

Primary Care Commissioning Committee

23 November 2016

Details	Part 1	X	Part 2		Agenda Item No.	11
Title of Paper:	Risk Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
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Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision	X	For Information		For Discussion	

Executive Summary

Summary	<p>This report is presented to the Primary Care Commissioning Committee to provide an update in respect to the identification of risks and associated development of the Risk Register for Primary Care Commissioning.</p> <p>A high level, first iteration of the risk register relating to Primary [medical] Care Commissioning was presented for consideration to the last meeting, which was developed in collaboration with colleagues from within the GP Primary Care Team.</p> <p>The risks have been further developed and consideration has also been given to the level of risk to be presented to the Primary Care Commissioning Committee. This report proposes that risks at a level 15 or above are appropriate for reporting through the Committee and is provided in this context.</p> <p>Of the two risks above level 15 in the last report, one has reduced and the other requires further consideration in terms of risk evaluation.</p>					
Risk	High		Medium	X	Low	
	As full delegation of Primary [medical] Care Commissioning is a new responsibility for the CCG from 1 April 2016t, there is a risk that not all risks associated with this work programme are captured at this time.					
Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • note the update provided; • discuss and support the principle that only risks assessed at a level 15 or above will be reported to the Primary Care Commissioning Committee; and • delegate authority to the Primary Care Work Stream to monitor the full Primary Care Risk Register, escalating any issues accordingly to the PCCC. 					

Strategic objectives

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)	

Primary Care Commissioning Risk Register

1. Introduction

1.1 This report is presented to the Primary Care Commissioning Committee to provide an update in respect to the identification of risks and associated development of the Risk Register for Primary Care Commissioning.

2 Background

2.1 NHS Bury CCG assumed responsibility for full delegated authority from NHS England, for the commissioning of Primary [Medical] Care Services from 1st April 2016.

2.2 During review and approval of the delegation agreement for sign off, the Primary Care Co-Commissioning Committee debated a number of associated risks and requested that that these are appropriately capture on a risk register.

2.3 At the meeting of the Primary Care Commissioning Committee in October 2016, a first iteration of the risk register relating to Primary [medical] Care Commissioning was presented for consideration.

2.4 This was developed in collaboration with colleagues from within the GP Primary Care Team, and a high level summary was presented capturing 8 risks, which were assessed as presenting risk at varying levels as outlined in the heat map below:

Impact	5					
	4		1	1	2	
	3		2	1		
	2			1		
	1					
		1	2	3	4	5
		Likelihood				

2.5 It was agreed these risks would be worked up further to ensure appropriate controls; assurance and mitigating actions were also captured and reported accordingly.

3 Developing the Primary Care Commissioning Risk Register

3.1 Since the last report to the Primary Care Commissioning Committee, consideration has been given to the level of risk report that should be presented to the Primary Care Commissioning Committee, given that it is a Committee in its own right, with decision making authority and is not a sub-committee of the Governing Body.

3.2 Whilst the risk register previously presented gave a flavour of the current risks as a work-in-progress, many of the risks identified would be more appropriate managed through operational governance arrangements in keeping with the arrangements outlined in the Risk Management Strategy and therefore it is suggested that the

Primary care Commissioning Committee only receives future reports of risks that are assessed at a level 15 or above.

- 3.3 This is aligned to the arrangements that are in place through the Risk Management Strategy for the Governing Body and ensures that the PCCC is not overwhelmed with lower level operational risks unnecessarily and only receives those which have been assessed as 'significant' to the delivery of the Primary Care agenda and work programme.
- 3.4 Risks that are below this level, will again be managed in accordance with the general arrangements set out in the Risk Management Strategy, and it is suggested that the Committee considers delegating operational management and oversight of the full primary care risk register to the Primary Care Work Stream to provide the assurance that risks are being managed accordingly, with escalation where necessary through governance arrangements.
- 3.5 The Committee is advised that in addition to the strategic oversight that will be undertaken at PCCC, risks assessed at a level 15 or above will also be reported on the Corporate Risk Register and scrutinised through Audit Committee.
- 3.6 The Committee is invited to discuss this proposal.

4 Risk Review

- 4.1 Pending the discussion and decision of the PCCC, a pragmatic approach has been adopted for the completion of this report, which has been drafted to only include updates relating to those risks which are assessed at a level 15 or above. The Committee is however advised that since the last meeting, each risk on the register, whether existing or new risk has been reviewed with the identified risk owners.
- 4.2 The review process has considered the level of current risk in the context of existing controls and sources of assurance, started to identify gaps to be addressed through mitigating actions and re-assessed the target level of risk to be achieved and the timeframe in which this will be delivered.
- 4.3 There are two risks assessed at a level 15:
 - **RR_S_C_50 Capita – Primary Care Support Services**
- 4.4 This risk predominantly relates to the national issues that have been experienced following the awarding of the contract for medical records management to Capita. The full ownership of this risk lies with NHS England and assurance is being sought on how this is being addressed. There is an action plan in place, however this is not expected to deliver an improvement in service quality until April 2017.
- 4.5 The risk is impacting locally with day-to-day support being provided, however this risk requires further consideration to ensure the current risk level appropriately reflects the local impact. This will be progressed with an update provided through the next Primary Care Work Stream.

- **RR_SD_C_44 Backlog Processing and Technology Issues**

- 4.6 Reported to the last meeting as a level 16 risk with the referral backlog at 14 days +, as a consequence of a required change in the electronic system for receiving and managing referrals, the risk score has been assessed and is reporting a reduced position.
- 4.7 A number of the identified actions have progressed, including the implementation of the new technology system and clearance of the backlog which had been generated through the manual processes introduced as an interim arrangement.
- 4.8 The service is now being delivered within the agreed threshold of 5 days for non-urgent referrals.
- 4.9 The risk is however not yet at target level, which should have been reached by 31 October 2016, as a period of monitoring is required to sustain the current position. A new target risk date has been set as 31 December 2016 where it is anticipated that the risk will have reduced to a level of 4.
- 4.10 Whilst the risk will no longer be reported routinely to the Primary Care Commissioning Committee, it will continue to be monitored operationally and any significant increases will be reported to the committee accordingly.

5 Recommendations

- 5.1 The Primary Care Commissioning Committee is asked to:
- note the update provided;
 - discuss and support the principle that only risks assessed at a level 15 or above will be reported to the Primary Care Commissioning Committee; and
 - delegate authority to the Primary Care Work Stream to monitor the full Primary Care Risk Register, escalating any issues accordingly to the PCCC.

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November 2016