

## Primary Care Commissioning Committee

Date of meeting		29 August 2019	
Agenda item	9	Paper No	PCCC19/062

### Primary Care Risk Register

<b>Key issues</b>	<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"> <li>• Estates &amp; 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</li> <li>• Delivery of the Primary Care Strategy mitigated by locality and Network plans.</li> <li>• Out of Hours IT issues, mitigated by contract variation and further negotiation</li> <li>• GP remote connection, mitigated by existing security solutions and investigation regarding alternative connection</li> </ul>
<b>Strategic objectives / perspectives</b>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> <li>• Ensure system financial sustainability</li> <li>• Ensure safe and sustainable high quality services</li> <li>• Establish local delivery systems</li> </ul>
<b>Actions requested / recommendation</b>	<b>The Primary Care Commissioning Committee is asked to note the Primary Care Risk Register.</b>
<b>Principal risk(s) relating to this paper</b>	All risks and mitigating actions are detailed in the Primary Care Risk Register.
<b>Other committees / groups where evidence supporting this paper has been considered</b>	Primary Care Steering Group.
<b>Financial and resource implications / impact</b>	There are no financial or resource implications arising from this paper

<b>Legal implications / impact</b>	There are no legal implications arising from this paper.
<b>Data protection impact assessment required?</b>	No.
<b>Public / stakeholder involvement – activity taken or planned</b>	Not applicable.
<b>Equality and diversity – implications / impact</b>	This report does not request decisions which impact on equality and diversity.
<b>Report author</b>	Sylvia Macey, Head of Primary Care
<b>Sponsoring Director</b>	Rachael King, Director of Commissioning: South West
<b>Date of paper</b>	22 August 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?
329	If the Andover Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded.	Likely	Moderate	High Risk	9	Moderate Risk	6	Jenny Erwin	Macey, Sylvia	<p>There is a Project Delivery Group in place.</p> <p>Andover Hub Project Group have detailed timescales for delivery of the scheme.</p> <p>Working groups have been established with partner agencies and regular reviews are undertaken of key milestones.</p> <p>Risks are reviewed and addressed on a regular basis.</p> <p>Regular reviews are in place with NHS England (NHSE) at a local and national level, as well as with Community Health Partnerships who are providing strategic and technical advice.</p> <p>The Andover scheme has been identified as a priority by the Hampshire Isle of Wight Sustainability Transformation Programme for support to achieve a successful business case provided by the Strategic Estates Planning Implementation Programme (SEPI). SEPI is a national team established by the Department of Health.</p> <p>Revised options appraisal, Projection Initiation Document (PID) and economic appraisal complete.</p> <p>The PID has been updated to include the Option Appraisal Report confirming the preferred option along with a revised programme and submitted to NHS England.</p> <p>The practice confirmed their position.</p> <p>Economics appraisal has been approved by the Board.</p> <p>The options and PID have been revised .</p>	NHSE Full Business Case approval.	Outline Business Case (OBC) Approval by WHCCG	27/06/2019	Complete	27/06/2019	Inadequate	Treat	Public
												NHS England to complete Business Case Approval Process (7 weeks)	09/08/2019	Complete	19/08/2019			
												Development and approval of a Full Business Case	13/11/2019					
												Planning application and approval process.	31/01/2020					
												Works commence on site.	27/03/2020					
												Works complete.	26/03/2021					
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	<p>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 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 General Medical Services (GMS) in Andover and management of increased patient lists as a result of population growth in the area.</p>	NHSE Outline Business Case approval.	OBC Approval by WHCCG	27/06/2019			Inadequate	Treat	Public
												NHS England to complete Business Case Approval Process (7 weeks)	09/08/2019					
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			Moderate	High Risk											Inadequate	Treat	
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.	Possible	Moderate	High Risk	12	Moderate Risk	6	King, Rachael Macey, Sylvia	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 02/07/2019	Complete Working with Eastleigh Borough Council to review feasibility.	10/05/2019	Inadequate	Treat	Public
484	If there is an out of hours IT issue (including cyber attack) then the Commissioning Support Units (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	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.  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. Quote obtained to extend support to 24/7.		Extended support to be included in new GPIT Specification North Hampshire CCG Chief Finance Officer (CFO) to escalate through CSU Service Level Agreement (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. CCG decision re additional costs for extended service	22/02/2019 30/03/2018 31/05/2019	Included in new spec Complete - CSU recognise additional requirement Complete - CSU recognition of the additional support required CSU to share requirements submitted to Healthcare Computing and response/costs.	22/02/2019 25/02/2019 25/02/2019	Adequate	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	Mitchell, Heather Parker, Claire	Alternative solution identified - awaiting deployment plans 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.		Gap Analysis and recommendations required for all remote access users CSU to provide and clarify laptop deployment plan 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 Options & Finance Review CSU to propose alternative solutions	08/03/2019 31/12/2018 03/04/2019 22/02/2019 17/05/2019 10/05/2019 10/08/2018	West Hampshire analysis received from CSU CCG supported and plan now complete Report provided with some recommendations required - others still need to be provided and discussed. Identified but as costly as upgrading the servers Deployment underway 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 28/12/2018	Inadequate	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 Macey, Sylvia	Working with NHS Property Services to develop options.  NHSE capital funding.	Unconfirmed capital funding.	Explore options for funding.	01/11/2019			Inadequate	Treat	Public

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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	Macey, Sylvia	<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 cluster plans for each area will seek to address practice sustainability.</p> <p>NHS Ten Year Plan and new GP Directed Enhanced Service (DES) will support Primary Care Networks. Network plans will support delivery of Primary Care.</p>							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
<b>1. Impact on the safety of patients, staff or public (physical/psychological harm)</b>	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
<b>2. Quality/complaints/audit</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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
<b>3. Human resources/organisational development/staffing/competence</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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

	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>4. Statutory duty/ inspections</b>	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
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>5. Adverse publicity/ reputation</b>	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
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>6. Business objectives/ projects</b>	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
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>7. Finance including claims</b>	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
<b>Descriptor</b>	<b>Rare &lt;20%</b>	<b>Unlikely 20-40%</b>	<b>Possible 40-60%</b>	<b>Likely 60-80%</b>	<b>Almost certain 80%+</b>
<b>Frequency</b> 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	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
4. Likely	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
3. Possible	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
2. Unlikely	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
1. Rare	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic

