NHS
Surrey Downs
Clinical Commissioning Group

Title of paper:	Governing Body Assurance Framework and Risk Register
Author name and job title:	Justin Dix, Governing Body Secretary
Date of paper:	16th September 2015
Exec Lead:	Matthew Knight, Chief Finance Officer
Meeting name and date:	Governing Body 25th September 2015
Agenda item & attachment number:	Agenda Item 17 Attachment 11
Attachments – please list or state "none"	Extract from Governing Body Assurance Framework Extract from Risk Register

Purpose of Paper (tick one only):	
For information only (to note)	
Requires discussion and Feedback	✓
For decision	

Improving care together across Surrey Downs

Executive Summary:

Overall position

There is a significant programme of organisational development planned for Quarter 3. This is aimed at creating better structures for managing both strategy and financial recovery. In the short term this does bring more risk attached to it, but the expectation is that this will reduce significantly in Quarter 4. The assurance framework therefore shows some deterioration of a short term nature only.

The risk register is broadly unchanged with a spread of risk which is being operationally managed by Heads of Service. However the PMO has developed an extensive risk register specifically relating to areas such as QIPP and financial recovery and these will need to be incorporated into the corporate risk register during the coming quarter.

In terms of developing greater maturity in the management of risk, the CCG has provided training to senior managers in September and further training is planned for early November. It is also hoped to progress implementation of Datix during Q3.

Risks to principal Objectives (Assurance Framework)

As set out above, there has been some short term deterioration whilst organisational developments take place. These are described in the actions and comments column in the attached report.

High risks on the Risk Register (Scoring 15 or above)

Currently these are:

- Major incident preparedness
- Ability to achieve 2016-17 QIPP targets
- Ability to control the acute contract portfolio
- Stroke services
- Staffing in CSH Surrey
- Achievement of the quality premium
- Having an up to date constitution
- Provider development

Due to capacity issues the CCG is seeking support from the CSU for Emergency Preparedness, Resilience and Response (EPRR)

There has been a further review of the risk relating to QIPP projects. Governing body members are asked to note the updated narrative relating to this risk which shows that a QIPP re-profile and re-forecast has been undertaken and the CCC is now forecasting £9.8m delivery at year end against the original £12.8m target.

Acute contract management remains a high risk, and the CCG is now about to go into the winter period when demand led activity will need to be closely managed.

Stroke services are now subject to a joint approach between the six CCGs in Surrey. A separate report for the Governing Body sets out the work of the new Committee In Common to take forward the change process in this area. There remain local operational risks relating to Epsom Hospital.

Staffing in SCH Surrey is an ongoing risk but linked to overall service redesign

Achievement of the quality premium remains difficult and many of the factors are beyond the CCG's control.

As a result of recent reviews it is clear that the CCG's constitution will need to be significantly amended this autumn and therefore it remains a risk until this work is completed.

Provider development remains high risk for the reasons set out, but this is a key element of the CCG's approach to transformation in all areas.

It is recommended that the risk around tariff changes now be closed.

PMO risks – QIPP and financial recovery

The following risks have been highlighted in the recent Finance and Performance Committee as significant and likely to need incorporating into the risk register.

QIPP benefits will not be delivered due to unplanned increases in demand for services. The planned care team has commenced a programme to investigate the reasons for this unplanned growth and is developing a programme of work address these, the implementation of new care pathways as part of the service re-design programme will also have an impact on demand. The CCG is working also to ensure robust contract management processes are in place in order to be assured that the planned activity shifts are being made.

Community Hubs are not able to operate as effectively as possible as IT solutions for a single point of access are not in place to enable clinicians to have access across multiple IT clinical systems. The CCG is working closely with the CSU to develop an action plan to address the issues.

Development the business case with Epsom Hospital supporting Five Year Forward View new models of care may conflict and duplicate benefits with the Community Hub model. Further financial modelling has been undertaken to ensure there is no duplication of the financial benefits and plans are being developed to align operational working groups across both programmes.

