

<b>Title of Meeting:</b>	NY CCG Primary Care Commissioning Committee	<b>Agenda Item: 5.1</b>		
<b>Date of Meeting:</b>	21 October 2021	<b>Session (Tick)</b>		
<b>Paper Title:</b>	Significant Risk Review	<b>Public</b>		X
		<b>Private</b>		
		<b>Development Session</b>		
<b>Responsible PCCC Member Lead</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 is for:</b>	<b>Decision</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>
			X	
<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 recently been reviewed by the Corporate Risk Review Group, the Executive Directors, Audit Committee and Governing Body.				
<b>Executive Summary</b> <p>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).</p> <p>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.</p> <p>The Committee should be made aware that risks 15 and above are significant to the organisation and should be monitored by an assigned Committee. However, the Chair of the Primary Care Commissioning Committee has asked to also include those at 12 for this report.</p> <p>A heat map of significant risks is shown at the start of this report. There are currently 2 risks that are scored 12 and above and aligned to the PCCC, which can be found in full at Appendix A. Of those risks:</p> <ul style="list-style-type: none"> <li>• 2 score at 12</li> <li>• 0 score at 15 and above.</li> </ul> <p>It should be noted that one new risk have been added to the register since the last report (SI-015) and one risk has been closed since the last report (SI-001).</p> <p>It should also be noted that there are no significant risks on the GBAF that are aligned to PCCC.</p>				
<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 to reduce the significant risks effectively.</li> </ul>				
<b>Monitoring</b> <p>The PCCC receives a quarterly report of significant risks that have been allocated to the Committee for assurance.</p>				

## CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	<b>Strategic Commissioning:</b> <ul style="list-style-type: none"> <li>To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.</li> <li>To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.</li> <li>To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.</li> </ul>	
2	<b>Acute Commissioning:</b> We will ensure access to high quality hospital-based care when needed.	
3	<b>Engagement with Patients and Stakeholders:</b> We will build strong and effective relationships with all our communities and partners.	
4	<b>Financial Sustainability:</b> We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	
5	<b>Integrated / Community Care:</b> With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	
6	<b>Vulnerable People:</b> <ul style="list-style-type: none"> <li>We will support everyone to thrive [in the community].</li> <li>We will promote the safety and welfare of vulnerable individuals.</li> </ul>	
7	<b>Well-Governed and Adaptable Organisation:</b> In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	X

## CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	
2	Compassion	
3	Empowerment	
4	Inclusivity	
5	Quality	X
6	Respect	

## Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X
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<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>	Any significant risks are identified in this 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 risks 15 and above are significant to the organisation and should be monitored by an assigned Committee. However, 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 2 risks that are scored 12 and above and aligned to the PCCC, which can be found in full at Appendix A. Of those risks:

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

It should be noted that one new risk have been added to the register since the last report (SI-015) and one risk has been closed since the last report (SI-001).

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

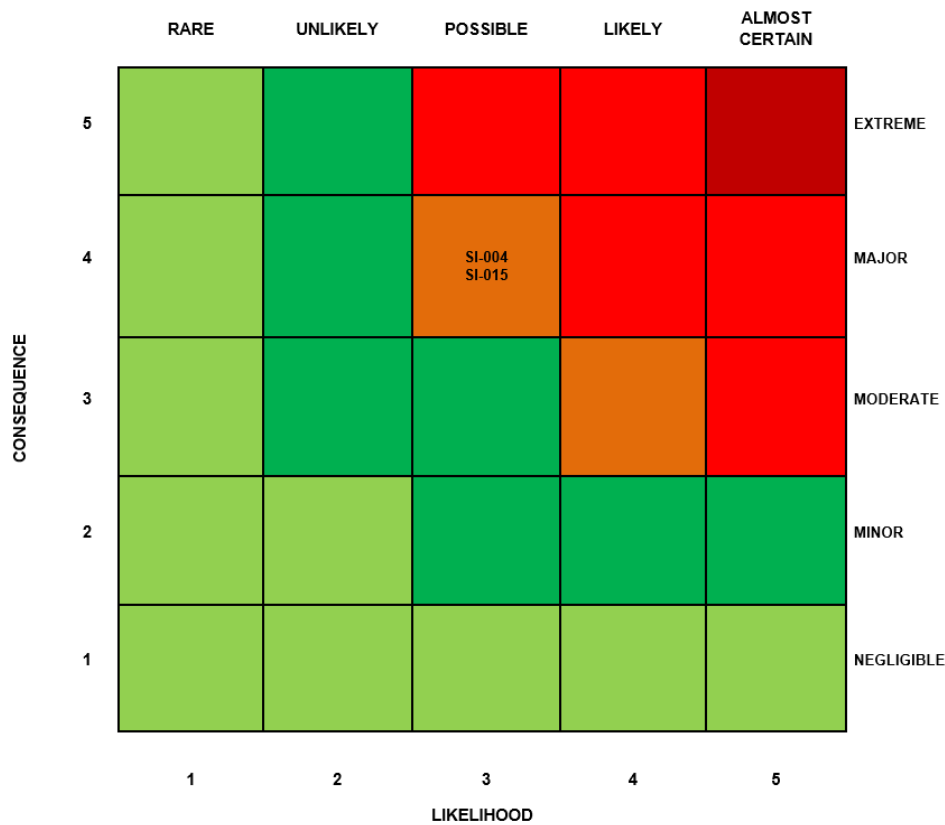
As described in the CCG's Risk Management Strategy, significant risks are received by Committees on a quarterly basis. The risk should gradually decrease from the initial score to meet the target score (risk appetite). If the current risk is not reducing then the actions that have been put in place to 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 XX 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-004**

