

Standard Risk Register

Report Date	08 May 2019
Risk Status	Open
Service Line	Primary Care Commissioning , Primary Care Improvement, BE Primary Care
Control Status	Existing
Action Status	Outstanding

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PCIM 6	Increase in EColi bacteraemias from the 2016/17 baseline Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 11 Dec 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	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	Every EColi bacteraemia will have a post infection review for learning.						I = 4 L = 4 16	Implementation across the system, hydration project and the catheter passport Person Responsible: Joanne Greengrass To be implemented by: 31 May 2019		Action plan has been completed for 2018/19 and new one developed with recommendations from NSHI Head of IPC.	14 Apr 2019
						ICS Ecoli bacteraemia group monitoring the action plan					To review the capacity across the system to deliver the action plan Person Responsible: Sarah Bellars To be implemented by: 31 May 2019					
						Monitoring of action plan by the ICS Quality Group					Implementation of the Gram negative infection action plan Person Responsible: Joanne Greengrass To be implemented by: 31 Mar 2020					

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PCIM4	Adherence to the wound formulary Risk Owner: Catriona Khetyar Delegated Risk Owner: Last Updated: 18 Apr 2019	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	24 Jan 2017	Cause If Tissue Viability expertise is limited Nursing Homes, District Nurses and Practice Nurses may inappropriately request dressings from FP10 Informed at March 2019 Berkshire Wound Care Advisory Group that 1 x TVN and Team Lead TVN is leaving the service which may impact TVN service delivery and support. This in turn may impact adherence to formulary for Woundcare; resulting in less clinical and cost effective choices and potentially driving prescribing via GP FP10 Effect Increase in Primary Care prescribing budget. Inappropriate choice of woundcare products due to potential use of less clinical and cost effective options used	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 = 4 12	Review TVN service specification in conjunction with Quality Team Person Responsible: Joanne Greengrass To be implemented by: 31 May 2019 A new model of delivery and support by TVN service for Woundcare Formulary Person Responsible: Catriona Khetyar To be implemented by: 31 May 2019		TVN service delivery lead Kate Mellor has been contacted and is aware of concerns regarding deliver of the service. Continue to monitor as new team members and model of delivery is recruited to.	18 Apr 2019

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PCIM 7	Quality concerns at Health Hill Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 14 Apr 2019	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	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	CQC requiring an action plan to be sent to them on progress, and will visit withing 6-9 months. Governing Body and PCCC to have monthly updates on progress						I = 3 L = 4 12	Independent clinical review of referrals following identification of a backlog and referrals not made appropriately. Person Responsible: Sarah Bellars To be implemented by: 01 Jul 2019 weekly commissioner meeting to discuss issues, concerns and progress. LMC and NHSE attending. Person Responsible: Hayley Edwards To be implemented by: 01 Jul 2019		There has been significant changes in the delivery of the core functions since the 1st February with the merger with Ringmead Surgery. Any risks are being managed and regular updates to CQC.	14 Apr 2019

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PCC 28	Managed Dispersal of Heath Hill GMS Contract	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	17 Jan 2019	<p>Cause Transition to a new provider of Heath Hill patients and staff following the immediate contract termination of the current provider</p> <p>Effect Then: EBCCG are at risk of reputational damage from patients and stakeholders EBCCG are at financial risk due to liabilities incurred by Heath Hill EBCCG are at financial risk if the new provider pulls out EBCCG at risk of losing the new provider and compromising patient safety</p>	I = 3 L = 3 9	CCG supporting transition period, weekly meetings with new provider Action plan agreed with the new provider Additional PMO commissioned to support delivery of changes during transition period Additional clinical sessions agreed supporting clinical governance during transition period CCG are receiving specialist legal advice to support contract variation and transition period to new provider Comms team supporting new provider / communication plan completed						I = 3 L = 3 9	Communication plan for patients, stakeholders and staff for both practices. Person Responsible: Sabahat Hassan To be implemented by: 31 May 2019	<p>28 Feb 2019 Emma Reeves The communications and engagement action plan ahead of the 1st Feb transition with all documentation was developed, approved and actioned.</p> <p>The communications and engagement action plan for post 1st Feb and clinical systems coming together is live.</p>	PMO continues to support transition, CCG meets with RMP on Bi-weekly basis to monitor progress	15 Apr 2019
						PCCC meeting providing assurance of governance following due process										