Analysis of risk

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

Other developments

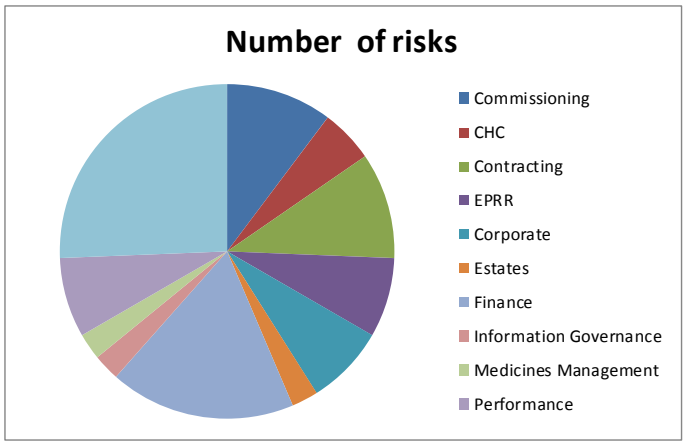
Training

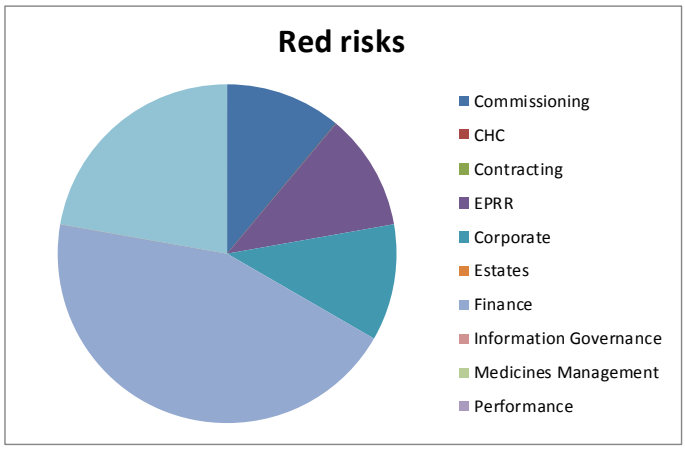
Three training sessions were held for band 7 and 8 staff in September. Further sessions are planned in October. These were highly practical and gave an overview of how risk is managed in the CCG and worked through three case studies.

Datix

Installation of the CCG's new Datix risk management database has been delayed for several months due to the CSU being unable to provide project management support and address basic technical requirements. Although a new project manager has been appointed there is still no project plan or timescale for go live in place.

Risks by category	Number of risks	Red risks	
Commissioning	**4**	**1**	Provider development
CHC	2	0	
Contracting	4	0	
EPRR	3	1	Major incident plans not fit for purpose
Corporate	3	1	Risk of constitution not being fit for purpose
Estates	1	0	
Finance	7	4	FRP delivery; QP payments; QIPP; acute hospital activity; specialised commisioning
Information Governance	1	0	
Medicines Management	1	0	
Performance	3	0	
Quality	10	2	CSH staffing; Epsom stroke performance
Total	**39**	**8**	





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 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 discuss and provide feedback on the changes and overall position with the assurance framework and risk register.	

