



Integration Joint Board  
Audit and Risk Committee

24<sup>th</sup> June 2019

This Report relates to  
Item 11 on the Agenda

# Primary Care Transformation Board Risk Register

*(Paper presented by Katy Lewis)*

*For Noting*

<b>Approved for Submission by</b>	Julie White
<b>Author</b>	Kerry Willacy, Primary Care Transformation Programme Manager, NHS Dumfries & Galloway
<b>List of Background Papers</b>	Not Applicable
<b>Appendices</b>	Not Applicable

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

## SECTION 1: REPORT CONTENT

**Title/Subject:** Primary Care Transformation Programme Board Risk Register

**Meeting:** Audit and Risk Committee

**Date:** 24<sup>th</sup> June 2019

**Submitted By:** Kerry Willacy, Primary Care Transformation Programme Manager

**Action:** For Noting

### 1. Introduction

- 1.1 This report outlines the content of the Risk Register for the Primary Care Transformation Programme Board. The IJB Audit and Risk Committee is asked to note the content of this risk register.

### 2. Recommendations

#### 2.1 The Audit and Risk Committee is asked to:

- **Note the content of the Primary Care Transformation Board Risk Register.**

### 3. Background

- 3.1 The purpose of the 2018 General Medical Services (GMS) contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing, it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible, and links with all 9 of the National Health & Wellbeing outcomes.
- 3.2 The 2018 GMS Contract recognises that a strong and thriving general practice is critical to sustaining high quality universal healthcare and realising Scotland's ambition to improve our population's health and wellbeing and reduce health inequalities.
- 3.3 The benefits of the proposals in the new contract are to help people access the right person, at the right place, at the right time, in line with the Scottish Government's Primary Care Vision and Outcomes.
- 3.4 In particular, this will be achieved through:
- Maintaining and improving access to services

- Introducing a wider range of health & social care professionals to support the Expert Medical Generalist (GP)
- Enabling more time with the GP for patients when it is really needed
- Providing more information to patients

3.5 The Contract's Memorandum of Understanding (MoU) recognises the statutory role of Integration Authorities in commissioning Primary Care services and service redesign. It also recognises the role of NHS Boards in service delivery, employers and partners to General Medical Service contracts.

3.6 The MoU provides assurance that partners are committed to working collaboratively and positively in the period to March 2021 and beyond to deliver real change in local health and care systems that will reduce workload and risk for GPs and ensure effective multi-disciplinary team working for the benefit of patients.

#### **4. Main Body of the Report**

4.1 At the October 2018 Programme Board meeting, a number of risks were identified and approved for inclusion in the Risk Register for the Primary Care Transformation Programme.

4.2 Ten distinct risks have been identified and added to the DATIX Risk Register for the Primary Care Transformation Programme.

4.3 The Risk Register will be reviewed at every Primary Care Transformation Programme Board meeting.

4.4 The ten risks identified as part of the Primary Care Transformation Programme Board Risk Register are as follows:

- Risk 1 – Under-performance to specification
- Risk 2 – Lack of funding availability
- Risk 3 – Costs increasing during Programme due to unforeseen changes
- Risk 4 – Lack of Leadership
- Risk 5 – Indecision or inappropriate decision making
- Risk 6 – Change of Government Policy
- Risk 7 – Adverse Public Opinion
- Risk 8 – Inability to recruit the required workforce
- Risk 9 – Unclear Expectations
- Risk 10 – Lack of Clarity around information security

4.5 The following pages set out the format of the Risk Register and the scores and mitigation for each of these 10 identified risks.

4.6 The table below sets out the Risk Matrix used for the risk register.

Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
<b>Negligible, e.g.</b> <ul style="list-style-type: none"> <li>◆ Minor injury, not requiring first aid</li> <li>◆ Unsatisfactory patient experience not directly related to patient care and readily resolvable</li> <li>◆ Partial loss of service</li> <li>◆ Financial impact less than £5K</li> </ul>	<b>Low</b>	<b>Low</b>	<b>Low</b>	<b>Medium</b>	<b>Medium</b>
<b>Minor, e.g.</b> <ul style="list-style-type: none"> <li>◆ Minor temporary injury or illness, first aid treatment required</li> <li>◆ Unsatisfactory patient experience directly related to patient care – rapidly resolvable</li> <li>◆ Individual service objectives only partially achievable</li> <li>◆ Financial impact £5K - £50K</li> </ul>	<b>Low</b>	<b>Medium</b>	<b>Medium</b>	<b>Medium</b>	<b>High</b>
<b>Moderate, e.g.</b> <ul style="list-style-type: none"> <li>◆ Significant injury or ill health requiring medical intervention – temporary incapacity</li> <li>◆ Patient outcome or experience below reasonable expectations in a number of areas</li> <li>◆ Unable to achieve service objectives without substantial additional costs or delays</li> <li>◆ Financial impact £50K - £500K</li> </ul>	<b>Low</b>	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>High</b>
<b>Major, e.g.</b> <ul style="list-style-type: none"> <li>◆ Single avoidable death or long term incapacity or disability</li> <li>◆ Significant impact on ability to deliver service objectives, service may have to be discontinued</li> <li>◆ Major financial loss £500K - £2.5M</li> </ul>	<b>Medium</b>	<b>Medium</b>	<b>High</b>	<b>High</b>	<b>Very High</b>
<b>Extreme, e.g.</b> <ul style="list-style-type: none"> <li>◆ Multiple or repeated avoidable fatalities or major permanent incapacity/disability</li> <li>◆ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked.</li> <li>◆ Corporate obligations not met.</li> <li>◆ Severe financial loss £2.5M +</li> </ul>	<b>Medium</b>	<b>High</b>	<b>High</b>	<b>Very High</b>	<b>Very High</b>
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				

