

**CORPORATE RISK REGISTER: AUGUST 2021**

KEY: text in red denotes changes to risks between reports

													GOVERNANCE ONLY COLUMNS - TO BE REMOVED FROM EXHIBIT 2 REPORTS				
Risk Title	Risk Causes	Risk Description (IF)	Risk Effect (F/R/E/N)	Consequence (LEADING TO)	Project Risk Owner	Delegated Risk Owner	Corporate Risk Owner	Risk Baseline Score	Risk Score After Mitigation	Corporate Risk Score	Risk Score target (what is the aim)	Reasoning for Current Score	Reasoning for Target Score	Risk Proximity	Controls & Assurances In Place	Action category	Actions Required
<b>2. INTEGRATED COMMUNITY SERVICES DEVELOPMENT- Provider Capacity &amp; Resource</b>	Capacity, workforce volumes and resources Development of Primary Care Networks, Direct Enhanced Service Contract and some re-alignment of commissioning responsibilities	providers cannot identify resource to work as part of the steering group or multidisciplinary delivery teams	we will not be able to inclusively design and deliver the new care model.	The inability to deliver the benefits of integration to the population of Bucks including patient care, more effective use of resource and improved staff wellbeing.	Robert Majilton	Steve Goldsmith	Robert Majilton	12 (4*)	18 (4*)	18 (4*)	4 (2*)	April 2021: risk unchanged given ongoing pandemic second wave	BAU resumes post pandemic. Council service re-configuration completed	0-3 months	Controls: (1) ICP Community Integrated Care Board to be re-established, led by Gill Quinon (BCC). (2) new workforce roles and post provider pools. (3) COG reviewing opportunities for system incentives (4) Monthly Community Transformation Group to be established to oversee PCN DES implementation  Assurances: (1) progress to report through ICP Community Integrated Care Board once re-established. (2) Papers and minutes associated with Community Transformation Group	<b>Action stated but not SMART</b>	None other than action plans to be reworked through ICP Community Integrated Care Board and Community Transformation Group.  <b>Review monthly whilst pandemic continues. Owner - Steve Goldsmith</b>
<b>16. Resilience within General Practice</b>	Several practices in Bucks are experiencing difficulty in sustaining core primary care services. The reasons for this are varied and each practice is affected differently.  The collective impact risks destabilising current delivery of primary care across a wider area.	A practice informs the COG that they are experiencing difficulties or are identified as being at risk.  Resilience of practices in the Wycombe Locality is a particular risk  There may be difficulties in sustaining core primary care services.	There may be difficulties in sustaining core primary care services.  Unavailability of individual practice leading to difficulties in delivering primary medical services Flexibility of the individual practice impacts on other local practices creating further instability. COG not fulfilling statutory responsibility Ability to deliver transformation agenda hindered by resources being directed to address resilience issues. Lack of resources. Poor patient outcomes.	Unavailability of individual practice leading to difficulties in delivering primary medical services Flexibility of the individual practice impacts on other local practices creating further instability. COG not fulfilling statutory responsibility Ability to deliver transformation agenda hindered by resources being directed to address resilience issues. Lack of resources. Poor patient outcomes.	Louise Smith	Jessica Newman	Robert Majilton	20 (4*)	12 (3*)	16 (4*)	12 (4*)	23/02/21 PCOG: There is potential for a crisis in Primary Care as Secondary Care takes a period for rest and recovery. Primary Care holds patients on waiting lists at a time when patients are increasingly expecting back-to-back appointments and services by return to normal and primary care is continuing to deliver the Covid Vaccination Programme. The risk is that the workload will become unmanageable and primary care staff will take the brunt of increasing transitions from the acute leading to increased levels of sickness and resignation. The Clinical Helms Group has demonstrated a drop in cancer diagnosis, due to patients not coming forward and holding off seeing GPs during the Pandemic for fear of Covid.  The PCOG AGREED to increase the risk scoring to 16, and recommended escalation to the Executive Committee meeting in June. PCOG reviewed 23/07/2021: Risk score to remain unchanged.	Cannot be eliminated as the pandemic continues	Immediate	Controls: COG to identify and work with at risk practices using GPRP to improve resilience. Appointment of Locality Co-ordinator for Wycombe. To assess risk across the locality and achieve PCOG Assurances. Completion of Primary Care risk register using E-Declaration responses and quality indicators including COG liaison. Response to highlighted risks via COG support processes	<b>No actions – SMART or not</b>	Care in controls and assurances: On-going liaison between practices and primary care SEM team to support resilience. PCOG 23/02/21 Action update. To increase the risk scoring to 16, and recommended escalation to the Executive Committee meeting on 24th June
<b>19. Anticoagulation (Surrey Health Centre) Warfarin</b>	BHT as an GCP provider has given 3 months notice for cessation of the service (service provision ended (same site effect from 1st July 2021).  BHT has agreed to take over the anti-coagulation provision of 189 patients. BHT subsequently were then unable to take over the full service provision (unable to undertake the in-house clinic at GP surgery) immediately, due to lack of staff capacity. Of the service BHT have so far taken over the administration and the home visit aspects of the service.	Warfarin is a high risk medication that requires regular monitoring. Lack of patient monitoring could result in a patient admission, risk of bleeding or risk of clots (stroke/leg clots DVT) etc.)	Lack of monitoring could result in a patient admission, risk of bleeding or risk of clots (stroke/leg clots DVT) etc.)  Potentially increased complaints or litigation regarding the practice damaged  Practice will be unable to anticipate the monitoring frequency and the available appointment/clinic times to book patients (as this is dependent upon patients' medications and how often the patients are)	The Practice will experience increased volume of patient enquiries regarding the warfarin service.  Potentially increased complaints or litigation regarding the practice damaged  Practice will be unable to anticipate the monitoring frequency and the available appointment/clinic times to book patients (as this is dependent upon patients' medications and how often the patients are)	Robert Majilton	Janice Craig/Anoop Shah	Robert Majilton	25 (3*)	16 (4*)	16 (4*)	12 (4*)	Reinstatement of a Warfarin anti-coag nurse is underway within BHT, however there is no expected start date determined and the recruitment process may take several months until the post is filled.  Delay due to BHT seeking clarity with regard to whether or not the Mackay agency is an approved agency. The agency have advised they are currently contracted for the SMAED project which is contractual with BHT, have previously provided anticoagulation services and are COG registered. The COG are querying the possibility of contracting an extension under an alliance contract.  Warfarin Park Hospital anticoagulation service do not have capacity to provide support in the interim.  August 2021: Reviewed by Executive Committee 26/08/2021.	TBA	Immediate	Mitigation:  Coverage continues for the month of July - practice staff who were currently running the clinic are continuing to conduct the clinic in the surgery.  Locum agency have been contacted who have sourced 2 pharmacists with the required skill set to undertake the in-house clinic in surgery. (HOWEVER SEE REASON FOR SCORING)  BHT Recruitment of Warfarin anti-coag nurse is underway, but is no expected start date determined (may take several months).  BHT have reviewed the staffing structure between the NOAC Team and Warfarin Nursing Teams- and have agreed that they will pick up the in house clinic service provision as cover until nurse recruitment is in place.		