ASSURANCE FRAMEWORK

Organisational Objective	Risk Owner (Executive)	Main responsible committee	Title of risk	Risk Description: "There is a risk that…"	Source of risk (where does this come from)	Potential effect of the risk (what might happen)	Sources of performance information use when assessing risk	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	Chief Op Officer	Quality	Failure to integrate services for key vulnerable groups	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.	Currently the lack of integration reduces the quality of care for patients and does not support the CCG's overall strategic programmes e.g. Out Of Hospital strategy	Impact on quality of care and financial sustainability	PMO reports for relevant projects; re-admission data	15/09/2015	4	4	**16**	Treat	8	31/03/2015	**Deteriorating**	The CCG is developing an agreed vision for integrated care with Epsom St Helier and CSH Surrey which needs investment and resourcing from alternative sources and is currently being explored, and in addition the CCG is now working with South West London CCGs as part of a Success Regime Programme covering South West London and Surrey Downs. There are risks to the integration agenda as capacity is focused on more QIPP related projects (although many are integration related); it is expected that this risk will be mitigated in future reports.	**12**	**15**	**16**			
Clinical Priority 2: Provide elective and non-urgent care, specifically primary care, care closer to home and improve patient choice	Dir of Comm and Strategy	Quality	Failure to provide appropriate access to non-urgent and elective care	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.	Currently elective and non-urgent care is below optimal practice and there is a particular need to develop primary care to support improved care pathways.	Services continue to be developed in outmoded ways and both quality of care and use of resources are sub-optimal.	PMO reports for relevant projects; re-admission data	26/06/2015	4	3	**12**	Treat	8	30/03/2015	**Static**	The CCG has 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 and there are positive indicators that local hubs and networks are having an impact but it is too soon to see what the long term impact of these will be.	**16**	**16**	**16**			
Clinical Priority 3: Urgent Care; Ensure access to a wider range of urgent care services	Dir of Comm and Strategy	Quality	Failure to provide access to urgent care	Paqtients will default to emergency acute settings and that A&E will be overwhelmed	Known issues about inappropriate use of urgent care access points and subsequent care pathways	Patients are treated inappropriately or admitted to inappropriate care pathways; significant resources are expended on inappropriate care causing over-activity in acute sector	PMO reports for relevant projects; A&E admission data; contrat data on use of 111; SECAmb data	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 coninued positive performance. However there may be pressures from the winter period which we are about to enter into.	**6**	**6**	**6**			
Clinical Priority 4: Enhanced Support for End of Life Care Patients	Chief Op Officer	Quality	Failure to improve the end of life care experience	End of Life Care services will be inadequate and people will not be supported to die in their place of choice	Current service provision which can be improved both operationally and in terms of service design	People at the end of their lives and their families have a poor quality of life leading up to their death.	PMO reports for relevant projects; data on % patients dying at home; data from community providers via contract meetings	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. EoLC strategy being presented to the September Governing Body to take this work forward through an agreed strategy.	**8**	**8**	**8**			
Clinical Priority 5: Improve experience of Children's and maternity services	Dir of Comm and Strategy	Quality	Failure to improve maternity and children's Services	Services will not be improved to best practice levels in key areas such as CAMHS, hospital and community paediatrics, and therapies for children	Current service provision which can be improved both operationally and in terms of service design	There could be a significant failure in services (particularly safeguarding) and / or a long term inefficiency in service delivery	PMO reports for relevant projects; maternity data in contracts; G&W Host CCG performance reports; reports onimplementation of young carers strategy	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 however the CAMHS Committee in Common is meeting from October onwards to agree a significant procurement.	**6**	**6**	**6**			

