

Meeting: Primary Care Commissioning Committee			
Meeting Date	24 February 2021	Action	Receive
Item No.	8	Confidential	No
Title	Primary Care Risk Report		
Presented By	Will Blandamer, Joint Executive Director of Strategic Commissioning		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary

Risk management provides a systematic and consistent integrated framework through which the CCG's strategic objectives are pursued. This involves the identification of risks, threats and opportunities to achieving those objectives and taking steps to mitigate, manage and control the associated risks to delivery. This paper includes those risks assigned to the Primary Care Commissioning Committee (PCCC) in line with the Risk Management Strategy.

The report provides narrative on those risks which have been reviewed in the reporting period and specifically includes:

- risks which have no reported change in score;
- risks that have reached their target level;
- risks which have reduced in score;
- risks which have increased in score;
- risks that are proposed for closure; and
- new risks included on the register for the first time.

In summary, there is one (1) risk in total included on the Primary Care Committee Risk Register.

- One (1) is an operational risk;
- One (1) risk remains at target level.

In respect to the one risk included on the risk register, the Committee is reminded that this risk undergoes an annual risk assessment unless concerns are raised in-year. This risk has undergone a risk assessment in January 2021 and will be reviewed again in January 2022.

Recommendations

It is recommended that the Primary Care Commissioning Committee:

- receive the risk report;
- note the risks on the risk register as reflected in Appendix A;
- note that this risk was last reviewed in January 2021 and is not due to be reviewed again until January 2022;
- note the summary position; and
- note that no risks from the PCCC risk register are reported onto the Corporate Risk

Register.	
Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input checked="" type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

The risks are articulated within the report and managed through the respective committees as appropriate

Governance and Reporting		
Meeting	Date	Outcome

Primary Care Commissioning Risk Report

1. Introduction

- 1.1. This report provides an updated position in respect of those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care.
- 1.2. The report presents the risk position and status as at **11 January 2021**.

2. Background

- 2.1. The Risk Register at **Appendix A** captures all risks, irrespective of risk level, that have been categorised by the risk owner with the potential to impact on the areas of responsibility of the Committee.
- 2.2. **Appendix B** provides an increased level of detail on all those risks that have been reviewed in this period, including controls, assurances, and gaps as well as mitigating actions to reduce the risk. The risk matrix is also provided at **Appendix C** for ease of reference.
- 2.3. In summary, there is one (1) risk in total included on the Primary Care Committee Risk Register:
 - One (1) is an operational risk;
 - One (1) risk remains at target level.
- 2.4. An assessment of each risk is undertaken by the Risk Owner and validated by the Risk Manager, on a schedule specific and appropriate to each risk, with any changes or progress being recorded and outlined within the report. The responsible committee has an obligation for reviewing the risk, ensuring it is reflective and making any amends as necessary.
- 2.5. This report includes open risks, irrespective of risk score for risks assigned to this Committee and any risks that are the responsibility of the Primary Care Workstream, which, have a current risk level of 15 or more, and any risks which have been recommended for closure. It is the Committee's responsibility to oversee these risks, seek assurance that appropriate controls are in place to manage the risks and that actions are being implemented to further reduce the risk and achieve the target risk score.
- 2.5. The Committee is able to request that further risks are added to the register through the course of its work.

3. Risk Review

- 3.1 This section of the report provides a commentary on those risks which have been reviewed during the reporting month **January 2021** and starts with a commentary on

risks which have been reviewed during the reporting period where there has been no change in the risk score.

Risks with no reported change

3.2 During this reporting period **1** risk has remained unchanged.

- **OR_SB_02 Uplands Health Centre - Existing Infrastructure**

3.3 This risk was last assessed on the 11 January 2021 and although has been at target level since May 2017, and a low-level risk (4), it will remain on the risk register for oversight only unless any major concerns are identified via the NHSPS planned rolling maintenance programme.

3.4 The Committee is advised that no maintenance issues or concerns have been identified, and therefore there is no imminent likelihood of increase to the level of risk.

3.5 Since last reporting to the committee, an action although overdue, has been identified regarding scheme development. This is a council led scheme with any health input of the wider scheme supported by the CCG lead to help progress matters and to keep abreast of the scheme development whilst it progresses to full business case stage.

3.6 A feasibility study of the site is being conducted by the Bury, Tameside and Glossop Partnership, and outcomes are awaited.

3.7 In accordance with previous agreements, this risk is reviewed annually and therefore is scheduled for its next risk review in January 2022.

