

Title of Meeting:	Primary Care Commissioning Committee	Agenda Item: 5.0										
Date of Meeting:	2 March 2017	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>			Session (Tick)		Public	X	Private		Workshop	
Session (Tick)												
Public	X											
Private												
Workshop												
Paper Title:	Primary Care Commissioning Committee Risk Register											
Responsible PCCC Member Lead Professor Jane Metcalf Chair of the PCCC		Report Author and Job Title Sasha Sencier Corporate Governance Manager										
This Paper is to:	<table border="1"> <tr> <th>To Approve</th> <th>To Accept</th> <th>To Assure</th> <th>To Note</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>				To Approve	To Accept	To Assure	To Note	X			
To Approve	To Accept	To Assure	To Note									
X												
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No												
<p>Executive Summary</p> <p>The Primary Care Commissioning Committee (PCCC) receives and reviews, at every meeting a Risk Register providing details of the risks allocated to the Committee for monitoring and updating.</p> <p>There are currently no risks on the PCCC risk register that have been escalated to the Governing Board Assurance Framework (GBAF). The Risk Register is an important governance document that facilitates the effective management of the CCGs strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>The PCCC last reviewed the PCCC Risk Register on 3 November 2016. The Audit Committee also received the PCCC Risk Register on 21 February 2017 for assurance.</p>												
<p>Recommendations</p> <p>The PCCC is asked to:</p> <ul style="list-style-type: none"> • Consider whether the risks identified are appropriately described and scored • Consider whether there are other risks which need to be included • Consider whether any of the risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCGs strategic objectives. 												
<p>Monitoring</p> <p>The PCCC receives and reviews, at every meeting, a Risk Register providing details of the risks allocated to the Committee for monitoring and updating.</p>												
CCGs Strategic Objectives supported by this paper												
	CCG Strategic Objective	X										
1	Quality, Safety and Continuous Improvement	X										
2	Better Value Healthcare	X										
3	Well Governed and Adaptable Organisation	X										
4	Health and Wellbeing	X										
5	Active and Meaningful Engagement	X										

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	
2	Commitment to Quality of Care	X
3	Compassion	
4	Improving Lives	
5	Working Together for Patients	X
6	Everyone Counts	

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

YES		NO	X
------------	--	-----------	----------

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	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.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Outcome of Equality Impact Assessment	Not applicable.

