Agenda item: 9	
Paper no: PCCC iC 07-19	

Title of Report:	PCCC CIC Part 1 Risk Log – January 2019	
Status:	To Note	
Committee:	CIC PCCC	**Date:** 11/01/2019
Venue:	NWS CCG, 58 Church Street, Weybridge, Surrey, KT13 8DP	

Presented by:	Helen Snelling, Head of Primary Care Contracting, Surrey Heartlands CCGs	
Executive Lead sign off:	Rachael Graham, Deputy Director of Contracts Non Acute and Primary Care	**Date:** 02/01/2019
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Governance:

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	N/A	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

A review of all risks is underway to establish the appropriate risks which should be reported through PCCC going forward.

Corporate Risks Team is supporting Primary Care Team to revise the risk logs to a new format to ensure that all Primary Care risks are captured accurately.

Step 1: all risks primary care risks identified and reported (in line with GBAF reporting) for January PCCC. **Complete**

Step 2: all owners/handlers asked to clarify if they are the right owners/handlers and correct accordingly. **In progress**

Step 3: all owners/handlers will be reminded to update monthly and primary care team to extract updated risks for PCCC going forward. **Pending**

Implications:

What is the **health impact/ outcome** and is this in line with the **CCG's strategic objectives**?	• Objective 1: Achieving a sustainable system • Objective 2: Development of collaborative working • Objective 3: Developing Integrated Care at a local level • Objective 4: Primary Care development • Objective 5: Safe, effective care providing the best possible health and care outcomes and patient experience

What is the **financial/ resource** required?	N/A
What **legislation, policy or other guidance** is relevant?	NHSE directive/CCG Governance/policy
Is an **Equality Analysis** required?	N/A
Any **Patient and Public Engagement**/ consultation required?	N/A
Potential **risk(s)**? (including reputational)	Refer to Risks Log Attached

Recommendation(s):

To note risks and note risk log review (DATIX).

Next Steps:

Primary Care team to continue with Risk Log review and reporting.

