

Title of Report:	PCCCiC Risk Register Part One March 2019	
Status:	TO NOTE / FOR DECISION	
Committee:	PCCCiC Part One	Date: 08/03/2019
Venue:	G&W CCG, Dominion House, Woodbridge Road, Guildford, GU1 4PU	

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: 27/02/2019
Author(s):	G Langlois-Pearson, Primary Care Contracts Manager	

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:

<p>To note:</p> <ul style="list-style-type: none"> • New Risk Register Summary outlining current risks for Part 1 Committees in Common PCCC meeting. • Risk Register report (appendix) for additional information <p>Decision:</p> <ul style="list-style-type: none"> • Risks which are proposed for closure

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	<ul style="list-style-type: none"> • 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 Risk Register Summary and Risk Register excel spreadsheet for additional information

Recommendation(s):

To note:

- New Risk Register Summary outlining current risks for Part 1 Committees in Common PCCC meeting.
- Risk Register report (appendix) for additional information

Decision:

- Risks which are proposed for closure

Next Steps:

Primary Care team to continue reviewing and reporting risk register for PCCC.

Primary Care Commissioning Committee
Risk Register Summary
Part 1 CIC March 2019

Executive Summary:

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

The Corporate Risks Team have been supporting the Primary Care Contracts Team to revise the risk logs to a new format (on DATIX) to ensure that all Primary Care risks are captured accurately.

To date, the steps completed within this review have included:

- Identifying Primary Care Commissioning main responsible committee risks from the overall DATIX Risk Register.
- Identified and updated all appropriate owners and handlers on each Primary Care Committee risk.
- Worked with Corporate Risks Team on DATIX software update to allow specific searching parameter capability for Primary Care Commissioning risks.
- Facilitated exercise for all owners/handlers to update their risks to incorporate the Primary Care Commissioning searching parameters.
- Refine risk log spreadsheet and create it as an appendice to a new Primary Care Commissioning Committee Risk Register Summary.

Next steps:

- On going search and review to correctly identify appropriate owners/handlers of outstanding risks. (280, 340, 279 and 313)
- Facilitating on going exercise for all owners/handlers to update their risks to incorporate the Primary Care Commissioning searching parameters.
- All owners/handlers to continue to update comprehensive content.
- Seek feedback/comments from PCCC regarding layout/content of new Risk Register Summary and revise appropriately.
- Send monthly reminders to all owners/handlers to update their risks.
- Extract and submit Risk Register for review at PCCC meetings.

Summary of Risks to Note:

Risk # / Title	CCG	Risk Description	Status/Recommendation to PCCC
164- GPN Workforce Demographic	Surrey Heartlands	40% of SH GPN workforce are over the age of 45 years when GPNs leave/retire their Expert Generalist Skills and any organisational memory will be lost,	Ongoing

Risk Register Summary
PCCC Part 1 CIC March 2019

Working together as the Surrey Heartlands Clinical Commissioning Groups

Risk # / Title	CCG	Risk Description	Status/Recommendation to PCCC
		there are insufficient numbers of newly qualified nurses choosing primary care as a work place.	
198 - End of Pilot for Primary Care Workforce Lead Role	Surrey Downs CCG	Discontinued funding from Health Education England Kent Surrey and Sussex for the 4 year piloted role of the Primary Care Workforce Lead may mean that the work that has gone in to the development of the existing workforce in primary care as well as developing new roles in primary care will not be continued	Ongoing
308 - Extended Access service SMN & DHC- capacity risk	Surrey Heartlands	There are insufficient staff to pick up the shifts	Proposed for closure
163 - Insufficient number of GP practices hosting pre registration student nurses	Surrey Heartlands	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 affecting supply	Ongoing
170 - Limited response from practices to provide baseline information of current workforce on the NHSE (HEE KSS) tool	Surrey Downs CCG	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.	Ongoing
350 - Primary care interpreting procurement	Surrey Heartlands	The CCG could be unsuccessful in securing a provider, that the programme team are unable to meet the procurement deadlines and timeframe and/or that the costs of the service are largely increased as a consequence of the revised service specification and drive to increase utilisation and access.	New risk - ongoing

Appendices:

Risk Register– Part 1 CIC March 2019 excel spreadsheet

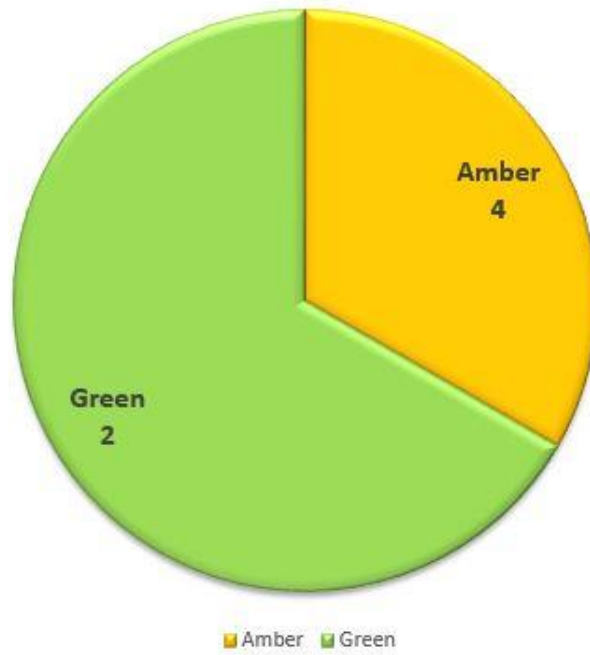
Risk Register Summary PCCC Part 1 CIC March 2019

