

<b>Title of Meeting:</b>	<b>Primary Care Commissioning Committee</b>		<b>Agenda Item: 5.1</b>							
<b>Date of Meeting:</b>	<b>22 July 2021</b>		<b>Session (Tick)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Public</td> <td style="padding: 2px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Private</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Development Session</td> <td style="padding: 2px; text-align: center;"><input type="checkbox"/></td> </tr> </table>		Public	<input checked="" type="checkbox"/>	Private	<input type="checkbox"/>	Development Session	<input type="checkbox"/>
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Development Session	<input type="checkbox"/>									
<b>Paper Title:</b>	<b>PCCC Significant Risk Review</b>									
<b>Responsible Executive Lead and Job Title</b> Wendy Balmain, Director of Strategy & Integration										
<b>Report Author and Job Title</b> Sasha Sencier, Board Secretary and Senior Governance Manager										
<b>Purpose (this paper if for)</b>	<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>						
			<input checked="" type="checkbox"/>							
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> Yes. Risks have been reviewed at the Executive Directors meeting. All risks are also discussed at the monthly Corporate Risk Review Group.										
<b>Executive Summary</b> The Primary Care Commissioning Committee (PCCC) receives and reviews on a quarterly basis those significant risks that are aligned to it from the Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR).  The GBAF and CRR are important governance documents that facilitate the effective management of the CCGs strategic and operational risks. The GBAF and CRR are repositories of current significant risks to the organisation and include risk ratings and the controls in place to mitigate the risk.  The Committee should be made aware that the Governing Body held a development session, led by Internal Audit, on 22 October 2020 focussing on risk management, risk appetite and the GBAF. It was agreed at this session that the risk appetite should be increased from a 12 to a 15, the justification being threefold; the financial position of the CCG is more stable, the CCG received an opinion of High Assurance from Internal Audit for the Governance Audit, and the risk appetite is in line with other CCG's nationally.  Although the risk appetite has been increased to 15, the Chair of the Primary Care Commissioning Committee has asked to also include those at 12 for this report.  A heat map of significant risks is shown at the start of this report.  There are currently <b>3</b> risks that are scored 12 and above and aligned to the PCCC, which can be found in full at <b>Appendix A</b> . Of those risks: <ul style="list-style-type: none"> <li>• 3 score at 12</li> <li>• 0 score at 15 and above.</li> </ul> It should be noted that there are no significant risks on the GBAF that are aligned to PCCC.										
<b>Recommendations</b> <b>The Primary Care Commissioning Committee is being asking to:</b> <ul style="list-style-type: none"> <li>• Note the risks are being managed effectively through the Corporate Risk Review Group, who is accountable to the Executive Directors.</li> <li>• Note the controls and actions in place in order to reduce the significant risks effectively.</li> </ul>										

<b>Monitoring</b>	<ul style="list-style-type: none"> <li>The PCCC receives a quarterly report of significant risks that have been allocated to the Committee for assurance.</li> <li>The Audit Committee receives the GBAF and risk registers in their entirety twice per year.</li> </ul>
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	No direct implications are recognised, however without a Risk Register it is possible that the CCG could fail to recognise the risk of breach of statutory / regulatory / legal requirements, fail to comply with the NHS Constitution and fail to deliver the CCG objectives.
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public &amp; Patient Engagement</b>	Not applicable.
<b>Financial / resource implications</b>	Not applicable.
<b>Significant Risks to Consider</b>	Significant risks are detailed within the report.
<b>Outcome of Impact Assessments completed</b>	Not applicable.

**Sasha Sencier, Board Secretary and Senior Governance Manager**

## NY CCG Primary Care Commissioning Committee

### Quarterly Review of Significant Risks

#### 1.0 Introduction

The Primary Care Commissioning Committee (PCCC) receives and reviews on a quarterly basis those significant risks that are aligned to it from the Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR).

The GBAF and CRR are important governance documents that facilitate the effective management of the CCGs strategic and operational risks. The GBAF and CRR are repositories of current significant risks to the organisation and include risk ratings and the controls in place to mitigate the risk.

The Committee should be made aware that the Governing Body held a development session, led by Internal Audit, on 22 October 2020 focussing on risk management, risk appetite and the GBAF. It was agreed at this session that the risk appetite should be increased from a 12 to a 15, the justification being threefold; the financial position of the CCG is more stable, the CCG received an opinion of High Assurance from Internal Audit for the Governance Audit, and the risk appetite is in line with other CCG's nationally.