Risks that have reached their target level

3.8 During this reporting period **0** risks have reached their target score.

Risks that have reduced in score

3.9 During this reporting period **0** risks have reduced in score.

Risks that have increased in score

3.10 During this reporting period **0** risks have increased in score.

Risks recommended for closure

3.11 During this reporting period **0** risks have been recommended for closure by the risk owner.

New Risks

3.12 During this reporting period **0** new risks have been added to the risk register.

Risks that have not been reviewed in the reporting period

3.13 During this reporting period **0** risks have not been reviewed.

Risks that will be reported through the Corporate Risk Register

3.14 The Corporate Risk Register details risks which are scored at 15 or above (excluding the GBAF). The Primary care Committee risk register contains **0** risks which has been scored at this level or higher

Risk Summary

3.15 The following summary is provided of the Primary Care Commissioning Committee Risk Register:

	Jan	Jan %
Total Risks on Report	1	
New Risks	0	
Risks reduced since last report	0	0.0%
Risks increased since last report	0	0.0%
Risk that have reached target level	1	100.0%
Low Risks (1-3)	0	0.0%
Medium Risks (4-6)	1	100.0%
High Risks (8-12)	0	0.0%
Significant Risks (15-25)	0	0.0%
Risks reviewed in this period (Jan 21)	0	0.0%
Risks yet to be reviewed (Jan 21)	0	0.0%
Risks to be reviewed for next report Jan 22)	1	100.0%

4 Recommendations

4.1 The Primary Care Commissioning Committee is asked to:

- receive the risk report;
- note the risks on the risk register as reflected in Appendix A;
- note that this risk was reviewed in January 2021 and is not due to be reviewed again until January 2022;
- note the summary position; and
- note that no risks from the PCCC risk register are reported onto the Corporate Risk Register.




Lynne Byers

Interim Risk Manager
February 2021

Appendix A: Primary Care Commissioning Committee Risk Register: Summary




Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
CCG	OR_SB_02	Uplands Health Centre - Existing Infrastructure	23-Aug-2012	20	11-Jan-2021	4	4	➔	01-Jan-2022

Appendix B: Primary Care Committee Risk Register: Detailed Risk

Risk Code & Title	OR_SB_02 Uplands Health Centre - Existing Infrastructure				
Risk Statement	If the CCG/NHSPS fail to deliver a new health and care centre to replace the existing Uplands Health Centre, there will be an ever-increasing risk that the premises will deteriorate to state patient care will be interrupted or can no longer be delivered to the local population. The risk to the CCG is the impact on service delivery should the building fail.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Mike Woodhead			
Current Issues	<p>Although NHS Bury CCG is not the sole owner of the risk, the implications of the risk not being managed effects how healthcare is provided to residents of Bury.</p> <ul style="list-style-type: none"> . Inadequate building, disruption to patient care . External timber cladding is in very poor condition . The internal fabric of the building is generally in poor condition 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
23-Aug-2012	5	4	20	11-Jan-2021	2	2	4	Jan-2022	2	2	4	31-Mar-2019

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Strategic Estates Group established . Ad hoc reporting to Primary Care Commissioning Committee (for information) 	<ul style="list-style-type: none"> . NHSPS continually monitors statutory compliance and H&S at the site and if critical works are identified these would be addressed in the appropriate manner as landlord works. A specific lifecycle and maintenance programme has been developed for the property . Longer term risk control plan is the development of the new build . CCG Business continuity plan cover major/adverse incidents . CCG monitor the NHSPS maintenance plan . Development of new build options appraisal 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . None identified <p>Gaps in current assurances:</p> <ul style="list-style-type: none"> . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_SB_02a Review options appraisal and recommend preferred course of action	31-Oct-2017	Mike Woodhead	Financial and non-financial appraisal reviewed with NHSPS in light of new evidence. Paper to be finalised to go through CCG Governance framework for decisions October 2017	100%		Completed
OR_SB_02b Scheme development to full business case stage (Council Led Scheme)	31-May-2020	Simon O'Hare	This is a council led scheme with any health input of the wider scheme supported by the CCG lead to help progress matters and keep abreast of the situation. A feasibility study of the site is being conducted by the Bury, Tameside and Glossop Partnership, outcomes are awaited.	10%		Overdue
OR_SB_02c Strategic Estates Group to be reconstituted	30-Jan-2020	Mike Woodhead	The Strategic Estates Group has now been established and meeting regularly.	100%		Completed

