

Primary Care Commissioning Committee

Date of meeting		28 February 2019	
Agenda item	9	Paper No	PCSG19/008

Primary Care Risk Register

Key issues	<p>The Primary Care Risk Register has been updated to include identified risks and mitigating actions.</p> <p>The following high risks have been identified:</p> <ul style="list-style-type: none"> • Estates & Technology Transformation Fund (ETTP) due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews • Capital for hub development, mitigated by close working with NHS Property services and ensuring all opportunities for capital funding are known and fully explored • Delivery of the Primary Care Strategy mitigated by locality and cluster plans. • Out of Hours IT issues, mitigated by contract variation and further negotiation • GP remote connection, mitigated by existing security solutions and investigation re- alternative connection
Strategic objectives / perspectives	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Establish local delivery systems
Actions requested / recommendation	<p>The Primary Care Commissioning Committee is asked to note the Primary Care Risk Register and the identified high risks and mitigating actions.</p>
Principal risk(s) relating to this paper	<p>All risks and mitigating actions are detailed in the Primary Care Risk Register.</p>
Other committees / groups where evidence supporting this paper has been considered	<p>Primary Care Steering Group.</p>

Financial and resource implications / impact	There are no financial or resource implications arising from this paper
Legal implications / impact	There are no legal implications arising from this paper.
Data protection impact assessment required?	No.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	This report does not request decisions which impact on equality and diversity.
Report author	Sylvia Macey, Head of Primary Care
Sponsoring Director	Rachael King, Director of Commissioning, South West
Date of paper	20 February 2019

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?
329 (a)	If the application for 100% of ETTF is not successful there will be a gap in capital funds needed to complete the scheme. If 100% is not realised then the scheme will not go ahead as Hampshire Hospitals NHS Foundation Trust who own the building do not have the capital to invest. If no alternative solution is found then it is possible that the Practice would apply to disperse their list. This will impact on patients and the remaining practices in Andover who may be unable to manage the increased demand. If this was to happen then potentially some of these practices may also apply to close their lists.	Possible	Major	High Risk	12	Moderate Risk	6	Erwin Jenny	Louise Marshall	NHSEngland (NHSE) has indicated that 100% funding may be available in exceptional circumstances. A toolkit to apply for 100% funding has been completed as part of the Outline Business Case (OBC) submission. In mitigation of the risk of the business case not being successful and 100% funding not being achieved, the Project Delivery Group are working with the GP Practices in Andover to identify alternative options with a different funding source that will ensure sustainability of GMS in Andover and management of increased patient lists as a result of population growth in the area.	NHSE Outline Business Case approval.	WHCCG Board to review Outline Business Case.	01/11/2018	Approved.	01/11/2018	Inadequate	Treat	Public
529	If there is insufficient capital and revenue funding for the re-development/ relocation of practices then hub development may be delayed or prevented resulting in a negative impact on the successful delivery of the transformation of primary care.	Possible	Moderate	High Risk	12	Moderate Risk	6	King, Rachael	Macey, Sylvia	Working with NHS Property Services to develop options. NHSE capital funding.	Unconfirmed capital funding.	Explore options for funding.	29/03/2019			Inadequate	Treat	Public

