

Primary Care Commissioning Committee

25 October 2017

Details	Part 1	✓	Part 2		Agenda Item No.	7
Title of Paper:	Risk Report					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Author:	Lynne Byers, Risk Manager					
Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision	✓	For Information		For Discussion	x

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>This paper includes those risks assigned to the Primary Care Commissioning Committee in line with the Risk Management Strategy.</p>					
Risk	High		Medium	✓	Low	
	As the processes for embedding risk reporting and recording are being refreshed, there is the potential that not all risks are captured through the risk register.					
Recommendations	<p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • receive the risk report; • note the updates on the risk register as reflected in Appendix A and B; • note the update provided; • discuss and support the closure of the risks for onward recommendation to the Audit Committee; • note the summary position including that 0 risks were due a review between 16 to 30 September 2017 and, that 0 risks are scheduled for a review during the month of October 2017. 					

Strategic themes

To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self care and navigation of the system	
To deliver system wide transformation in priority areas through innovation	
To develop Primary Care to become excellent and high performing commissioners	
To work with the Local Authority to establish a single commissioning organisation	
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	

To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy the wider system			
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.			
Equality Analysis Assessed?	N/A	Supports NHS Bury CCG Governance arrangements	✓

Primary Care Commissioning Committee Risk Register

1. Introduction

- 1.1 This report provides an updated position in respect to 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 **30 September 2017**.

2. Background

- 2.1 The Risk Register (**see 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, *and also includes information in respect of risks which have been recommended for closure or any risks currently scored 15+ by the Primary Care Workstream*. The risk matrix is also provided at **Appendix C** for ease of reference.
- 2.3 There are currently a total of **28** risks being monitored across the organisation (excluding the Governing Body Assurance Framework) of which **1** is included on the Primary Care Commissioning Committee Risk Register.
- 2.4 An assessment of each risk is 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.
- 2.5 This report includes all 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+ 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 target risk score.
- 2.6 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, September 2017, 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.
- 3.2 The Committee were advised in the last risk report presented at the September 2017 meeting that **0** risks were scheduled for a risk review between 16 to 30 September 2017

and, that the Uplands Health Centre – Existing Infrastructure risk would be re-assessed on a bi monthly basis whilst the preferred course of action for the ‘new build’ has been ratified. The next risk assessment for this risk has been scheduled for the 13 November 2017 for onward reporting to this Committee in December 2017.

Risks with no reported change

3.3 There are **0** risks falling within this category on this report.

Risks that have reduced in score

3.4 There are **0** risks falling within this category on this report.

Risks that have increased in score

3.5 There are **0** risks falling within this category on this report.

Risks that have reached their target level

3.6 During this reporting period **0** risks have reached the target score.

- **RR_SB_F_05 Uplands Health Centre - Existing Infrastructure**

3.7 This risk although at target level will remain on the risk register for continuous oversight whilst the new build has been re-established.

Risks recommended for closure

3.8 Whilst **0** risks on the Primary Care Commissioning Risk register are reported for closure, the committee’s attention is brought to **4** risks that have been referred from the Primary Care Workstream.

3.9 In line with process any risks which are the responsibility of the Primary Care Workstream and have a current risk score of 15+ or are recommended for closure will require the support of this Committee.

3.10 All four risks were considered at the Primary Care Workstream Group on 04 October 2017, all of which are at target level and accepted for closure.

- **RR_B_C_60 Primary Care Cultural Shift**

3.11 This risk was originally identified as a level 12 risk during January 2017 and considered as a long term cultural risk which required ongoing engagement. The previous risk assessment in June 2017 identified that this risk remained at a level 12 risk, however following reassessment in September 2017, the risk owner has now reduced this risk to a level 8 which is the target risk score.

3.12 The rationale for the reduced likelihood risk score is primarily due to the completion of the two outstanding actions. The high level action plan was implemented during September 2017, this plan details how ambitions will be met, sets out the objectives and details the actions for each workstream. During the risk assessment the risk lead stipulated that the action plan is progressing in line with the plans outline.

3.13 Secondly, the Making Time to Care Programme which is a national support programme for practices has also been launched during September 2017 and as on-going engagement is required the CCG and GP Federation are working more closely together on a joint approach, this will continue to support practices to adapt to the changing environment.