Although the risk appetite has been increased to 15, the Chair of the Primary Care Commissioning Committee has asked to also include those at 12 for this report.

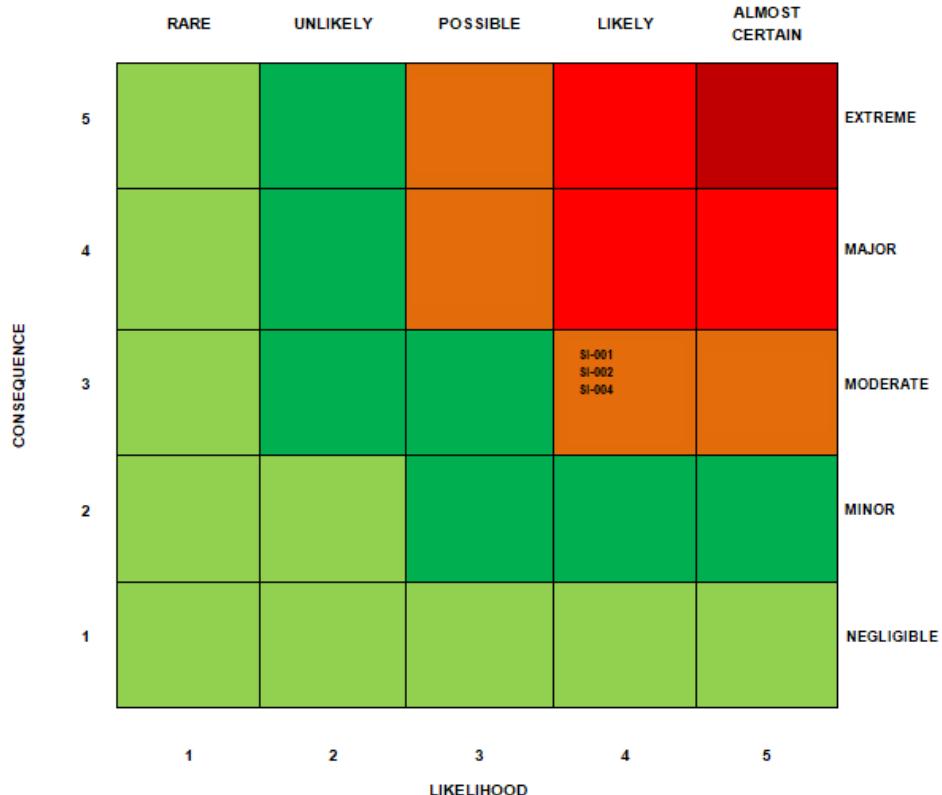
There are currently **3** risks that are scored 12 and above and aligned to the PCCC, which can be found in full at **Appendix A**. Of those risks:

- 3 score at 12
- 0 score at 15 and above.

It should be noted that there are no significant risks on the GBAF that are aligned to PCCC.

As described in the CCG's Risk Management Strategy, significant risks are received by Committees on a quarterly basis. The risk should gradually decrease from the initial score to meet the target score (risk appetite). If the current risk is not reducing then the actions that have been put in place to address the risk must be reviewed, as it would appear that the actions are not effective at reducing the risk.

The heat map below presents a visual display of the significant risks aligned to the Primary Care Commissioning Committee.



## 2.0 Corporate Risk Register (CRR)

There are currently **no** risks on the CRR that are aligned to the PCCC as these risks now only contain risks scored at 15 and above. There are however **3** risks that are scored at 12 and the Chair has asked to review these. The risks can be found in full at Appendix A.

The risks are summarised below which include a table that tracks the risk scores to provide assurance that actions put in place are providing adequate mitigation to reduce the overall risk.

### Risk ID: SI-001

*Failure to enable primary and community services to support the reset of acute care activity and remain stable through winter due to the impact of COVID-19 symptomatic people and flu patients on the ability of primary care to maintain services.*

#### Summary of Risk Management

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
<b>Initial Risk Rating</b>	-	20	20	20
<b>Current Risk Rating</b>	-	12	12	12
<b>Target Risk Rating</b>	-	6	6	6

### Risk ID: SI-002

*In a second wave and / or challenging winter, community services to be unable to meet patient demand due to volumes of patients with Covid-19 and / or high staff absence, exacerbated.*

#### Summary of Risk Management

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
<b>Initial Risk Rating</b>	-	16	16	16
<b>Current Risk Rating</b>	-	12	12	12
<b>Target Risk Rating</b>	-	6	6	6

**Risk ID: SI-004**

*Failure to manage growth pressures placed on healthcare services across North Yorkshire.*

