

# Standard Risk Register

<b>Report Date</b>	20 Nov 2017
<b>Risk Status</b>	Open
<b>Risk Area</b>	Primary Care Commissioning
<b>Control Status</b>	Existing
<b>Action Status</b>	Outstanding

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Priority	Risk Control	Residual Risk Priority	Action Required	To be implemented by	Person Responsible
PCC 12	Primary Care Business Continuity and Sustainability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Hayley Edwards <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> A practice has a sudden loss of GP provision would the CCG be able to support continuation of services to registered patients <b>Effect</b> Patients could be left without general medical services for a period of time	I = 5 L = 3 15 (15)	All practices have been requested to access practice resilience funds to carry out an assessment of their resilience, specifically around workforce, estates, business and finances. These are the four areas through experience that services have been put as risk previously. All returns have been reviewed by members of the CCG Primary care and Quality teams  CCG co-commissions with NHSE and so..	I = 5 L = 2 10 (10)	Establish MOU and funding into all practices confirming areas which the practices need to focus on for their sustainability including where working at scale across practices and through Federations would be beneficial	29 Dec 2017	Hayley Edwards
PCC 3	Primary Care Estates Sustainability (ETTF) - new premises <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Some Primary and community care premises are not fit for the delivery of the primary care strategy. <b>Effect</b> The commissioners will be unable to deliver primary care transformation plans if works are not put in place to refurbish, extend, rebuild or develop surgeries.	I = 4 L = 4 16 (16)	Awarded funding for 4 of our 7 ETTF bids, which have been sorted into Cohort 1 and Cohort 2. Funding for 2 bids will be available in 2019/2020. 1 bid was not approved.  Further funding has been applied for through the STP Capital Bids - for the following estates:  Skimped Hill Slough Central Trelawny / Orchard Practice (cost neutral) St Marks and King Edward VII Hospital..	I = 3 L = 3 9 (9)	PIDs submitted to NHSE for The Avenue, Ben Lynwood and Heatherwood Hospital. Feedback received on PIDs from regional and national team. Still waiting on outcome.  Binfield PID to be re-written to bring this from cohort 3 to cohort 2 as extra funding has been made available. The practice had advised that this will need to be 100% funded. The PID will be submitted by end November 2017.  Skimped Hill and Farnham Road Surgeries form part of STP Capital bids for integrated hubs in Bracknell and Ascot and Slough. Announcement due in Autumn Statement.  Six Facet Surveys have now been received - first summary report to November PCOG.	22 Dec 2017	Ann Bryant

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PCC 19	Princes Street Closure - Continuation of services for patients  <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Katerina Nash <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Practice application to close branch surgery following notice given on the existing lease for end December 2017.  <b>Effect</b> Patients will received their general practice services from an alternative site, through a safe transition	I = 4 L = 4 16 (16)	CCG and Practice will have an agreed set of FAQs for patient and public enquires around the transition	I = 3 L = 3 9 (9)	Share with stakeholders a proactive plan to address the sustainability of general practice services in east Slough following Princes Street and Sussex place branch closures	01 Dec 2017	Katerina Nash
PCC 16	Primary Care Premises Sustainability - current premises  <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> The number of general practice building leases due to expire are not yet know, therefore sustainability of services through forward planning is not able to occur proactively.  <b>Effect</b> This could cause the practice to close or force a tenancy at will which means a very short notice period if the landlord wants to reclaim the building.	I = 4 L = 3 12 (12)	We have now received individual practice lease information (submitted with the healthcheck tool-kit). This information has been logged and all practices with short leases will be contacted and lease discussions commenced. Where practices have not shared this information the PC team will follow it up  Individual lease information has been added as a mandatory item on the health check..	I = 3 L = 3 9 (9)	Report into PCOG on the current general practice premises issues to ensure risks are identified with mitigations at premises levels with providers	30 Nov 2017	Jagjit Mandair

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PCC 13	Primary Care Strategy Delivery <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> General Practice is operating under considerable pressure already and may not be able to deliver the ambitions set out in the CCG PC strategy and STP plans <b>Effect</b> Services under pressure will be susceptible to any adverse or unforeseen occurrences resulting in continued lack of transformation and opportunity to build sustainability or ability to change	I = 4 L = 3 12 (12)	Through the GPFV delivery the CCG has provided federations and practice clusters with some investment to support the space to delivery transformation, these are linked to direct outcomes for each initiative aimed at transforming general practice to greater resilience and integration.  Primary Care has initiated a GP Forward View Time for Care programme to optimise the support available to..	I = 2 L = 3 6 (6)	Releasing Time for Care in General Practice launch event 18 October 2017, a large number of practices have signed up to workforce optimisation / productive workflow. Meetings being held with HERE and planning/scoping session with practices for releasing time for care scheduled for 28 November.  15 practices signed up for Productive General Practice programme (wave 4) delivery plan submission due 17 November.	30 Nov 2017	Ann Bryant
PCC 18	Sussex Place Practice Closure - continuation of service for patients <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Katerina Nash <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Practice premises lease expired leaving no suitable alternative for local additional premises. High risk around meeting our duty as a CCG of public involvement / Section 13Q with Equality Impact Assessment and continuity of service the affected patients <b>Effect</b> Patients attending the branch practices will need to received their care from an alternative location within acceptable access ranges	I = 4 L = 4 16 (16)	CCG met with lead partner and practice managers - communications plan shared and practice have proactive plans in place around transition. Awaiting for assurance on final details of these from the Practice to the CCG  NHSE has been consulted, meeting with partners is being set up to discuss the practice's role and their responsibilities as a provider.  Comms team involved, public statements..	I = 3 L = 2 6 (6)	Share with stakeholders a proactive plan to address the sustainability of general practice services in east Slough following Princes Street and Sussex place branch closures	01 Dec 2017	Katerina Nash

