

Primary Care Commissioning Committee

26 October 2016

Details	Part 1	✓	Part 2		Agenda Item No.	9
Title of Paper:	Primary Care Risk Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Danny Lansley, Corporate Governance Manager					
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	✓

Executive Summary

Summary	<p>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.</p> <p>The report presents those risks that have been identified in relation to primary [medical] care commissioning. There are 7 risks included on the register.</p> <p>The primary care commissioning risk register is a work in progress and will continue to be developed.</p>					
Risk	High		Medium	✓	Low	
	<p>Not having a risk register for the Committee is a significant gap through which assurance can be gained. As the risk register is developed there is also a danger that the right mixture of risks isn't captured.</p>					
Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • receive the risk report; • note the risks on the risk register as reflected in Appendix 1; • note the updates provided and support the recommendations for closure; and • note the summary position. 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	

To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning			
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system			
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)			
Equality Analysis Assessed?		Supports NHS Bury CCG Governance arrangements	✓

Primary Care Risk Register

1.0 Introduction

- 1.1 This report provides the Committee with a first draft of the risks which fall within the remit of the Primary Care Commissioning Committee. A fuller report will be presented at subsequent meetings which also includes greater background information.
- 1.2 The report presents the risk position and status as at 12th October 2016.

2.0 Background

- 2.1 The Primary Care Risk Register (**see Appendix 1**) captures all risks identified to date, irrespective of risk level, that have been categorised by the risk owner with the potential to impact on the work of the Committee under its delegated functions from NHS England. The risk matrix is also provided at **Appendix 2** for ease of reference.
- 2.2 The set of risks outlined in the report have been arrived at following meetings with staff involved in the primary care commissioning process (Primary Care Team and Finance). Before future Committee meetings an assessment of each risk will be undertaken between the Risk Owner and Risk Manager, on a schedule specific and appropriate to each risk, with any changes or progress being recorded and outlined within the report.
- 2.3 This report will include all open risks, irrespective of risk score and 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.
- 2.4 The Committee is able to request that further risks are added to the register through the course of its work.

3.0 Risk Review

- 3.1 This report presents those risks that are newly identified or have been reviewed through existing governance arrangements across the CCG.
 - ***RR_SB_C_44 Backlog processing issues (service business interruption) due to delays in installing the new PAS system within the Referral Centre***
- 3.2 Bury CCG provide a Referral Management Service for all Bury GP Practices through which all practices submit electronic patient referrals.
- 3.3 The electronic system provided by PCFT has been decommissioned and a new system is to be implemented, however the purchase and implementation of the new system has been subject to a number of delays.

- 3.4 Interim manual processes have been implemented, however this impacts on the speed of processing, building an additional backlog within the referral management centre. This has been further compounded by decreased capacity due to staff absence.
- 3.5 In this context, the risk has been assessed by the Risk Owner and Risk Manager as a level 16 risk given the potential to impact on delivery of RTT timescales.
- 3.6 Additionally, delays in processing are resulting in patients receiving reminder letters to book appointments as the ability to manage the volume of referrals within the required timeframes which further compounds the workload.
- 3.7 Continued service delivery is heavily reliant on practices working with the interim arrangements. A further request has been issued to practices as a reminder of the arrangements and a record of GP Practice referral lists received on a daily basis is maintained.
- 3.8 The risk is expected to achieve its target level of 4, with a reduction to both likelihood and consequence) by 31 October 2016. Additional capacity has been resourced through agency staff which will support clearance of the backlog, however the installation timeframe of the new system is not yet known.
- 3.9 This risk was presented to the Quality and Risk Committee in September, however will now routinely be reported to this Committee.

Risks that have reduced in score

- 3.10 During this reporting period the following risk has reduced in score:
- ***RR_S_C_35 Transition of Choose and Book to the e-Referral Service***
- 3.11 Prior to the review the risk was assessed and reported as a high (score of 12) risk, however is now classified as a moderate (score of 6) risk.
- 3.12 The risk has been downgraded from a likelihood of 4 to 2 as all practice upgrades have been completed and no further issues identified since 31 July 2016.
- 3.13 All actions have been completed and the risk has achieved its target level of 6. This risk was recommended for closure to the Quality and Risk Committee in accordance with the Risk Management Strategy as is now presented to the Primary Care Commissioning Committee for a final decision before submission to the Audit Committee.

Risks that have increased in score

- 3.14 The following risk has increased in score

Closed Risks

- 3.15 No risks have been closed.

New Risks added to the register

3.16 As outlined earlier in the report work has been undertaken with Colleagues to identify risks to delivery of the primary care agenda. These are summarised below:

- ***Access to Quality Assured Data***

3.17 This risk is about in the input and extraction of quality assured data. There are numerous systems and methods (readcodes) used across the CCG for recording and extracting data. As a consequence different systems may provide different pictures of the care landscape. The risk from this is that commissioning decisions are made on inaccurate assumptions and resources could potentially be allocated to the wrong area. The data is also used for contract monitoring purposes although mitigating actions have been put in place such as stating in tender documentation which read codes should be used. In respect of primary care data a new system, Outcomes Manager, is being implemented which should automate the process, thus reducing the risk of using inaccurate data to inform commissioning and financial decisions for primary [medical] care.