**Director Lead: Wendy Balmain**

**Risk Lead: Lisa Pope, Deputy Director of Primary Care and Vanessa Burns, Deputy Director of Acute Commissioning**

Failure to manage growth pressures placed on healthcare services across North Yorkshire could impact on all (trusts, community and primary care) providers' ability to deliver healthcare services.

**Summary of Risk Management**

TIME	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)	Q3 (21/22)
Initial Risk Rating		12	12	TBD
Current Risk Rating		12	12	TBD
Target Risk Rating		8	4	TBD

**NEW RISKS SINCE LAST REPORT**

**Risk ID: SI-015**

**Director Lead: Wendy Balmain**

**Risk Lead: Andrew Dangerfield, Head of Primary Care**

An increase in demand on primary care services in relation to Flu Vaccination Programme and COVID Vaccination and Booster Programme, with increase in respiratory illnesses and workforce issues could impact on the ability of primary care to maintain services.

**Summary of Risk Management**

TIME	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)	Q3 (21/22)
Initial Risk Rating			16	TBD
Current Risk Rating			12	TBD
Target Risk Rating			6	TBD

## CLOSED RISKS SINCE LAST REPORT

**Risk ID: SI-001**

**Director Lead: Wendy Balmain**

**Risk Lead: Andrew Dangerfield, Head of Primary Care**

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

### Summary of Risk Management

TIME	Q3 (20/21)	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)
Initial Risk Rating	20	20	20	20
Current Risk Rating	12	12	6	6
Target Risk Rating	6	6	6	6

**REASON FOR CLOSURE:** This risk related specifically to last year. A new risk has been added to the register for flu season 2021/22 (SI-015).

### 3.0 Governing Body Assurance Framework (GBAF)

There are currently NO risks on the GBAF that are aligned to the PCCC.

### 4.0 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 to reduce the significant risks effectively.

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

NHS North Yorkshire CCG, October 2021

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	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	Date Last Reviewed
									1-5	1-5	(1-25)	1-5	1-5	(1-25)					1-5	1-5	(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 could impact on all (trusts, community and primary care) providers' ability to deliver healthcare services.	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	3	4	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>	Continue to develop demand managements schemes across the healthcare system (Ongoing)	Mar-22	2	2	4	10/09/21
Primary Care Commissioning Committee		SI-015	20/07/21	An increase in demand on primary care services in relation to Flu Vaccination Programme and COVID Vaccination and Booster Programme, with increase in respiratory illnesses and workforce issues could impact on the ability of primary care to maintain services.	Wendy Balmain, Director of Strategy and Integration	Andrew Dangerfield, Head of Primary Care Transformation		<p>Systems implemented from the start of the pandemic onwards are in place to help support practices to be able to manage demand.</p> <p>Practices have implemented hot and cold pathways. Flu and vaccination programme being managed at COVID Board level with system partners.</p> <p>Daily OPEL reporting with follow-on actions agreed at system level.</p>	4	4	16	3	4	12		<p>Planning is required much earlier due to increase in demand, seeing respiratory illnesses earlier.</p> <p>Hot sites not in place any more across the system so if the number of hot cases continues to rise these will need to be reinstated.</p> <p>No ability to be able to backfill staff if they are ill and/or self isolating.</p>	<p>System Resilience Planning Project to be developed.</p> <p>Hot cases from practices to be monitored.</p> <p>Practices will reprioritise services according to need - only required if it happens.</p>	Oct-21	3	2	6	10/09/21

## 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
<b>Patient and staff safety (Physical / Psychological)</b>	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 or staff.	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.
<b>Quality / Complaints / Audit</b>	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.
<b>Human Resources / Organisational Development / Staffing / Competence</b>	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.
<b>Statutory duty / inspections</b>	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.
<b>Adverse publicity / Reputation</b>	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).
<b>Business Objectives / Projects</b>	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.
<b>Finance - including claims</b>	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	Non-delivery of key Objective Claims / Loss exceeds £1m Failure to meet specification/ slippage Loss of contract / payment by results
<b>Service / Business Interruption</b> <b>Environmental Impact</b>	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 day1. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Extreme impact on environment.
<b>Data Loss / Breach of Confidentiality</b>	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.
<b>Reputational</b>	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 and adverse community reaction over the course of a number of weeks.	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 persisting 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