4.7 The table below shows the Risk Assessment for Risk 1 – Under-performance to specification

Risk 1 – Under-performance to specification					
Risk	There is a risk that the Programme Board is unable to fully deliver the elements of the 2018 General Medical Services Contract to all practices by March 2021				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Major, e.g.</b> ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M					
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<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
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<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	The Programme Board meets every two months and monitors the delivery of the individual elements of the contract over the three year implementation period. Deviations from planned activity will be communicated to the Programme Board at the earliest possible opportunity. The Contract Development Group has also been set up to develop updated local specifications for each priority area of the contract.				

4.8 The table below shows the Risk Assessment for Risk 2 – Lack of funding availability

Risk 2 – Lack of funding availability					
Risk	There is a risk that the funding already indicated to the Programme Board for future years is not what is ultimately received.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Mitigation</b>	The Chief Officer, Finance Director and Primary Care Leads use their National Network groups to monitor for any planned changes to future years funding plans.				

4.9 The table below shows the Risk Assessment for Risk 3 – Costs increasing during Programme due to unforeseen changes.

Risk 3 – Costs increasing during Programme due to unforeseen changes					
Risk	Costs increasing due unforeseen changes e.g. Government decisions				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Mitigation</b>	Costs have increased due to changes in Pay Scales and an increase in Pension Superannuation costs since the initial proposals were received for Year One. The Finance Team are monitoring the impacts of these increases and the Contract Development Group has taken on the additional role of Finance Sub Group for the Transformation Programme Board. They monitor and scrutinise the financial position of the Programme as part of their monthly meeting agendas.				

4.10 The table below shows the Risk Assessment for Risk 4 – Lack of Leadership

Risk 4 – Lack of leadership					
Risk	There is a risk that insufficient time and attention is devoted to this programme by Senior Management				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	There are Weekly Programme Executive Team meetings arranged in advance to ensure continual oversight of this programme by Senior Management. Senior Management are part of the monthly Contract Development Group and regularly attend GP Cluster meetings, GP Sub Committee and LMC meetings.				

4.11 The table below shows the Risk Assessment for Risk 5 – Indecision or inappropriate decision making.

Risk 5 – Indecision or inappropriate decision making					
Risk	There is a risk of delay in decision making by the Programme Boar or poor decisions made by the Programme Board without transparency or supporting methodology.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Mitigation</b>	The Primary Care Transformation Programme Board meets every two months and has agreed to hold emergency meetings if required. Decision making process have been developed and agreed with the Contract Development Group and GP Subcommittee. The Contract Development Group is also the Finance Sub Group for the Programme Board and can scrutinise Programme financial information at their monthly meetings.				

4.12 The table below shows the Risk Assessment for Risk 6 – Change of Government Policy.

Risk 6 – Change of Government Policy					
Risk	There is a risk that Primary Care Transformation is no longer viewed as a priority by the Scottish Government.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
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<b>Mitigation</b>	The Primary Care Transformation Programme Board has little influence on Government Policy but senior management will be involved in National Groups which will discuss any changes to Government Policy. Feedback to date has shown that there is no appetite to change the priority of the Primary Care Transformation Programme on a national basis.				

4.13 The table below shows the Risk Assessment for Risk 7 – Adverse Public Opinion.

Risk 7 – Adverse Public Opinion					
Risk	There is a risk that public opinion and perception of the changes proposed by the 2018 General Medical Services Contract and the Primary Care Transformation Programme are not favourable.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
<b>Negligible, e.g.</b> ♦ Minor injury, not requiring first aid ♦ Unsatisfactory patient experience not directly related to patient care and readily resolvable ♦ Partial loss of service ♦ Financial impact less than £5K					
<b>Minor, e.g.</b> ♦ Minor temporary injury or illness, first aid treatment required ♦ Unsatisfactory patient experience directly related to patient care – rapidly resolvable ♦ Individual service objectives only partially achievable ♦ Financial impact £5K - £50K					
<b>Moderate, e.g.</b> ♦ Significant injury or ill health requiring medical intervention – temporary incapacity ♦ Patient outcome or experience below reasonable expectations in a number of areas ♦ Unable to achieve service objectives without substantial additional costs or delays ♦ Financial impact £50K - £500K			<b>Medium</b>		
<b>Major, e.g.</b> ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M					
<b>Extreme, e.g.</b> ♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability ♦ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked. ♦ Corporate obligations not met. ♦ Severe financial loss £2.5M +					
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	A comprehensive Communication & Engagement Plan for the Programme Board will enable positive engagement and successful delivery of key messages around the Primary Care Transformation Programme to a wide range of stakeholders.				

