

Primary Care Commissioning Committee

Date of meeting		24 October 2019	
Agenda item	7	Paper No	PCCC19/078

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	17 October 2019

Primary Care Risk Register

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?
		Possible	Major	High Risk	12	Moderate Risk	4	Fulford, Mike	Parker, Claire															
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 28/12/2018	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	
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.	Possible	Moderate	High Risk	9	Moderate Risk	6	Erwin, Jenny	Rogers, Martyn	There is a Project Delivery Group in place. Andover Hub Project Group have detailed timescales for delivery of the scheme. Working groups have been established with partner agencies and regular reviews are undertaken of key milestones. Risks are reviewed and addressed on a regular basis. Regular reviews are in place with NHS England at a local and national level, as well as with Community Health Partnerships who are providing strategic and technical advice. 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. Revised options appraisal, PID and economic appraisal complete. 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. The practise confirmed their position Economics appraisal has been approved by the board WHCCG Board reviewed and approved the Outline Business Case on 27 June 2019. Outline Business Case submitted to NHS England for approval in August 2019.	NHSE Outline Business Case approval.	Planning application and approval process. Works commence on site. Development and approval of a Full Business Case. Works complete. NHS England to complete Business Case Approval Process (7 weeks). OBC Approval by West Hampshire CCG	31/01/2020 27/03/2020 13/11/2019 26/03/2021 09/08/2019 27/06/2019		27/06/2019	Inadequate	Treat	Public						

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329(e)	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	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 GMS in Andover and management of increased patient lists as a result of population growth in the area.	NHSE Outline Business Case approval.	OBC Approval by WHCCG NHS England to complete Business Case Approval Process (7 weeks) Development and approval of a Full Business Case Planning application and approval process. Works commence on site.	27/06/2019 09/08/2019 13/11/2019 31/01/2020 27/03/2020	Complete Complete	27/06/2019 09/08/2019	Inadequate	Treat	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
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. 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 endeavors. Quote obtained to extend support to 24/7.		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	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.	22/02/2019 25/02/2019 25/02/2019 16/09/2019	Adequate	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	Moderate	Moderate Risk	6	Moderate Risk	6	King, Rachael	Rogers, Martyn	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. NHS Ten Year Plan and new GP DES will support Primary Care Networks. Network plans will support delivery of Primary Care.						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