PCCC CIC - RISK LOG JANUARY 2019

Principal Objectives	ID	Organisation	Directorate	Department	Owner	Handler	Risk Area	Title	Description	Potential effect of the risk	Source of risk	Controls	Gaps in controls	Assurance	Gaps in assurance	Rating (initial)	Rating (current)	Rating (Target)	Risk Appetite	Actions and Comments	Director Public Comments
	164	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Mallinder, Nikki	Hodgkinson, Joanna	Human Resources	GPN Workforce Demographic	Due to a large majority of our GPN workforce being over the age of 45 years when GPNs leave/retire their Expert Generalist Skills and any organisational memory will be lost, there are insufficient numbers of newly qualified nurses choosing primary care as a work place.	Primary Care will not have the necessary workforce with the required skills to deliver the increased amounts and complexity of out of hospital care.	Historical lack of investment in GP Nursing National high level of vacancies in all areas of nursing	Engage with practices to complete return so data is complete and accurate Increase numbers of nurse mentors in primary care encourage practices to host pre reg student nurses Look at alternative roles in primary care Upskill existing staff to provide wider service	Insist practice take student nurses Solve the problem quickly	Our GPN workforce is aging We do not have sufficient numbers of newly qualified nurses entering primary care.	Insufficient numbers of our GP practices complete the workforce quarterly return to provide enriched data to plan workforce requirements.	12	9	4	Low 1-4	Numbers of practices taking students has increased from 4 to 6 We have lots of active nurse mentors working with CEPN to look at additional and diverse roles in primary care 8.2.18 Engagement with practices is ongoing to complete a full workforce tool targeted work by LM 6.3.18 Comms to practices continues to ensure the workforce tool is completed fully each quarter 23.4.18 HEE KSS are producing a primary care plan on a page looking at recruitment and retention strategies for GPs and GPNs in the SH STP and providing numbers to meet the shortfall 6.6.18 New workforce tool to combine national and local model will be active by end of	
Principal Objective 4: Primary care development	280	Surrey Heartlands CCGs	Surrey Heartlands Primary Care		Thompson, Colin	Mallinder, Nikki	Surrey Heartlands Primary Care	Achieving an on-going sustainable primary care system	This risk builds on the operational implementation of the General Practice Forward View but looks to changes to the system operating model which will support primary care into the future. If primary care at scale is not supported and implemented we will not be able to move at pace to an increased level of integrated care at population levels of approximately 30K - 50K and have the significant impact of improved patient outcomes that we expect.	If we don't implement Networks of general practice across Surrey Heartlands we have the risk of individual member practices becoming unsustainable. We also have the risk of not creating the right scale of provision to meet patient increasing demands on access to services and the ability to create more complex community based provision as an alternative to hospital based care.	Increased pressure on general practice, workforce shortfalls, and potential to take on new opportunities that will present through the NHS Plan. Lack of a co-ordinated Surrey wide OD plan for the development of primary care.	As a Surrey Heartlands system we have worked closely with NHSE at a national level as an ICS to secure additional funding for OD support to General Practice. This OD programme supports Primary & Community Care as a whole, using a network of practices as the building blocks across Heartlands. The OD programme being deployed is 'Primary Care Home' in partnership with the National Association of Primary Care (NAPC). The programme lasts for a year. Key to supporting the mobilisation of this development programme are resources to release clinical time and support early work on pathways of care. The plan is to release 64 per head	Presently we require great clarity across Heartlands on the actual executive of a population health strategy. Also clear plans on ICP development. Recruiting the right capability into the GPFV support manager post.	We have a monthly assurance return to NHSE on GPFV and a quarterly return to NHSE on workforce. Internal we have PCOGs (Primary Care Operational Groups) in place for each of the CCGs and these from September feed into a joint Heartlands wide PCC (Primary Care Commissioning Committee). Although note that SD has a seat at the table for PCCC as they are not delegated this is without voting rights for actual membership. Feedback / minutes going for information to the Gov Body.	Two current areas which will require further assurance: (a) issue over co-ordinating reporting cycles and reports. Currently we have reports going at different points in the month to different organisations. Assurance would be improved by negotiating a single reporting structure using the same report at the same point in the month for all. (b) The interface into systems reporting. An example would be the system could produce a workforce plan however how do you reach the required level of assurance that Primary Care is appropriately represented within this.	12	9	4	Low 1-4	Current issues on capacity: Action to appoint a GPFV implementation manager to support the primary care department. Action is with Nikki Mallinder supported by HR. Action to deploy recently secured (August 18) resources into workforce development on primary care. Action is with Jo Hutchington supported by Nikki Mallinder.	Additional capacity has been secured to support work on both estates and workforce. Initial drafts are expected by November on this work however at this point the risk remains unchanged at moderate.
