

Meeting of Primary Care Commissioning Committee

Date: 24th September 2019
Time: 9.00am
Location: The Vassall Centre, Gill Avenue, Bristol,

Agenda number: 5

Report title: PCCC Assurance Framework and Corporate Risk Register – September 2019

Report Author: Sarah Carr Corporate Secretary
Report Sponsor: Sarah Truelove, Deputy Chief Executive and Chief Finance Officer

1. Purpose

This report sets out the high level risks reported in relation to Primary Care and provides an update on the monitoring of these high level risks through the Corporate Risk Register (CRR) and the Primary Care Commissioning Committee Assurance Framework (PCCAF) which is a subset of the Governing Body Assurance Framework.

2. Recommendations

The Committee is asked to receive and discuss the CRR and PCCAF and agree to receiving these papers quarterly in future.

3. Executive Summary

A subset of the Corporate Risk Register for September 2019 is attached at Appendix 1. This focuses on those risks relating to Primary Care reported as scoring 15 and above using the risk scoring matrix. Risks that are rated below this level are held on Directorate Risk Registers where they are reviewed regularly. The CRR provides assurance to the Governing Body and its committees that all high level risks are being addressed and that the actions taken are appropriate. Where a risk is linked to one or more of the CCGs principle objectives this is identified on the register.

Updates to the register

Where risks have been updated from their last review, the changes made have been highlighted in blue on the register. New risks are shown in red text.

New Risks

Medical Directorate Clinical Effectiveness – Risk MO22

There is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation. This reflects the risk reported on the PCCCAF and the GBAF.

Review of the Corporate Register

All risks within the Corporate Risk Register are presented to and discussed by the Commissioning Executive, Strategic Finance Committee and Quality Committee on a monthly basis and by the Audit Governance and Risk Committee and Governing Body on a Quarterly basis. It is proposed that the subset of Primary Care related risks is presented to the Primary Care Commissioning Committee quarterly.

Review of the Primary Care Commissioning Committee Assurance Framework (PCCCAF)

The PCCCAF identifies where there are risks to the CCG's principal objectives that related to primary care, the controls in place to mitigate those risks and the assurances available to the that risks are being managed. The PCCCAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. The CCG's committees review specific risks to ensure that the information provided is line with expectations. All changes to the PCCCAF are indicated in blue text. The PCCCAF has been reviewed and revised for 2019/20. The majority of the risks recorded are also contained on the CRR and where principal objectives and their associated risks are removed from the CRR as a result of the review they will be maintained on the PCCCAF. The PCCCAF is updated by Directors throughout each month and the current version is attached. It is proposed that the PCCCAF is presented to the Primary Care Commissioning Committee quarterly.

4. Financial resource implications

As part of the Risk Management Strategy the risk register is used to identify the impact of risks including financial risks.

5. Legal implications

There are no legal implications anticipated in relation to this report.

6. Risk implications

The CRR shown at appendix 1 shows the current position of the high level risks faced by the organisation.

7. Implications for health inequalities

No health inequalities issues arise as a result of this report, and there is no impact upon people with protected characteristics.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

No health inequalities issues arise as a result of this report, and there is no impact upon people with protected characteristics.

9. Implications for Public Involvement



Not applicable to this report.

Appendices:

Appendix 1 – CRR – September 2019

Appendix 2 – PCCCAF – September 2019

BNSSG CCG Corporate Risk Register 2018-19 September 2019 V3.1

The Corporate Risk Register identifies the high level risks (15+) within the CCG. It sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact.

The Corporate Risk Register is received by the Governing Body 6 Monthly, by the Audit Governance and Risk committee Quarterly and by the executives bi-monthly.

Risk is assessed by multiplying the impact/severity of a risk materialising by the likelihood/probability of it materialising using the risk assessment matrix set out in the CCG Risk Management Strategy.