**Summary of Risk Management**

TIME	Q1 (2020)	Q2 (2020)	Q3 (2020)	Q4 (2021)
<b>Initial Risk Rating</b>	-	<b>12</b>	<b>12</b>	<b>12</b>
<b>Current Risk Rating</b>	-	<b>12</b>	<b>12</b>	<b>12</b>
<b>Target Risk Rating</b>	-	<b>8</b>	<b>8</b>	<b>8</b>

**3.0 Recommendations**

The Primary Care Commissioning Committee is asked to:

- Note the risks are being managed effectively through the Corporate Risk Review Group, who is accountable to the Executive Directors.
- Note the controls and actions in place in order to reduce the significant risks effectively.

**4.0 Next Steps**

The Primary Care Commissioning Committee will receive a Review of Significant Risks (risks scored at 15 and above) aligned to it on a quarterly basis.

**Sasha Sencier, Senior Governance Manager and Board Secretary**

# North Yorkshire CCG - Risk Registers

**GUIDANCE - Please read prior to completing this document**



## Introduction

The Risk Registers are used for evaluating and managing operational risks, both significant and non significant. Significant risks are detailed within the Corporate Risk Register tab (Scored 15 and above) and non significant risks are detailed within the Directorate Risk Register tab (scored 12 and below).

The purpose of the risk register is to record risks, their likelihood and consequence, in addition to identifying the risk owner who will manage the actions to reduce the risk.

Be concise when filling in details and ensure key information is captured and explained clearly.

Ensure to record the dates on which risks are identified, reviewed and closed off.

## PLEASE FOLLOW RISK RATING GUIDANCE BELOW BEFORE COMPLETING SCORES

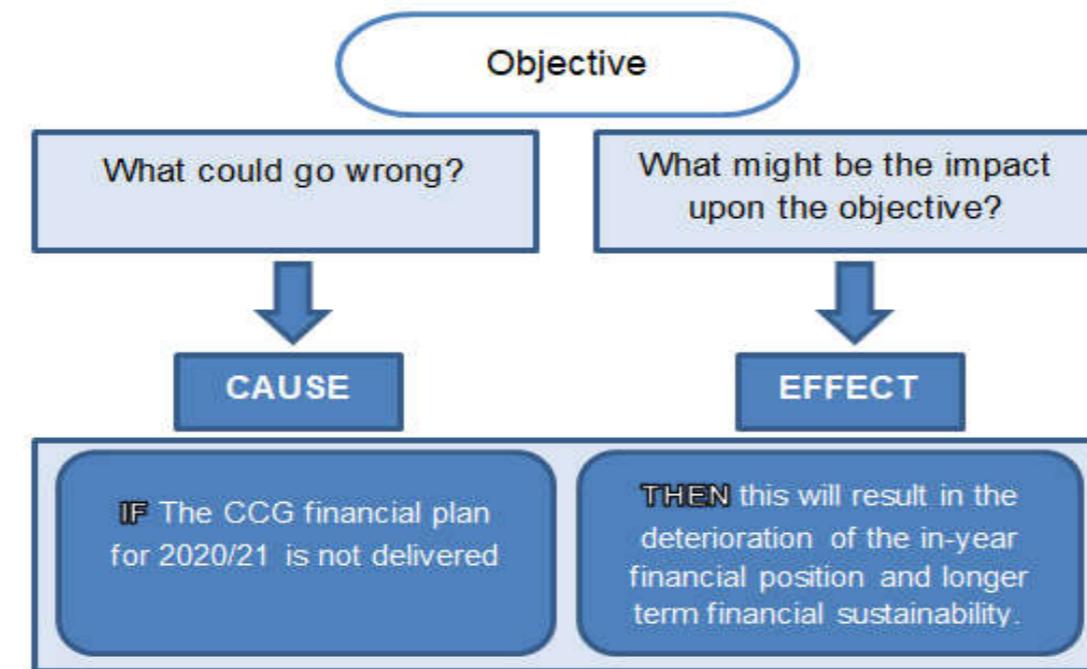
The results of the likelihood and consequence assessments can be recorded against a risk matrix (Risk scores are automatically populated in the log)

The matrix provides a visual representation of risk in relation to establishing the priority for managing each risk.

Risk assessment involved the calculation of the magnitude of potential consequences (levels of impacts) and the likelihood (levels of probability) of these consequences to occur.

**Risk = LIKELIHOOD x CONSEQUENCE;** where: (i) Likelihood is the Probability of occurrence of an impact that affects the environment; and, (ii) Consequence is the Environmental impact if an event occurs.

