

Agenda item: 15

Paper no: 15

Title of Report:	Primary Care Commissioning Committee Risk Register Part One November 2019 (Excluding East Surrey CCG)	
Status:	TO NOTE	
Committee:	PCCC In Common Part One	Date: 08/11/2019
Venue:	Martineau Hall, Dorking Halls, Reigate Road, Dorking, Surrey, RH4 1SG	

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, Surrey Heartlands CCGs	Date: 29/10/2019
Author(s):	G Langlois-Pearson, Primary Care Contracts Manager, Surrey Heartlands CCGs	

Governance

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Committee name: Primary Care Operational Group Meeting Date: 25/09/2019 Outcome: Report Noted	
Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary

<p>To note:</p> <ul style="list-style-type: none"> • Current risks for Part 1 Committees in Common PCCC meeting. • Risk Register report (appendix) for additional information
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Implications

What is the health impact/ outcome and is this in line with the CCGs' strategic objectives ?	<ul style="list-style-type: none"> • Continue to work towards achieving sustainable systems. • Develop collaborative working • Support Primary Care Development in line with the NHS Long Term Plan. • 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:

- 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 Surrey Heartlands CCGs Primary Care Risk Register for PCCC.

Primary Care Commissioning Committee
Risk Register Summary
Part 1
PCOG October / PCCC November 2019

Executive Summary:

This summary is part of an overall review of all Primary Care risks, ensuring that they are captured accurately on DATIX including identifying all appropriate owners and handlers for each Primary Care risk within Surrey Heartlands CCGs.

It has been adopted that the Primary Care Risk Register is prepared and presented to the Primary Care Operation Group (PCOG) prior to being presented to PCCC for assurance and approval.

NOTE:

All owners/handlers continuing to work towards updating comprehensive content in timely manner. Where available, this summary will reflect the current position of these risks.

Summary of Risks to Note:

Risk # / Title	CCG	Risk Description	Actions & Comments	Current Risk Rating	Status/Recommendation to PCCC
Risk #61	Surrey Heartlands CCGs	Primary Care will not have sufficient capacity to absorb all the activity which will be repatriated from community and acute settings	When services are commissioned, they will be assessed in respect of workforce and estates implications to ensure delivery of service	9	Ongoing

Appendices:

Surrey Heartlands CCGs Primary Care Risk Register Part 1 PCCC November 2019 excel spreadsheet

RISK REGISTER PART 1 SURREY HEARTLANDS - PCOG OCTOBER / PCCC NOVEMBER 2019

ID	Title	Approval status	Opened	Organization	Owner	Handler	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	Review date	Last updated
61	Primary Care Capacity - Surrey Heartlands CCGS	Approved by Owner	05/09/2016	Surrey Heartlands	Mailinder, Nikki	Eugene, Shelley	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 care setting are not achieved - qualitative and quantitative	Insufficient capacity (skills, experience, opening hours) in primary care workforce to deliver revised models of care. Lack of capacity in estate to accommodate additional clinics	Robust planning process for all projects, early identification of any workforce and estates requirements 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 services be available? Whether it will be possible to re-configure existing estate to accommodate new services	12	9	9	High 9-12	When services are commissioned, they will be assessed in respect of workforce and estates implications to ensure delivery of service		21/12/2016	Shelley Eugene 16/10/2019 11:59:27

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)