

Standard Risk Register

Report Date	05 Jul 2018
Risk Status	Open
Service Line	Primary Care Commissioning
Control Status	Existing
Action Status	Outstanding

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Risk Ref	Risk Title	Cause & Effect	Inherent Risk Priority	Risk Control	Assurance Level	Residual Risk Priority	Action Required	To be implemented by	Person Responsible
PCC 3	Primary Care Estates Sustainability (ETTF) - new premises Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 05 Jul 2018	Cause Some Primary and community care premises are not fit for the delivery of the primary care strategy. Alignment to new models of integrated care require co-location suitable for the provision of a wider range of services, therefore needs for more and different physical capacity Effect The commissioners will be unable to secure the primary care transformation plans if works are not put in place to refurbish, extend, rebuild or develop surgeries.	I = 4 L = 4 16	Awarded funding for 3 of ETTF schemes at Cohort 2 and 1 scheme at cohort 3.		I = 3 L = 4 12	Awaiting formal notification from NHSE on 66% ETTF funding allocation for the three ETTF schemes. Outline Business Cases to be submitted to NHSE end July 2018. These will be written at risk until formal financial approval has been received.	31 Jul 2018	Ann Bryant
				STP Capital Funding has been approved for the following schemes: Heatherwood Hospital (former block 40 site) £1.7m The Centre, Slough - integrated care.			Binfield PID to be re-written to bring this from cohort 3 to cohort 2. Working collaboratively with Bracknell Forest Council on a joint PID. The PID will be submitted by end of July 2018.		
				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.			STP Capital Funding has been approved for Heatherwood Hospital and The Centre. Infrastructure needs assessments will be carried out over the course of the next couple of months on 5 key priority areas. These will form the basis of justification for the investment and future investment in primary care premises.		
							Primary care infrastructure plan will be shared with members in Sept 2018 and be presented for approval to PCCiC in October 2018		

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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	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			
PCC 26	Primary Care Support England (PCSE) Performance Risk Owner: Alex Tilley Delegated Risk Owner: Hayley Edwards Last Updated: 05 Jul 2018	Cause Poor performance of PSCE providing support services across practices in East Berkshire. Effect The practices are unable to operation efficiently and are at risk of providing a poor services to their registered population.	I = 3 L = 4 12	Open reporting from practices to CCG Primary Care team for unresolved issues Reporting to the PC Quality Improvement Group routinely		I = 3 L = 3 9	Feedback from practices has been collated to create a problem log, which will then be shared with NHSE to look for resolution of the common problems.	31 Aug 2018	Hayley Edwards

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PCC 2	Workforce Development for Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 02 Jul 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	ICS work stream established to: 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. 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.		I = 3 L = 2 6	Frimley health and Care ICS lead on workforce development: Engage all practices in submitting data through the ICS developed workforce planning tool - with support for backfill into each practice Collate the data into information to support practice and PC Network discussion on service resilience and future workforce models	28 Sep 2018	Alex Tilley
				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			collate all GPFV transformation workforce initiatives in to the Primary care Network plans to support service delivery as scale	26 Oct 2018	Alex Tilley

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PCC 13	General Practice Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 02 Jul 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	<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	<p>Report on the improvements to resilience investment in 2017/18 to learn the most effective interventions</p> <p>Continue to support practices that have been identified with resilience issues through knowledge and intelligence from the PC dashboard tool</p> <p>Work with Primary Care Networks on the investment of further resilience funds in 2017/18</p> <p>Propose to PCOG in July investment of 2018/19 resilience funds from the GPFV</p>	27 Jul 2018	Hayley Edwards

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PCC 17	Slough General Practice Access Fund Extended Hours Services - IT connectivity Risk Owner: Alex Tilley Delegated Risk Owner: Katerina Nash Last Updated: 02 Jul 2018	<p>Cause</p> <p>1. Transition to a new service model requires the sharing of full medical records, hence piloting a model otherwise not tested.</p> <p>2. Inconsistent data reporting from cluster providers.</p> <p>Effect</p> <p>1. Unknown potential complication to deployment of a new software solution</p> <p>2. Insufficient information regarding capacity delivered at extended hours.</p>	I = 3 L = 4 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 = 3 L = 2 6	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 16	Primary Care Premises Sustainability - current premises Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 23 Apr 2018	<p>Cause 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.</p> <p>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.</p>	I = 4 L = 3 12	<p>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.</p> <p>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.</p>		I = 3 L = 2 6	<p>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.</p>	30 Mar 2019	Ann Bryant

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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: 05 Jul 2018	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 Effect 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	commission an east Berkshire wide consistent service for lower limb care extend capacity in East Berkshire for phlebotomy into extended hours services for patients to access via their own practices across 7 days of the week		I = 2 L = 2 4	Commission the lower Limb service for east Berkshire from the community provider. Promote changes and complete implementation	28 Sep 2018	Joanne Greengrass
PCC 4	Locally Commissioned Services Risk Owner: Alex Tilley Delegated Risk Owner: Ricky Chana Last Updated: 21 Jun 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	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	Report back to members on outcomes achieved from GPOF LCS schemes after end of 17/18.	31 Jul 2018	Ricky Chana