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?
484	If there is an out of hours IT issue (including cyber attack) then the CSU's perceived lack of formal agreement for extended hours means there is a risk they do not respond and services such as primary care extended hours and weekend opening will be adversely affected.	Possible	Moderate	High Risk	9	Moderate Risk	6	Mitchell, Heather	Parker, Claire	<p>Contract variation from 2015 has been identified agreeing full helpdesk support Mon-Fri 7.30 am - 8pm and Saturday 8am - 1pm. This has been escalated with the CSU.</p> <p>CSU IT business continuity and service recovery plans.</p> <p>The CCG has CSU IT senior manager contact details for escalation.</p> <p>NHS Digital debrief, learning and assurance process is being carried out by the CCG (see attached documents).</p> <p>The reply was there is no obligation to provide such cover however they will do their best endeavors. Not an acceptable response, so seeking them to take their responsibilities on board through other routes e.g. contract, NHS Digital pressure.</p>	<p>Awareness of existing requirements and obligations.</p> <p>Agreement from provider that current service is unacceptable and implemented solution.</p>	<p>North Hampshire CCG Chief Finance Officer to escalate through CSU Service Level Agreement processes, contract and NHS Digital pressure.</p> <p>Raise awareness of existing agreement and obligation to meet this within existing meetings regarding GPIT and customer board meetings.</p> <p>CCG decision re additional costs for extended service.</p>	30/03/2019			Inadequate	Treat	Public
441	If the Eastleigh Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded.	Possible	Moderate	High Risk	9	Moderate Risk	6	Macey, Sylvia		<p>There is a Project Delivery Group in place.</p> <p>Eastleigh Hub Project Group have detailed timescales for delivery of the scheme by 5 July 2019.</p> <p>Options appraisal completed in July 2017.</p> <p>Outline Business Case (OBC) Approved by West Hampshire CCG Board January 2018.</p> <p>OBC submitted to NHS England ETTF Board for approval March 2018.</p> <p>Planning permission submitted May 2018.</p> <p>Public/Patient Engagement Consultation package complete in preparation for agreed launch date.</p> <p>Full Business Case (FBC) to be completed by September 2018.</p> <p>FBC to be approved and Financial Close in October 2018.</p> <p>Planned end of refurbishment work in May 2019.</p> <p>Target date for project completion and occupation is July 2019.</p> <p>Working groups have been established with partner agencies and regular reviews are undertaken of key milestones.</p>	<p>Approved FBC and Financial Close.</p>	<p>FBC to be completed.</p> <p>FBC to be approved and Financial Close.</p>	14/02/2019			Inadequate	Tolerate	Public

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?	
495	If the GP remote connection solution operating on Windows server 2003 is no longer supported by Microsoft then no patches will be designed for this product and there will be an increased security risk for the organisation of security breaches, viruses etc.	Possible	Moderate	High Risk	9	Moderate Risk	4	Mitchell, Heather	Parker, Claire	Existing security solutions. Working to retire the solution. Use case is being investigated by CSU GPIT colleagues to ensure an alternative is in place for those that utilise it. CSU reviewing how to ring fence the solution so that the effect of any breach or virus could be controlled.	Alternative solution.	CSU to propose alternative solutions.	10/08/2018	Use cases requested from each practice. Analysis still to be completed. Escalated with CSU in September IISG and included within action plans.	28/12/2018	Inadequate	Treat	Public	
210	If the Primary Care Strategy is not successfully delivered and there is a failure to remodel and manage the local political environment, then there could be excessive demands on primary care resulting in a lack of sustainability, a negative impact on the out of hospital programme and instability in general practice.	Unlikely	Major	High Risk	8	High Risk	8	King, Rachael	Macey, Sylvia	Locality plans in place and progress reported regularly to the appropriate governing bodies to deliver out of hours and primary care strategy. Primary Care Strategy to be reviewed in line with the new operational plan guidance. Working and fully engaged with the Sustainable Transformation Plan. Locality and cluster plans for each area will seek to address practice sustainability.						Adequate	Tolerate	Public	
396	If there is insufficient and slow support to resolve ERS (electronic referral system) issues between primary care and providers, then GPs and patients may become disillusioned with the system, lose confidence in its effectiveness and discourage pro-active use.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	Mitchell, Heather	Parker, Claire	The CCG project team have agreed escalation points for ERS issues. There is a central point of contact for practice issues, regular reporting from providers to highlight issues which are being reviewed and actioned on a bi-weekly basis. Meetings are in place to review and escalate issues with providers as required. Central contacts have been identified within each provider and these details communicated via In Practice and on the CCG website via a live FAQ document. Early PSO being implemented for all providers ahead of contract date. The Standard Contract for 2018/19 to require the full use of e-RS for all consultant-led first outpatient appointments by end of September 2018.							Adequate	Tolerate	Public
394	If hospital services are not clearly described and coded on the ERS system, GPs and Medical Secretaries could become frustrated or disillusioned with the system, and not be able to use it as expected.	Unlikely	Moderate	Moderate Risk	6	Low Risk	3	Mitchell, Heather	Parker, Claire	NHS Digital provides guidance on naming and categorization conventions. GPs have channels to report 'hard-to locate' services. Quarterly user groups in place where medical secretaries are able to meet providers to discuss Directory of Services as shown on e-RS. Commissioners have regular channels to providers to feedback on coding/naming conventions.	UHS plans.	Plan to be provided by UHS for their lack of urgent service availability.	30/03/2019			Inadequate	Treat	Public	

