

Primary Care Commissioning Committee

Date of meeting	25 June 2020		
Agenda item	7	Paper No	PCCC20/040

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"> • Covid-19 Primary Care Risks • 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	23 June 2020

Primary Care Risk Register

ID	Description	Likelihood (current)					Manager	Handler	Controls in place	Gaps in controls	Description	Due date	Progress	Done date	Adequacy of controls		Is the risk confidential or public?
		Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)									Type of Control		
697	Due to the current Covid-19 pandemic, there is a risk that patients will have difficulty in accessing primary care services. Access issues may be due to various restraints faced by providers, such as staff shortages and infection control guidance and equipment.	Possible	Major	High Risk	12	Moderate Risk	6	King, Rachael Rogers, Martyn	<p>Following NHS England Guidance, practices have moved to updated operating models. Practices have adopted a total triage system for all patients and are providing remote care where possible.</p> <p>Ensuring support and care for patients at most risk from Covid-19. Managing face to face services to provide essential treatment, ensuring minimal spread of infection to non-Covid patients.</p> <p>Creation of 9 'Hot sites' across West Hampshire CCG for patients with symptoms of Covid-19.</p> <p>Identification of cold sites, with potential for consolidation of practices in the event of significant staff shortages or contamination and infection control requirements.</p>	<p>Provision of infection control supplies (PPE) due to national shortage.</p> <p>Provision of digital solutions for practice remote working, due to logistical supply issues.</p>					Adequate	Tolerate	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 & 20/21 Capital Programme	<p>Gap Analysis and recommendations required for all remote access users CSU to provide and clarify laptop deployment plan</p> <p>Complete Deployment & Decommission</p> <p>Review Remote Access in light of Covid & re-define plans</p> <p>Report required of all existing 2003 servers and recommendations. (additional identified by CSU Jan 2019)</p> <p>Identify and discuss ring-fencing options</p> <p>Complete 18/19 Laptop Deployment</p> <p>19/20 Laptop Deployment Plan</p> <p>Purchase Laptops and W10 Licenses</p> <p>Options & Finance Review</p> <p>CSU to propose alternative solutions</p>	<p>08/03/2019</p> <p>31/12/2018</p> <p>31/03/2020</p> <p>30/06/2020</p> <p>03/04/2019</p> <p>22/02/2019</p> <p>17/05/2019</p> <p>02/10/2019</p> <p>02/08/2019</p> <p>10/05/2019</p> <p>10/08/2018</p>	<p>West Hampshire analysis received from CSU CCG supported and plan now complete</p> <p>Complete 19/20 laptop deployment</p> <p>Undertake review of TS 2003 solution in light of standing the solution up as part of covid resilience to provide at-scale access. Alternative Remote Access solutions also provided as part of resilience. Review solutions and agree next steps</p> <p>Report provided with some recommendations required - others still need to be provided and discussed.</p> <p>Identified but as costly as upgrading the servers</p> <p>Deployment underway</p> <p>CSU to produce laptop deployment plan (Delayed due to STW and stock order)</p> <p>Devices and licenses required to enable deployment against produced plan</p> <p>Costed recommendations to be reviewed as part of 19/20 Capital Programme Planning, with potential impact of not removing 2003 servers articulated for decision.</p> <p>Use cases requested from each practice. Analysis still to be completed. Escalated with CSU in September IISG and included within action plans.</p> <p>Options identified and agreed with CCG's</p>	<p>27/03/2019</p> <p>31/01/2019</p> <p>31/03/2020</p> <p>07/05/2019</p> <p>22/02/2019</p> <p>25/06/2019</p> <p>29/11/2019</p> <p>29/11/2019</p> <p>19/06/2019</p> <p>28/12/2018</p>	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	<p>Working with NHS Property Services to develop options.</p> <p>NHSE capital funding via wave 5 bids submitted.</p> <p>CCG primary care estates strategy drafted to identify strategic projects requiring NHS capital or third party developer capital investment.</p>	Unconfirmed capital funding.	Explore options for funding.	26/06/2020		Inadequate	Treat	Public	

