

Subject:	Primary Care Commissioning Committee Risks
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Submitted to:	NHS West Norfolk CCG Primary Care Commissioning Committee, 1 st February 2019
Purpose of Paper:	For Review

Corporate Risk Register and Governing Body Assurance Framework

The CRR and GBAF are presented to the Primary Care Commissioning Committee for review. The registers are presented to the Committee for review.

The Governing Body Assurance Framework (GBAF)

This month the GBAF shows 0 risks for the PCCC:

Significant “red” risks

There are 0 risks rated significant.

Changes to risk rating – Decrease

None

Changes to risk rating – Increase

None

New Risks

None

Risks Moved to the Corporate Risk Register

None

Risk to be removed from the Register

None

The GBAF continues to go the Executive Team on a monthly basis and relevant committees when they meet.

The Corporate Risk Register

This month the CRR shows 6 risks for the PCCC:

Significant “red” risks

There are 2 risks rated significant.

Changes to risk rating – Decrease

2.8 Meeting the national Improved Access Implementation target by 1st October 2018 (4 core requirements) – Risk wording updated and risk separated, contract signed, target score reached and risk to be removed.

Changes to risk rating – Increase

None

New Risks

2.9 Delays to International GP Recruitment has created a gap in the STP Primary Care workforce trajectory and GP capacity numbers – Taken off, re-drafted and added back on.

2.10 Meeting the national Improved Access Implementation target by 1st October 2018 (3 remaining core requirements) – New risk from split with 2.8.

Risk moved to GBAF

None

Risk Moved From the GBAF

None

Risk to be removed from the Register

2.8 Meeting the national Improved Access Implementation target by 1st October 2018 (4 core requirements) – Risk wording updated and risk separated, contract signed, target score reached and risk to be removed.

The Corporate Risk Register continues to be presented to the Executive Team meeting every month and at relevant team and committee meetings.

KEY RISKS (in relation to CCG strategic objectives and statutory duties)

Clinical & Quality: Any risks not properly identified or mitigated could have a significant impact on the clinical quality of commissioned services.

Finance and Performance: Any risks not properly identified or mitigated could have a significant impact on the financial and operational performance of the CCG.

Reputation: Any risks not properly identified or mitigated could have a significant impact on the reputation of the CCG.

Legal: Any risks not properly identified or mitigated could have legal consequences for the CCG.

Patient focus: Any risks not properly identified or mitigated could impact on patient services.

Information Governance: N/a

Conflicts of Interest: N/a

Equality Impact Assessment: N/a

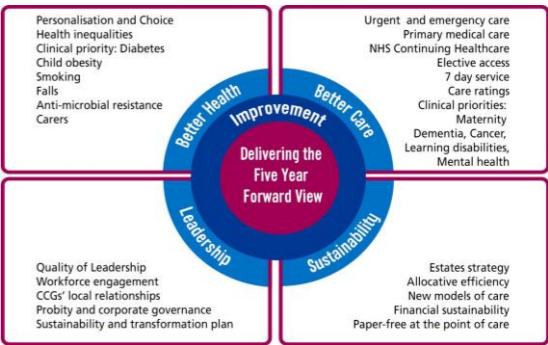
Reference to relevant risk on the Governing Body Assurance Framework: N/a

RECOMMENDATION: The Primary Care Commissioning Committee is asked to review the risks.

West Norfolk CCG Corporate Risk Register	West Norfolk CCG Strategic Objectives
25/01/2019	1. To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do
Lead : Assistant Director - Corporate Services	2. To lead the long term sustainability of health & care services for the people of West Norfolk
	3. To collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk
	4. To meet statutory financial duties
	5. To be innovative and to use integration as a means to deliver improvements in care
	6. To ensure that the resources and capability are made available to commission services efficiently and effectively

Status Change
→ - same
↑ - increased
↓ - decreased

RISK MATRIX:	Likelihood				
Consequence	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25