- 3.14 This risk is now considered to be business as usual and therefore is recommended for closure by the risk lead and Primary Care Workstream Group.
- **RR_SD_C_59 Primary Care Duties**
- 3.15 This risk was originally identified as a level 9 risk during January 2017. The previous risk assessment in June 2017 identified that this risk remained at a level 9 risk, however following reassessment in September 2017, the risk owner has now reduced this risk to a level 6 which is the target risk score.
- 3.16 The rationale for the reduced likelihood risk score is due to the gaining assurances overtime that reporting mechanisms have been developed and information sets continue to be reviewed in order to spot any issues arising for effectiveness.
- 3.17 During the risk assessment in September 2017 it was identified that Primary Care quality visits continue to take place in line with the scheduled plan are reviewed for effectiveness. These visits address any performance/contractual concerns and proactively support practices to ensure they meet external requirements (e.g. CQC). As time progresses confidence increases as no real issues or concerns have been identified since this risk was identified in January 17.
- 3.18 This risk is now considered to be business as usual and therefore is recommended for closure by the risk lead and Primary Care Workstream Group.
- **RR_SD_C_64 Reidentification software – access authentication**
- 3.19 Although this risk was identified as a low level risk (3) in July 2017 this risk was sited on the Primary Care Workstream Risk Register as NHS Digital had requested for the risk to be acknowledged on the CCG's Risk Register.
- 3.20 As NHS Digital use a two-factor authentication process (i.e. username/password and dongle) to access the software, which the CCG are unable to deliver, an alternative solution was required. The CCG applies the use of two single-factor authentications as an alternative, these are:
- The software uses two sets of usernames and passwords, one identifying the GP Practice and one identifying the staff member who is requesting the detail and; as an assurance the system automatically tests the log in details for authenticity.
 - In addition the software sits behind the N3 firewall (i.e. only accessible on site).
- 3.21 NHS Digital have reviewed and accepted the CCG's approach, to addressing the issue, and as due process with NHS Digital requirements is now satisfied, and no issues have been identified since raising this as a risk in July 2017, this risk is now recommended for closure by the risk lead and Primary Care Workstream Group.
- **RR_SD_C_65 GP Practice requesting and receiving NHS Number with no legitimate reason**
- 3.21 Although this risk was identified as a low level risk (3) in July 2017 this risk was sited on the Primary Care Workstream Risk Register as NHS Digital had requested for the risk to be acknowledged on the CCG's Risk Register.
- 3.22 The risk is concerned with the possibility that human error, provider error, inappropriate request and software errors may result in an IG breach.
- 3.23 The CCG have implemented the approach outlined below which NHS Digital have reviewed and accepted. No issues have arisen since the risk was identified in July 2017, and

therefore the risk is now recommended for closure by the risk lead and Primary Care Workstream Group.

- Every Pseudominsed NHS Number requested is logged against a GP Practice. The pseudo/GP combination is cross checked against Patient Demographics Service PDS (provided by North West DSCRO) to ensure that the practice has a legitimate link to the Pseudo NHS Number. This ensures that no combination is inappropriately accessed. Inappropriate access requests are auditable.
- All requests require authentication to staff level, and staff details/pseudo identifiers are fully audited, as such, the CCGs can pro-actively monitor usage.
- Every request carries with it 'Terms and Conditions' provided by North West DSCRO to which the staff member needs to accept meaning that staff members can be held to account for inappropriate use.
- The software has been developed internally by the CCG meaning that the software can be amended in the future should unidentified issues arise meaning we have total control. As the software is written in-house, it has been subject to thorough testing of the BI Department.

New Risks

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

Risks that will be reported through the Corporate Risk Register

3.25 The Corporate Risk register details risks which are scored 15 or above. The Primary Care Risk Register contains **0** risks at this level.

Risk Summary

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

	16/9/2017-30/9/2017	Sept %
Total Risks on Report	1	
New Risks	0	0.0%
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 (16/9- 30/9/2017)	0	0.0%
Risks yet to be reviewed in (16/9- 30/9/2017 risk review due date)	0	0.0%
Risks to be reviewed for next report (October 2017)	0	0.0%

4.0 Recommendations

4.1 The Primary Care Commissioning Committee is asked to:

- receive the risk report;
- note the updates on the risk register as reflected in Appendix A and B;
- note the update provided;
- support the risks recommended for closure; and




- note the summary position including that **0** risks were due a review between 16 to 30 September 2017 and, that **0** risks are scheduled for a review during the month of October 2017.