Risks are also mapped against the CCG risk appetite and accepted risk limits to provide an indicative acceptable risk level. Where a risk maps to more than one principal objective the lowest level of risk appetite and risk limit is given. It is for the Governing Body to decide if these risk limits are appropriate for each individual risk

Directorate or Project	Risk Ref	Principle Objective Ref	Date Logged	Description of Risk As a result of ... There is a risk that ... Which may result in ...	Mitigating Actions	Progress on Actions	Gaps in Mitigating Actions	Committee Responsible for Reviewing	Director	Risk Owner (for Updates)	Risk Rating				Target date for completion of actions	Risk open or closed (If closed specify date)	Last reviewed
											Initial Risk (LxI)	Current Risk (LxI)	Movement of current risk	Residual (Target) Risk (LxI)			
Medical Directorate Primary Care Commissioning	MDPCC12	N/A	13.08.18	Issues related to GP Practice sustainability may limit access to primary care	Primary Care Strategy Primary Care Commissioning Committee responsible for developing and improving General Practice. Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. 07.03.19 Investment in new contract and NHS Long Term Plan from April 2019.	11.09.19 - Drafting and testing of strategy with key stakeholders between September and November 2019. Also see MDPCC21. 05.07.19 Primary Care Networks launched 1st July. Primary Care Strategy refresh being developed for October Governing Body approval with active engagement on strategy between May and August. Primary Care Network development plan to be developed. 02.05.19 Primary Care Network registrations due by 15th May for 1st July start. CCG authorisation process established. Update on resilience and resilience dashboard presented to PCCC on 30th April setting out process for identifying and supporting vulnerable practices in 2019/20. 05.04.19 No further update	There is a range of work required by the CCG, practices, NHSE nationally and local stakeholders including One Care Ltd., Community Education Provider Network (CEPN) and Avon LMC to support the sustainability of practices in BNSSG. The STP workstream will draw together local stakeholders to develop concerted action.	Primary Care Commissioning Committee (PCCC)	Martin Jones	Jenny Bowker	16 (4x4)	16 (4x4)	↔	8 (2x4)	Mar-20	Open	Sep-19
Medical Directorate Primary Care Commissioning	MDPCC2	PO3.1: Primary Care: Developing Primary Care Networks	23.07.19	If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	<ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Monthly Primary Care Provider Meetings Implementation of Primary Care Strategy Primary Care Network development plan GP resilience tool to be launched Internal Communications plan to be further built on and implemented Wider stakeholder engagement plans to be developed Links with Urgent Care Strategy/UTC's Locality Development Plans Healthy Weston model of care development supporting PCN development Communication Strategy GP resilience tool to be applied to support PCNs 	<ul style="list-style-type: none"> 04.09.19 - Launch of PCN OD approach at 10th September membership meeting. PCNs requested to complete maturity self assessment matrix. 2nd October PCN Clinical Director and Locality Provider Leads meeting to agree next steps for PCN OD. <p>PCN's agreed for BNSSG area and initial meeting with PCN clinical directors held</p>	No current gaps in mitigating actions have been identified at present, however this will be kept under review.	PCCC/ Commissioning Exec	Martin Jones	Jenny Bowker	5x4=20	16 (4x4)	↔	3x4=12		Open	Sep-19
Medical Directorate Primary Care Commissioning	MDPCC2	PO3.2: Primary Care: Supporting Primary Care Resilience	#####	There is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	<ul style="list-style-type: none"> Internal Communications plan to be further built on and implemented Contracting in Primary Care, visiting Practices to offer advice access to support functions Support Practice Managers, improvement of skills/support change Resilience Dashboard and Triangle/Self-Assessment Tool Primary Care Workforce Strategy Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal. Delivery plan for Primary Care Strategy to be developed for implementation from early 2020. PCN Organisational Development Plan to be produced 	<ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Drafting and testing of Primary Care Strategy from September to November 2019. Monthly Primary Care Provider Meetings Primary Care Network development plan GP resilience tool to be launched PCN's agreed for BNSSG area and initial meeting with clinical directors held Locality Transformation Scheme in place to support collaboration and transformation in primary care. Investment in GP Forward View (GPFV) including use of resilience funds. Primary Care Networks launched 1st July 2019 Active CCG resilience programme to support practices including Care Navigation, Releasing Time For Care, Individual practice resilience support and locality resilience programmes in Weston & Worle and South Bristol. Resilience dashboard in place and regularly reviewed to identify practices that may be vulnerable and in need of more support 	<ul style="list-style-type: none"> Assurance regarding the PCN's to be developed for the Primary Care Commissioning Committee and Integrated Care Steering Group Regular workforce reports to be developed for PCCC 	PCCC	Martin Jones	Jenny Bowker	5x4=20	16 (4x4)	NEW RISK	9(3x3)		Open	Sep-19
Nursing & Quality	BNSSG QD 002	PO1	13.04.18	Patients are at risk of potential harm through contracting HCAs	Quality dashboard reviewed at monthly quality and governance committee Monthly performance and clinical quality review meetings held with providers and reported to Quality and Governance Committee Detailed analysis of CCG apportioned individual MRSA cases and GP review of primary care C Diff cases Bi-monthly BNSSG HCAI meeting with partner organisations to monitor and support HCAI improvements. Separate Task and finish groups established for MRSA, C diff and E.coli infections close joint working in place with Public Health colleagues	<p>Sept 19: HCAI group reviewed purpose and membership in August. HCAI policy to be drafted</p> <p>Aug 19: HCAI group to be reinvigorated and work plan updated. Next meeting taking place on 13 August 2019.</p> <p>July 19: Single PIR tool developed for use by all three acute providers. Final consultation in progress. HCAI annual report completed and presented at Quality Committee in July.</p> <p>June 19: no change to current risk status</p> <p>April 2019: CCG completed the Ecoli premium data</p>	none identified currently; monitoring of position continuing	Quality Committee	Jan Baptiste-Grant	Cecily Cook	20 (4x5)	15 (3x5)	↔	5 (1x5)	Mar-20	Open	Sep-19