Sasha Sencier
 Corporate Governance Manager
 014237993

PRIMARY CARE COMMISSIONING COMMITTEE TEAM RISK REGISTER

Risk Threshold Matrix

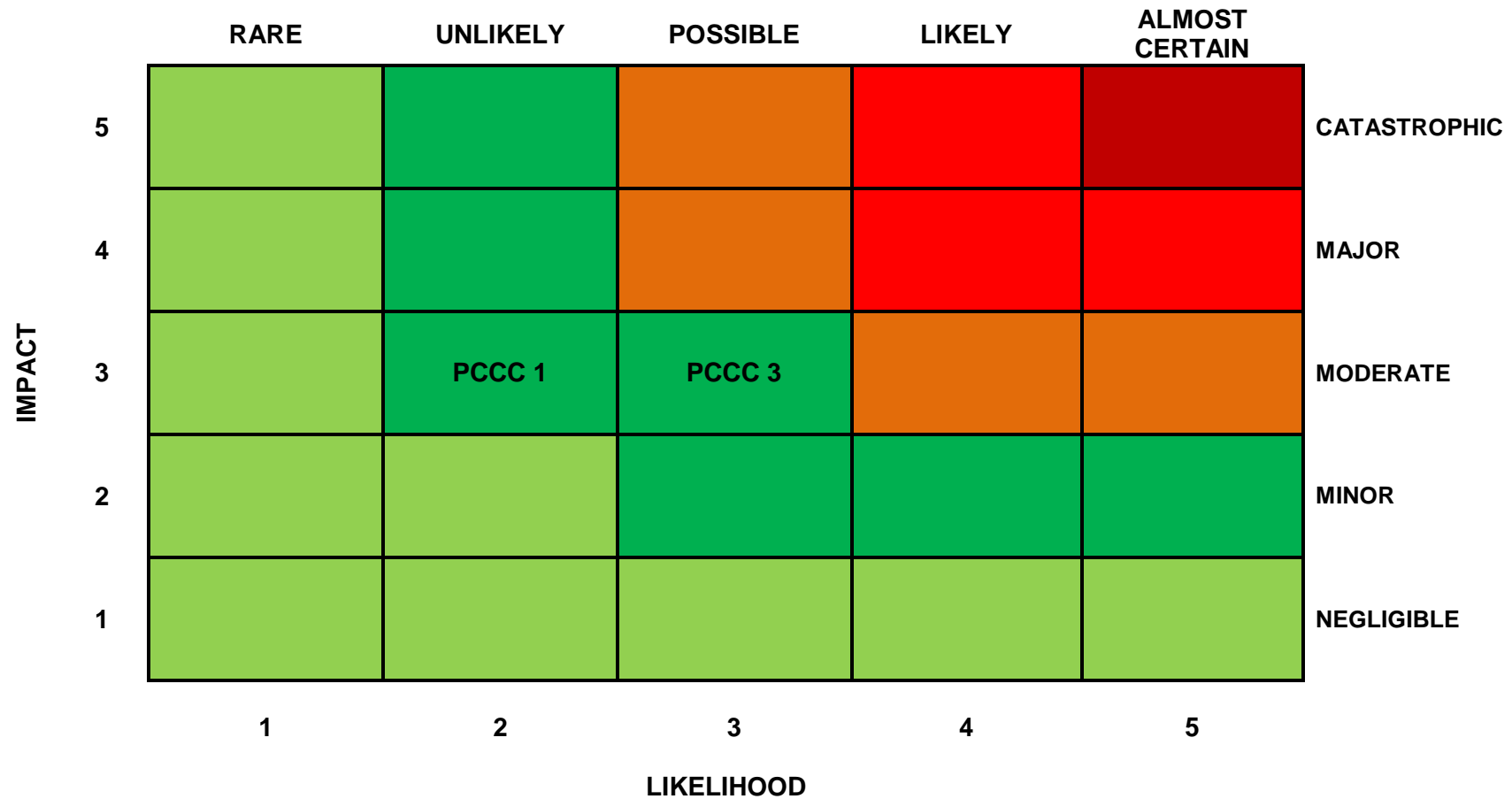
The risk tolerance / appetite under which risks can be tolerated is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances. Risks scored at 12 or above must be allocated to a committee for management, have an associated action plan and notified to the Governing Body through the Governing Body Assurance Framework or via exception reporting.

1 – 5	Low	Risk managed by individual teams / within projects.	Clinical judgement regarding specific risks may override thresholds.
6 – 10	Medium	Risks managed by individual teams / within projects, including in the Corporate Risk Register, reviewed by SMT.	
11 – 15	High	Risk allocated to a Governing Body Committee for oversight and notified to the Governing Body through the Governing Body Assurance Framework or via exception reporting.	
16 – 20	Very High	Risk allocated to a Governing Body Committee for oversight and notified to the Governing body through the Governing Body Assurance Framework for via exception reporting.	
25	Extreme	Risk allocated to a Governing Body Committee for oversight and notified to the Governing Body through the Governing Body Assurance Framework or via exception reporting.	

HaRD CCGs Strategic Objectives

1	Quality, Safety and Continuous Improvement	To ensure that the care we commission is of high quality/safe and sustainable, improves health outcomes and wellbeing and provides a good patient experience.
2	Better Value Healthcare	To meet the economic challenges and changes in the NHS by commissioning efficient and cost effective services and better value healthcare.
3	Well Governed and Adaptable Organisation	To be a well governed organisation with high standards of assurance, responsive to members and stakeholders in transforming services using innovative approaches to meet the future healthcare needs of our population.
4	Health and Wellbeing	To shift the emphasis towards optimising opportunities for maintaining health and wellbeing, promoting patient responsibility to choose well, accessing the right services at the right time and in the most appropriate place, and empowering patients to be better able to self-manage their own long term conditions.
5	Active and Meaningful Engagement	To work in close partnership with local people as well as all organisations that commission or provide care for our population to embed meaningful engagement into the CCGs decision making processes.