	311	Surrey Downs CCG	Surrey Heartlands Primary Care		Eugene, Shelley		SD Primary Care	Extended Access service SMN & DHC- service delivery	IT systems fail during the operational period	this could leave to a loss of data and no access to clinical records	This is a new service so the potential risk has not been tested for a prolonged period within an out of hours environment					12	6	6			
	310	Surrey Downs CCG	Surrey Heartlands Primary Care		Eugene, Shelley		SD Primary Care	Extended Access service SMN & DHC- service delivery risk	access to sites/facilities is affected during the operational period	the service will not be able to operate	This is a new service therefore the potential risk has not been tested for a prolonged period in the out of hours environment					12	4	4			
	163	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Mallinder, Nikki	Hodgkinson, Joanna	Commissioning	Lack of GP practices hosting pre registration student nurses	A lack of exposure to primary care for student nurses will reduce numbers of qualified nurses choosing primary care as a first choice career destination	Significant reduction in new GPNs choosing to work in primary care may create a threat to the out of hospital strategy	Lack of understanding or acknowledgement from Primary Care about the potential scale of the problem Lack of engagement with pre-registration education for non-medical students Lack of capacity of existing GPN workforce to manage the support and mentorship of Pre-Reg Nurses	Engage with practices with positive experiences from students and nurse mentors Benefits of hosting a student Encourage practices to have taster weeks with students Incentivise practices further	Mandate practices to take students	We have 31 GP Practices and only 6 take pre reg student nurses Practices are better remunerated for hosting other pre reg students The onus of hosting a pre reg nurse is the responsibility of the GPN and this can only happen with the support of the practice	Exactly what the reasons are for other practices not engaging	12	6	3	ZERO	8.2.18 More nurse mentors are being created providing greater opportunity for practices to host students Targeted investment from the GPN workforce review to create mentors 6.3.18 An increased number of GPNs are becoming mentors however we have no sign off mentors and currently UoS can not support this which means 3rd year students on their final placement can not be placed in GP. We are working with UoS to resolve this 24.04.2018 We have approached Portsmouth Uni to offer a non credit based mentorship programme the aim for Surrey Downs is to have at least one active nurse mentor in all practices currently 15 more required Data has been collected	
	261	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Eugene, Shelley	Mascarenhas, Laurence	SD Primary Care	Lack of progress by practices to commence implementation of workflow optimisation	Following the face to face training provided on workflow there is an obligation on GP practices to access the on line portal and download resources in order to commence implementation. However, the lack of commitment from practices to engage with the process triggers a risk that will inhibit the full realisation of the benefits of the programme.	The potential consequence if this risk materialises could hamper the implementation of one of the 10 High Impact Actions of the GPFV and cause a blockage in the primary care transformation process. Specifically, it is unlikely that the indicative GP time of up to 40 minutes will be saved (in about 6-8 months time following implementation of workflow optimisation)	Reluctance of Practice Managers and admin staff to register/sign in to the on line portal and start using workflow in their practices	Action plan to be developed Discussions are also taking place with the provider of workflow to explore what else can be done to improve practice engagement. Consider use of comms and other channels like practice visits, meetings, use clinical/locality leads and workflow GP Champions etc. to understand issues and offer support. Understand the Docman interface with workflow to make correspondence management more effective	None identified	A plan is being developed to understand why practice managers and admin staff are slow to engage to commence implementation of workflow in their own practices.	Practices may still choose to opt out from using workflow. There is also no guarantee that full benefits of workflow will be realised after implementation.	9	9	2	Moderate 5-8		