Lynne Byers
Risk Manager
October 2017

Appendix A: 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
RR_SB_F_05	Uplands Health Centre - Existing Infrastructure	23-Aug-2012	20	12-Sep-2017	4	4		13-Nov-2017




Appendix B: Primary Care Commissioning Committee: Detail for Risks Recommended for Closure

Risk Code & Title	RR_B_C_60 Primary Care Cultural Shift				
Risk Statement	Because the Primary Care Strategy articulates a new way of working, there is a risk that buy in from all stakeholders to achieve the correct culture, correct balance of workforce and requisite skills will not be reached. Failure to achieve this may result in added pressures to the future primary care system.	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Amy Lepiorz			
Current Issues	<ul style="list-style-type: none"> Skills Mix - not enough GPs and nurses Unknown what services may move from Secondary to Primary, therefore difficult to predict what skills are needed 				

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
24-Jan-2017	4	3	12	18-Sep-2017	4	2	8		4	2	8	31-Mar-2018


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> Overarching Strategy approved by Primary Care Commissioning Committee in December 2016 	<ul style="list-style-type: none"> PC Strategy focus document which articulates the future direction in place Engagement events with the Primary Care Workforce regarding the Locality Plan and LCO to ensure providers fully engage Co-production approach to designing of change (LCO and Locality Plan) to ensure buy in to the overarching Bury vision 	<p>Gaps in Control</p> <ul style="list-style-type: none"> Environment constantly changing (CCG has limited influence on the pace of change) <p>Gaps in Assurance</p> <ul style="list-style-type: none"> None identified



Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
60a Produce implementation plan for Primary Strategy to detail how ambitions will be met and progress detailed actions	30-Sep-2017	Amy Lepiorz	<p><u>Q1. What has happened since this action was last reviewed, what decisions have been made?</u></p> <p>A1. Implementation plan complete and work is now progressing in line with it</p>	100%		Completed
60b Communicate strategy to member practices and other stakeholders	31-Jan-2017	Amy Lepiorz	Strategy shared with all main stakeholders January 2017.	100%		Completed
60c Organisational support for GPs to be scoped and developed	30-Sep-2017	Amy Lepiorz	<p><u>Q1. What has happened since this action was last reviewed, what decisions have been made?</u></p> <p>A1. Time to care programme launched in Bury</p>	100%		Completed

Risk Code & Title	RR_SD_C_59 Primary Care Duties				
Risk Statement	Because the CCG has responsibility for commissioning of primary care medical services, there is a risk it will need to address issues outside of its control, impacting on our ability to develop primary care as high performing commissioners	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
		Amy Lepiorz			
Current Issues	<ul style="list-style-type: none"> . The issues outside of the CCG's control which are referred to in the risk include: list closures, inadequate CQC ratings or contractual issues. . All elements of this risk are reactive to external sources. There is a resource impact on the CCG if these do occur. . Example of trigger - St Gabriels application to close list in November 16. 				

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
24-Jan-2017	3	3	9	18-Sep-2017	3	2	6		3	2	6	30-Sep-2017



Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
. Regular updates from PC workstream team meeting to the Primary Care Commissioning Committee	<ul style="list-style-type: none"> . Increased capacity in the Primary Care Team working in a matrix fashion reducing duplication across teams . Primary Care quality visits take place to ensure proactive support mechanisms are available to practices . All quality visits are reviewed for effectiveness 	<p>Gaps in Controls</p> <p>1. None identified</p> <p>Gaps in Assurance</p> <p>1. No contractual issues yet to arise which have gone through the whole system.</p>

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
59a Reporting mechanisms to be developed, Information sets to be reviewed for Workstream meetings in order to spot issues arising (effectiveness)	30-Sep-2017	Amy Lepiorz	<p><u>Q1. What has happened since this action was last reviewed, what decisions have been made?</u></p> <p>A1. Primary Care quality visits continue to take place in line with the scheduled plan and address any performance/contractual concerns and proactively support practices to ensure they meet external requirements (e.g. CQC). No real issues/concerns have been identified since this risk was identified February 2017.</p>	100%		Completed