BNSSG CCGs Governing Body Assurance Framework (Sept V1 2019/20)

Governing Body Assurance Framework risk tracker

The Governing Body Assurance Framework identifies the BNSSG CCGs' principal, strategic objectives and the principal risks to their delivery. Controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set out. Where there are gaps in controls or assurances these are described and the actions planned to mitigate these gaps are explained. The table below gives an overall summary of the Governing Body Assurance Framework. The detailed framework is at page 3

Risk Tracker	Lead Director	Initial Risk score	Current risk score	Target risk	Trend	Gaps in controls/ assurance
Principal Objective PO1: Quality Governance and system						
Principle Risk: There is a risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee	Janet Baptiste-Grant	5x4=20	4x4=16	2x4=8		yes
Principal Objective PO2.1: Long-term plan response: Developing the system with our providers						
Principle Risk: Engagement across the system is insufficient to enable meaningful and truly shared purpose and joint ownership of system challenges and solutions	Julia Ross/ Sarah Truelove	5x4=20	4x5=20	2x3=6		yes
Principal Objective PO2.2: Long Term Plan Response and Financial Sustainability: Value Programme						
Principle Risk: We do not achieve a sustainable health system in part because we do not understand the outcomes that we get for the resources that we use and we do not sufficiently engage with the population and people who use services to define outcomes	Peter Brindle/ Sarah Truelove	5x4=20	5x4=20	3x4=12		yes
Principal Objective PO3.1: Primary Care: Developing Primary Care Networks						
Principle Risk: If PCN's are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Martin Jones	5x4=20	4x4=16	3x4=12		yes
Principal Objective PO3.2: Primary Care: Supporting Primary Care Resilience						
Principle Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Martin Jones	5x4=20	4x4=16	3x3=12		yes
Principal Objective PO4: Locality Development into delivery; Frailty, Mental Health, Urgent care						
Principle Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not	David Jarret/ Justine Rawlings/	5x4=20	3x4=12	3x3=9		yes

have the necessary building blocks in place for delivery of the system wide transformation required	Colin Bradbury					
Principal Objective PO5: Same Day Emergency Care: Delivering the Urgent and Emergency Model of Care						
Principle Risk: Non-delivery of the model will lead to clinical risk and increasing cost to the system	Peter Brindle	5x4=20	5x4=20	3x4=12		yes
Principal Objective PO6: Mental Health: Ensure AWP Resilience						
Principle Risk: There is a risk that the extent of change/improvement required in AWP as our core mental health provider is not addressed, impacting on the care and services provided to the BNSSG population.	Deborah El-Sayed	5x4=20	5x4=20	3x3=9		yes
Principal Objective PO7: Financial sustainability: System Financial Recovery Plan						
Principle Risk: If we are unable to agree a financial plan for the system 2019/20 the system may be subject to greater intervention and may lose control of decision making which may not be in the best interest of the population.	Sarah Truelove	4x5=20	5x5=25	3x4=12		yes
Principal Objective PO8: Implement a solution for Weston Hospital within BNSSG						
Principle Risk: Political and media discourse prevents wider public from hearing and understanding messages coming from consultation	Colin Bradbury	4x4=16	2x4=8	1x3=3		yes

