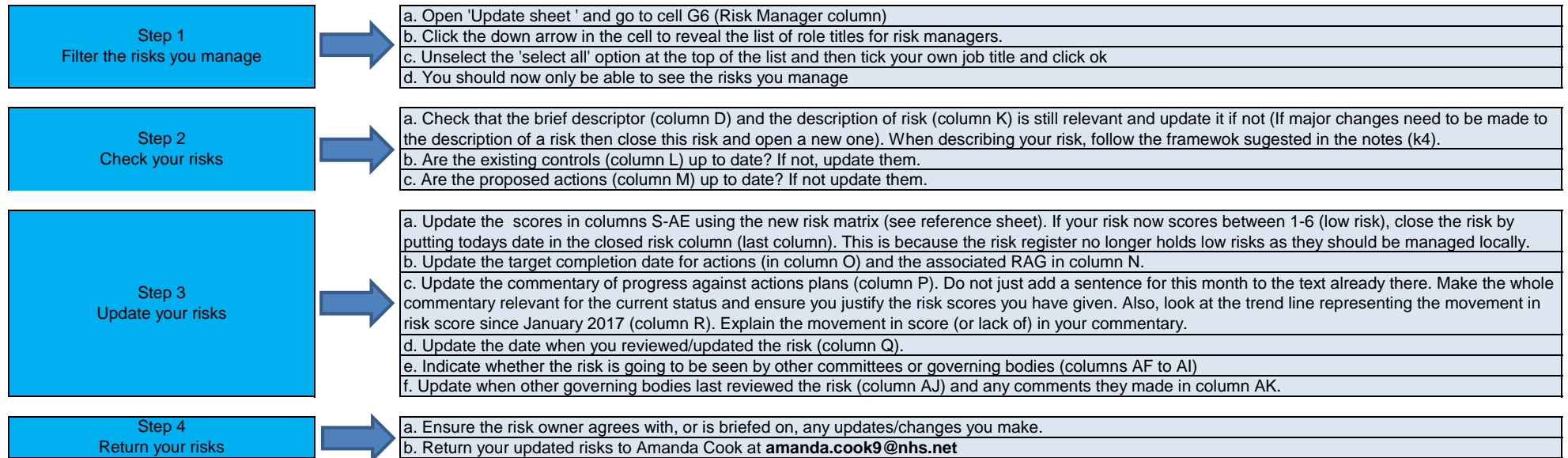


# BaNES Primary Care Risk Register

Brief descriptor	Date Risk Entered on Register	Risk Owner	Risk Manager	Initial Score	Target Score	Strategy to Manage Risk	Description of Risk	Existing Controls	Proposed Action/Control Measures Include target dates for all actions	RAG on progress against actions	Target completion date for actions	Commentary on Current Status of Action Plans	Date Risk Last Updated or Reviewed	Movement in score (from previous updates since January 2017)	Likelihood	Impact	Score	PCOG	Body and date Risk last reviewed	Governance Review
Provide a brief description of the risk area	LEAVE BLANK This will be inputted for you the date the risk is submitted.	The level of the owner is driven by the risk score (see Instruction Sheet)	Filter your risks by your job title using the drop down list in cell G6 and then update your risks	Set this when the risk is added for the first time.	Once all the controls are in place and actions are completed, what is the target risk score? This is the score you are aiming for.	What is the strategy to achieve this risk score? Choose from the drop down list.	A risk is something that may have an impact or consequence on delivering the partnership's objectives. Describe your risk in line with best practice i.e: 1) If an 'event' happens, then there will be (or may be) these 'consequences' or 2) An 'event' has occurred/will occur which may lead to these 'consequences'	What controls, processes and oversight framework are already in place that in normal circumstances should prevent, mitigate or control this risk. Please make clear how the items in your list work for this particular risk.	For this specific risk what additional actions or controls are being put in place to reduce this risk to the target score. Please make these SMART: Specific, Measurable, Achievable, Realistic, Timely.	Enter one of the following: a) On Target b) Potentially Off target c) Off Target d) Complete	Enter the date at which the completion of actions is due	Add commentary on the current status of your risk with regard to progress with your action plans. Also please justify the current risk score you allocated in column Y. This will only be used once actions plans are in place and underway. If the risk score is 1-6 (low risk) the risk must not be entered onto this risk register but managed via project/department registers.	Input date of update (including if no changes made)	LEAVE BLANK The relative change in the trend of the risk scores is updated for you	Enter number 1 to 5 (see reference tab)	Enter number 1 to 5 (see reference tab)	Enter number 1 to 25 (see reference tab)	Add a Y under which committee needs to review this risk	Input committee review date	
Primary Care Workforce	02-Aug-17	Director of Acute and Primary Care Commissioning	Senior Commissioning Manager for Primary Care	15	6	Treat	The workforce age profile over the next five years indicates a number of GPs, practice nurses and practice managers will retire which poses a risk to the sustainability of Primary Care.	CCG Board STP Workforce Group (Primary Care) Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) GP Cluster / Forum	1. Obtain up to date workforce data for BaNES including age profiles of all staff, with support from NHSE / HEE to develop STP led strategy. 2. Taking part in the International recruitment of GPs with Swindon, Wiltshire and Glos. 3. GPFV Delivery Plan and CCG Primary Care Strategy. 4. Continued support of delivery at scale to support sustainability.	Potentially off target	31-Mar-19	1. Attendance at HEE Workforce and NHSE 'Networks' events during September 2018. STP Primary Care workstream highlighted as priority for 18/19 with workforce likely to be initial area of focus. CCG to review engagement with LWAB, alongside STP review of membership. NHSE requirement for workforce plan on a page completed. Further input required from NHSE / HEE regarding local shares of national recruitment targets in latest planning guidance. 2 STP wide-bid submitted - 1 GP recruited in to BaNES from Devon scheme. 3. Regular meetings in place with CEPN regarding current future workforce needs. Longer term planning requiring further support from NHSE / HEE. Allocation of £3 per head funds to support training networks / GPsWI and GP Integrators 4. Norton Radstock cluster facilitation to support workforce / cluster vision and values. Development of Heart of Bath partnership / Minerva Federation covering 30,000 pops. 'Primary Care Home' attendance at GP Forum in September. PC Networks discussion at cluster in December. BSW CCGs to continue to meet and provide support / discuss areas for future joint working in November / December.	12-Dec-18		4	3	12	Y	PCCC Oct 2018	