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Clinical Priority 6: Improving patient experience and parity of esteem for people with Mental Health and Learning Disabilities (including Dementia)	Chief Op Officer	Quality	Failure to improve mental health and learning disability services	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	Current service provision which can be improved both operationally and in terms of service design; Potential delays in decision-making & action planning for pan-Surrey service improvements	Failure to improve mental health with potential knock-on effect for patients' physical health - potential increase in social isolation and manifesting problems e.g. stigma from MH conditions; suicide; impact on service user mental & physical health	PMO reports for relevant projects; monitoring reports from Surrey County Council and NE Hants and Farnham as host CCG	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. No change as at September 2015.	**12**	**12**	**12**			
Non-clinical priority 1: Implement agreed strategies	Dir of Comm and Strategy	Executive	Failure of strategy	Failure to implement overarching strategies e.g. Out of Hospital Strategy, Quality Improvement Strategy	CCG's own strategic programmes which are geared towards long term transformation	Although there may not be an in-year risk, the failure to make progress with individual strategies could have a significant impact on the sustainability of the CCG, its QIPP expectations, and longer term improvements for patients.	PMO reports for relevant projects; PMO dashboard	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. This is also supported by the themes emerging from the Governing Body review which has highlighted a need for more clarity about how different strategies are integrated and support both financial recovery and systained quality of care. No change as at September 2015.	**16**	**16**	**16**			
Non-clinical priority 2:Improve quality and performance of commissioned services	Chief Officer	Quality	Quality of commissioned services	Quality and key targets for supplier performance do not improve or deteriorate	Breadth and depth of CCG's commissioning responsibilities and diversity of contracting arrangements	This would impact on patient care and patient safety	Information from CQRGs; SIRI data on providers; infection control data; monitor ratings; CQC ratings	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. There are a number of themes around quality in the Governing Body reviews that highlight the need for stronger assurance and improvements to the way the Quality Committee works.	**12**	**12**	**12**			
Non-clinical priority 3:Develop the organisation	Chief Officer	RNHR	The organisation does not change in ways that deliver the organisation's objectives	Organisational Development will not keep pace with the demands of the CCG or its own stated aims and strategies	This is an inherent risk for all organisations	Potential for gaps in workforce to undermine delivery; structures not aligned to delivery;	Staff survey; feedback from external and internal reviews	26/06/2015	5	4	**20**	Treat	8	31/03/2015	**Deteriorating**	The combined requirements of the Governing Body reviews, feedback from NHS England and the issuing of Directions, and the continued work on the OD and capacity plan means that the CCG will have to undertake a considerable amount of development work during the third quarter of 2015/16. HOwever there are clear actions and once these are agreed and followed through, it is anticipaed that the risk will reduce ignificantly in the final quarter of the year.	**16**	**16**	**20**			

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Non-clinical priority 4:Achieve financial balance	Chief Fin Officer	Executive	Achieving financial balance	The CCG fails to achieve financial balance or shifts the impact into one or more subsequent financial years	Inherent risk for all NHS organisations	Direct impact on services provision; loss of flexibility; potential for NHS England to invoke conditions or directions; reputational impact	Monthly finance reports; activity data from suppliers; QIPP forecasts	26/06/2015	5	4	**20**	Treat	4	31/03/2015	**Static**	The CCG now has an agreed control toal for this year and a very tightly managed QIPP programme. A turnaround director is being appointed. The FRP has been shared with the COuncil of Members and the Governing Body and the organisational development work (above) will support delivery of the FRP. 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**	**20**			