The CCG risk scoring matrix as set out in the Risk Management Framework is:

Risk Assessment scoring matrix

likelihood of happening	Almost certain = 5	5	10	15	20	25
	likely = 4	4	8	12	16	20
	possible = 3	3	6	9	12	15
	unlikely = 2	2	4	6	8	10
	Rare = 1	1	2	3	4	5
		Insignificant = 1	Minor = 2	Moderate = 3	Major = 4	Catastrophic = 5
		Impact				

Objective: Primary Care: Developing Primary Care Networks	Director Lead: Martin Jones
Risk: If PCNs are not resilient they will be unable to deliver Primary Care plans that support system wide transformation	Date Last Reviewed: 11/09/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4=16 target risk score: 3x4=12	Rationale for current score: The CCG is working with Practices to develop PCN models for BNSSG
Committee with oversight of risk Primary Care Commissioning Committee (PCCC) Commissioning Executive	Rationale for target risk: Practice resilience will impact on the resilience of PCNs.
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> Engagement plan for Primary Care Strategy Monthly Primary Care Provider Meetings Implementation of Primary Care Strategy Primary Care Network development plan PCNs agreed for BNSSG area and initial meeting with PCN clinical directors held Launch of PCN OD approach at 10th September membership meeting. PCNs requested to complete maturity self-assessment matrix. 2nd October PCN Clinical Director and Locality Provider Leads meeting to agree next steps for PCN OD 	Assurances: <ul style="list-style-type: none"> Primary Care Strategy and updates to Governing Body Workforce Group reports to key bodies including PCCC and to GB via committee structure STP Workforce Strategy Group Evaluation of GP resilience tool Internal Audit of Primary Care Commissioning and governance planned for 2019/20
Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> Internal Communications plan to be further built on and implemented Wider stakeholder engagement plans to be developed Links with Urgent Care Strategy/UTCs Locality Development Plans Healthy Weston model of care development supporting PCN development Communication Strategy GP resilience tool to be applied to support PCNs PCN Organisational Development Plan to be produced 	Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Develop a PCN programme board across internal and external stakeholder to align activities to ensure delivery Integrated Care Steering Group strategy to define the role of PCNs within our localities and contribution to our system

Objective: Primary Care: Supporting Primary Care Resilience	Director Lead: Martin Jones
Risk: there is a risk that a lack of capacity and resilience in primary care will impact on the delivery of system wide transformation	Date Last Reviewed: 11/09/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4=16 Target Risk Score: 3x3=9	Rationale for current score: Actions developed to support GP practice resilience as part of the GP Five Year Forward View are in place. Further support for practices is planned and will continue to be implemented.
Committee with oversight of risk Primary Care Commissioning Committee (PCCC)	Rationale for risk target: Actions to support practices are in place and being developed however the risks to practice resilience are multifactorial and mitigations for some issues are outside of the influence of CCG
<p>Controls: (<i>What are we currently doing about this risk?</i>)</p> <ul style="list-style-type: none"> • Engagement plan for Primary Care Strategy • Drafting and testing of Primary Care Strategy from September to November 2019. • Monthly Primary Care Provider Meetings • Primary Care Network development plan • GP resilience tool to be launched • PCN's agreed for BNSSG area and initial meeting with clinical directors held • Locality Transformation Scheme in place to support collaboration and transformation in primary care. • Investment in GP Forward View (GPFV) including use of resilience funds. • Primary Care Networks launched 1st July 2019 • Active CCG resilience programme to support practices including Care Navigation, Releasing Time For Care, Individual practice resilience support and locality resilience programmes in Weston & Worle and South Bristol. • Resilience dashboard in place and regularly reviewed to identify practices that may be vulnerable and in need of more support. <p>Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)</p> <ul style="list-style-type: none"> • Internal Communications plan to be further built on and implemented • Contracting in Primary Care, visiting Practices to offer advice access to support functions • Support Practice Managers, improvement of skills/support change 	<p>Assurances:</p> <ul style="list-style-type: none"> • STP GP Resilience and Transformation Group and STP Community and Primary Care Workforce Group • Reports through STP governance to Healthier Together Partnership Board • Evaluation of GP resilience tool will be reported to Primary Care Commissioning Committee • Quarterly reports from PCCC to Governing Body • Internal Audit of Primary Care Commissioning and governance planned for 2019/20 <p>Gaps in Assurance: (<i>What additional assurances should we seek?</i>)</p> <ul style="list-style-type: none"> • Assurance regarding the PCN's to be developed for the Primary Care Commissioning Committee and Integrated Care Steering Group • Regular workforce reports to be developed for PCCC