Primary Care Delegated Commissioning - PCSE Contract	12-Dec-18	Director of Acute and Primary Care Commissioning	Senior Commissioning Manager for Primary Care	12	6	Treat	Risk that local management of PCSE contract following transition from NHSE negatively impacts on intended benefits of delegated commissioning. This could result in resilience and reputational risks for the CCG in its provision of Primary Medical Services and sustainability risk for its member practices.	Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) STP Primary Care Working Group Local PCSE regional liaison manager	1. Delegated transition plan and R/A/G list of functions in place to ensure successful transfer of delegated responsibilities. 2. Monthly updates to PCOG and quarterly to PCCC. 3. Joint working with BSW CCGs to support transition. 4. Updates from PCSE liaison manager / PCSE bulletins	On target	31-Mar-19	1. No major concerns with PCSE contract at present. All actions and control measures currently on track, local engagement with PCSE satisfactory. PCSE contract is held nationally and managed by NHSE.	12-Dec-18		3	4	12	Y		
Primary Care Delegated Commissioning - PMS Contract Uplift Payment	12-Dec-18	Director of Acute and Primary Care Commissioning	Senior Commissioning Manager for Primary Care	8	4	Treat	Risk that payment uplift (if unpaid) negatively impacts upon primary care budget and practice income. This could result in resilience and reputational risks for the CCG in its provision of Primary Medical Services and sustainability risk for its member practices.	Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) STP Primary Care Working Group	1. Monthly updates to PCOG and quarterly to PCCC.	On target	31-Mar-19	1. NHSE have previously confirmed to CCG finance team that uplift will be paid, although as yet not received.	12-Dec-18		2	4	8	Y		
Primary Care Delegated Commissioning - Premises Sustainability	12-Dec-18	Director of Acute and Primary Care Commissioning	Senior Commissioning Manager for Primary Care	12	4	Treat	Risk that transition from NHSE negatively impacts on intended benefits resulting in a reputational risk for the CCG with its member practices. This could result in resilience and reputational risks for the CCG in its ability and capacity to provide Primary Medical Services. This would also create a sustainability risk for its member practices.	Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) STP Primary Care Working Group	1. Delegated transition plan and R/A/G list of functions in place to ensure successful transfer of delegated responsibilities. 2. Monthly updates to PCOG and quarterly to PCCC. 3. Joint working with BSW CCGs to support transition and consider approach to Estates / Premises functions within Delegated Commissioning 4. Updates from NHSE regarding Minor Improvements Grants / CCG engagement with ETTF 5. Subscription to Primary Care Commissioning (PCC) to provide advice / support	On target	31-Mar-19	1. All actions and control measures currently on track, but being monitored/reviewed on a regular basis. 4. Practices engaged in Minor Improvements Grants process and ETTF.	12-Dec-18		3	4	12	Y		
Primary Care STP Working	12-Dec-18	Director of Acute and Primary Care Commissioning	Senior Commissioning Manager for Primary Care	12	4	Treat	Risk that transition back to joint working across BSW following disaggregation from NHSE negatively impacts on intended benefits. This could result in a reputational risk for the CCG with its member practices.	Primary Care Commissioning Committee (PCCC) Primary Care Operational Group (PCOG) STP Primary Care Working Group	1. Primary Care lead for STP coordinating approach to joint working with CCG local leads. 2. Monthly updates to PCOG and quarterly to PCCC.	On target	31-Mar-19	1. Joint meetings underway with BSW CCGs and task and finish groups to be set up early in 2019 to consider work programmes and options for joint working.	12-Dec-18		3	3	9	Y		

