

Appendix 2

PRIMARY CARE MODERNISATION PROGRAMME - Risk Register

Updated 30/06/2022
Review Date for Risk Workshop
Sep-22

ID	Description	Risk Type	Controls when risk identified	Risk level (Current)	Risk level (Target)	Current Mitigation/Action	Next review
14	Risk of destabilising established services due to new services being introduced within their speciality.	Service delivery		High	Medium	Close monitoring by project team and programme board	Sep-22
3	Overall funding outlined by SG may not be sufficient to meet the aspirations of full contract delivery.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation.	High	Low	Workstreams to identify gaps or pressures. Continue to report via PCIP submissions.	Sep-22
23	Ability to deliver workstreams against budget/spend.	Financial	Budget management structure and monitoring arrangements in place around the plan. Formal project terms of reference and levels of delegation.	High	Low	Develop workstream models to better define actual financial requirements.	Sep-22
16	Failing to deliver workstreams in a timely manner.	Organisational	Project structure in place. PCIP agreed.	High	Low	Close monitoring by project team and programme board	Sep-22
21	Lack of premises space to accommodate staff	Organisational	Register of where there are accommodation constraints. Links to Inverness Premises Strategy Group. Premises Improvement Grants. Links to Community Accommodation Group. New Premises Group established.	High	Low	Close monitoring by project team and programme board. Membership on Community Accommodation Group (fortnightly meetings).	Sep-22
31	There is a risk to retention of pharmacy staff if they are not being integrated into practice teams and not being encouraged to continually develop professional skills.	Organisational	Share success stories. Continue to promote skill mix and clinical patient facing role, particularly for pharmacists. Focus on solution finding re lack of available accommodation. SBAR review of service delivery submitted.	High	Low	Close monitoring by project team and programme board. Associate Director of Pharmacy holds membership of the Community Accommodation Group.	Sep-22
4	Funding available for services/posts may be impacted on increased employers superannuation costs (6%) and agreed Agenda for Change pay structure and pay awards.	Financial	Financial oversight built into programme. Progress workstreams and associated recruitment in a timely manner.	Medium	Medium	Active monitoring within the governance structures. Focus on tangible operational progression of the outstanding workstreams. Funding for existing posts unaffected.	Sep-22
7	Geography of highland is challenging our ability to provide equitable service to all practices as outlined in the contract.	Service delivery	Recognising and factoring in the challenges of our geography to workstream development and decision making.	Medium	Medium	Development of workstreams will identify key challenges with delivery of both urban and rural services equitably.	Sep-22
11	Unable to recruit to new posts developed as part of the PCIP in an equitable way across North Highland.	Service delivery	Controls are; different recruitment approaches, local and national. Mitigation plans in place.	Medium	Medium	Close monitoring by project team and programme board. Skillmix	Sep-22
10	Workstreams are at different stages of development resulting in delivery based inequitable resource allocation.	Service delivery	Detailed financial plan for the 3 year period.	Medium	Low	Close monitoring by project team and programme board. Gap Analysis	Sep-22
17	Loss of Project Director to support the plan.	Organisational	Temporary Project Director identified.	Medium	Low	Head of Primary Care Post, which includes this responsibility.	Sep-22
12	Differing views on how individual workstreams may be delivered effectively	Service delivery	Vaccination survey completed, community treatment & care and Urgent Care workstream survey completed. Locality plans (5) are under development via Vaccination Transformation. CTAC and Urgent Care workstreams are re-established.	Medium	Low	Development of workstreams will identify key challenges with delivery of models of care for further discussion with local managers and clinicians. Collaborative Working to aid delivery through joining of workstreams. Options appraisals	Sep-22
15	Risk of workstreams not delivering the aspirations of the MOU for GPs and patients.	Organisational	Project Structure in place. PCIP iteration 1, 2, 3, 4, 4.5 and 5 agreed	Medium	Low	Close monitoring by project team and programme board	Sep-22
18	Delay caused in waiting for banding for new Job Descriptions through Agenda for Change process	Organisational	Give details of posts to Project Directors. Workstream Leads can contact John Macdonald to try and speed up process.	Medium	Low	Close monitoring by project team and programme board	Sep-22
19	Loss of Workstream Lead for Urgent Care	Organisational	Continuing collaborative approach. Workstreams either to be joined together or lead will need to be identified	Medium	Low	Close monitoring by project team and programme board	Sep-22
22	Lack of IT equipment preventing appointed staff starting in post. Practices under additional pressure due to COVID / Flu, impact on prioritisation of Modernisation Programme	Organisational	Identify costs and possible use of slippage	Medium	Low	Close monitoring by project team and programme board	Sep-22