[Working together as the Surrey Heartlands Clinical Commissioning Groups](#)

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

Additional Information:

PCCC Risk Register Part 1 CIC



ID	Title	Approval status	Organisation	Owner	Main responsible committee	Description	Potential effect of the risk	Source of risk	Assurance	Gaps in assurance	RAG Rating	Rating (current)	Risk Appetite	T Value	Trend (change since last Governing Body report)	Actions and Comments	Director Public Comments
164	GPN Workforce Demographic	Approved by Owner	Surrey Heartlands CCGs	Mallinder, Nikki	Primary Care Commissioning Committee	40% of SH GPN workforce are 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 care in a primary care setting.	Historical lack of investment in GP Nursing National high level of vacancies in all areas of nursing	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.	Yellow	9	Low 1-4	Treat		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 2018 compulsory completion	
198	End of Pilot for Primary Care Workforce Lead Role	Approved by Owner	Surrey Downs CCG	Mallinder, Nikki	Primary Care Commissioning Committee	Discontinued funding from Health Education England Kent Surrey and Sussex for the 4 year piloted role of the Primary Care Workforce Lead may mean that the work that has gone in to the development of the existing workforce in primary care as well as developing new roles in primary care will not be continued	1.Education and training of the current nurse and HCA work force will revert to an adhoc basis rather than a co-ordinated systematic approach 2.The development and implementation of new roles in primary care will not be continued 3. The retention and retraining of nurses to return to primary care will not be continued 4. Working relationships across the wider CEPN will become more challenging	End of funding from HEKSS to support the pilot role and as yet unidentified on-going funding	That in order to meet the Surrey Heartlands Partnership transformation programme the requirements around workforce will need to be different in terms of capability capacity and location. This work falls under the remit of the PCWT the pilot of which finishes in Summer 2018	Who will be commissioned to deliver this work How the role will align with the new structure	Yellow	9	Low 1-4	Treat		8.2.18 Shared case for change with Claire Stone and Eileen Clark to support substantive role Quarterly Partnership Meetings across CEPN to provide feedback 6.3.18 Await outcome from 2b Consultation process 24.4.18 Following discussions with CS, EC confirmed future role will sit within primary care team. Plan to develop JD from case for change 6.6.18 From 1.4.2018 post sits within Primary Care portfolio new line manager Nikki Mallinder first 1:1 meeting 7.6.18 9.8.18 Transferred ownership of risk from Eileen Clark (Quality) to Nikki Mallinder (Primary Care). Oct 2018 Role and responsibilities outlined and shared with Nikki M.	
308	Extended Access service SMN & DHC-capacity risk	Proposed for Closure	Surrey Heartlands CCGs	Mallinder, Nikki	Primary Care Commissioning Committee	there are insufficient staff to pick up the shifts	the service will not be able to operate	this is a new service so the level of interest from staff is unknown	Contingency planning in place with rotas	No	Green	9	Low 1-4	Terminate	Improving	N/A	N/A
163	Insufficient number of GP practices hosting pre registration student nurses	Approved by Owner	Surrey Heartlands CCGs	Mallinder, Nikki	Primary Care Commissioning Committee	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 affecting supply	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	We have 93 GP Practices across SH currently 38 practices actively host 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 and if the nurse holds a current mentorship qualification.	Exactly what the reasons are for other practices not engaging	Amber	8	ZERO	Treat		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 across the CEPN to detail which practices take what types of pre	

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170	Limited response from practices to provide baseline information of current workforce on the NHSE (HEE KSS) tool	Approved by Owner	Surrey Downs CCG	Mallinder, Nikki	Primary Care Commissioning Committee	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.	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 HEKSS workforce tool so, it is vitally important that all practices submit their information to the HEKSS tool to enable us to 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.	Yellow	9	ZERO	Treat	Improving	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 newsletter in December 2017. Submission made to International GP Recruitment Scheme to recruit GP from	
350	Primary care interpreting procurement	Approved by Owner	Surrey Heartlands CCGs	Graham, Rachael	Primary Care Commissioning Committee	The CCG could be unsuccessful in securing a provider, that the programme team are unable to meet the procurement deadlines and timeframe and/or that the costs of the service are largely increased as a consequence of the revised service specification and drive to increase utilisation and access.	Failure to secure a service provider(s) leading to inability for GP practices to access interpreting and translation services on behalf of their patients.	Statutory requirement to provide accessibility to Primary Care services as part of the Equality and Diversity provisions. CCG responsibility to secure brought about under the NHSE delegated requirements - passed to CCG as an additional delegated function at short notice.	Internal monthly procurement board. Engagement completed with public and stakeholders Procurement currently on track.	None identified	Green	4	Low 1-4	Treat	Static	Continue to work via procurement board. Agreement at PCOG that review of the suite of procurement documents via Chairs Actions due to time constraints to ensure programme stays on track.	

Likelihood	Consequence				
	None	Minor	Moderate	Major	Catastrophic
Certain	5	10	15	20	25
Likely	4	8	12	16	20
Possible	3	6	9	12	15
Unlikely	2	4	6	8	10
Rare	1	2	3	4	5

Range:

Low (1-4)	High (9-12)
Moderate (5-8)	Significant (15-25)