RISK REGISTER

Title of risk	Executive Risk Owner	Main responsible committee	Relevant Assurance Framework Area	Risk Description: "There is a risk that…"	Source of risk (where does this come from)	Potential effect of the risk (what might happen)	Date of latest scoring	Likelihood Score	Impact Score	Revised Net Score	Trend (change since last Governing Body report)	Risk Appetite Treatment 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	Actions and Comments
CHC Retrospective claims impact on Financial balance in 215/16	Chief Fin Officer	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	History of retrospective claims arising from transition period	The CCG could have to deal with a significant non-recurrent cost pressure	15/09/2015	1	3	**3**	**Improving**	**Low 6-8**	Tolerate	N/A	01/04/2016	There are now risk pooling arrangements in place (and there was an underspend in 2014/15). Remains low risk.
Safeguarding Adults	Chief Op Officer	Quality	8 Quality and Performance	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.	Surrey is a complex county with six commissioning CCGs and only one person in the host organisation to co-ordinate activities.	Actual harm to individuals; reputational risk to the NHS.	14/08/2015	1	4	**4**	**Static**	**Min 1-5**	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. **04.08.15 Internal audit carried out in July. Results awaited. Risk may be changed if level of assurance has changed.**
GP IT infrastructure	Chief Op Officer	Executive	Other / operational	Ageing computers, peripherals and network connections could fail or have insufficient capacity to manage practice workload.	Limited resources available and the uncertain year-on-year nature of the allocation process for the South of England.	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.	26/06/2015	2	3	**6**	**Static**	**Medium 9-12**	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.
Failure to control prescribing costs - impact on Financial balance	Chief Fin Officer	Executive	10 Financial Balance	Risk that prescribing spend cannot be controlled leading to a significant year end deficit	Historically this has been a difficult area of spend to control, and is dependent on the behaviour of a large number of clinicians who have the power to prescribe.	Significant potential impact on the CCG's ability to achieve financial balance and knock on effect to future investment strategies.	07/09/2015	2	3	**6**	**Static**	**Low 6-8**	Tolerate	N/A	28/02/2015	Prescribing costs running within budget - no indications of excessive run rate this stage. No change to risk score.
Impact of transfer of specialist commissioning liability on Financial balance	Chief Fin Officer	Executive	10 Financial Balance	Risk that specialist commissioning liabilities will impact significantly and negatively on the CCG's ability to achieve its control total	National programme of apportioning increased specialist commissioning costs to CCG commissioners	Impact could be significant for individual CCGs - no accurate estimates as yet.	15/09/2015	2	4	**8**	**Improving**	**Medium 9-12**	Tolerate	N/A		£4.7m has been incorporated into budgets for this year – . Future risks around specific areas e.g. morbid obesity and renal.

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Capacity and surge planning	Dir of Comm and Strat	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 in 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, 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.	15/09/2015	2	4	**8**	**Improving**	**Low 6-8**	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.
Business continuity	Chief Op Officer	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.	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	15/09/2015	2	4	**8**	**Static**	**Low 6-8**	Tolerate	8	30/11/2015	Support arrangements agreed with SECSU has enabled review and development of business continuity arrangements.
Risk to child safeguarding	Chief Op Officer	Quality	5 Children and Maternity	Child safeguarding arrangements will not be adequate	Child Safeguarding structures are hosted by another CCG and there are complex multi-agency arrangements in place which have the potential to break down.	Potential risk of harm to vulnerable children; significant reputational risk	14/08/2015	2	4	**8**	**Deteriorating**	**Min 1-5**	Tolerate	N/A		Ofsted / CQC report although not highlighting major issues with NHS does mean that there are significant assurance risks in interagency working. **04.08.15 Awaiting SCC articulation of the Surrey CCGs' risk**
Catastrophic Provider failure	Dir of Comm and Strat	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 and / or patient safety 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	14/08/2015	2	4	**8**	**Static**	**Min 1-5**	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. **04.08.15 no change**
Care home failures	Chief Op Officer	Quality	8 Quality and Performance	Potential for residential and nursing homes in the local area to experience difficulties and / or fail.	The care home market is a volatile one and there are issues with recruitment of staff and maintenance of standards. Monitoring and compliance regimes are still underdeveloped.	Actual harm to individuals. Reputational risks to the NHS and joint agencies.	14/08/2015	4	2	**8**	**Static**	**Low 6-8**	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. **04.08.15 No change**
Potential failure of Information Governance	Chief Officer	Executive	Other / operational	Surrey Downs CCG will be adversely affected by failure to meet high standards of information governance (NHS IG Toolkit)	Uncertainty over arrangements for data security, management of records and other elements of the I G 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	07/09/2015	2	4	**8**	**Static**	**Zero 1-5**	Tolerate	4		Interim additional capacity has been bought in to ensure that there is robust preparation for completing the 2015/16 IG Toolkit submission. Risk maintained at current levels whilst these issues worked through.