PCCC CIC - RISK LOG JANUARY 2019

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	170	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Eugene, Shelley	Mascarenhas, Laurence	SD Primary Care	Limited response from practices to provide baseline information of current workforce on the NHSE (HEE KSS) tool	There is a risk that the lack of response from practices across the 3 CCGs to provide baseline information of the existing workforce will adversely impact on plans to create additional workforce capacity as set out in the GPFV.	Practices will face extreme difficulties due to increasing shortages in staff and will be unable to deliver high quality care, achieve poor outcomes for patients and not fulfil contractual requirements as outlined in the NHS Standard Contract.	GP practices across the three CCGs in GW, NWS and SD.	Engage with the HEE Workforce Development team to understand defaulting practices. Utilise the workforce tutor to meet and engage with practice managers and support them to upload information of the workforce tool. Regular "comms" to practices highlighting potential workforce issues and how uploading information on the tool can help the CCG take appropriate actions to ensure there is adequate GPs and Practice Nurses capacity. Whilst retaining focus on the risk of retirement, work with HEE, LMC and practices in understanding the existing skill mix and develop future plans, identify new roles and opportunities in primary care to reduce pressure on GPs	None identified	A base line assessment of the work-force tool is now complete and according to the GP Tool report published by Health Education England (Kent Surrey Sussex) in September, there are 31 GPs and 20 Practice Nurses currently, at risk of retirement. This report is based on 19 practices uploading their information on the HEEKSS workforce tool so, it is vitally important that all practices submit their information to the HEEKSS tool to enable us a have a much clearer picture of future recruitment challenges.	We are not aware of the specific practices who do not upload information on the workforce tool, so unable to engage with them and help them to understand benefits of sharing their workforce information.	9	9	1	ZERO	CCG already engaged with HEE KSS Workforce Development team to understand potential issues across the SHP CCGs. SD workforce tutor also engaged with all SD practices offering guidance and support to help practices upload information on the workforce tool. HEE KSS Information Manager and Workforce Tutor presented to Practice Managers about potential workforce challenges and use of the tool to help understand issues and how preventative action can help alleviate the pressures. Report for the third quarter is expected in January 2018. Following this practices will be contacted directly. Reminder to practices was also sent out in the GPFV	
	217	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Eugene, Shelley	Mascarenhas, Laurence	SD Primary Care	Migration from Docman 7 to Docman 10	There will be delay beyond March 2018 in the implementation of DOCMAN 10 across all EMiS practices in Surrey Downs CCG.	The delay could have a detrimental effect on practices not being able to commence implementation the 10 High Impact Changes set out in the GP Forward View. Inability to do this will limit the opportunity to undertake further primary care work as set out in the GPFV.	The risk originates from multiple sources. In the earlier stages the risk stemmed form the inability of DOCMAN to provide and allocate the necessary number of slots (2 per practice)on 2 consecutive days) to undertake training sessions. Following initiation of the project and uploading of various pre-migration applications, technical difficulties (issues with server, band width, speed etc.) were encountered in uploading of documents. This led to cancellation of slots. Practice's state of un-readiness (in spite of training sheets and paperwork sent to practices in good time) to familiarise themselves with the functionality of DOCMAN 10	Close monitoring by Docman and HCC during the process of upload. Continue communicating with practices and reminding them about the forthcoming upgrade from Docman 7 to Docman 10. Utilise the HCC Engineer to trouble shoot any hiccups and problems experienced on site during implementation	Docman 10 has to be implemented with the full engagement of GP practices and therefore cannot be implemented without their support. Docman 10 has to be implemented to support integration and transformation in primary care.	Practices have been provided with Familiarisation templates to help reduce the delay in implementation of DOCMAN 10 Training slots have been allocated/earmarked for SD CCG practices. HCC/CCG proactively contacting practices and matching them against slots HCC/CCG also sending regular "comms" to practices about the ensuing upgrade and prompting them to be ready and seek support from Docman/HCC and/or CCG. Regular weekly tele conference to review progress	Last minute technical issues and challenges faced by HCC during upload of documents.	10	10	10	Low 1-4	Some practices (ICP group)have never used Docman before and have expressed their need for additional training. This has been approved by the CCG with a view to support practices. Pilot implementation has commenced at the Molebridge practice. Feedback and learning will be incorporated and shared with practices, HCC and the CCG.	
	266	Surrey Heartlands CCGs	Surrey Heartlands Primary Care		Mallinder, Nikki	Eugene, Shelley	Surrey Heartlands Primary Care	Open Exeter	if the transition from Open Exeter to the new system is not effectively managed	there is a risk of primary care services not being delivered effectively. There is also a financial impact to GP practices and CCGs as well as safety risk to the patients.	National decision to change database	The CCG will ask practices to make a manual return on their activity in order to pay practices once the open exeter system is running and the CCG will make payments accordingly.	The data on the screening services are out of CCG control. Perhaps run a search when women are coming up to their cervical and breast screening process. The organ donor and blood donor would not be an issue but home oxygen is unknown.	NHS and interdepartments such as medicines management and pharmacy	We don't have access to information around organ and blood donor which would help us mitigate the risk.	15	15	8	Moderate 5-8	The CCG have quarterly updates with PCSE via NHS England networks to update us on progress. The CCG has offered PCSE named practices who could be used as pilot sites.	
	61	Surrey Downs CCG	SD CCG Managing Director	Primary Care Commissioning	Eugene, Shelley	Eugene, Shelley	Service Redesign	Primary Care Capacity	Primary Care will not have sufficient capacity to absorb all the activity which will be repatriated from community and acute settings	The anticipated benefits of shifting care into a primary cares setting are not achieved - qualitiative and quantitative	Insufficient capacity (skills, experience, opening hours) in primary care workforce to deliver rvised models of care. Lack of capacity in estate to accommodate additional clinics	Robust planing process for all projects, early identification of any workforce and estates requriements for the delivery of new services in primary care	Risk must be treated - cannot be tolerated, terminated or transferred.	Projects will identify workforce and estates implications for shifting the delivery of a service from acute or community setting into primary care as part of the initial planning process and subsequently include plans to increase capacity in workforce and estates within the mobilisation plan (if necessary)	Will the additional workforce which might be required for new servicees will be available? Whether it will be possible to re-configure existing estate to accommodate new services	12	12	9	High 9-12		

