	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.	26/06/2015	2	4	**8**	**Static**	Tolerate	8	30/11/2015	Due to long term sickness the CCG currently lacks capacity in the area of business continuity - arrangements wil need to be put in place in the autumn to address this.
Risks arising from transfer of CSS	Business critical services will fail / under-perform during the transition to a new Commissioning Support Service	26/06/2015	1	3	**3**	**Static**	Tolerate	N/A		Recommended for closure as CSS transfer complete.
Constitution	Risk of the constitution not being fit for purpose	23/06/2015	4	4	**16**	**Static**	Treat	N/A	31/07/2015	There is a heightened short term risk whilst the CCG introduces new governance structures which means that these need to be incorporated into a revised constitution for submission to NHS England. It is expected that this risk will be mitigated substantially over the next few weeks as the outcomes of the governing body evaluation and the capacity review are clarified. Operationally the issues are being managed and roles are clear.
Governing Body and Committee effectiveness	The Governing Body and Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	26/06/2015	4	3	**12**	**Static**	Treat	8	31/07/2015	Full review of scheme of delegation and committee terms of reference largely completed. Analysis of results from self-assessment tool completed to help committees and the GB assess effectiveness. Externally facilitated Governing Body review due to report in early August.

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CHC Retrospective claims impact on Financial balance in 215/16	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	03/06/2015	1	3	**3**	**Improving**	Tolerate	N/A	01/04/2016	There are now risk pooling arrangements in place (and there was an underspend in 2014/15).
Homecare medicines safety	Risk that community patients may not receive a safe service in specific clinical areas.	09/04/2015	4	3	**12**	**Static**	Tolerate	N/A		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	Risk that SECAMB cannot ensure acceptable performance in relation to Category A response times.	25/06/2015	4	3	**12**	**Static**	Tolerate	N/A	31/03/2016	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	Risk that SECAMB cannot achieve acceptable performance in relation to Patient Transport response times.	09/06/2015	3	3	**9**	**Static**	Tolerate	N/A		Performance has improved marginally. This service is now being reprocured 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	There is a risk of potential failures of service quality, financial stability, or business continuity that impact on patients and may cause harm in periods when there is a surge in demand (such as winter, heatwaves or during a pandemic) are not adequately planned for.	24/06/2015	2	4	**8**	**Improving**	Treat	8	31/12/2015	Currently risk reduced as system working relatively well as a result of seasonal trends, other than some emerging issues in the Kingston area. System resillience planning and associated bids already being worked on in preparation for Winter 2015/16.

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GP IT infrastructure	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	26/06/2015	2	3	**6**	**Static**	Tolerate	N/A		CCG submitted capital bids to NHS England in January 2015 to maintain existing systems at an appropriate level of obscolesence - formal outcome of this still awaited.
Continuing Care Retrospective Reviews (Previously Unassessed Periods of Care) team capacity	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments	26/04/2015	3	4	**12**	**Static**	Treat	9	31/12/2015	CHC Management are preparing a delivery plan for a procurements to adress the remainding issues.
Failure to deliver CHC assessments within nationally mandated timescales	Risk that the nature and scale of normal continuing care applications cannot be managed	26/04/2015	3	4	**12**	**Static**	Treat	8	30/09/2015	NO change. Although the localities are at 80% the re are still issues in the hub team and the Previously Unallocated Periods Of Care (PUPOC) team.
EDICS - contractual arbitration	Suffering a financial and reputational loss as a result of the determination of costs relating to EDICs	08/04/2015	4	3	**12**	**Static**	Tolerate	N/A		In light of recent agreement, recommend this is closed.
Acute Contract and CQUIN sign off	There is a failure to sign off 2015/16 contracts and their associated CQUINs	03/06/2015	4	3	**12**	**Static**	Treat	4	31/05/2015	Risk renewed for 2015-16. Significant issues with national timetables and local ssurance related to the CCG's draft financial recovery plan which is under discussion with NHS England mean that contract sign off at this stage is likely to be subject to delay, however impact can be managed during the negotiation period in conjunction with providers.At end of May 61% of acute contracts were agreed representing 71% of payment volumes