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PCC 2	Workforce Development for Sustainability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Workforce in General Practice requires development and future planning to attract clinicians, retain existing workforce and introduce new roles to deliver new career and workforce models. The Service deliver depends on high quality and capacity in our workforce. <b>Effect</b> Practice sustainability is weakened without a workforce plan and the retention and development of roles in general practice. Practices may be forced to reduce service offer and risks to staff and patients may increase.	I = 4 L = 3 12 (12)	Workforce plan being created across the STP and will be ready November 2017. CEPN project manager has commissioned East Berkshire College to put together workforce and training plan for non-clinical staff.	I = 3 L = 2 6 (6)	Training Needs Assessment is currently being pulled together in collaboration with East Berkshire College for non-clinical staff. Workforce data has been provided to NHS Digital by practices and this will be added to the emerging STP General Practice workforce plan and mapped with staff training requirements.	28 Feb 2018	Samreen Aslam
PCC 23	Primary Care delivery of Phlebotomy and Dressing Services unsustainable <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Practices have reported that following their PMS premium review in Slough and wider pressure on general practice that services such as phlebotomy and lower limb dressings require review and consider additional investment <b>Effect</b> Patients are being referred to secondary care for these services which, is putting pressure in this area.  Paper to PCOG 30 November 2017.	I = 3 L = 4 12 (12)	WAM and B&A funds will initially contribute to the review of phlebotomy and dressing services in the longer term.  We are looking into using money from financial reserves to pump prime this service.	I = 2 L = 3 6 (6)	Proposal of both service options to PCOG for discussion and recommendations - LCS commissioning likely	30 Nov 2017	Alex Tilley

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PCC 17	Slough General Practice Access Fund Extended Hours Services - IT connectivity  <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Katerina Nash <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Transition to a new service model requires the sharing of full medical records for which there is no solution, hence piloting a model otherwise not tested.	I = 3 L = 4 12 (12)	Working closely with Cluster Leads, Engaging CSU project manager to drive deployment forward, phased approach with 2 piloting clusters	I = 2 L = 2 4 (4)	Slough Cluster providers to implement with CSU and EMIS/Black Pear Support. Outcomes clearly articulate and evaluation programme in place under the GPAF programme	31 Jan 2018	Katerina Nash
		<b>Effect</b> Unknown potential complication to deployment of a new software solution						
PCC 15	WAM General Practice Access Fund  <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Katerina Nash <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> 1.EMIS interoperability challenges. Double booking appointment system and lack of return consultation audit trail. 2.Service model transition- New nursing service model- Slow progress in appointment utilisation due to mixed competencies	I = 3 L = 4 12 (12)	Nursing provision remains limited with practice able to access those appointments for their patients	I = 2 L = 2 4 (4)	Working with provider to launch a new nursing model, Skill mix and competencies challenges to be addressed through CEPN. Relaunch of service with practices and their patients following to confirmation of the new nursing model	30 Nov 2017	Katerina Nash
		<b>Effect</b> Time consuming - appointment booking and results in calls back to practice where data inaccurate or missing.  1.Lack of audit trail is unsafe as EBPC OOH has no way of knowing returned consultations have been received and read. 2.Low appointment uptake for Nursing services						

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PCC 8	Transition to Delegation Workforce Capacity and Capability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Hayley Edwards <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Insufficient capacity in CCGs workforce to take on the required delegated functions of Primary care (medical) commissioning <b>Effect</b> WAM, B&A & Slough CCGs can not meet the responsibility to undertake its delegated functions effectively meaning that GP Practice contracts will not be managed, services may not be paid on time and there could be a risk to quality and sustainability of services.	I = 4 L = 3 12 (12)	Monthly review of the transition plan with NHSE	I = 2 L = 2 4 (4)	Review Primary Care team capacity and capability following first 12 months under delegation	30 Mar 2018	Alex Tilley
PCC 4	Locally Commissioned Services <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Ricky Chana <b>Last Updated:</b> 20 Nov 2017	<b>Cause</b> Robust management arrangements for locally commissioned service have not been in place across all commissioned services <b>Effect</b> The CCG will be at risk of inaccurate financial planning, inability to deliver the QIPP where primary care are commissioned and delay in payments to providers	I = 3 L = 3 9 (9)	Data collection audit has now been completed.	I = 2 L = 2 4 (4)	Report back to the practice managers forum on the accuracy and efficiency around the EMIS Enterprise Review the intentions around GPOF in relations to actual outcomes on activity reporting and invoicing processes	30 Nov 2017	Ricky Chana
PCC 20	ICE - Clinical Concern <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> Ann Bryant <b>Last Updated:</b> 06 Sep 2017	<b>Cause</b> Interface between FHFT and GPs (involving ICE / GP Links / DocMan / EMIS and Vision) <b>Effect</b> Patient safety could be at significant risk if test results or discharge information is not properly notified to GP.	I = 4 L = 3 12 (12)					