

Meeting: Primary Care Commissioning Committee			
Meeting Date	23 January 2019	Action	Receive
Item No.	13	Confidential	No
Title	Risk Report		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Lynne Byers, 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.

The CCG risk register has a combined total of 38 risks being monitored across the organisation of which 1 is the responsibility of the PCCC:

- In total 14 are attributable to the GBAF of which 0 are included on the PCCC Risk Register; and
- In total 24 are attributable to the CCG risk register, of which 1 is included on the PCCC Risk Register.

Recommendations

It is recommended that the Primary Care Commissioning Committee:

- note the update provided in the executive summary;
- receive the risk report;
- note the risks on the risk register as reflected in Appendix A and B;
- discuss the updates provided;
- note the summary position; and
- note the risks that will be reported through the Corporate Risk Register.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<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:	
GBAF – N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>These will be addressed through management of the risks</i>						
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"/>
<i>These will be addressed through management of the risks</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>These will be addressed through management of the risks</i>						
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"/>
<i>These will be addressed through management of the risks</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>These will be addressed through management of the risks</i>						
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 checked="" type="checkbox"/>	N/A	<input 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

Governance and Reporting		
Meeting	Date	Outcome

Primary Care Commissioning Committee Risk Register

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 **15 January 2019**.

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 The CCG risk register has a combined total of 38 risks being monitored across the organisation of which 1 is the responsibility of the Primary Care Commissioning Committee (PCCC):
- In total 14 are attributable to the GBAF of which 0 are included on the PCCC Risk Register; and
 - In total 24 are attributable to the CCG risk register, of which 1 is included on the PCCC 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 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.
- 2.6 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, 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 no reported change.

- **OR_BI_09 Uplands Health Centre- Existing Infrastructure**

3.3 This risk was last assessed on the 15 January 2019 and although at target level and a low level risk (4), it will remain on the risk register for oversight, with assessments moving from a quarterly basis to an annual basis 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 The next risk assessment is scheduled for January 2020.

Risks that have reached their target level

3.6 During this reporting period **1** risk has reached its target level.

- **OR_BI_09 Uplands Health Centre- Existing Infrastructure**

3.7 This risk has been at target level since May 2017. Please refer to the detail at 3.3 to 3.5.

Risks that have reduced in score

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

Risks that have increased in score

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

Risks recommended for closure

3.10 During this reporting period **0** risks have been proposed for closure by the risk owner and/or workstream.

New Risks

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

Risks that will be reported through the Corporate Risk Register

3.12 The Corporate Risk Register details risks which are scored at 15 or above. The Primary Care Committee Risk Register contains **0** risks which have been scored at this level or higher:

Risk Summary

3.13 The following summary is provided of the Primary Care Commissioning Risk Register

	Jan	Jan %
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	00.0%
Significant Risks (15-25)	0	0.0%
Risks reviewed in this period (January)	1	100.00%
Risks yet to be reviewed in reporting month	0	0.0%
Risks to be reviewed for next report (Feb / Mar risk review due date)	0	0.0%

4. Recommendations

4.1 The Primary Care Commissioning Committee is asked to:

- note the update provided in the executive summary;
- receive the risk report;
- note the risks on the risk register as reflected in Appendix A and B;
- discuss the updates provided;
- note the summary position; and,
- note the risks that will be reported through the Corporate Risk Register.

Lynne Byers

Risk Manager




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January 2019

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_BI_09	Uplands Health Centre - Existing Infrastructure	23-Aug-2012	20	15-Jan-2019	4	4		Jan-2020

Appendix B: Primary Care Commissioning Committee: Detailed Risk

Risk Code & Title	OR_BI_09 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 Mike Woodhead	Current Risk Status 	Direction of Travel 	Annual profile 
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	15-Jan-2019	2	2	4	Jan-2020	2	2	4	31-Mar-2019

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Regular agenda item on the Whitefield Steering group with status and mitigation reports provided by NHSPS . Updates given to the Bury Strategic Estates Group . Adhoc reporting to Primary Care Commissioning Committee (for information) 	<ul style="list-style-type: none"> . Adhoc agenda item on the Whitefield Steering group with status and mitigation reports provided by NHSPS . 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 assurances:</p> <ul style="list-style-type: none"> . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
OR_BI_09a 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	100%	 Completed

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 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 if findings not acted on 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