

Standard Risk Register

Report Date	20 Mar 2018
Risk Status	Open
Risk Area	Berkshire East Collaborative, Primary Care Commissioning , Primary Care Improvement
Control Status	Existing
Action Status	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
PCIM 7	Primary Care Quality concerns at Health Hill Surgery Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 28 Feb 2018	Cause If the quality and patient experience does not improve at the practice following changes in personnel Effect then there is a risk to good patient care and experience which could impact on the CCGs reputation and resilience to support the practice population.	I = 5 L = 5 25 (25)	The Practice has an action plan in place which has been agreed with the CCG	I = 5 L = 5 25 (25)	Weekly meetings with CCG CQC and NHSE on the progress with CQC registration and compliance.	01 Mar 2018	Sarah Bellars
						Remedial notice served and actions to be completed by the practice by the end of February	09 Mar 2018	Alex Tilley
						support practice with regular CCG and practice meetings to be assured on action plan progress, returns, and finance.	30 Mar 2018	Hayley Edwards
						CCG to meet with the practice for progress on the action plan and to have an assurance visit.	30 Mar 2018	Joanne Greengrass
						Develop a dashboard to have an understanding on what different areas are not compliant or a risk identified.	30 Mar 2018	Hayley Edwards
PCIM 6	Increase in EColi bacteraemias from the 2016/17 baseline Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 23 Oct 2017	Cause If there is not a decrease in the number of EColi bacteraemias Effect Then this could have an impact on the CCG Quality premium targets.	I = 4 L = 4 16 (16)	Every EColi bacteraemia will have a post infection review for learning.	I = 4 L = 4 16 (16)	implementation of the Gram negative infection action plan	31 Mar 2018	Joanne Greengrass

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PCC 24	Violent Patient Services Risk Owner: Alex Tilley Delegated Risk Owner: Ricky Chana Last Updated: 19 Mar 2018	Cause The current provider contract for the violent patient services is coming to an end, however NHSE have not been successful in finding a replacement provider to cover the services nationally. It has been recommended that CCGs procure a contract on a local level. Effect Violent Patient / SAS service is an essential services for the CCG to commission under delegated arrangements Patients and providers will not have a services in place to support those who require to access primary care with additional support	I = 4 L = 3 12 (12)	East Berkshire CCGs are working directly with our local providers to collaboratively find a solution for this essential service, as the standard procurement process has already been followed through NHS England trying to engage with potential providers without any success. We have approached providers with the service specification with a view to securing this service as soon as possible before the end of June 2018.	I = 3 L = 3 9 (9)	Approach potential providers with the service specification to gauge interest in providing the service and discuss further with interested providers, with a view to securing the service before 30 June 2018.	30 Mar 2018	Ricky Chana
PCIM 4	Adherence to the wound formulary Risk Owner: Catriona Khetyar Delegated Risk Owner: Last Updated: 24 Jan 2017	Cause If Tissue Viability expertise is limited the District and Practice Nurses may inappropriately request dressings from FP10 Effect Increase in Primary Care prescribing budget	I = 4 L = 4 16 (16)	Quarterly meetings with Tissue Viability nurses to discuss adherence to the formulary, cost per base. Monitoring EPACT data on Primary Care. Training with Practices who outside the norm. Tissue Viability nurses to educate DN. Pharmacist and Clinical leads can visit the practice. Report through Quality channels to decide whether contractual levers are required.	I = 3 L = 3 9 (9)	Review EPACT data monthly. Review online ordering monthly Review BHFT audit and if poor adherence with formulary escalate to CQRM.	02 Jan 2018	Catriona Khetyar

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PCC 23	Primary Care delivery of Phlebotomy and Dressing Services unsustainable Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 16 Mar 2018	<p>Cause 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</p> <p>Effect Patients are being referred to secondary care for these services which, is putting pressure in this area.</p> <p>Paper to PCOG 30 November 2017.</p>	I = 3 L = 4 12 (12)	Future service model for phlebotomy should be included in the out of hospital care programme. Short term additional capacity will be made available to patients via their practices in extended hours services.	I = 3 L = 3 9 (9)	develop the lower limb service and present to commissioners and business case to CCG for investment in improving access and quality for these patients.	27 Apr 2018	Joanne Greengrass
						include access to services such as phlebotomy in the Primary & Community Care public conversation. Interim arrangements in place for additional capacity in GPAF extended hours provision.	29 Jun 2018	Alex Tilley

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PCC 13	General Practice Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 15 Jan 2018	<p>Cause 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</p> <p>Effect 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</p>	I = 4 L = 3 12 (12)	<p>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.</p> <p>Primary Care has initiated a GP Forward View Time for Care programme to optimise the support available to practices and to be sure that the focus of is really on what is required by practices to become more sustainable and be part of transformation.</p>	I = 2 L = 3 6 (6)	<p>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.</p> <p>15 practices signed up for Productive General Practice programme (wave 4) delivery plan work is underway and due for completion at the end of March 2018.</p> <p>The Releasing Time for Care programme has been slightly amended for Productive Workflow as this conflicted with the Workflow Optimisation programme. The course has been redesigned as a Fundamentals of Change and Improvement - practices have been contacted. Need at least 20 attendees to make this viable.</p>	30 Mar 2018	Ann Bryant