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PCC 29	Ringmead Medical Practice merger with Heath Hill Risk Owner: Katerina Nash Delegated Risk Owner: Alex Tilley Last Updated: 11 Apr 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	13 Mar 2019	Cause Accelerated merger due to Heath Hill's contract termination Effect RMP main services could be affected due to the short timescales given to implement system and service merger	I = 4 L = 3 12	Additional resource commissioned by CCG to support transition process (6 months of PMO, Finance, IT support, 6 month of clinical sessions to support clinical governance and to implement changes agreed with CQC) Project plan to implement changes in place Risk register in place Weekly meeting with RMP to discuss progress, issues and risks related to this project							I = 3 L = 3 9	CCG to collate all financial risks and agree a re-payment arrangements as a creditor to HH partnership, gain legal advice on behalf of the CCG. Person Responsible: Katerina Nash To be implemented by: 30 Apr 2019		risk reviewed with actions added from HH risk	11 Apr 2019
														CCG to support MIG application and new Lease agreement Person Responsible: Paul Rowley To be implemented by: 30 Apr 2019			
														Review of the transition arrangements with Ringmead, providing CCG to progress against risks in relation to the levels of support and funding committed Person Responsible: Katerina Nash To be implemented by: 31 May 2019			

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													Regular attendance at transition meeting with Ringmead to support the mitigation of risks and deliver the transition arrangements agreed between the practice and commissioners Person Responsible: Katerina Nash To be implemented by: 31 Jul 2019			

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PCC 13	General Practice Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 11 Apr 2019	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	Cause General Practice is operating under considerable pressure and may not be able to deliver the ambitions set out in the GPFV, national policy and ICS plans 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	I = 4 L = 3 12	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.						I = 3 L = 3 9	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 Person Responsible: Hayley Edwards To be implemented by: 29 Mar 2019		Risk reviewed	17 Apr 2019

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						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.							CCG to provide additional support into emerging and establishing PCNs in east Berkshire to deliver the benefits of additional workforce investment and at scale working as set out in the General Practice 5 yr framework Person Responsible: Alex Tilley To be implemented by: 01 Jul 2019			

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709	Primary Care Estates Sustainability - committed new premises	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>Cause Some Primary and community care premises are not fit for the delivery of the primary care strategy either due to standards of the premises or to changes to service and population needs. Alignment to new models of integrated care require co-location suitable for the provision of a wider range of services, therefore needs different physical and digital capacity</p> <p>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.</p>	I = 4 L = 4 16	PID approved for three ETTF schemes in cohort 2/3. Move to Outline Business cases for three sites by April 2019	NHS England ETTF			Adequate	<p>BEN Lynwood and Britwell Outline Business Cases for ETTF funding were approved by NHSE in January 2019, the Commissioning Support Officer is working up a programme plan for Full Business Case submission for each of the ETTF Schemes.</p> <p>Heatherwood Hospital ETTF OBC is dependent on</p>	I = 3 L = 3 9	<p>present the Infrastructure Plan for general practice premises to PCOG in May 2019 and PCCC in July 2019 - identifying areas for future capital bids and opportunities to broker options with providers and third parties</p> <p>Person Responsible: Alex Tilley</p> <p>To be implemented by: 31 May 2019</p> <p>Develop a framework of advisors and support to primary care providers and partners to progress transformation plans in the community. Specifically; legal, financial, service model expertise</p> <p>Person Responsible: Alex Tilley</p> <p>To be implemented by: 31 May 2019</p>		risks reviewed - actions added and re-categorised at strategic risk	11 Apr 2019

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											confirmation of FHFT CDEL limit and confirmation of ETTF funding route. Binfield/Blue Mountain - work progressing on revised concept design and associated build and revenue costs.		Progress the opportunities through ETTF to identify facilities to secure and transform general practice services in east Berkshire Person Responsible: Ann Bryant To be implemented by: 31 Oct 2019			

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						Needs assessment exercise on areas identified as at risk following publication of the Local Borough Plans in east Berkshire. The Infrastructure Plan will be completed on the revision of the GVA report and presented to PCOG in May 2019.											
						Routinely survey practice premises under the 6 facet survey audit - recommended every 3/4 years. This provides the commissioners and providers with state of premises including fit for purpose, maintenance and capacity Next audit expected 2020											

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PCIM9	inequitable service delivery to all residents in care homes from Primary Care Risk Owner: Joanne Greengrass Delegated Risk Owner: Last Updated: 14 Apr 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	04 Jan 2019	Cause If there is not an agreed model of service delivery for people in care homes Effect Then there will be an inequity on care provided which could result in increased hospital admissions and poor resident experience.	I = 4 L = 3 12	GMS contract						I = 3 L = 3 9	To develop a service delivery model across East Berkshire CCG and work with partners in the ICS. Person Responsible: Joanne Greengrass To be implemented by: 04 Oct 2019	14 Apr 2019 Joanne Greengrass Care home workshop was held in April to start to develop a future model.	A meeting was held with the Maidenhead practices and they continue to not take patients from the care home. A contract breach notice was issued to the practices.	14 Apr 2019
						PCOG to monitor individual cases										