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| <ul style="list-style-type: none">• Resilience Dashboard and Triangle/Self-Assessment Tool• Primary Care Workforce Strategy• Investment in new contract and NHS Long Term Plan from April 2019 over a 5 year funding deal.• Delivery plan for Primary Care Strategy to be developed for implementation from early 2020.• PCN Organisational Development Plan to be produced | |
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Objective: Locality Development into delivery: Frailty, Mental Health, Urgent care	Director Lead: David Jarret, Justine Rawlings; Colin Bradbury
Risk: if there is insufficient capacity and capability to develop and deliver integrated community localities, the BNSSG system will not have the necessary building blocks in place for delivery of the system wide transformation required	Date Last Reviewed: 25/06/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 3x4 12 Target: 3x3 = 9	Rationale for current score: Pace of delivery to meet system requirements needs to be maintained Consistency of delivery across BNSSG required and not all localities are at the same stage of development There are workforce constraints that may impact developing models The development of PCNs may distract from rather than enhance the development of locality models of care The development is in part dependent on the pace of delivery of the community contract
Committee with oversight of risk Commissioning executive Primary Care Commissioning Committee	Rationale for target risk: Delivery into development so model in infancy and still subject to “buy in”
Controls: (<i>What are we currently doing about this risk?</i>) <ul style="list-style-type: none"> • Continuation of locality provider leads group • Locality provider forums chaired by ADs • Frailty programme board and Community SDEC programme boards report to the Integrated Care Steering Group (ICSG) • ICSG • A&E Delivery board (urgent care) • Coordination by Area Teams • LLG support to LPVs • Clinical reference group established reporting to clinical operations group Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) <ul style="list-style-type: none"> • Area team support to be increased to providers • MH BNSSG level coordination • Close working with [primary care development on PCNB development and primary care resilience/workforce etc • Mobilisation of new community services contract • SDEC in community governance established 	Assurances: <ul style="list-style-type: none"> • Community executive and governing body reporting • ICSG reporting • Internal Audit of Locality Development planned for 2019/20 Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> • Currently no business cases in place for locality delivery of services which would demonstrate capacity and capability • Recurrent funding not yet available to support locality infrastructure requirements

Objective: Delivering the Urgent and Emergency Model of Care:	Director Lead: Peter Brindle
Risk: Non-delivery of the model will lead to clinical risk and increasing cost to the system	Date Last Reviewed: 05/09/19
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 5 x 4 = 20 Target risk score: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> - Blended tariff process - Activity trends over recent years - Experience of opening new urgent care facilities leading to supply induced demand ie MIUs - Lack of operational delivery plan - Workforce constraints - Urgent Care system performance
Committee with oversight of risk Urgent Care Oversight Board (UCOB) A&E Delivery Board Clinical Oversight Group Commissioning Executive	Rationale for target risk: Longstanding local and national issue. Clinical support to model of care which requires implementation and testing
Controls: <ul style="list-style-type: none"> • UEC Design Group overseeing delivery of the model • Key work streams of Triage, Assessment and Routing, Developing Localities to Support Urgent Need, and Clinical Governance and Risk progressing plans. • Reporting to UCOB with new Dashboard in use. • Follow-up model of care event held in June. Mitigating Actions: <ul style="list-style-type: none"> • Work with system partners as part of development of local response to Long Term Plan • Clarify UEC Governance structure • Fully resourced programme plans to be developed • Formal reporting process to UCOB to be refined • Financial modelling to be developed • Contractual levers to be developed to facilitate flow of funds to deliver model • Live system metrics 	Assurances: <ul style="list-style-type: none"> • Monthly performance reports to the Governing Body and System-level groups