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	175	Surrey Heartlands CCGs	SD CCG Managing Director	Primary Care Commissioning	Mallinder, Nikki	Eugene, Shelley	GPFV - Improved Access	Procurement of extended access to GP services	Undertaking a formal procurement for the provision of extended access to GP services will incur a lot of cost to the CCG. A full tendering process is also very time consuming and there is a risk of completing procurement within the time frame. It is also unknown if there will be a capable provider following the procurement process.	The impact of this risk is high and is likely to affect the key deliverables outlined in the GPFV i.e. missing the target to provide 100% improved access as directed by the Planning Guidance / 7 core standards. Consistency and continuity of care with the new provider is not guaranteed and may not necessarily help achieve good outcomes for patients. This could potentially increase hospital attendances/ admissions and not release efficiency savings. The decision to procure may potentially de stabilise other providers within the CCG footprint If the risk materialises there is high possibility that the	The risk is located within primary care arising from the GPFV directive to enable 100% of the population to have improved access to GP services	The CCG continues to seek on going legal and procurement advice. Establishment of a GPFV Board. Assessment of initial management capacity in the CCG indicates some level of support for implementation GP extended access Steering Group across the STP has been set up.	None identified	There is a risk of undertaking a full procurement process within the timescale. Undertaking a procurement will also have a financial implication for the CCG.	The operational capabilities of providers to provide the service and fulfil the 7 core standards. The management capacity in the CCG to support the implementation	16	16	2	ZERO	Paper on the intended procurement process has been submitted to the to GPVF Steering Group in December 2017. The CCG will undertake a capacity and capability assessment of providers The GPFV Steering Group meets every month to discuss and review the provisioning of extended GP access. A paper on extended access will be sent to the Governing Body in January 2018	
Principal Objective 4: Primary care development	279	Surrey Heartlands CCGs	SD CCG Managing Director	Primary Care Commissioning	Thompson, Colin	Mallinder, Nikki	SD Primary Care	Successful implementation GPFV including workforce & estates	if we don't fully implement the opportunities presented in the General Practice forward View (GPFV) we will not be providing the full range of available support to individual member practices. This risk is very much about the sustainability of individual member practices and there operational needs today.	The forward view is the key national strategy with the intention of investing directly in Primary Care, in staff, technology and premises to support practices to deal with the significantly increasing GP workload pressures. This is a Surrey Heartlands wide risk. A number of the GPFV interventions will be delivered at CCG level however areas such as workforce development and estates will require a heartlands co-ordinating approach. Not having adequate implementation on workforce, estates and technology strategies this year will effect moral and operational delivery in member practices.	Lower levels of investment to primary care in comparison to hospital care over the last decade has left British GPs under far greater pressure than their international counterparts, with rising workload matched by growing patient concerns about convenient access. We are behind in our workforce planning, estates improvement and technology development.	GP - Forward View Programme highlight report. The report is RAG rated and shows delivery at each of the three CCGs. Heartlands also has programme delivery Boards on Workforce including OD, Estates and Primary Care.	More work is needed on estates as the current estates work does not focus sufficiently on primary care.	General Practice Forward View (GPFV) project highlight report. This covers the eight GPFV funding streams. The report goes through the operational Primary Care meetings in each of the CCGs and then on to the combined Primary Care Commissioning Committee. SDs CCG report also goes to NHSE as the CCG is not fully delegated.	Evidence is not clear on Estates in terms of primary care and workforce in terms of primary care. This is currently being working on with the expectation to make progress in the second half of the year.	16	16	6	Moderate 5-8	Resources have been identified and will now be targeted to increase capability and capacity in estates and workforce plan development. On workforce action is led through the Primary Care Workforce Tutors (timescale is to have the first plan in place by end March 2019), on estates we have brought in external support, which reports into the associate director (the interim report will be ready by the start of November 2018) We are also completing a review of Local commissioned services in order to maximise support across primary care in Heartlands. Action is led by the primary care team. Heartlands will be in more	Risk remains major. Estates strategy will be completed by January 2019. Draft Primary care workforce strategy is completed this now needs to align to the Heartlands workforce strategy due to be completed by the start of February 2019.