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2016/17 Contract planning cycle	The 2016/17 Annual Contract planning and monitoring cycle is poorly managed	03/06/2015	3	4	**12**	**Static**	Treat	4	31/09/2015	CCG will aim to be ahead of timetable compared to previous years to successfully mnitigate this risk fully. Organisation wide review of capacity / OD plan aims to ensure there is adequate capacity in place.
Contract database	The contact database fails to adequately capture all contracts and aligned payments	03/06/2015	3	3	**9**	**Static**	Treat	4	05/09/2015	Database now functioning but community and smaller contracts needs to be monitored before further review of this risk and risk score.
Failure to achieve 2016-17 QIPP	Risk that the CCG cannot deliver QIPP schemes as agreed	16/06/2015	4	4	**16**	**Static**	Treat	8	30/09/2015	Evidence in first three months is that QIPP is having an impact in a number of areas, however finalised data still needs validation. Positive areas e.g. planned care QIPP need to be treated with some caution until there is clear evidence that momentum can be confirmed and sustained. Target date adjusted to end September as this will be a point at which forecasts can be confirmed and tied in to 2016/17 planning cycle.
Destruction of old IT Equipment	Risk that old equipment will not be properly disposed of resulting in a data loss	26/06/2015	1	4	**4**	**Static**	Treat	4	31/01/2015	Recommended for closure - all equipment destroyed and certicates of destruction provided.
Failure to control the acute contract portfolio - impact on Financial balance	Risk that acute hospital spend cannot be controlled leading to a significant year end deficit	03/06/2015	4	4	**16**	**Static**	Treat	8	31/03/2016	Net score unchanged. Acute over-activity has been a significant contributor to CCG's poorfinancial position and a recovery plan is t in place for 2015/16. Month 1 figures however show activity within expectations.
Failure to control prescribing costs - impact on Financial balance	Risk that prescribing spend cannot be controlled leading to a significant year end deficit	09/04/2015	2	3	**6**	**Static**	Tolerate	N/A	28/02/2015	To be monitored when quarter 1 data is available. Tolerate unless there are indications that risk is rising quarter on quarter.

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Cancer wait 62 days	Risk of not meeting 62 day cancer performance target	24/06/2015	4	3	**12**	**Static**	Treat	4	30/06/2015	Risk refreshed for 2015-16. Any patient who breaches 100 days should be subject to an RCA and any 62 day breach subject to an investigation. The trust's action plan is being updated and kept under review by the Quality Committee.
Impact of transfer of specialist commissioning liability on Financial balance	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total	03/06/2015	2	4	**8**	**Improving**	Tolerate	N/A		£4.7m has been incorporated into budgets for this year – . Future risks around specific areas e.g. morbid obesity and renal.
Community Contract and CQUIN sign off	There is a failure to sign off 2015/16 community contracts and their associated CQUINs	26/06/2015	4	3	**12**	**Static**	Treat	4	31/05/2015	Established workplan agreed with Executive lead. No change in risk score.

Organisational Objective	Risk Area	Risk Owner (Executive)	Risk Description: "There is a risk that…"	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	Apr-15	Jul-15	Sep-15	Nov-15	Jan-16	Mar-16
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	The CCG might not be able to integrate primary and community services (including CHC) for key vulnerable groups as an essential part of reforming local delivery.	26/06/2015	5	3	15	Treat	8	31/03/2015	Static	The integration agenda was difficult to progress during 2014-15 due to a lack of investment and dificulties in reconfiguring services. The CCG had planned to use the Vanguard Programme and Co-Commissioning of primary care but despite strong business cases these options are not currently open to the CCG. It is hoped that co-commissioning will be approved in future but there are no timescales at present. The CCG does have an agreed vision for integrated care with Epsom St Helier and CSH Surrey which needs investment and resourcing from alternative sources.	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	Insufficient pathways are reformed for this priority to be considered successful, or the providers and their associated workforce cannot be developed to sufficiently transform services.	26/06/2015	4	4	16	Treat	8	30/03/2015	Static	In line with clinical priority 1, this has been difficult to progress due to the difficulties in reconfiguring the system and creating investment for change. The CCG does have a clear vision for how to redesign care locally and this will be taken forward as part of the plan to develop a sustainable health economy. As above, greater influence over primary care will be key.	16	16				
Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Access	Dir of Comm and Strategy	Paqtients will default to emergency acute settings and that A&E will be overwhelmed	26/06/2015	3	2	6	Treat	6	31/03/2015	Static	Surrey Downs reisdents have enjoyed good access to urgent care with winter performance locally exceeding that of comparable systems, i.e. with A&E performance. System Resillience Groups have been effective in co-ordinating care between agencies and additional funds have been deployed effectively. The current score reflects this sucessful emergence from the winter period. This has however led to pressures on other clinical priorities specifically 1 and 2 above where the wider system and the conversion between urgent care and hospital admissions needs improvement.	6	6				
Clinical Priority 4: Enhanced Support for End of Life Care Patients	Patient Experience	Chief Op Officer	End of Life Care services will be inadequate and people will not be supported to die in their place of choice	26/06/2015	2	4	8	Tolerate	8	31/03/2015	Static	There has been steady improvement in end of liffe care as reflected in the scores but there remain issues with required software solutions and interagency working. There is a high level of integration with clionical priorities 1 and 2 in this respect and further progress will be dependent on wider system reform.	8	8				