## Example of Constructing a Risk



## Risk Scoring Matrix Methodology

### Consequence Score (C)

Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme
Patient and staff safety (Physical / Psychological)	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.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. RIDDOR 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. 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. 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. 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.	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 / media interest. Damage to an individuals reputation.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met. Damage to a teams reputation.	Local media coverage – long-term reduction in public confidence. Damage to a services reputation.	National media coverage with <3 days service well below reasonable public expectation. Damage to the organisations reputation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence (NHS reputation).
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 / up to £100,000	Claims / Loss between £100,000 and £250,000	Claims / Loss between £250,000 and £500,000	Claims / Loss between £500,000 and £1m  Purchasers failing to pay on time	Uncertain delivery of key objective/  Claims / Loss exceeds £1m Failure to meet specification/ slippage Loss of contract / payment by results
Service / Business Interruption	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. Extreme impact on environment.
Environmental Impact					
Data Loss / Breach of Confidentiality	Potential serious breach. Less than 5 people affected or risk assessed as low, eg files were not encrypted.	Potential serious breach and risk assessed as high, eg unencrypted clinical records. Up to 20 people affected.	Serious breach of confidentiality. Up to 100 people affected.	Serious breach with either Particular sensitivity, eg sexual health details, or up to 1000 people affected.	Serious breach with potential for ID theft or over 1000 people affected.
Reputational	Event, incident, or CCG change which could lead to a one-off negative media report, limited to a single entity (either media organization or group).	Event, incident, or CCG change which could lead to one-off negative media interest pursued by multiple media entities and communities.	Event, incident, or CCG change with the potential to lead to negative media coverage, adverse community reaction and parliamentary interest over a prolonged period of time which restrains the ability of the CCG to carry out its functions and/or results in disciplinary action for senior staff.	Event, incident, or CCG change with the potential to destroy the reputation of the CCG and undermine all future actions, such as incident leading to death, multiple permanent injuries or irreversible health effects impacting on a large number of patients.	

## Risk Scoring Matrix Methodology

### Likelihood Score (L)

Choose the most appropriate level for the identified risk of the probability.

	LIKELIHOOD	Descriptor of Frequency	Time Framed Descriptors of Frequency
1	Rare	This will probably never happen	Not expected to occur for years
2	Unlikely	Do not expect it to happen or recur	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Is likely to happen or recur but is not a presisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen or recur. Possible frequently.	Expected to occur at least daily

Light Green	Negligible
Green	Low Risk
Amber	Moderate Risk
Red	High Risk
Dark Red	Extreme Risk