- ***Resilience Capacity and Staffing***

3.18 Originally identified as a risk in February 2016, prior to the CCG assuming delegated commissioning for primary [medical] care services, some steps have been implemented to increase both the capacity and resilience of the primary care team within the CCG. It is anticipated that as additional resources and ways of working become embedded, this risk will reduce further and target risk score of 4 will be achieved quickly.

- ***Capita Primary Care Support Services***

3.19 There are well documented issues that Capita have been experiencing across England. Indeed a look at any other risk register for other CCGs who have delegated commissioning would highlight this as a risk.

3.20 Although some steps have been taken by Capita to address the performance and customer service issues, feedback from GP practices locally is that change isn't occurring quick enough. The primary care team are monitoring progress but as it is a national contract, solutions are outside the gift of the CCG. Feedback is provided at monthly Primary Care Leads meeting although there isn't a clear timeline as yet for improvement targets to be met. This is considered an extreme risk and is scored at level 16. This will be reported on the corporate risk register.

- ***APMS Contract Retender***

3.21 Bury CCG is currently retendering its APMS contracts. A project team, including a full risk register is in place. The principle risk on the risk register is the potential that contracts will not be re-tendered in time for the deadline which could have serious reputational risks for the CCG. This is mitigated by a project plan (previously shared with the Committee) which shows that successful bidder will be known by the end of November and also regular progress reports to the Committee.

- **Delegated Commissioning – Contractual Knowledge**

- 3.22 Bury CCG assumed responsibility for Primary [medical] Care in April 2016, from NHS England. This requires additional knowledge and skills, and there is a risk given that as this is the first time the CCG has held this responsibility that there is no ‘corporate memory’ on which to draw when making decisions.
- 3.23 The CCG is currently working closely with colleagues from the GM Health and Social Care Partnership to ensure transfer of knowledge and is also undertaking a detailed due diligence exercise.

- **CQC Inspections**

- 3.23 Care Quality Commission (CQC) inspect all GP practices and rate them against their five standards. There is a risk that poor inspection results may adversely impact on public and patient confidence in primary care services.

Risk that have reached the target score

- 3.24 The following risk as outlined at section 3.10 has reached its target level;
- RR_S_C_35 Transition of Choose and Book to the e-Referral Service.

Risks that will be reported through the Corporate Risk Register

- 3.25 The following risks will be included on the corporate risk register and reported to the Audit Committee;
- Capita – Primary Care Support Services
 - RR_SB_C_44 - Backlog processing issues (service business interruption) due to delays in installing the new PAS system within the Referral Centre

Risk Summary

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

	(Oct) Number	(Oct) Percentage
Total Risks on Report	8	
New Risks	5	62.5%
Risks reduced since last report	1	12.5%
Risks increased since last report	0	
Risks that have been closed since last report	0	
Risk that have reached target level	1	12.5%

Low Risks (1-3)	0	
Medium Risks (4-6)	3	37.5%
High Risks (8-12)	3	37.5%
Significant Risks (15-25)	2	25%
Risks reviewed in this period (September)	1	12.5%
Risks outstanding review in this period (October)	1	12.5%
Risks to be reviewed for next report (November)	TBC	


4.0 Recommendations

The Primary Care Commissioning Committee is asked to:

- receive the risk report;
- note the risks on the risk register as reflected in Appendix 1;
- note the updates provided and support the recommendations for closure; and
- note the summary position.

Danny Lansley
Corporate Governance Manager
October 2016

Appendix 1: Primary Care Commissioning Committee Risk Register: Summary

Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Review Date
TBC	Capita – Primary Care Support Services	October 16	16	N/a	16	8	New	TBC
RR_SB_C_44	Backlog processing issues (service business interruption) due to delays in installing the new PAS system within the Referral Centre	11-Aug-2016	16	11-Aug-2016	16	4	New	19-Sep-2016
TBC	APMS – Contract Retender	October 16	12	N/a	12	4	New	TBC
RR_S_C_35	Transition of Choose and Book to the e-Referral Service	24-Jun-2015	12	10-Aug-2016	6	6		15-Oct-2016
TBC	Access to Quality Assured Data	February 16	9	N/a	9	3	New	TBC
TBC	CQC Inspection	October 16	8	N/a	8	3	New	TBC
TBC	Resilience – Capacity and Staffing	February 16	6	N/a	6	3	New	TBC
TBC	Delegated Commissioning – Contractual Knowledge	October 16	6	N/a	6	2	New	TBC

Appendix 2: Risk Matrix - Quantitative Measure of Risk – Consequence Score

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 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
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
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/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>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 levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Qualitative measure of risk – Likelihood score

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1-5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

Quantification of the Risk – Risk Rating Matrix

		Likelihood					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost certain	
Consequence	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5