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Community Equipment Store	Dir of Comm and Strat	Executive	Other / operational	There is a risk that the reprocurement of the community equipment store will not meet the needs of patients and carers and / or cause additional cost pressures	Historical issues with the functioning of the community equipment service; lack of clarity and engagement in procurement processes	Potential impact on patients in terms of quality and timeliness of supply of community equipment; CCG may not be able to meet additional financial requirements arising from a new specification.	11/08/015	2	4	**8**	**Improving**	**Low 6-8**	Tolerate			Surrey County Council, the commissioning lead on behalf of all Surrey CCG's has co-ordinated 3 urgent working groups i.e. specification, contract and finance. All groups had met by 14/8 and new draft documentation will be received by close of play 18/8, in time for the tender process to begin on 24/8. SDCCG has actively participated in all processes.
Tariff changes	Dir of Comm and Strat	Executive	10 Financial Balance	Tariff changes at national level will add to financial recovery requirements	National policy changes	Additional cost pressures	15/09/2015	3	3	**9**	**Improving**		Tolerate	N/A		There are now good controls in place on the outcome of tariff concerns - RECOMMENDED FOR CLOSURE
Contract database	Chief Fin Officer	Executive	Other / operational	The contact database fails to adequately capture all contracts and aligned payments	Adequate contract database arrangements are a prime component of overall business and financial control	Loss of financial control	15/09/2015	3	3	**9**	**Static**	**Medium 9-12**	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.
SECAMB Patients transport	Dir of Comm and Strat	Quality	8 Quality and Performance	Risk that SECAMB cannot achieve acceptable performance in relation to Patient Transport response times.	SECAMB Patient Transport performance is currently below expectations.	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)	09/06/2015	3	3	**9**	**Static**	**Low 6-8**	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.
Specialist Equipment in the community	Chief Op Officer	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.	There is a central database detailing specialist equipment held by Millbrook (SP), but some old equipment may not be on this system.	Potential risk of harm to patients and operators of the equipment	14/08/2015	3	3	**9**	**Static**	**Low 6-8**	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. **04.08.15 no change**
Acute Contract and CQUIN sign off	Chief Fin Officer	Executive	Other / operational	There is a failure to sign off 2015/16 contracts and their associated CQUINs	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	15/09/2015	4	3	**12**	**Static**	**Min 1-5**	Treat	4	31/05/2015	P{rocess ongoing. At end of August 75% of contracts had been signed, excluding AQPs which are subject to a separate process.
2016/17 Contract planning cycle	Chief Fin Officer	Executive	Other / operational	The 2016/17 Annual Contract planning and monitoring cycle is poorly managed	Policy and capacity constraints may make it difficult to adequately manage the contract planning cycle.	Poor commissioning for 2016/17; potential loss of financial control and control over other areas e.g. contract quality.	15/09/2015	3	4	**12**	**Static**	**Low 6-8**	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.
Cancer wait 62 days	Dir of Comm and Strat	Executive	8 Quality and Performance	Risk of not meeting 62 day cancer performance target	There is an issue involving some cancers specialities between Epsom and the tertiary provider.	Potential harm to patients; reputational risk.	15/09/2015	4	3	**12**	**Static**	**Zero 1-5**	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.
Secamb Cat A Performance	Dir of Comm and Strat	Quality	3 Urgent Care	Risk that SECAMB cannot ensure acceptable performance in relation to Category A response times.	SECAMB published performance information	Risk of potential harm to patients; impact on NHS reputation	25/06/2015	4	3	**12**	**Static**	**Low 6-8**	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.

