

Primary Care Commissioning Committee

Date of meeting		19 December 2019	
Agenda item	7	Paper No	PCCC19/096

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 (ETTF) due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews • Delivery of the Primary Care Strategy mitigated by locality and Network plans. • Out of Hours IT issues, mitigated by contract variation and further negotiation • GP remote connection, mitigated by existing security solutions and investigation regarding 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	The Primary Care Commissioning Committee is asked to note the Primary Care Risk Register.
Principal risk(s) relating to this paper	All risks and mitigating actions are detailed in the Primary Care Risk Register.
Other committees / groups where evidence supporting this paper has been considered	Primary Care Steering Group.
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	Martyn Rogers, Head of Primary Care
Sponsoring Director	Rachael King, Director of Commissioning: South West
Date of paper	12 December 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	Description	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?
441	If the Eastleigh Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements and timescales then funding for the premises schemes will not be awarded.	Likely	Moderate	High Risk	12	Moderate Risk	6	King, Rachael	Rogers, Martyn	There is a Project Delivery Group in place. Options are being reviewed. Working groups have been established with partner agencies and regular reviews are undertaken of key milestones. The Project Manager is working with Eastleigh Borough Council. The CCG continues to hold briefing discussion with NHS England for support and guidance.	Programme under review	Review in progress Feasibility Study	15/05/2019 04/10/2019	Complete Working with Eastleigh Borough Council to review feasibility.	10/05/2019	Inadequate	Treat	Public
495	If the GP remote connection solution operating on Windows server 2003 is not decommissioned/replaced by CSU there will be an increased security risk for the organisation of security breaches, viruses etc as this platform is no longer supported by Microsoft and no patches will be designed for this product	Possible	Major	High Risk	12	Moderate Risk	4	Fulford, Mike	Parker, Claire	Alternative solution identified, working to retire the solution via the 19/20 Capital Programme		Gap Analysis and recommendations required for all remote access users CSU to provide and clarify laptop deployment plan Complete Deployment & Decommission Report required of all existing 2003 servers and recommendations. (additional identified by CSU Jan 2019) Identify and discuss ring-fencing options Complete 18/19 Laptop Deployment 19/20 Laptop Deployment Plan Purchase Laptops and W10 Licenses Options & Finance Review CSU to propose alternative solutions	08/03/2019 31/12/2018 31/03/2020 03/04/2019 22/02/2019 17/05/2019 02/10/2019 02/08/2019 10/05/2019 10/08/2018	West Hampshire analysis received from CSU CCG supported and plan now complete Complete 19/20 laptop deployment and complete decommission of 2003 servers Report provided with some recommendations required - others still need to be provided and discussed. Identified but as costly as upgrading the servers Deployment underway CSU to produce laptop deployment plan (Delayed due to STW and stock order) Devices and licenses required to enable deployment against produced plan Costed recommendations to be reviewed as part of 19/20 Capital Programme Planning, with potential impact of not removing 2003 servers articulated for decision. Use cases requested from each practice. Analysis still to be completed. Escalated with CSU in September IISG and included within action plans. Options identified and agreed with CCG's	27/03/2019 31/01/2019 07/05/2019 22/02/2019 25/06/2019 19/06/2019 28/12/2019	Adequate	Tolerate	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	9	Moderate Risk	6	King, Rachael	Rogers, Martyn	Working with NHS Property Services to develop options. NHSE capital funding.	Unconfirmed capital funding.	Explore options for funding.	01/11/2019			Inadequate	Treat	Public
