

PRIMARY CARE JOINT COMMISSIONING COMMITTEE COMMITTEES IN COMMON RISK REGISTER SEPT 2016

Risk ID	Principal Risk	Risk Owners	Original Risk (L x I)	Key Controls	Sources of Assurance	Gaps in Controls or Assurance	Action Plan and Target Date
JCC CIC_01	<p>JCC CIC Risk: <u>Personal Medical Services (PMS)</u></p> <p>There is a risk that some practices could be destabilise or might stop providing some services.</p> <p>From the 1st April 2016, 14 practices (one in B&A, 2 in WAM and 11 in Slough) will have their PMS premium funding removed on a monthly basis (between 1st April 2016 – 31st March 2021).</p>	Director of Strategy & Commissioning	6 (2x3)	<p>All funding comes back to NHS England and the CCG's for reinvestment. Slough CCG has designed a three year locally commissioned service</p> <p>WAM and B&A funds will initially contribute to the review of phlebotomy and dressings services in the longer term</p> <p>Practices are required to notify the CCG/NHS England of any such changes in line with contract.</p> <p>Practices identified as vulnerable due to the changes in their core contract</p>	<p>Local commissioned service(LCS) in Slough</p> <p>Work is scoped to enable commissioning plan</p> <p>Contract management</p> <p>CCGs have a programme to support the most vulnerable practices with resources and specific support</p>	<p>14 of 15 eligible practices have signed up for the LCS.</p> <p>Practices should be clear of this responsibility</p> <p>Vulnerable practices (incl. PMS) are identified and referred to the quality and primary care team – monthly submissions</p>	<p>LCS for Slough issued to practices with final sign ups 30th September</p> <p>East Berkshire review for Phlebotomy and Dressings has been initiated with dedicated project management resource. First draft report to business planning and development committee in October.</p> <p>Vulnerable practice programme in place / lead by Quality Team from September 2016</p>
JCC CIC_02	<p>JCC CIC Risk: <u>Workforce</u></p> <p>Currently no workforce plan in place for Primary</p>	Director of Strategy & Commissioning	6 (2x3)	Develop plan as part of the System Transformation Plan (STP) work for Primary Care	Approved System Transformation Plan	Impact analysis on the workforce risks around age and skill gaps	Working group now established to focus on workforce in line with the GP Forward View and STP.

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	Care				CEPN / Training hub across east Berkshire focusing on the primary and community care workforce	Workforce data currently available	October 2016 – practices submitted annual workforce data
JCC CIC_03	JCC CIC Risk: <u>Estates and Technology Transformation Fund (Primary Care)</u> Unable to deliver primary care transformation plans.	Director of Strategy & Commissioning	8 (2 x3)	Applications for ETTF and outcomes of applications	Assurance based on previous funding rounds.	CCGs review process completed and reasonably aligned to NHSE feedback	Applications to ETTF completed. Waiting for outcome in October.
JCC CIC_04	JCC CIC Risk: <u>Locally Commissioned Services</u> Risk of Zoladex treatment not being available for administration in general practice as previously Zoladex injections were funded by NHS England as part of the Minor Surgery Directed Enhanced Service (DES). From 1 st April 2017, it is expected that Zoladex will be funded from CCG budgets	Director of Strategy & Commissioning	6 (2 x 3)	Data collection audit is underway to determine size of risk	Clinical validation of audits	Potential those audits give rise to significant increases in baseline activity and there is a gap in clinical and quality knowledge. Practices across East Berkshire have submitted their activity data for Zoladex injections to enable the CCG to understand the cost implications.	The Minor Surgery DES specification will be re-written with NHSE and CCG to provide clarity in terms of what is included / excluded. This will be specific to Zoladex. The CCG is considering whether there needs to be a separate specification from April 2017.

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JCC CIC_05 NHS Outcomes 4 NHS Targets	<p><u>Quality Risk:</u></p> <p>IF the CCG fails to ensure that Primary Care provides safe, high quality healthcare to patients that meets with our statutory obligations THEN Primary Care will be at risk of failing to achieve contract and statutory obligations to CQC This may result in CQC Notices. This may result in poor patient experience and outcomes</p>	Jo Greengrass Associate Director of Nursing –Quality and Safety	16 16 (4x4)	CQC Action Plan monitored by NHSE CCG and CQC	<p>Three way meeting between NHSE, CCGs and GP Practices if they have been rated as inadequate by the CQC.</p> <p>All providers rated at 'requires improvement' are visited by the CCG and NHSE (as required), to support their improvement plans.</p>	<p>That all the Practices will be able to move from inadequate in 6 months of the report being published</p> <p>All practices will move from 'requires improvement' to 'good' within the 6 months of the report being published</p>	<p>Meetings are being held with all practices in the 'inadequate' category and monitored action plans in place.</p> <p>All practices will be visited within these categories in September and October</p>

IMPACT

	1	2	3	4	5
Descriptor	Negligible/Insignificant	Low	Moderate	Major	Extreme
Objectives / Projects	Insignificant cost increase / schedule slippage. Barely noticeable reduction in scope or quality	<5% budget / schedule slippage or minor reduction in quality / scope	5-10% over budget / schedule slippage or reduction in scope or quality	10-25% over budget / schedule slippage or failure to meet secondary objectives	>25% over budget / schedule slippage or doesn't meet primary objectives
Injury (Physical/Psychological)	Minor injury not requiring first aid or no apparent injury	Minor injury or illness, first aid treatment needed	RIDDOR / Agency reportable	Major injuries, or long term incapacity / disability (loss of limb)	Death or major permanent incapacity

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Patient Experience / outcome	Unsatisfactory patient experience not directly related to patient care	Unsatisfactory patient experience readily resolvable	Mismanagement of patient care, short term effects (less than a week)	Serious mismanagement of patient care, long term effects (more than a week)	totally unsatisfactory patient outcome or experience
Complaints / Claims	Locally resolved complaint	Justified complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaint.	Claim with significant financial impact Ombudsman inquiry with negative outcome
Service Business / Interruption	Loss / interruption > 1 hour	Loss / interruption > 8 Hours	Loss / interruption >1 day	Loss / interruption > 1 week	Permanent loss of Service of facility
HR / Organisational development	Short term low staffing level temporarily reduces service quality (< 1 day)	Ongoing low staffing level reduces service quality	Late delivery of key objective / service due to lack of staff. Minor error due to ineffective training. Ongoing unsafe staffing level.	Uncertain delivery of key objective / service due to lack of staff. Serious error due to ineffective training	Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training
Financial	Small loss	Loss > 0.1% of budget	Loss > 0.5 % of budget	Loss > 0.5 % of budget	Loss > 1 % of budget
Inspection / Audit	Minor recommendations. Minor non-compliance with standards	Recommendations given. Non-compliance with standards	Reduced rating. Challenging recommendations. Non-compliance with core standards	Enforcement Action. Low rating. Critical report. Major non-compliance with core standards.	Prosecution. Zero rating. Severely critical report
Adverse Publicity / Reputation	Rumours	Local Media - short term. Minor effect o staff morale.	Local Media- long term. Significant effect on staff morale.	National Media < 3 Days.	National Media > 3 Days. MP concern (Question in House)

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