## Steps for updating risks already on the risk register

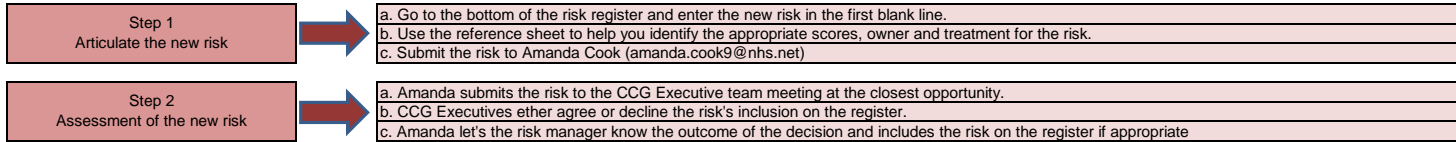


# Steps for creating a new risk for the risk register

January 2019

## Introduction

New risks need to be authorised by the CCG Executive team before they enter the risk register and they need to have a risk score of more than 6 (8-25 which are moderate, high or critical risks). New risks can be submitted and authorised for inclusion on the register at any time. Follow the steps below.



## How to score a risk

Please note more detail about scoring can be found in the Risk Management Strategy (P9) and appendix B

- In order to assess the risk:**
- Ask how likely is it to occur?
  - Ask what the impact would generally be if it occurs?
  - Multiply the likelihood score by the impact score using the matrix to define the level of risk severity.

		Likelihood of Occurrence				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Very likely
Impact	5 Critical	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

**Other supporting documentation - Please ask Amanda Cook if you would like a copy.**

The CCG has a Risk Management Strategy (full document - 23 pages)

## Strategy Key

### Strategy to manage risk:

**Treat** - Take direct action by implementing controls and action plans to contain, minimise or mitigate the level of risk to an acceptable level.

**Tolerate** - Decision taken to tolerate the risk in line with the Risk Appetite statement in the Risk Management Strategy

**Transfer** - This is transferring the uncertainty of the risk: eg by taking out insurance, transferring to another organisation by way of a contractual agreement or shared with partner organisations.

**Terminate** - The risk may be able to be removed completely by doing things differently or withdrawing from the risky activity.

## Who can own a risk?

Please note, detail about ownership and authority can be found in the Risk Management Strategy (P12)

The organisation has clear lines of delegation and authority.

Risk Level	Authority / Ownership	Action
<b>Low</b> 01 - 06	Individuals and Team Managers	Individuals should manage low risks by maintaining routine procedures and taking proportionate action to implement any additional new control measures to reduce risk where possible. Individuals must escalate higher levels of risk. The risk must <b>not</b> be entered on the risk register but managed via project/dept registers.
<b>Moderate</b> 08 - 10	Director (Owner) Other (Risk Manager)	Risk Managers must ensure that an action plan is identified to manage the risk. The action plan must be agreed with the Director who owns the risk. Review control measures through formal risk assessment, record on the Risk Register.
<b>High risk</b> 12	Director (Owner) Other (Risk Manager)	Above a normal tolerable level of risk and action required to be taken. Risk Managers must ensure that an action plan is identified to manage the risk. The action plan must be agreed with the Director who owns the risk. The risk must be entered onto the risk register.
<b>Critical</b> 15 - 25	Director (Owner) Other (Risk Manager)	Intolerable level of risk. Immediate action must be taken. Risk Managers must ensure that an action plan is identified to manage the risk. The action plan must be agreed with the Director who owns the risk. The risk must be entered onto the risk register.