Appendix C: Risk Matrix

Quantitative Measure of Risk – Impact / Consequence Score

Domains	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Service Quality – Patient Safety	Minor injury or illness requiring no medical attention and no long-term impact.	Minor injury or illness requiring minor medical intervention with impact limited to 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4–14 days. Increase in length of hospital stay by 4–15 days. RIDDOR/agency reportable incident. An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
Service Quality – Clinical Effectiveness	Minor breach of guidance – no impact on patient outcomes.	Breach leading to minor harm or impact on patient outcomes for an individual or a small number of patients	Significant breach of guidance leading to moderate harm for an individual or small number of patients.	Significant breach leading to serious harm (as defined by the SI framework) for an individual or group of people.	Significant breach leading to fatality or permanent disability.
Service Quality – Patient Experience	Minor inconvenience to single individual.	Minor inconvenience to many individuals, significant inconvenience to single individual.	Significant inconvenience to many individuals, patient experience impact on health outcomes for a few.	Patient experience impact on health outcomes for a significant number.	Fatality or permanent disability.
Service Quality – Operational	Minor reduction in quality of treatment or service. No or minimal effect for patients.	Single failure to meet national standards of quality of treatment or service. Low effect for a small number of patients if unresolved.	Repeated failure to meet national standards of quality of treatment or service. Moderate effect for multiple patients if unresolved.	On-going non-compliance with national standards of quality of treatment or service Significant effect for numerous patients if unresolved.	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for a large number of patients if unresolved.
Health Inequalities	Possible increase to inequalities.	Probable small increase to inequalities.	Probable significant increase to inequalities.	Actual small increase to inequalities.	Actual substantial increase to inequalities.
Health Improvement	Possible slowing of decline of prevalence.	Probable slight slowing in rate of improvement in death rates. No decline or significant slowing in prevalence.	Probable significant slowing in improvement of death rates. Slight increase in prevalence.	Slight increase in death rates. Substantial increase in prevalence.	Substantial increase in death rates.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Operational and Legal Compliance	No or minimal impact or breach of guidance /statutory duty. Minor breach of standards with no impact on organisation.	Breach of statutory legislation Breach of broader health standards or minor targets.	Single breach of statutory duty. Breach leading to discussion with National Commissioning Board (NCB).	Multiple breaches in statutory duty. Breach leading to DH improvement team intervention. Breach leading to threat of court action.	Multiple breaches in statutory duty. Breach leading to court action against executive.
Financial Balance / Claims	<£50,000 loss. Small loss risk of claim remote.	£50,001 - £250,000 loss. Claims less than £10,000.	£250,001 - £1M loss. Claims between £10,000 & £100,000.	£1,000,001 - £3M. Claims between £100,000 & £1 million.	>£3M. Claims >£1 million.
Financial Governance	Small loss >£100 Isolated technical breach with minimal impact.	Loss > £1,000 Numerous minor technical breaches. Technical breach leading to financial loss.	Loss >£10,000 Limited assurance on single key financial systems.	Loss > £100,000 Failure to get Statement on Internal Control agreed. Fraud leading to imprisonment of staff member. No assurance on single key financial system. Limited assurance on multiple systems.	Loss > £1,000,000 Investigation by the National Audit Commission. No assurance on multiple financial systems.
Business Objectives/ Projects	Insignificant cost increase/ schedule slippage. No impact on delivery of objectives.	<5 per cent over project budget/ Schedule slippage. Minor impact on delivery of objectives.	5-10 per cent over project budget/ Schedule slippage. Moderate impact on delivery of objectives.	10-25 per cent over project budget/ Schedule slippage. Key objectives not met.	>25 per cent over project budget/ Schedule slippage. Failure of strategic objectives impacting on delivery of business plan.
Information and Technology (Information Governance)	Minor technical breaches of standards not directly impacting on members of the public.	Single loss of data or other breach affecting a single individual.	Multiple losses of data or other breaches of governance standards impacting on small numbers of people. Single loss of data impacting on many people.	Multiple losses of data or other breaches of governance standards each impacting on hundreds of individuals.	Breach leading to court action against executive.
Reputation	Complaint /concern only. Not relevant to mandate priorities. No adverse media. No negative recognition from the public.	Minor impact on achieving mandate priorities. Low level of adverse media coverage. Small amount of negative public interest.	Moderate impact on achieving mandate priorities. Moderate amount of adverse media coverage. Moderate amount of negative public interest.	High impact on achieving mandate priorities. High level of adverse media coverage. Negative impact on public confidence.	Mandate priorities will not be achieved. National adverse media coverage. Total loss of public confidence.
Service Business Interruption	Loss/interruption for >1 hour.	Loss /interruption for >8 hours.	Loss /interruption for >1 day.	Loss /interruption for >1 week.	Permanent loss of service or facility.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Very Low	Minor	Moderate	High	Severe
Staff Safety and Wellbeing	Minor cuts and bruises. Isolated incidence of low morale.	Medical treatment required. Less than three days' absence. Low morale among a number of staff groups.	Single admittance to hospital for less than 24 hours. Absence of three days or longer. Sickness rates increasing.	Single fatality or permanent disability. Rapid increase in sickness rates threatening service delivery.	Multiple fatalities or cases of permanent disability.
People and Change (Human resources/ organisational development/staffing/ competence)	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory training.	Uncertain delivery of key objectives due to lack of staff. Unsafe staffing level (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/ service due to lack of staff. Ongoing unsafe staffing level or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.

Qualitative measure of risk – Likelihood Score

Descriptor	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
Frequency Time framed descriptors	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Frequency Broad descriptors	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur
Probability	<15%	15-39%	40-59%	60-79%	=>80%

Quantification of the Risk – Risk Rating Matrix

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Impact / Consequence	5	Severe	5	10	15	20	25
	4	High	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Very Low	1	2	3	4	5