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?	
																Adequate	Tolerate	Public	
117	If the Capita contract to deliver Primary Care support services does not resolve outstanding issues regarding medical record movements, supplies management and practice payments, including GP Registrar and Pension payments, then practice financial sustainability may be adversely affected.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	King, Rachael	Macey, Sylvia	NHS England contract. NHSE are working nationally to resolve outstanding issues. A leadership structure is in place in NHS England to manage the contract with Capita with weekly meetings reviewing key milestones. Keeping in touch with latest information regarding Capita and transition process via NHS England who give monthly updates on the current situation. Ongoing monitoring of practice issues is undertaken by the CCG with escalation to NHS England and review monthly. Issues are also logged with the Local Medical Committee who collated data and continuing to raise the issues nationally. NHS England - Heads of Primary Care in South Region have written to Capita expressing their concerns. Local meeting with Primary Care Support Services (Capita) held end of June 2018. Collated data to determine accurate position of outstanding issues. Ongoing monitoring of issues.							Adequate	Tolerate	Public
132	If the Winchester practice development doesn't progress, then delivery of the strategic estate plan for Winchester will be negatively impacted and the practice will remain in premises requiring improvement.	Unlikely	Moderate	Moderate Risk	6	Low Risk	3	King, Rachael	Macey, Sylvia	NHS England Wessex and the CCG working with Winchester City Council to ensure timescales match. Scheme approved by Winchester City Council in January 2018 for re-provision of practice premises. Primary Care Steering Group gave confirmation of progression of the scheme in November 2016. Practice has agreed to sign the lease. Meeting took place, mitigation to practice risk explained. Partners continue to negotiate with assistance from the LMC. The practice, the CCG and NHSE met in June 2018 to discuss options moving forward. Meeting held in July where options were outlined to the practice and a request for a response was made. Further meeting took place 2/10/2018. Awaiting final decision from practice, expected 11th October 2018.	Signed lease.	Practice to sign lease.	30/03/2019				Inadequate	Treat	Public
528	If there is a lack of clinical input into the design of the cluster plans, then they may not be able to deliver the work plans to enable transformation of primary care.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	King, Rachael	Macey, Sylvia	There are designated staff within the CCG working on the cluster plans who are supporting clinicians to draft and take forward cluster plans. Cluster plans are in production.						Adequate	Tolerate	Public	

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?
534	If providers do not have resources/technical ability to deliver regular detailed reports on paper referrals, the CCG will not be able to identify practices who need additional support in using e-RS.	Unlikely	Minor	Moderate Risk	4	Low Risk	1	Mitchell, Heather	Parker, Claire	CGGs are in close communication with UHS on this issue, and have requested interim solutions focused on the largest WHCCG practices whilst more detailed, regular reports are being developed.	NHS England have requested further clarity from UHS on the paper referral position as of September and October 2018. Interim solutions focused on the largest WHCCG practices.	UHS to provide NHSE more clarity on paper referral system. UHSFT to produce interim solutions focused on the largest WHCCG practices.	30/11/2018 30/11/2018			Inadequate	Treat	Public
395	If appointment slot issues increase within providers during transition to the ERS system, GPs and patients may lose confidence in its effectiveness.	Rare	Minor	Low Risk	2	Low Risk	2	Mitchell, Heather	Parker, Claire	Regular monitoring in place and PSO's now underway with providers. GP's can still refer via ERS however 'defer to provider' for booking. Encouraging and supporting a robust paper switch-off programme at each provider as this has proved to address appointment slot issues (ASI) through removing paper backlogs and forcing demand and capacity planning for each service. The Standard Contract for 2018/19 to require the full use of e-RS for all consultant-led first outpatient appointments by end of September 2018.						Adequate	Tolerate	Public

Impact Score, Likelihood Score and Risk Score Matrix

Choose the most appropriate domain from the left hand side of the table Then work along the columns in same row to assess the severity on the scale of 1 to 5 to determine the impact score, which is the number given at the top of the column.

Domains	Impact score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1. Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
2. Quality/complaints/audit	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
3. Human resources/organisational development/staffing/competence	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
4. Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5. Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
6. Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national deadlines 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
7. Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million

Likelihood scoring matrix:

Likelihood	1	2	3	4	5
Descriptor	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Risk Score (Impact x Likelihood):

5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