Item 19.09

Strategic Objective	CCG Improvement and Assessment Framework	Ref	Risk Description (and implication)	Inherent Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on Control	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Date to achieve Target Risk	Date Risk Added	Date Risk Updated	Gap in Controls/Assurance	Action plan and Progress Report	Date to Complete Action(s)	Committee	Lead
2. To lead the long term sustainability of health & care services for the people of West Norfolk	Better Health/Better Care/Leadership/Sustainability	2.1	WN Health development not universally supported by GP membership which will impact on our ability to develop primary care networks to deliver GPFV.	4 x 4 = 16 (R)	Increased capacity from GY&W Primary Care team to support development of WN Health Reduced opportunities for single Practice funding, or future investment in primary care non-core services is routed through WN Health to support their development. Substantive, joint post between WNCCG and West Norfolk Health recruitment project manager taking place. All STP GPPOs have bid for and successfully won approx. 500k to develop primary care network infrastructure. Distribution of funds to be agreed by STP Primary Care Director.	Internal: Exec, PCCC External: NHS England through the monitoring of the GP Forward View implementation, engagement of WN Health in delivering services in the West to whole population	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/03/2019	16/06/2017	20/01/2019	No signed contracts in place to support clinical and non-clinical delivery of services No MOU currently in place for £3 p/head transformation monies.	1. Further investment from £3 per head in 18/19 will help accelerate WN Health as a Provider 2. NHS standard contract re-drafted and signed by mid-February 19. 3. APMS contract to be signed by end of Nov 18 4. Band 6 recruitment JD being drafted as Band 7 (joint) post as recruitment was unsuccessful.	31/03/2019 15/02/2019 Complete 28/02/2019	PCCC	RC (BH)
		2.7	Failure to deliver phase 2 of the Locally Commissioned Services project	4 x 3 = 12 (A)	1. Weekly discussions through STP wide primary care team meeting 2. Regular briefing of Chief Officers 3. Development of firm project plan, mapping out responsibilities and milestones to ensure work stays on track	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - Reporting to STP Chief Officers	3 x 3 = 9 (A) ↓	3 x 2 = 6 (Y)	31/03/2019	20/11/2018	20/01/2019	None	1. Roll over of current contracts from April 2019 2. New way of working tested through prime provider model in Oct 2019 3. New LCS's being proposed across STP which will result in cost pressure to WNCCG	30/04/2019 31/10/2019 30/04/2019	PCCC	RC (BH)
		2.8	Meeting the national Improved Access Implementation target by 1st October 2018 (4 core requirements).	4 x 4 = 16 (R)	1. New trajectory for plan submitted to NHSE as part of STP wide plan 2. Workshop with practice planned 3. Design service with involvement of locality practices	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - Monthly SDS GPFV returns to NHSE NHSE assurance meetings GPFV assurance meetings	3 x 3 = 9 (A) ↓	3 x 3 = 9 (A)	31/03/2019	20/11/2018	23/01/2019	Signed contract in place between the CCG and WNH.	1. Contract signed between CCG and WNH by 14th Dec 2018 Risk completed and reached target. To be removed	Complete	PCCC	RC (BH)
		2.9	Delays to International GP Recruitment has created a gap in the STP Primary Care workforce trajectory and GP capacity numbers	4 x 4 = 16 (R) NEW RISK	Risk of not hitting trajectory raised with NHS E and Dr Alistair Lipp (email dated 23/07/18) and noted on the CCG Primary Care, STP and LWAB risk registers. Re-focus of delivery on GP retention plans to meet trajectory gap and awaiting approval from five CCGs for STP Primary Care Workforce Project Manager (band 7) to provide project support and capacity to the implementation of the GP retention bid.	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - NHSE, STP Primary Care Workforce	4 x 4 = 16 (R) NEW RISK	1 x 4 = 4 (Y)	31/03/2019	20/11/2018	23/01/2019		1. GP international team continues to support other workforce initiatives during this interim period. Nationally there is a very limited number of recruits. At this stage trajectory have not been revised. Detailed project plan to be drafted. 2. STP governance has been revised to replace the working group with an assurance group. Leads are being reassigned to working group functions. Work is ongoing to test trajectories and being clear on risks and assumptions being used. 3. 1 GP International (Stage 1) interview to take place in October 19. A further GP International (Stage 1) interview to take place November 19 - subject to qualification process being completed. Trajectories across Norfolk and Waveney for this scheme are below the expected level, which is replicated nationally.	31/01/2019 31/03/2020 31/03/2020	PCCC	RC (BH)
		2.10	Meeting the national Improved Access Implementation target by 1st October 2018 (3 remaining core requirements).	5 x 3 = 15 (R) NEW RISK	1. Core requirements 1 (inequality) and 2 (integration in to wider system) 2. Plans in place for delivery 3. 3rd requirement - digital to enable direct booking from NHS 111 into IA hubs. National issue - recognised no national solution. Manual workaround in place from 01/07/19 onwards if national problem not resolved.	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - Monthly SDS GPFV returns to NHSE NHSE assurance meetings GPFV assurance meetings	5 x 3 = 15 (R) NEW RISK	4 x 3 = 9 (A)	31/07/2019	23/01/2019	23/01/2019	WNH Service Improvement Plan STP process mapping in progress	1. Direct booking by IC24 into improved access appointments, West and GY&W leading programme to find IT solution. 2. Delivering the remaining core criteria as set by NHSE	31/07/2019 31/07/2019	PCCC	RC (BH)
4. To meet statutory financial duties	Leadership/Sustainability	4.9	There are concerns about the ability of the CCG to influence premises costs in relation to Primary Care Facilities Budgets.	3 x 3 = 9 (A)	The CCG has a full list of the premises costs as provided by NHS England as part of the due diligence process.	Internal: Financial Reports to Primary Care Commissioning Committee from NHS England External: Internal Auditor did a review on the due diligence process for Delegated Commissioning.	3 x 2 = 6 (Y) →	2 x 2 = 4 (Y)	31/01/2019	18/09/2017	25/01/2019	There was no documentary evidence to support the costs as provided by NHS England. There are ongoing rent and rates reviews that could create cost pressures for the CCG.	1. Ask NHS England to provide updates to the committee on the rates review	31/01/2019	PCCC	HM