ID	Description	Likelihood (current)					Manager	Handler	Controls in place	Gaps in controls	Description	Due date	Progress	Done date	Adequacy of controls		
		Possible	Moderate	High Risk	Rating (current)	Risk level (Target)									Type of Control	Is the risk confidential or public?	
680	The development of primary care networks and the contribution of networks to managing demand are set out in the NHS Long Term Plan. Whilst PCNs have been established across West Hampshire CCG, each network is at a different stage of organisational development and maturity.	Possible	Moderate	High Risk	9	Moderate Risk	6	King, Rachael Rogers, Martyn	Organisational development support funding awarded to practices for 2019-20. Nominated CCG support managers allocated to each network. Leadership training undertaken for Network Clinical Directors. Quality Progression Scheme has provided additional local resource to support creation of network development plans.						Adequate	Tolerate	Public
691	If the CCG are unable to support the recruitment, retention and development of practice nurses then there may be a shortage of suitably skilled nurses within the primary care workforce which could impact on the ability to meet demand and provide high quality care.	Possible	Moderate	High Risk	9	Moderate Risk	6	McNicholas, Ellen O'Connor, Vivienne	Recruitment of practice nurses is a national priority in the NHS Long Term Plan Primary Care Training Hubs (formerly CPENs) are established and supporting practices to take student nurses to increase the exposure of nurses to primary care as a career option. Practices are being supported to take increasing numbers of newly qualified nurses. PC Training Hubs are working with practices to assess and improve their learning environments. Practices have access to the practice nursing course at Bournemouth University for newly qualified nurses and are being supported to access this. Quality team are running senior nurses leadership forums to train and develop senior nurses to take on leadership roles in practices and PCNs. HIOW are running leadership courses for practice nurses which nurses can attend to support development and retention.						Adequate	Tolerate	Public
693	If Primary Care Networks are not supported to implement and manage robust integrated governance arrangements then there may be an impact on quality which could put patients at risk of harm.	Possible	Moderate	High Risk	9	Moderate Risk	4	King, Rachael O'Connor, Vivienne	HIOW STP has produced an integrated governance toolkit for use by practices and PCNs. Practices have access to the Primary Care Quality Lead for advice around quality and governance. PCN development forum is in place to support development, including governance arrangements.	Quality and governance does not feature in many PCN plans PCN Directors will be responsible for implementing the NHS patient safety Strategy at network level but the capacity to do this is limited The CCG does not have a framework for managing and reporting governance of PCNs at present.	Deputy Director of Quality to start attending PCN development forum Development of a framework to support PCN governance and oversight	28/08/2020 30/09/2020	Invitation extended. Currently on hold due to COVID-19. Once business as usual commences we will resume the action. June 2020: Paused due to COVID-19. June 2020: Action extended to end of September due to COVID-19.		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	Description	Due date	Progress	Done date	Adequacy of controls	Type of Control	Is the risk confidential or public?
692	If there is insufficient supervision and governance around new and extended roles within primary care this may lead to individuals potentially practicing outside of their sphere of competency, placing patients at risk of harm (Physios, Physicians Assistants, Pharmacists, Paramedics).	Unlikely	Major	High Risk	8	Moderate Risk	4	King, Rachael	O'Connor, Vivienne	Practices are accountable for ensuring that all staff practice within their competencies and have the skills to manage their workload. The CCG has shared the 'employing a paramedic in primary care toolkit' with practices to support safe employment and definition of roles. Practices have been employing pharmacists for a period of time and can access support from the CCG. All registered professionals are required by their professional codes and registration to practice within their sphere of competency.						Adequate	Tolerate	Public
699	Practice has tendered their contract end date of 31/10/20	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	4	King, Rachael	Rogers, Martyn	Options being explored, including list dispersal. The CCG is working closely with the practice, NHS England and the LMC to ensure continuity of GP service provision.		Letter to all patients informing of contract termination Options paper for primary care commissioning committee	24/02/2020 11/06/2020		23/04/2020	Inadequate	Treat	Public
722	If the Hampshire and Isle of Wight Primary Care Long Term Strategic Delivery plan 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	4	King, Rachael	Rogers, Martyn	Locality and Primary Care Network plans for each area will seek to address practice sustainability. NHS Ten Year Plan and Primary Care Network Contract (DES)and Network plans will support delivery of Primary Care and: Strengthening the foundation of primary care. Implementing future models of integrated care. Partnership working to reduce inequalities and deliver improved outcomes.						Adequate	Tolerate	Public
685	Procurement of a long-term provider for 4,500 patients, currently registered with an interim provider.	Unlikely	Moderate	Moderate Risk	6	Low Risk	3	King, Rachael	Rogers, Martyn	Procurement options paper being developed. Ongoing discussions with Landlord (Eastleigh Borough Council)to secure long term occupancy in practice premises.		develop procurement options paper	23/10/2020	Extension of contract with interim provider, due to covid pandemic. Procurement of long term provider to be reviewed and options paper to be drafted.		Adequate	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	Description	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.	Unlikely	Moderate	Moderate Risk	6	Low Risk	3	Fulford, Mike	Parker, Claire	Contract variation from 2015 has been identified agreeing full helpdesk support Mon-Fri 7.30 am - 8pm and Saturday 8am - 1pm. CSU IT business continuity and service recovery plans. The CCG has CSU IT senior manager contact details for escalation. The reply was there is no obligation to provide such cover however they will do their best endeavours.		Extended support to be included in new GPIT Specification NHCCG CFO to escalate through CSU SLA processes, contract and NHS Digital pressure. Raise awareness of existing agreement and obligation to meet this within existing meetings regarding GPIT and customer board meetings. Ensure appropriate levels of cover in new contract CCG decision re additional costs for extended service Actions on Hold	22/02/2019 30/03/2018 01/05/2020 31/05/2019	Included in new spec Complete - CSU recognise additional requirement Complete - CSU recognition of the additional support required 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 CSU to share requirements submitted to Healthcare Computing and response/costs. No further discussions/reviews to be undertaken with CSU due to ongoing procurement process	22/02/2019 25/02/2019 25/02/2019 29/11/2019 16/09/2019	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

