

<b>Title of Meeting:</b>	<b>Primary Care Commissioning Committee</b>	<b>Agenda Item: 5.1</b>									
<b>Date of Meeting:</b>	<b>26 November 2020</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td align="center">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
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<b>Private</b>											
<b>Development Session</b>											
<b>Paper Title:</b>	<b>PCCC Significant Risk Review</b>										
<b>Responsible Executive Lead and Job Title</b> Julie Warren, Director of Corporate Services, Governance and Performance 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 is for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td align="center">X</td> <td></td> </tr> </table>	Decision	Discussion	Assurance	Information			X			
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		X									
<p><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.</p>											
<p><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.   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>. 3 of risks are score at 12 and 0 are scored at 15 and above. Due to the nature of these risks, the Finance, Performance and Commissioning Committee also keeps some of these significant risks under review.   The GBAF is currently under development will be approved at the next Governing Body meeting 'in public' on 22 December 2020. As such, the GBAF risks will form part of the next quarterly report to PCCC.</p>											
<p><b>Recommendations</b>  <b>The Primary Care Commissioning Committee is being asking to:</b></p> <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>											
<p><b>Monitoring</b></p> <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

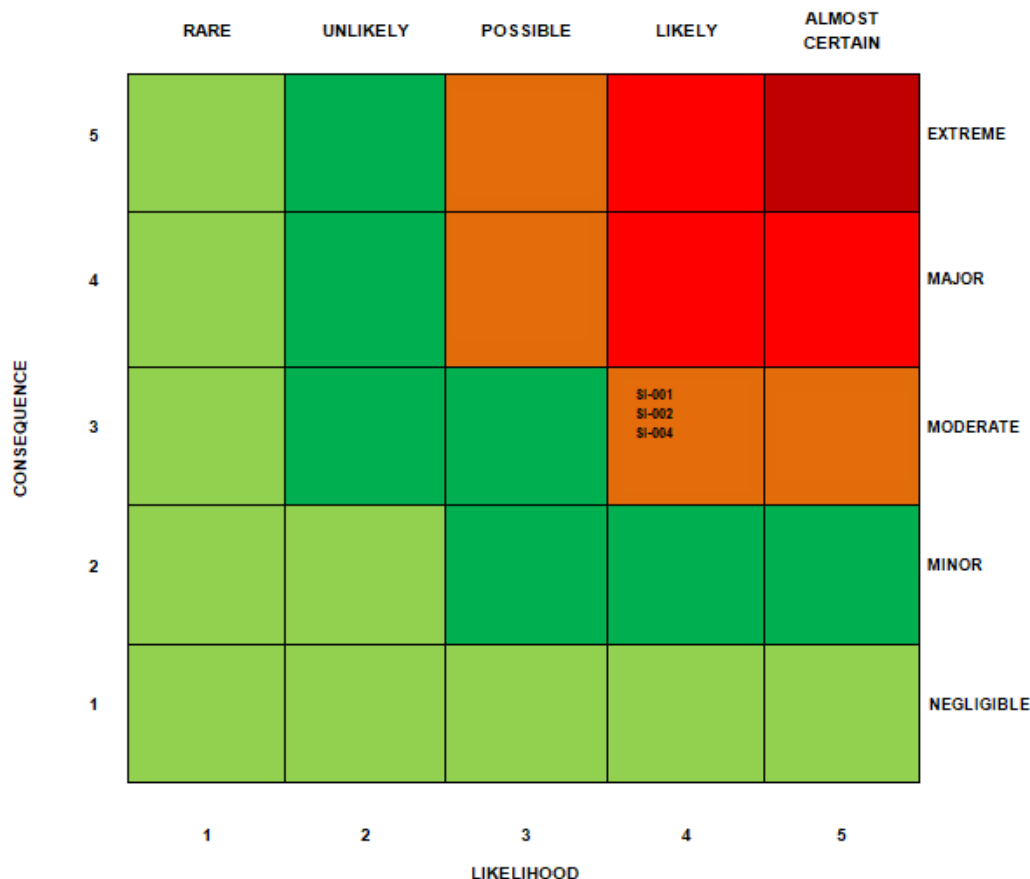
The Primary Care Commissioning Committee (PCCC) receives and reviews on a quarterly basis those significant risks that are aligned to it from the Governing Body Assurance Framework (GBAF) and Corporate Risk Register (CRR).

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.

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 risks ahead of the risks being removed from the CRR. 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)
Initial Risk Rating	-	20	20	20
Current Risk Rating	-	12	12	
Target Risk Rating	-	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)
Initial Risk Rating	-	16	16	16
Current Risk Rating	-	12	12	
Target Risk Rating	-	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)
Initial Risk Rating	-	12	12	12
Current Risk Rating	-	12	12	
Target Risk Rating	-	8	8	

## 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**

NYCCG Directorate Risk Register (Risks Scored 12 and Below)

Likelihood (L) X Consequence (C) = Risk Score

Revised 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	Initial C	Initial Score (1-25)	Current L	Current C	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	C	RA (1-25)	Date Last Reviewed
									1-5	1-5		1-5	1-5						1-5	1-5		
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 through winter 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-prioritization 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		<p>Scarborough &amp; Ryedale practices do not have a hot site</p> <p>No ability to be able to backfill staff if they are ill and/or self isolating</p>	<p>SR practices will reconfigure services and sites according to need - only required if it happens.</p> <p>Practices will reprioritise services according to need - only required if it happens.</p>	Mar-21	3	2	6	04/11/20
Finance, Performance, Contracting & Commissioning Committee	Primary Care Commissioning Committee	SI-002	03/09/20	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.	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		<p>Discussions on capacity required for autumn / winter 2020/21 to continue as required.</p> <p>Confirmed arrangements for Covid positive patients requiring nursing support from VoY area and confirm facility for A1 corridor</p>	<p>Discussions on capacity required for autumn / winter 2020/21 to continue as required.</p> <p>Finalise arrangements for Covid positive patients requiring nursing support from VoY area and confirm facility for A1 corridor</p>	Nov-20	3	2	6	04/11/20

NYCCG Directorate Risk Register (Risks Scored 12 and Below)

Likelihood (L) X Consequence (C) = Risk Score

Revised L X C = Risk Target

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									Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)					L 1-5	C 1-5	RA (1-25)
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> <p>Consistent set of principles to be applied across North Yorkshire to manage primary care demand.</p> <p>Acceleration of digital solutions to support flexible working, virtual consultations and self care.</p>	4	3	12	4	3	12		<p>Ongoing work with other secondary care providers to identify new ideas.</p> <p>Review opportunities to share resources across the system and work at the ICS level.</p>	<p>Continue to develop demand managements schemes across the healthcare system (Ongoing)</p>	Mar-21	2	4	8