

**PRIMARY CARE JOINT COMMISSIONING COMMITTEE COMMITTEES IN COMMON RISK REGISTER**  
**Dated: JUNE 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><b>JCC CIC Risk: <u>Personal Medical Services (PMS)</u></b></p> <p><b>IF</b> the PMS review impact destabilises some practices</p> <p><b>THEN</b> some general practices will be unable to providing some services.</p>	Director of Strategy & Commissioning	6 (2x3)	<ol style="list-style-type: none"> <li>All funding comes back to NHS England and the CCG's for reinvestment</li> <li>Slough CCG has designed a three year locally commissioned service</li> <li>WAM and B&amp;A funds will initially contribute to the review of phlebotomy and dressings services in the longer term</li> </ol>	<ol style="list-style-type: none"> <li>Finance report to JCC</li> <li>Local commissioned service(LCS) in Slough</li> <li>Work is scoped to enable commissioning plan</li> </ol>	<ol style="list-style-type: none"> <li>First report available in July 2016</li> <li>LCS not yet issued.</li> <li>Necessary resource to carry out review</li> </ol>	<ol style="list-style-type: none"> <li>LCS for Slough to be formally ratified by the JCC CIC issued in June 2016</li> <li>Reviews in WAM and B&amp;A for Phlebotomy and Dressings to be initiated</li> <li>Submit request for resource in new structure for this work</li> </ol>
JCC CIC_02	<p><b>JCC CIC Risk: <u>Workforce</u></b></p> <p><b>IF</b> there no workforce plan in place for Primary Care providers</p> <p><b>THEN</b> practices may no longer be able to provide services or become vulnerable to closure</p>	Director of Strategy & Commissioning	12 (4x3)	<ol style="list-style-type: none"> <li>Develop plan as part of the System Transformation Plan (STP) work for Primary Care</li> <li>Ensure CEPN application to HETV is made to support the primary care strategies</li> </ol>	<ol style="list-style-type: none"> <li>Approved System Transformation Plan</li> <li>Application submitted as developed through the primary care workforce subgroup</li> </ol>	<ol style="list-style-type: none"> <li>New team structure for primary care not yet in place to commence work</li> <li>CCG resources aligned to develop the application in partnership with providers and partners</li> </ol>	<ol style="list-style-type: none"> <li>Build as part of work priority for primary care team June 2016</li> <li>CCG to submit expression of interest for training hub on 11<sup>th</sup> July 2016</li> </ol>
JCC CIC_03	<p><b>JCC CIC Risk: <u>Estates and Technology</u></b></p>	Director of Strategy & Commissioning	8 (2 x4)	<ol style="list-style-type: none"> <li>Applications for Estates and technology</li> </ol>	<ol style="list-style-type: none"> <li>Assurance based on previous funding</li> </ol>	<ol style="list-style-type: none"> <li>National guidance</li> </ol>	<ol style="list-style-type: none"> <li>Proceed with applications to ETTF – submitted on 30<sup>th</sup> June</li> </ol>

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	<p><b><u>Transformation Fund (ETTF)</u></b></p> <p><b>IF</b> primary and community care premises are not fit for the delivery of the primary care strategy</p> <p><b>THEN</b> the commissioners will be unable to deliver primary care transformation plans.</p>			Transformation Fund (ETTF)	rounds. Review panel in place for June 2016		
<b>JCC CIC_04</b>	<p><b>JCC CIC Risk:</b></p> <p><b><u>Locally Commissioned Services</u></b></p> <p><b>IF</b> robust management arrangements for locally commissioned service is not implemented</p> <p><b>THEN</b> the CCG will be at risk of inaccurate financial planning and delay in payments to providers</p>	Director of Strategy & Commissioning	<b>9 (3 x 3)</b>	1. Data collection audit is underway	<ol style="list-style-type: none"> <li>1. Clinical validation of audits</li> <li>2. Full review of service specifications</li> <li>3. Develop a plan to bring the LCS commissioning within the commissioning envelope for 2016/17</li> </ol>	<ol style="list-style-type: none"> <li>1. Potential those audits give rise to significant increases in baseline activity and there is a gap in clinical and quality knowledge.</li> </ol>	<ol style="list-style-type: none"> <li>1. JOG to agree process for clinical audit post payment verification in selection of practices.</li> <li>2. Practices across East Berkshire have to submit their activity data for Zoladex injections by 15<sup>th</sup> April 2016 to enable the CCG to understand the cost implications.</li> <li>3. LCS commissioning subgroup established in June 2016 to ensure controls and transparency of LCS commissioning</li> </ol>

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<b>JCC CIC_05</b>  <b>NHS Outcomes 4 NHS Targets</b>	<u>Quality Risk:</u>  <b>IF</b> the CCG fails to ensure that Primary Care provides safe, high quality healthcare to patients that meets with our statutory obligations  <b>THEN</b> 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	Director of Nursing, Quality and Safety	<b>16</b> <b>16 (4x4)</b>	1. CQC Action Plan monitored by NHSE CCG and CQC	1. Three way meeting between NHSE, CCGs and GP Practices if they have been rated as inadequate by the CQC. .	1. That all the Practices will be able to move from inadequate in 6 months.	1. Develop support programme for providers to access in preventing vulnerable practices and support those already with vulnerable practice status – August 2016
<b>JCC CIC_06</b>  <b>Primary Care Transformation Programmes</b>	<u>Finance Risk:</u>  <b>IF</b> funding to continue the primary care transformation programmes (incl. PMCF) remains unclear  <b>THEN</b> extended hours services will be at risk of ceasing under the terms of their existing contracts, and associated contracts	Director of Strategy & Commissioning		1. Programme budgets and CCGs allocations	1. CCG Finance team are developing options for the minimum service offer	1. NHS England PMCF lead is appraised of the position and working to provide clarity for the CCGs	1. Develop the minimum service specifications for extended hours services with options around future service provision  2. Secure project management resources for the evaluation and possible services changes

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**IMPACT**

	1	2	3	4	5
<b>Descriptor</b>	<b>Negligible/Insignificant</b>	<b>Low</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Objectives / Projects</b>	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
<b>Injury (Physical/Psychological)</b>	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
<b>Patient Experience / outcome</b>	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
<b>Complaints / Claims</b>	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
<b>Service Business / Interruption</b>	Loss / interruption > 1 hour	Loss / interruption > 8 Hours	Loss / interruption >1 day	Loss / interruption > 1 week	Permanent loss of Service of facility
<b>HR / Organisational development</b>	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
<b>Financial</b>	Small loss	Loss > 0.1% of budget	Loss > 0.5 % of budget	Loss > 0.5 % of budget	Loss > 1 % of budget
<b>Inspection / Audit</b>	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
<b>Adverse Publicity / Reputation</b>	Rumours	Local Media - short term. Minor effect on 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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**Risk Rating Matrix**

<b>Net Imp</b>	5	Red	Red	Red	Orange	Yellow
	4	Red	Red	Orange	Orange	Yellow
	3	Red	Orange	Orange	Yellow	Green
	2	Orange	Orange	Yellow	Yellow	Green
	1	Yellow	Yellow	Green	Green	Green
		5	4	3	2	1
		<b>Frequent</b>	<b>Likely</b>	<b>Possible</b>	<b>Occasional</b>	<b>Rare</b>
		<b>Net Likelihood</b>				