Risk Code & Title	RR_SD_C_64 Reidentification software - access authentication				
Risk Statement	Because NHS Digital prefers the use of two-factor authentication (i.e. username/password and dongle) to access the software, and the CCG are unable to deliver this, we employ the use of two single-factor authentications as an alternative. This means that in order to make a request for NHS Numbers, two different usernames and passwords must be used – one to identify the GP Practice, one to identify the staff and the risk is that both sets of usernames and password could be written down and used by someone else at the practice potentially resulting in fraudulent requests against the staff member (IG issue) . <i>NHS Digital approves the CCG approach but expect it to be acknowledged on the Risk Register.</i>	Risk Owner	Current Risk Status	Direction of Travel	Annual profile
Current Issues	. Someone obtaining both sets of usernames and passwords and using them fraudulently at the practice	Daniel Young			

Original Risk				Current Risk				Next Risk Review Date	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
31-Jul-2017	3	2	6	11-Sep-2017	3	1	3		3	1	3	30-Sep-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
. Monthly reporting to Quality and Performance Committee and Primary Care Workstream . Output from Risk to be forwarded to NHS Digital for oversight. (External)	. Software uses two sets of usernames and passwords, one identifying the GP Practice, one identifying the staff to make a request and has been accepted by NHS Digital as an alternative . Software sits behind firewalled N3, with connections in only possible via validated and actioned firewall request with BT – i.e. only accessible on site.	Gaps in controls . The CCG is unable to progress any further, NHS Digital have approved the CCG approach and requested this be acknowledged via the CCGs risk register. Current actions address the risk, no further action required Gaps in assurance . None identified

Risk Code & Title	RR_SD_C_65 GP Practice requesting and receiving NHS Number with no legitimate reason			
Risk Statement	Because of the need for GP Practices to identify patients from Pseudo identifiers in Qlikview, there is a potential that due to human error (i.e. mistyping the pseudo number in the request) or incorrect coding at the Provider level, or a bug in the software may present in an NHS Number being returned for a patient not registered at the practice. This would ultimately result in an IG breach. <i>NHS Digital approves the CCG approach but expect it to be acknowledged on the Risk Register.</i>	Risk Owner	Current Risk Status	Direction of Travel
		Daniel Young		
Current Issues	<ul style="list-style-type: none"> . Human error – mis-spelling pseudo-identifier . Provider error – provider incorrectly logging activity against the wrong GP Practice . Inappropriate request – a user willingly requesting NHS Numbers that are not linked to the GP Practice . Software error – incorrectly requesting/displaying 			

Original Risk				Current Risk				Next Risk	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating	Next Risk Review Date	Impact	Likelihood	Rating	Target Date
31-Jul-2017	3	4	12	11-Sep-2017	3	1	3		3	1	3	30-Sep-2017

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Controls
<ul style="list-style-type: none"> . Monthly reporting to Quality and Performance Committee and Primary Care Workstream . Output from Risk to be forwarded to NHS Digital for oversight. (External) 	<ul style="list-style-type: none"> . Every Pseudo NHS Number requested is logged against a GP Practice. The Pseudo/GP combination is cross checked against Patient Demographics Service PDS (provided by North West DSCRO) to ensure that the practice has a legitimate link to the Pseudo NHS Number. This ensures that no combination is inappropriately accessed. Inappropriate access requests are auditable. . All requests require authentication to staff level, and staff details/pseudo identifiers are fully audited, as such, the CCGs can pro-actively monitor usage. . Every request carries with it 'Terms and Conditions' provided by North West DSCRO to which the staff member needs to accept meaning that staff members can be held to account for inappropriate use. . The software has been developed internally by the CCG meaning that the software can be amended in the future should unidentified issues arise meaning we have total control. As the software is written in-house, it has been subject to thorough testing of the BI Department. 	<p>Gaps in controls</p> <ul style="list-style-type: none"> . None identified <p>Gaps in assurance</p> <ul style="list-style-type: none"> . None identified

Appendix C: 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.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Mismanagement of patient care with long-term effects	Incident leading to death 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	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 Severely critical report
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 Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of 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	Multiple breaches in statutory duty Enforcement action Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Zero performance rating Severely critical report

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
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 <3 days service well below reasonable public expectation	National media coverage h >3 days MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase No impact on objectives	<5 per cent over project budget Minor impact on delivery of objectives	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget Major impact on delivery of strategic objectives	Incident leading >25 per cent over project budget Failure of strategic objectives impacting on delivery of business plan
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	Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget 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