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PCIM8	Workforce in Primary care Risk Owner: Joanne Greengrass Delegated Risk Owner: Hayley Edwards Last Updated: 14 Apr 2019	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	Cause If the rate of Practice Managers leaving Primary care continues at the current rate Effect then there is a risk practices will not be compliant with CQC, loss of organisational memory and locality expertise.	I = 4 L = 3 12	Monthly monitoring of the workforce situation reviewed at PCOG and PCQIG meetings						I = 3 L = 3 9	Work with the PC Networks to include non clinical staff Person Responsible: Hayley Edwards To be implemented by: 31 May 2019		No changes to this risk	14 Apr 2019
						Resilience and training plans being developed for non-clinical staff for delivery in 2019					Programme of resilience and management training for Practice Managers and key staff aligned to the ICS workforce development and national initiative through Training Hubs, LMC and HEE					
						The Primary Care Networks made aware of the risk and consider the inclusion of non clinical staff development in their Network Plans					Person Responsible: Hayley Edwards To be implemented by: 31 May 2019					

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PCC 27	IAGP Slough Risk Owner: Katerina Nash Delegated Risk Owner: Alex Tilley Last Updated: 22 Feb 2019	N/A	18 Dec 2018	Cause Provider not currently delivering on service specification in relation to skills mix and capacity Effect Low appointment availability and utilisation	I = 3 L = 3 9	1. Workforce/ Clinical Skill mix and appointment utilisation monitored at monthly contractual meetings						I = 3 L = 3 9	Secure signed contract with provider to include flexibility in the model in line with national criteria Person Responsible: Katerina Nash To be implemented by: 30 Apr 2019		reviewed risk and added recent actions as agreed	11 Apr 2019
						2. Recovery/ Action plan agreed with seasonal investment during Jan - April 2019					CCG to consider the revised model of service delivery within the IAGP funding to deliver national requirements Person Responsible: Katerina Nash To be implemented by: 20 Jun 2019					
						2. Heads of Terms in place whilst contract remains outstanding										

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PCC 30	Primary Care Premises - District Valuer capacity Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 17 Apr 2019	BEC Only- We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	11 Apr 2019	Cause District Valuers' offer provide the re-assessment and establishment for the levels of reimbursement to practice under the Primary Care Premises Regulations, the capacity has been reduced in 2019 Effect Practices have outstanding routine assessments of their reimbursement levels and appeals to re-assessments are not being reviewed within expected timelines. New premises and extensions approvals are being delayed due to reduction in capacity at DV and increased demand through capital investment. Creates financial pressures in CCG delegated budget due to delays and delays in ETTF capital investments	I = 3 L = 3 9	SLA with CSU to facilitate and manage the rent reimbursement process - establish with delegated responsibilities						I = 2 L = 3 6	establish SLA with District Valuer office stipulating timelines within the regulations and reasonable expectations Person Responsible: Ann Bryant To be implemented by: 31 May 2019			

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PCC 2	Workforce Development for Sustainability Risk Owner: Alex Tilley Delegated Risk Owner: Joanne Greengrass Last Updated: 31 Dec 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	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. Service delivery depends on high quality and capacity in our workforce. 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.	I = 4 L = 3 12	Secure workforce development and improvements initiatives as scale through GPFV transformation funds.						I = 3 L = 2 6	Identify risk to loss of workforce in moving to the recurring workforce allocations between 2019-2022, to enable the retention of skills employed through non-recurring GPFV investment Person Responsible: Alex Tilley To be implemented by: 16 May 2019 Evaluate the workforce initiative implemented locally through GPFV workforce projects in the primary care networks. Take forward the benefits from each initiative into new recurrent funding opportunities. Person Responsible: Alex Tilley To be implemented by: 28 Jun 2019	risk reviewed and updated in relation to ICS workforce plans		11 Apr 2019

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PCC 16	Primary Care Premises Sustainability - leases Risk Owner: Alex Tilley Delegated Risk Owner: Ann Bryant Last Updated: 11 Apr 2019	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	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. Work is ongoing to build a picture of general practice ownership so that we can future proof services. 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	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. 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 = 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. The infrastructure plan will be completed following revision of the GVA report and presented to PCOG members in May 2019 for approval. Person Responsible: Ann Bryant To be implemented by: 31 May 2019		risk reviewed - identified added risk with DV capacity	11 Apr 2019

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PCC 31	Primary Care Networks (PCN) Risk Owner: Alex Tilley Delegated Risk Owner: Last Updated: 17 Apr 2019	BEC Only-We will commission services that improve the outcome and experience of all our residents by consistently delivering the NHS Constitutional Standards.	11 Apr 2019	Cause New national Network Contract stipulating the specification and expectations of outcome from PCNs across 100% practices Effect Leading to destabilisation of existing networks of practices. Practice/s may opt to not participate in the network contract, leaving responsibility for resolution of a complex issue with CCG Place based delivery of 10 year plan more challenging with mixed economy of Network DES delivery and less consistency around service delivery	I = 3 L = 3 9								Person Responsible: To be implemented by:			