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PCC 3	Primary Care Estates Sustainability (ETTF) - new premises Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 16 Mar 2018	<p>Cause Some Primary and community care premises are not fit for the delivery of the primary care strategy.</p> <p>Effect 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.</p>	I = 4 L = 4 16 (16)	<p>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.</p> <p>STP Capital Funding has been approved for the following schemes:</p> <p>Heatherwood Hospital (former block 40 site) £1.6m The Centre, Slough - integrated care - five practices have been approached to advise if they want to be included in the primary care element of this scheme.</p> <p>Future plan to improve infrastructure through the development of the CCGs Primary Care Infrastructure Plan. Projecting to the digital and premises vision, including the impact on work force development.</p>	I = 3 L = 2 6 (6)	Commission an evidenced based needs assessment of locations where premises plans are required, following the impact of local borough plans, constraints in current premises and significant demographic changes predicted.	30 Mar 2018	Alex Tilley

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						<p>PIDs submitted to NHSE for The Avenue, Ben Lynwood and Heatherwood Hospital. Feedback received on PIDs from regional and national team. PIDs have been agreed but awaiting outcome on whether this is for 66% funding rather than 40%.</p> <p>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 of April 2018 once the options appraisal and report on impact of LDP has been received.</p> <p>STP Capital Funding has been approved for Heatherwood Hospital and The Centre.</p> <p>Six Facet Surveys have now been received - first summary report to November PCOG.</p> <p>Audit of leases and ownership of primary care premises confirmed through resilience healthcheck and following up by Emma Reeves</p> <p>Minor Improvement Grant funding has been approved has been approved at a number of practices to assist with costs for works on infection control and capacity issues.</p>	31 Mar 2018	Ann Bryant

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PCC 2	Workforce Development for Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Samreen Aslam Last Updated: 16 Mar 2018	<p>Cause 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.</p> <p>Effect 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.</p>	I = 4 L = 3 12 (12)	<p>ICS work stream established to:</p> <p>1. Understand the workforce development activity that is already taking place and analyse how this will contribute to addressing the modelled GP gap by 2020.</p> <p>2. Develop a prospectus to provide practices with information on new roles, supply routes, likely employment costs and the amount of GP time required to supervise.</p> <p>Secure workforce development and improvements initiatives as scale through GPFV transformation funds. Including increased skill mix, retention through training and education and predicting areas of pressure through STP analysis</p> <p>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.</p>	I = 3 L = 2 6 (6)	<p>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.</p>	30 Mar 2018	Samreen Aslam

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PCC 16	Primary Care Premises Sustainability - current premises Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 16 Mar 2018	Cause The number of general practice building leases due to expire are not yet known, therefore sustainability of services through forward planning is not able to occur proactively. Effect 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 some 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 Project Support Officer will follow it up. Individual lease information has been added as a mandatory item on the health check tool-kit for practices to complete and return to the CCG by end September 2017. This will give us a clearer picture of the lease situation for all practices across East Berkshire so that we can continue to monitor individual situations and action in a timely manner.	I = 3 L = 2 6 (6)	Lease information has been added to our Infrastructure plan which will be used to help shape delivery and realised through transformation plans. Information will be shared at Members' Meetings, Practice Manager forums and used as a working tool at the Primary Care Premises sub-group and reported through PCOG and PCC CIC meetings.	30 Mar 2019	Ann Bryant
PCC 17	Slough General Practice Access Fund Extended Hours Services - IT connectivity Risk Owner: Alex Tilley Delegated Risk Owner: Katerina Nash Last Updated: 15 Jan 2018	Cause 1. Transition to a new service model requires the sharing of full medical records, hence piloting a model otherwise not tested. 2. Inconsistent data reporting from cluster providers. Effect 1. Unknown potential complication to deployment of a new software solution 2. Insufficient information regarding capacity delivered at extended hours.	I = 3 L = 4 12 (12)	1. Working closely with Cluster Leads, Engaging CSU project manager to drive deployment forward, phased approach with 2 piloting clusters agreed. Deployment scheduled for February/March 2018. 2. New IT system will deliver consistency in data reporting.	I = 2 L = 2 4 (4)	Deployment of IT solution commenced. Further discussions with Slough providers to take place around sustainable service delivery. Discussion at Slough Members in February 2018-agreement to move to single service provision, Lead practice to be identified - taking responsibility for the management of the service provision from 1st August 2018	31 Jul 2018	Katerina Nash

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PCC 4	Locally Commissioned Services Risk Owner: Alex Tilley Delegated Risk Owner: Ricky Chana Last Updated: 16 Mar 2018	Cause Robust management arrangements for locally commissioned service have not been in place across all commissioned services Effect 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. Contract changes for 2018/19 have been agreed. New payment and monitoring arrangements are in place	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	31 May 2018	Ricky Chana