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Community Contract and CQUIN sign off	Chief Fin Officer	Executive	Other / operational	There is a failure to sign off 2015/16 community contracts and their associated CQUINs	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	15/09/2015	4	3	**12**	**Static**	**Min 1-5**	Treat	4	31/05/2015	Established workplan agreed with Executive lead. No change in risk score.
Immunisation - training in General Practice	Chief Op Officer	Quality	8 Quality and Performance	There may be a gap between actual staff training and current requirements due to changes in the immunisation framework.	Lack of standardised immunisation training that is rolled out consistently across the patch	Actual patient harm, particularly to vulnerable groups but also the general population	04/08/2015	4	3	**12**	**Static**	**Zero 1-5**	Treat	2	31/12/2015	Under active discussion in quality team, training programmes developed, further work needed on getting ownership of this in general practice.
Homecare medicines safety	Dir of Comm and Strat	Executive	8 Quality and Performance	Risk that community patients may not receive a safe service in specific clinical areas.	Medicines are increasingly managed at home rather than via acute trusts as this provides the best and most cost effective service. However there have been instances of supplier failure that potentially leave patients in an unsafe position.	Clinical risk (potential for harm) to patients	10/08/2015	4	3	**12**	**Static**	**Medium 9-12**	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. Reviewed Aug 2015 - no change.
Infection Control	Dir of Comm and Strat	Quality	8 Quality and Performance	Significant failings with occur in commissioned services in relation to Health Care Acquired Infection	Local Providers may fail to meet agreed quality standards around Health Care Acquired Infection practice with the subsequent risk to patient safety and experience. Also lack of in depth expertise and capacity in this area across Surrey CCGs to enable robust monitoring. DH requirements for investigation of incidents.	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.	14/08/2015	4	3	**12**	**Static**	**Min 1-5**	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. **04.08.15 no change**
Quality of care in Care Homes	Chief Op Officer	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	Variable standards of care from a range of small and large providers highlighted by - Safeguarding referrals - Serious incident reporting - Complaints - Soft intelligence - CQC reports	Actual harm to individuals. Reputational risks to the NHS and joint agencies.	14/08/2015	4	3	**12**	**Static**	**Low 6-8**	Treat	6	31/03/2015	Ongoing review and monitoring at this stage with escalation around in dividual homes where there are identified concerns. **04.08.15 No change - development of a Surrey-wide dashboard for discussion in Sept by Surrey CCGs Quality Leads.**
Equality Duty	Chief Op Officer	Executive	9 Organisational Development	Risk that Surrey Downs CCG will fail to comply with the 2010 Equality Act and face regulatory action	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. both as a commissioner and employer	07/09/2015	3	4	**12**	**Static**	**Low 6-8**	Treat	N/A	31/03/2015	New engagement manager in post however CCG cannot demonstrate that it has made progress e.g. with EDS2. Recommend continue tolerating risk at this level until next review. CCG is undertaking some joint work with other CCGs and has revised its equality impact policy however further progress is needed.

