

# Standard Risk Register

<b>Report Date</b>	07 Nov 2018
<b>Risk Status</b>	Open
<b>Service Line</b>	Primary Care Commissioning , Primary Care Improvement
<b>Control Status</b>	Existing
<b>Action Status</b>	Outstanding

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PCIM7	Primary Care Quality concerns at Health Hill Surgery	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	06 Nov 2017	<p><b>Cause</b> If the quality and patient experience does not improve at the practice following changes in personnel</p> <p><b>Effect</b> 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.</p>	I = 5 L = 5 25	CQC inspection and report published Sept 2018. Practice inadequate overall and in special measures.	Monthly assurance meeting	CQC to visit in Oct 2018 for progress on warnings.					I = 5 L = 5 25	CCG to meet with the practice for progress on the action plan and to have an assurance visit.	<p><b>02 Jan 2018</b> <b>Joanne Greengrass</b></p> <p>The CCG is meeting and having regular updates from the practice on the action plan.</p>	updated following meeting with Contract holder on 7th Nov 2018	07 Nov 2018
						GMS contract mechanisms implemented through breach notices and legal advice taken on options to secure quality and resilient service											
						The Practice has an action plan in place which has been agreed with the CCG											

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													support practice with regular CCG and practice meetings to be assured on action plan progress, returns, and finance. <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 11 Jan 2019	<b>28 Aug 2018</b> <b>Hayley Edwards</b> Monthly meetings with Heath Hill, the remedial notice remains due to Finances. Clinical rota sent to HE on a weekly basis in August to ensure safe cover is delivered. <b>11 Dec 2017</b> <b>Joanne Greengrass</b>		

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														The Practice has been given a number of actions to complete but these have not been done. CQC were unable to inspect the practice as their registration was not up to date. The registration forms have now been completed by the practice.		

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PCIM 6	Increase in EColi bacteraemias from the 2016/17 baseline <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 31 Aug 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	23 Oct 2017	<b>Cause</b> If there is not a decrease in the number of EColi bacteraemias  <b>Effect</b> Then this could have an impact on the CCG Quality premium targets.	I = 4 L = 4 16	Every EColi bacteraemia will have a post infection review for learning.  Monitoring of action plan by the ICS Quality Group						I = 4 L = 4 16	Implementation of the Gram negative infection action plan <b>Person Responsible:</b> Joanne Greengrass <b>To be implemented by:</b> 03 Sep 2018		The numbers from the baseline are still going up. From the IPC meeting 3 members are on a improvement group to start projects in place.	31 Aug 2018

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PCIM4	Adherence to the wound formulary <b>Risk Owner:</b> Catriona Khetyar <b>Delegated Risk Owner:</b> <b>Last Updated:</b> 27 Jun 2018	TBC	24 Jan 2017	<b>Cause</b> If Tissue Viability expertise is limited the District and Practice Nurses may inappropriately request dressings from FP10 Informed at March Wound Care Advisory Group that 1 TVN is leaving the service which may impact TVN service which in turn may impact adherence to formulary for Woundcare <b>Effect</b> Increase in Primary Care prescribing budget	I = 4 L = 4 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	<b>Person Responsible:</b> <b>To be implemented by:</b>		Still vacancies with the TVN service. They are spending significant time working with Nursing homes	31 Aug 2018

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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> 07 Nov 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	11 Jul 2016	<b>Cause</b> 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 <b>Effect</b> 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.  STP Capital Funding has been approved for the following schemes:  Heatherwood Hospital (former block 40 site) £1.7m The Centre, Slough - integrated care.  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 workforce development.	NHS England ETTF					I = 3 L = 3 9	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.  Binfield PID to be rewritten 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.  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	<b>06 Mar 2017</b> <b>Ann Bryant</b> Update required from Paul Rowley.	updated the timeline for needs assessment for primary care premises and inclusion in the infrastructure plan	07 Nov 2018