Heat Map of Primary Care Commissioning Committee Risks



Risk ID / Strategic Objective	Description	Lead Person and Directorate	Initial Risk			Current Risk			Key Controls	Key Assurances	Gaps in Control and Assurance	Quantifiable Financial Risk	Actions Required	Action Lead
			L	C	Rating LxC	L	C	Rating LxC						
PCCC 1	<p>Added: 23.02.15</p> <p>Last Review: 03.11.16</p> <p>Additional Primary Care Resources capacity not yet agreed with NHS England.</p>	Amanda Bloor / Corporate	2	2	4	2	3	6	<p>PCCC - NHS England attend.</p>	<p>Updates from NHS England.</p> <p>National process to ensure consistency in allocation of resources.</p>				
Risk ID / Strategic Objective	Description	Lead Person and Directorate	L	C	Rating LxC	L	C	Rating LxC	Key Controls	Key Assurances	Gaps in Control and Assurance	Quantifiable Financial Risk	Actions Required	Action Lead
PCCC 3	<p>Added: 01.09.16</p> <p>Last Review: 03.11.16</p> <p>The Abolishment of the Minimum Income Practice Guarantee could result in the reduction in the services</p>	Dr Rick Sweeney	3	3	9	3	3	9	<p>Patient engagement</p> <p>Cluster Meetings</p> <p>CoM</p> <p>LMC Engagement</p> <p>PMS Premium reinvestment</p>	<p>7-year phased programme</p> <p>SMT attendance at YORLMC</p> <p>Patient feedback</p> <p>Local enhanced services</p> <p>Updates at PCCC</p>		As MPIG is abolished nationally and redistributed as part of Basic Practice allowance theoretically the national investment in primary care will not reduce, however because the HaRD		

								reference of PCCC	Organisational development plan.		
								Review of declarations of conflicts of interest	Staff appraisals / PDPs, including stretch objectives going forward.		
								Code of conduct	Skills Audit.		
									NHS England issued 'Assured' for Q4.		
									Comms & Engagement Strategy.		
									CCG meeting the vast majority of its constitutional targets (05.02.15)		
									360° feedback.		

Risk Matrix

	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN	
CONSEQUENCE	5	10	15	20	25	CATASTROPHIC
	4	8	12	16	20	MAJOR
	3	6	9	12	15	MODERATE
	2	4	6	8	10	MINOR
	1	2	3	4	5	NEGLIGIBLE
	LIKELIHOOD					

1 – 5	Low
6 – 11	Medium
12 – 15	High
16 – 20	Serious
25	Critical

	Likelihood	Broad Description of Frequency	Time Frame Descriptors of Frequency
1	Rare	This will probably never happen / recur	Not expect to occur for years
2	Unlikely	Do not expect it to happen/ recur but it is possible it may do so.	Expected to occur at least annually.
3	Possible	Might happen / recur occasionally.	Expected to occur at least monthly.
4	Likely	Will probably happen / recur but it is not a persistent issue	Expected to occur at least weekly.
5	Almost Certain	Will undoubtedly happen / recur, possibly frequently.	Expected to occur at least daily

Consequence

	Domain	Quality	Statutory Duty / Inspection	Business Objectives / Projects
1	Negligible	Peripheral element of treatment suboptimal	No or minimal impact or breach of guidance / statutory duty	Insignificant cost increase / schedule slippage.
2	Minor	Overall treatment or service suboptimal	Breach of statutory legislation. Reduced performance rating.	<5 per cent over project budget. Schedule slippage.
3	Moderate	Treatment or service has significant reduced effectiveness.	Single breach of statutory legislation. Challenging external recommendations / improvement notice.	5 – 10 percent over project budget. Schedule slippage.
4	Serious	Non-compliance with national standards with significant impact to patients if unresolved.	Enforcement action. Improvement notices.	Non-compliance with national 10-25 percent over project budget. Schedule slippage.
5	Catastrophic	Totally unacceptable level or quality of treatment / service.	Multiple breaches in statutory duty.	Incident leading >25 percent over project budget.

Calculate the risk score by multiplying the consequence score by the likelihood score, i.e., risk scoring = likelihood x consequence (LxC)