26	Impact on ability to hold to timescales of end March 2022 and subsequent impact of transitional arrangements and the financial ability to support further development of workstreams.	Organisational	Implementation of workstreams to alleviate pressures	Medium	Low	Develop workstream models to support General Practice	Sep-22
27	Practice responding to COVID pandemic waves might have impact on delivery of services.	Organisational	Sustainability Funding in place and Transitional Arrangements to be published by SG	Medium	Low	SG/BMA Joint Statement and MOU2 issued. Further clarity around transitional arrangements required.	Sep-22
28	There is a risk that practices do not see a benefit of the new contract because we cannot demonstrate that practice employed staff is the only feasible option, resulting in practices not accepting board employed staff as a delivery model.	Organisational		Medium	Low	Close monitoring by project team and programme board	Sep-22
30	Variation in practice ways of working and resistance to change e.g. To optimise repeat (as opposed to acute) prescribing and to implement serial prescribing	Organisational	Project structure in place. PCIP agreed.	Medium	Low	Close monitoring by project team and programme board	Sep-22
32	Priorities stated in the MOU2 do not align with progress and direction of travel in Highland	Service delivery	Benchmarking of rates of acute/repeat prescribing and serial prescribing	Medium	Low	Close monitoring by project team and programme board.	Sep-22
33	Vaccination Strategy group in place outwith this Programme's governance structure. Unknown impact on VTP and Collaborative Working.	Organisational	VTP, CTAC to be considered as separate workstreams but further clarity pending.	Medium	Low	Close monitoring by project team and programme board. Further understanding required.	Sep-22
34	Natural staff movement creating vacancies in FCP but challenged to re-recruit due to available workforce	Organisational	Board model in development and consideration of link between governance structures*	Medium	Low	Escalated to Programme Board to seek clarity for this Programme.	Sep-22
2	Local engagement with Divisions/Districts in the development of the PCIP workstreams.	Service delivery	Information sharing. Invitation to relevant workstream meetings. Primary Care Team participating in broader interrelated groups, e.g. Community Accommodation.	Medium	Low	Close monitoring by project team and programme board	Sep-22
13	Lack of synergy in the 6 workstreams resulting in missed opportunity for joined up services.	Organisational	Professional leads on Project Team. Workstream updates to every Project Team meeting and workstream leads all on the Project Team. Project Leads to be identified for CTAC and Urgent Care workstreams.	Medium*	Low	Project Team attendance at relevant community forums and management forums.	Sep-22
1	ehealth requirements and funding.	Service delivery	Develop workstream models to better define actual e-health requirements.	Low	Low	Collaborative Working workstream created. Understand other health board provision	Sep-22
9	Engagement with GPs	Organisational	Identification of e-health requirements when service models are not yet fully developed	Low	Low	Communication plan agreed by project Team. FAQ, Briefing. To be updated post-COVID	Sep-22
8	Public engagement and involvement	Communication	Newsletter after every project team. Intranet page developed and maintained. Regular updates to GP Sub Committee. NHH Comms rep on Project Team.	Low	Low	Communication plan agreed by project Team. Feedback to SG about key national messages. To be updated post-COVID	Sep-22
20	Pressure on NHS District budgets to accommodate staff	Communication	Communication plan in place. Patient rep on Programme Board.	Low	Low	Close monitoring by project team and programme board.	Sep-22
29	There is a risk that a model for vaccinations in Highland cannot be identified because of a re-statement of the SGPC/Scottish Government position, resulting in Highland not meeting contractual requirements for transfer of immunisations to board delivery	Organisational	Identify costs and monitor. Possible slippage for requirements	Low	Low	Close monitoring by project team and programme board	Sep-22
6	Capacity within existing management to deliver the programme.	Organisational	Continuing collaborative approach to development of the workstreams. Project structure in place. PCIP agreed. Clarification meeting held with SG.	Low	Low	Close monitoring by project team and programme board	Sep-22
24	Delay in mental health workstream	Organisational	Agreement to review capacity on an ad hoc basis and agree support required.	Low	Low	Current project management arrangements seem sufficient to deliver the programme.	Sep-22
25	Change in consultation mode from Face to Face versus remote as a consequence of COVID	Organisational	New workstream lead. Agreement to progress phased implementation. Model agreed. Job Descriptions identified and progressing through recruitment	Low*	Low	Significant progress with recruitment activities. Operation Policy circulated for comments. Meetings with Practices across the geography.	Sep-22
		Organisational	GP Practices are offering a blended consultation approach with a real mix of F2F, telephone and near me.	Low*	Low	Close monitoring by project team and programme board. Insight and feedback from the Primary Care Managers.	Sep-22