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Governing Body and Committee effectiveness	Chief Fin Officer	Audit	Other / operational	The Governing Body and Principal Governing Body Committees are ineffective or fail to co-ordinate their assurance roles	Inherent risk in all CCG's governance	Loss of strategic and operational control; inability to comply with the requirements of the annual governance statement; potential impact on ongoing authorisation	07/09/2015	4	3	**12**	**Static**	**Low 6-8**	Treat	8	31/07/2015	Reviews conducted by GT, OECam and PWC - numerous recommendations for governance including composition and behaviours of Governing Body and Committees. Being reviewed with external support late September - action plan being prepared from this.
Continuing Care Retrospective Reviews (Previously Unassessed Periods of Care) team capacity	Chief Op Officer	Executive	1 Integration of care	Risk that Continuing Healthcare team will not be able to meet the demands for retrospective assessments ands payments	Management of applications for retrospective payments	Patients and family may wait for a long time for the result of their application and payment	07/09/2015	3	4	**12**	**Static**	**Low 6-8**	Treat	9	31/12/2015	PUPOC business case now approved.However, financial risk and ability to recruit to the team remain issues.NO change in risk score.
Failure to deliver CHC assessments within nationally mandated timescales	Chief Op Officer	Executive	1 Integration of care	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	15/09/2015	3	4	**12**	**Static**	**Low 6-8**	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.
Major incident preparedness	Chief Op Officer	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	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 / public safety and use of resources. Reputational impact of failing to respond appropriately.	15/09/2015	3	5	**15**	**Static**	**Min 1-5**	Treat	10	02/01/2015	Support arrangements agreed with SECSU has enabled completion of NHSE Assurance Processes, the preparation or update of EPRR documentation.
Failure to achieve 2016-17 QIPP	Chief Fin Officer	Executive	10 Financial Balance	Risk that the CCG cannot deliver QIPP schemes as agreed	Inability to deliver the change required across a number and range of projects No contingency built into QIPP FRP	Significant impact on the CCG's ability to achieve financial balance within an acceptable quality range; knock on effect to future strategies.	14/09/2015	4	4	**16**	**Static**	**Low 6-8**	Treat	8	30/09/2015	Target date adjusted to reflect re-forecast an out-turn to M5 and planned project level actions.
Failure to control the acute contract portfolio - impact on Financial balance	Dir of Comm and Strat	Executive	10 Financial Balance	Risk that acute hospital spend cannot be controlled leading to a significant year end deficit	The CCG contracts with three local and a large number of more distant (i.e. London) providers with a history of over-performance that generates significant financial pressure.	Significant potential impact on the CCG's ability to achieve financial balance and knock on effect to future investment strategies.	15/09/2015	4	4	**16**	**Static**	**Low 6-8**	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 5 figures show some variation in overall activity as per finance report but a manageable bottom line. Main concern is impact that a poor winter might have on demand led activity.
Stroke services	Dir of Comm and Strat	Quality	8 Quality and Performance	Risk that poor performance at Epsom will continue and that there will be delays in resolving Surrey wide issues with designating specialist sites.	Poor configuration of services in Surrey; need for services to have adequate volumes of patients to maintain clinical skills; workforce supply problems	Direct impact on patients e.g. poor clinical outcomes etc	24/06/2015	4	4	**16**	**Static**	**Zero 1-5**	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. Current actions are to continue to work with the provider to improve performance and to join with the Surrey CCG's Committee In Common process moving to decision in autumn 2015. This will centralise stroke services in fewer, safer clinical locations from 2016.

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Staffing in CSH Surrey	Chief Op Officer	Quality	8 Quality and Performance	Difficulties with staffing in key areas will seriously affect CSH Surrey's Business Continuity arrangements and their ability to deliver services	Shortages of speech and language therapists and nursing staff (in community hospitals)	Patients will suffer due to loss of service,in particular experiencing longer waits or transfers to other locations	04/08/2015	4	4	**16**	**N/A**	**Medium 9-12**	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. **04.08.15 - paper to the CSH Surrey CQRG in August re progress around staffing**
Failure to achieve quality premium	Dir of Comm and Strat	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	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	14/08/2015	4	4	**16**	**Static**	**Low 6-8**	Treat	8		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. **04.08.15 No change**
Constitution	Chief Fin Officer	Executive	9 Organisational Development	Risk of the constitution not being fit for purpose	Inherent risk in all CCG's governance	Risk that decisions of the Group, Governing Body or its constituent parts might be invalidated; risk of judicial review; reputational risk	07/09/2015	4	4	**16**	**Static**	**Medium 9-12**	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 action plan for the issues arising from the governing body evaluation and the capacity review are clarified. Operationally the issues are being managed and roles are clear.
Provider development	Dir of Comm and Strat	Executive	7 Strategy	Providers, particularly community services and primary care networks, may not develop sufficiently to deliver the CCG's strategy	The need to integrate provider activities to develop more cost effective and high quality services in line with the five year forward view	Failure to integrate care and achieve the necessary transformation	15/09/2015	4	4	**16**	**Static**	**Low 6-8**	Treat	8	31/03/2016	This remains high risk as the CCG's various strategic platforms for change all hinge on provider development - primary care networks, community medical teams, community services and acute services. The CCG is now part of the South West London and Surrey Downs Success Regime which this will also explore provider development. **ACTIONS:** Continue to work with emerging primary care networks and other services as above.