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													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  <b>Person Responsible:</b> Ann Bryant  <b>To be implemented by:</b> 28 Dec 2018			

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PCC 26	Primary Care Support England (PCSE) Performance	BEC Only- We will ensure that Clinical Leadership and patient engagement is at the heart of everything we do and develop a culture that brings to life 'thinking locally, working together.'	23 May 2018	<p><b>Cause</b> Poor performance of PSCE providing support services across practices in East Berkshire.</p> <p><b>Effect</b> The practices are unable to operation efficiently and are at risk of providing a poor services to their registered population.</p>	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 = 2 L = 3 6	<p>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. Raised to LMC and via BMA likely that resolution will be found via escalation route confirmed.</p> <p><b>Person Responsible:</b> Hayley Edwards</p> <p><b>To be implemented by:</b> 30 Nov 2018</p>		Updated following outcome from the meeting with LMC for resolution for on going issues with PCSE	07 Nov 2018

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PCC 13	General Practice Sustainability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 02 Jul 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	18 Oct 2016	<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	Through the GPFV delivery the CCG has supported GP federations, established Primary Care Networks and encouraged 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 practices and to be sure that the focus of is really on what is required by practices to						I = 2 L = 3 6	Report on the improvements to resilience investment in 2017/18 to learn the most effective interventions Continue to support practices that have been identified with resilience issues through knowledge and intelligence from the PC dashboard tool Work with Primary Care Networks on the investment of further resilience funds in 2017/18 Propose to PCOG in July investment of 2018/19 resilience funds from the GPFV <b>Person Responsible:</b> Hayley Edwards <b>To be implemented by:</b> 29 Mar 2019		Programme of support will be evaluated and outcomes measured by March 2019	07 Nov 2018

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						become more sustainable and be part of transformation.										

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PCC 2	Workforce Development for Sustainability <b>Risk Owner:</b> Alex Tilley <b>Delegated Risk Owner:</b> Joanne Greengrass <b>Last Updated:</b> 07 Nov 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	11 Jul 2016	<p><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 delivery depends on high quality and capacity in our workforce.</p> <p><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.</p>	I = 4 L = 3 12	<p>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.</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>						I = 3 L = 2 6	<p>collate all GPFV transformation workforce initiatives in to the Primary care Network plans to support service delivery as scale</p> <p><b>Person Responsible:</b> Alex Tilley <b>To be implemented by:</b> 29 Mar 2019</p>		Confirmed ICS timeline for prospectus	07 Nov 2018

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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> 07 Nov 2018	BEC Only- We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	08 Mar 2017	<b>Cause</b> 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. <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	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						I = 3 L = 1 3	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.  <b>Person Responsible:</b> Ann Bryant <b>To be implemented by:</b> 30 Mar 2019		Likelihood reduced - three practice opted out of providing information. Full picture ready in Dec 2018	07 Nov 2018

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						Berkshire so that we can continue to monitor individual situations and action in a timely manner.										
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> 07 Nov 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	13 Sep 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	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 = 1 2	<b>Person Responsible:</b> <b>To be implemented by:</b>		additional phlebotomy capacity in the extended hours services across east Berkshire Lower limb service commenced in October 2018	07 Nov 2018



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PCIM8	Workforce in Primary care <b>Risk Owner:</b> Joanne Greengrass <b>Delegated Risk Owner:</b> Hayley Edwards <b>Last Updated:</b> 19 Oct 2018	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	19 Oct 2018	<b>Cause</b> If the rate of Practice Managers leaving Primary care continues at the current rate  <b>Effect</b> then there is a risk practices will not be compliant with CQC, loss of organisational memory and locality expertise.	I = 4 L = 3 12								<b>Person Responsible:</b> <b>To be implemented by:</b>		Focus on workforce at PCN plans, including non-clinical teams. Plans for programme of workforce development through main workforce plan programme by March 2019	07 Nov 2018