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Clinical Priority 5: Improve experience of Children's and maternity services	Patient Experience	Dir of Comm and Strategy	Services will not be improved to best practice levels in key areas such as CAMHS, hospital and community paediatrics, and therapies for children	26/06/2015	2	3	6	Treat	6	31/03/2015	Static	There has been significant progress on children's services throughout the year and this is reflected in the current position. The CCG now has a very robust position on joint working with the leader commissionier and Surrey County Council. There are some limits to CAMHS investment which may emerge as a risk during 2015/16.	6	6				
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	People with mental health problems and learning disabilities will continue to be marginalised and lack proper access to service; MH may be regarded as lower priority than physical health	26/06/2015	3	4	12	Treat	9	31/03/2015	Static	Although a joint strategy for emotional health and wellbeing has been agreed, implementation of this will only take place in successive years. This is reflected in the improvement in scores during the year but the position is now unchanged at year end until strategies are operationalised. In addition there are national requirements for investment in mental health services which may not fit with local financial recovery and other priorities.	12	12				
Non-clinical priority 1: Implement agreed strategies	Strategy	Dir of Comm and Strategy	Failure to implement overarching strategies e.g. Out of Hospital Strategy, Quality Improvement Strategy	26/06/2015	4	4	16	Treat	9	31/03/2015	Static	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.	16	16				

Organisational Objective	Risk Area	Risk Owner (Executive)	Risk Description: "There is a risk that…"	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	Apr-15	Jul-15	Sep-15	Nov-15	Jan-16	Mar-16
Non-clinical priority 2:Improve quality and performance of commissioned services	Quality and Performance	Chief Officer	Quality and key targets for supplier performance do not improve or deteriorate	26/06/2015	3	4	12	Treat	8	31/03/2015	Static	In broad terms quality targets are being met although there are specific areas such as Healthcare Acquired Infection where there is ongoing work to resolve less tractable problems. Work is being done with AQP suppliers and the Quality Improvement Strategy continues to be developed.	12	12				
Non-clinical priority 3:Develop the organisation	Organisational Development	Chief Officer	Organisational Development will not keep pace with the demands of the CCG or its own stated aims and strategies	26/06/2015	4	4	16	Treat	8	31/03/2015	Static	An organisational development plan is currently being prepared by the Chief Operating Officer which will seek to address the changing focus of the organisation around financial recovery and systems transformation. This will include clinical leadership and the development of staff and the support requried from the CSU. This risk will remain significant until the CCG can demonstrate that the OD changes are having an impact on the CCG's ability to manage its priorities.	16	16				
Non-clinical priority 4:Achieve financial balance	Finance	Chief Fin Officer	The CCG fails to achieve financial balance or shifts the impact into one or more subsequent financial years	26/06/2015	5	4	20	Treat	4	31/03/2015	Static	The CCG ended 2014/15 with a significant deficit circa £10.5m. As a result the CCG is in discussions with NHS England on a phased recovery plan that is based on transforming the local health economy with partners. The control total for 2015/16 has yet to be finalised with NHS England. The risk will be to failure to achieve the agreed figure for this year rather than financial balance as such which will be achieved over the longer period.	20	20				