

BaNES Primary Care Risk Register

Provide a brief description of the risk area	LEAVE BLANK This will be inputted for you the date will be the risk is submitted.	The level of the owner is driven by the risk score (see Instruction Sheet) Though a risk must be owned appropriately, the owner can delegate the regular updates to a Risk Manager (noted in column G)	Filter your risks by your job title using the drop down list in cell G6 and then update your risks To filter, unselect the 'select all' option at the top of the list and then tick your own job title Please share this risk with your nominated owner before submission.	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. The choices are explained in the Instructions Sheet	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' Consider clinical, organisation and financial consequences/impacts	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. When reviewing this risk please update action plan to indicate achieved actions and any changes for future action plans / dates.	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) he 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
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	Governance Review Body and date Risk last reviewed
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. Networks guidance released by BMA and NHSE	Potentially off target	31-Mar-19	1. Primary Care Workforce lead assigned for STP with plan and strategy in development. Alignment of CCG workforce activities across CCG and trajectories considered as part of operational plan submission. 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 E3 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 / February. BSW CCGs to continue to meet and provide support / discuss areas for future joint working.	12-Mar-19		4	3	12	Y	PCCC Jan 2019
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-Mar-19		3	4	12	Y	PCCC Jan 2019
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. 3. BSW working group in place to support scoping of future approach. 4. Practices engaged in Minor Improvements Grants process and ETTF.	12-Mar-19		3	4	12	Y	PCCC Jan 2019
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 agreed early in 2019, to commence from April to consider work programmes and options for joint working.	12-Mar-19		3	3	9	Y	PCCC Jan 2019

Steps for updating risks already on the risk register

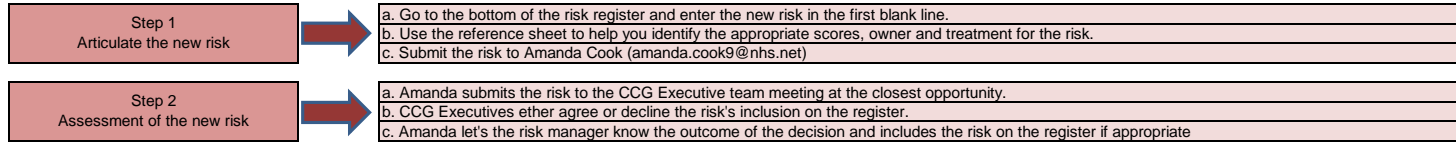
<p>Step 1 Filter the risks you manage</p>	<p>a. Open 'Update sheet ' and go to cell G6 (Risk Manager column) b. Click the down arrow in the cell to reveal the list of role titles for risk managers. c. Unselect the 'select all' option at the top of the list and then tick your own job title and click ok d. You should now only be able to see the risks you manage</p>
<p>Step 2 Check your risks</p>	<p>a. Check that the brief descriptor (column D) and the description of risk (column K) is still relevant and update it if not (If major changes need to be made to the description of a risk then close this risk and open a new one). When describing your risk, follow the framewok sugested in the notes (k4). b. Are the existing controls (column L) up to date? If not, update them. c. Are the proposed actions (column M) up to date? If not update them.</p>
<p>Step 3 Update your risks</p>	<p>a. Update the scores in columns S-AE using the new risk matrix (see reference sheet). If your risk now scores between 1-6 (low risk), close the risk by putting todays date in the closed risk column (last column). This is because the risk register no longer holds low risks as they should be managed locally. b. Update the target completion date for actions (in column O) and the associated RAG in column N. c. Update the commentary of progress against actions plans (column P). Do not just add a sentence for this month to the text already there. Make the whole commentary relevant for the current status and ensure you justify the risk scores you have given. Also, look at the trend line representing the movement in risk score since January 2017 (column R). Explain the movement in score (or lack of) in your commentary. d. Update the date when you reviewed/updated the risk (column Q). e. Indicate whether the risk is going to be seen by other committees or governing bodies (columns AF to AI) f. Update when other governing bodies last reviewed the risk (column AJ) and any comments they made in column AK.</p>
<p>Step 4 Return your risks</p>	<p>a. Ensure the risk owner agrees with, or is briefed on, any updates/changes you make. b. Return your updated risks to Amanda Cook at amanda.cook9@nhs.net</p>

Steps for creating a new risk for the risk register

February 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
Low 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 not be entered on the risk register but managed via project/dept registers.
Moderate 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.
High risk 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.
Critical 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.