NYCCG Directorate Risk Register (Risks Scored 12 and Below)								Likelihood (L) X Consequence (C) = Risk Score							L X C = Risk Target														
Assurance Committee	Other Committees Aligned	Risk ID	Date Risk Added	Risk Description	Executive Risk Owner	Lead Officer	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place							Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Month for Action Completion	L 1-5	C 1-5	RA (1-25)	Date Last Reviewed	NOTES FOR CRRG ONLY AREAS TO DISCUSS WITH RISK MANAGEMENT LEADS
Primary Care Commissioning Committee	Primary Care Commissioning Committee	SI-001	03/09/20	Failure to enable primary and community services to support the reset of acute care activity and remain stable due to the impact of Covid symptomatic people and flu patients on the ability of primary care to maintain services	Wendy Balmain, Director of Strategy and Integration	Andrew Dangerfield, Head of Primary Care Transformation		<p>The NY&amp;Y System Recovery Plans include plans for an integrated response to delivering a recovery programme during phase 3 of the Covid impact (August 2020 - March 2021). Key changes which help mitigate this risk include:</p> <ul style="list-style-type: none"> <li>- Primary Care Networks have made arrangements for practices to offer mutual aid and work together to ensure resilience.</li> <li>- Hot and cold zones and sites have been established to manage patient access.</li> <li>- Clinical staff are able to work from home to provide triage capacity.</li> <li>- Extended access and out of hours service development.</li> </ul> <p>15/6/20: Practices have been asked to complete a BAME risk assessment even if they do not directly employ someone from a BAME background. These risk assessments are designed to offer additional protection for people from a BAME background. The completion of these risk assessments is being rigorously monitored by the LMC.</p> <p>- Robust flu vaccination programme being put in place across NY to maximise take up of flu vaccine, including a potential additional cohort of patients (50-64 year olds, plus 1st year of secondary school), to reduce the impact of flu on services.</p> <p>- Covid specific hot sites and/or hot zones in place across all practices to manage the impact of Covid symptomatic patients.</p> <p>- Activity reporting in place to monitor any surges in flu and Covid positive patients.</p> <p>- SR have plans to reconfigure services and sites according to impact.</p> <p>- Practices have re-prioritisation plans for services according to impact.</p> <p>- Hot site in Harrogate identified and due to be operational in November.</p>							5	4	20	4	3	12		Scarborough & Ryedale practices do not have a hot site No ability to be able to backfill staff if they are ill and/or self isolating	SR practices will reconfigure services and sites according to need - only required if it happens. Practices will reprioritise services according to need - only required if it happens.	Jul-21	3	2	6	12/07/21	3/3/21 - Lisa Pope confirmed no changes. 16/4/21 - LP confirmed no significant changes - removed 'through winter' on risk description as winter over but risk remains. 12/7/21 - LP confirmed no significant changes - removed 'through winter' on risk description as winter over but risk remains.
Finance, Performance, Contracting & Commissioning Committee	Primary Care Commissioning Committee	SI-002	03/09/20	In a third wave community services to be unable to meet patient demand due to volumes of patients with Covid-19 and / or high staff absence, exacerbated.	Wendy Balmain, Director of Strategy and Integration	Sam Haward, Head of Community Services and Transformation		<ul style="list-style-type: none"> <li>- Prioritisation matrix for community service workload</li> <li>- Joint working between community and practice nurses; tracked through weekly community service report and SITREP.</li> <li>- Assurance of phase 3 letter requirements with community providers</li> <li>- Designated discharge co-ordinator for North Yorkshire in place.</li> <li>- Discharge Command Centres in place at all 5 District General Hospitals</li> <li>- Early implementation of 'Enhanced Health in Care Homes' with 100% of care homes with an assigned PCN and clinical lead</li> <li>- Home First discharge policy</li> <li>- Block-booked beds in place with a range of nursing and residential support to ensure rapid discharge and safe management of Covid positive patients</li> </ul>							4	4	16	4	3	12		Discussions on capacity required for autumn / winter 2020/21 to continue as required.  Confirmed arrangements for Covid positive patients requiring nursing support from VoY area and confirm facility for A1 corridor	Discussions on capacity required for autumn / winter 2020/21 to continue as required.  Finalise arrangements for Covid positive patients requiring nursing support from VoY area and confirm facility for A1 corridor	Sept-21	3	2	6	12/07/21	9/12/20: CRRG - SS to develop a GBAF risk on this with SI014 and FC004 (see Corporate RR SI014 and Directorate RR FC004). Overall impact across the system that provides health and social care, Impact on patients and people. 21/1/21 - no change to this risk. 3/3/21 - Lisa Pope confirmed no changes. 16/4/21 - LP confirmed no significant changes - updated to third wave and removed 'challenging winter' on risk description. 12/07/21 - SH updated winter risk to 2021/22, noted situation in summer 2021 (raising risk to L4 x C4 = 16 from L4 x C3 = 12), and need to strengthen crisis response. To be discussed further with risk lead for the CCG w/c 19 July 2021.
Finance, Performance, Contracting & Commissioning Committee	Primary Care Commissioning Committee	SI-004	01/04/20	Failure to manage growth pressures placed on healthcare services across North Yorkshire.	Wendy Balmain, Director of Strategy & Integration / Simon Cox, Director of Acute Commissioning	Lisa Pope, Deputy Director Primary Care and Integration/ Vanessa Burns, Deputy Director of Acute Commissioning		<p>Planned Care Demand management strategic priority across the three North Yorkshire CCGs. - (includes the rapid expert for opinion programme)</p> <p>Joint working group across S&amp;I and Acute teams established - this is emerging and will support delivery when it develops joint place based discussions.</p> <p>Use of RightCare analysis to identify opportunities to reduce variation in levels of activity.</p> <p>Operational planning for 2020/21 and 2021/22 being undertaken jointly with key providers.</p> <p>ICS oversight of operational planning across North Yorkshire and York.</p> <p>PCN development including appointing to additional roles.</p>							4	3	12	4	3	12		Ongoing work with other secondary care providers to identify new ideas.  Review opportunities to share resources across the healthcare system (Ongoing)	Continue to develop demand management schemes across the healthcare system (Ongoing)	CHECK	2	4	8	12/07/21	21/1/21 - no change to this risk. 3/3/21 - Lisa Pope confirmed no changes. 16/4/21 - LP confirmed no significant changes 12/7/21 - LP confirmed no significant changes