629	If the application for 100% is not successful there will be a gap in capital funds needed to undertake the scheme and it will not go ahead. This will mean that services will remain at Andover Health Centre until such time as notice is given to vacate. GP Practices in Andover will not have the capacity to meet the demand of an increasing population. Delivery of new models of care will be constrained by outdated poor estate. A potential list dispersal will add further pressure on the remaining Practices who may apply for list closures.	Unlikely	Major	High Risk	8	Low Risk	2	Erwin, Jenny	Preston, Marie	NHSE has indicated that 100% funding may be available in exceptional circumstances. A toolkit to apply for 100% funding will be completed as part of the OBC submission. The OBC received conditional approval 16 August 2019 and this included approval for the 100% of the funding allocated. The application will be updated and resubmitted with the FBC.		100% funding application submitted	12/02/2020 16/03/2020	Revised OBC will be submitted to NHSE on 1 July 2019. A decision will be taken by NHSE as part of their review / approval process. OBC approval has been granted along with 100% funding if the FBC is approved. Work has now commenced on the detailed design and appointment of a contractor to fix costs so that the FBC can be completed. A timeline for submission to NHSE is being agreed but expected to be in February 2020.	28/10/2019	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	Description	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or 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	Moderate	Moderate Risk	6	Moderate Risk	6	King, Rachael	Rogers, Martyn	<p>Locality plans in place and progress reported regularly to the appropriate governing bodies to deliver out of hours and primary care strategy.</p> <p>Primary Care Strategy to be reviewed in line with the new operational plan guidance.</p> <p>Working and fully engaged with the Sustainable Transformation Plan.</p> <p>Locality and Primary Care Network plans for each area will seek to address practice sustainability.</p> <p>NHS Ten Year Plan and new GP Network Contract (DES) will support Primary Care Networks. Network plans will support delivery of Primary Care.</p>							Adequate	Tolerate	Public
626	Practice has tendered their contract; contract end date 31/12/2019.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	4	King, Rachael	Rogers, Martyn	<p>Options paper taken to Primary Care Steering Group and Primary Care Commissioning Committee. Agreed direct award of interim contract.</p> <p>CCG working closely with practice, NHS England and LMC, to ensure continuity of GP service provision.</p> <p>Tracker plan in development together with a communications plan and timeline for service change.</p> <p>Procurement Group have approved terms of award to interim provider.</p>	<p>Controls now in place for 4,500 patients via interim APMS contract awarded to neighbouring practice partnership.</p> <p>Action tracker in place to both close Bursledon Surgery and mobilise new provision from the same surgery site.</p> <p>Action tracker reviewed bi-weekly on an operation level and monthly on an executive oversight basis.</p>	<p>Practice premises occupancy discussions</p> <p>Options Paper for Primary Care Commissioning Committee</p> <p>Tracker plans for contract close and new service commencement to be developed with LMC's input</p> <p>Patient/Stakeholder comms package development</p> <p>Contract negotiation with interim provider</p>	<p>06/12/2019</p> <p>27/06/2019</p> <p>29/11/2019</p> <p>15/11/2019</p> <p>30/11/2019</p>	<p>Ongoing CCG facilitation of discussions between landlord (Eastleigh Borough Council) and practices to secure occupancy of new provider under existing lease. complete</p> <p>Ongoing review of action tracker with escalation and resolution of issues raised.</p> <p>Letter sent to all patients in October 2019- patient listening/engagement events scheduled for November 2019.</p> <p>negotiation at advanced stage, to be concluded by 30 September 2019.</p> <p>APMS contract in drafting stage- to be signed prior to contract commencement</p>	<p>19/09/2019</p> <p>22/11/2019</p> <p>22/11/2019</p>	Inadequate	Treat	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.	Unlikely	Moderate	Moderate Risk	6	Low Risk	3	Fulford, Mike	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>The reply was there is no obligation to provide such cover however they will do their best endeavours. Quote obtained to extend support to 24/7.</p>		<p>Extended support to be included in new GPIT Specification</p> <p>NHCCG CFO to escalate through CSU SLA 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>Ensure appropriate levels of cover in new contract</p> <p>CCG decision re additional costs for extended service</p>	<p>22/02/2019</p> <p>30/03/2018</p> <p>01/05/2020</p> <p>31/05/2019</p>	<p>Included in new spec</p> <p>Complete - CSU recognise additional requirement</p> <p>Complete - CSU recognition of the additional support required</p> <p>Appropriate levels of cover to be included in new service contract to commence from 1st October. As such no further discussions reviews to be undertaken with CSU outside of formal procurement process</p> <p>CSU to share requirements submitted to Healthcare Computing and response/costs.</p>	<p>22/02/2019</p> <p>25/02/2019</p> <p>25/02/2019</p> <p>16/09/2019</p>	Adequate	Treat	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