4.14 The table below shows the Risk Assessment for Risk 8 – Inability to recruit the required workforce.

Risk 8 – Inability to recruit the required workforce					
Risk	There is a risk to the Programme Board that individual programme areas find it impossible to recruit to the necessary posts to enable the 2018 General Medical Services Contract to be fully implemented.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
<b>Negligible, e.g.</b> ♦ Minor injury, not requiring first aid ♦ Unsatisfactory patient experience not directly related to patient care and readily resolvable ♦ Partial loss of service ♦ Financial impact less than £5K					
<b>Minor, e.g.</b> ♦ Minor temporary injury or illness, first aid treatment required ♦ Unsatisfactory patient experience directly related to patient care – rapidly resolvable ♦ Individual service objectives only partially achievable ♦ Financial impact £5K - £50K					
<b>Moderate, e.g.</b> ♦ Significant injury or ill health requiring medical intervention – temporary incapacity ♦ Patient outcome or experience below reasonable expectations in a number of areas ♦ Unable to achieve service objectives without substantial additional costs or delays ♦ Financial impact £50K - £500K					
<b>Major, e.g.</b> ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M			<b>High</b>		
<b>Extreme, e.g.</b> ♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability ♦ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked. ♦ Corporate obligations not met. ♦ Severe financial loss £2.5M +					
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	Individual programme leads have developed detailed recruitment plans around how they recruit to the new posts required by the Primary Care Transformation Programme. This includes a special focus around recruiting those from outwith Dumfries & Galloway with focus on Cumbria and Northern Ireland. There is recognition that recruitment to these posts cannot destabilise other areas of the organisation.				

4.15 The table below shows the Risk Assessment for Risk 9 – Unclear Expectations.

<b>Risk 9 – Unclear Expectations</b>					
Risk	<b>There is a risk that the Programme Board poorly manages the expectations of GPs and wider stakeholders around the priority areas for change that make up the Primary Care Transformation Programme.</b>				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare  (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely  (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible  (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely  (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain  (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
<b>Negligible, e.g.</b> <ul style="list-style-type: none"> <li>◆ Minor injury, not requiring first aid</li> <li>◆ Unsatisfactory patient experience not directly related to patient care and readily resolvable</li> <li>◆ Partial loss of service</li> <li>◆ Financial impact less than £5K</li> </ul>					
<b>Minor, e.g.</b> <ul style="list-style-type: none"> <li>◆ Minor temporary injury or illness, first aid treatment required</li> <li>◆ Unsatisfactory patient experience directly related to patient care – rapidly resolvable</li> <li>◆ Individual service objectives only partially achievable</li> <li>◆ Financial impact £5K - £50K</li> </ul>					
<b>Moderate, e.g.</b> <ul style="list-style-type: none"> <li>◆ Significant injury or ill health requiring medical intervention – temporary incapacity</li> <li>◆ Patient outcome or experience below reasonable expectations in a number of areas</li> <li>◆ Unable to achieve service objectives without substantial additional costs or delays</li> <li>◆ Financial impact £50K - £500K</li> </ul>		<b>Medium</b>			
<b>Major, e.g.</b> <ul style="list-style-type: none"> <li>◆ Single avoidable death or long term incapacity or disability</li> <li>◆ Significant impact on ability to deliver service objectives, service may have to be discontinued</li> <li>◆ Major financial loss £500K - £2.5M</li> </ul>					
<b>Extreme, e.g.</b> <ul style="list-style-type: none"> <li>◆ Multiple or repeated avoidable fatalities or major permanent incapacity/disability</li> <li>◆ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked.</li> <li>◆ Corporate obligations not met.</li> <li>◆ Severe financial loss £2.5M +</li> </ul>					
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	Close links with the Contract Development Group, GP Subcommittee and GP Cluster Groups will help reduce this risk in terms of GP expectations. Regular updates to GPs will also contribute to clarity around current activity and plans. A comprehensive programme of engagement and communication with a wide range of stakeholders should assist in defining and managing clearly defined expectations.				

4.16 The table below shows the Risk Assessment for Risk 10 – Lack of clarity around information security.

Risk 10 – Lack of clarity around Information Security					
Risk	There is a risk to the Programme Board that it poorly delivers the Joint Data Controller Element of the 2019 General Medical Services Contract and the wider Information Governance agenda.				
Severity x Likelihood = Risk Criteria e.g. Moderate x Possible = Medium Risk	Likelihood of Occurrence Chance of event occurring within the next year				
Severity of Consequence Most predictable consequence if the event in question was to occur	Rare (Little chance of occurrence)  (can't believe this event would happen – will only happen in exceptional circumstances (5-10 years))	Unlikely (Probably won't occur)  (not expected to happen, but definite Potential exists – unlikely to occur (2-5 years))	Possible (May occur)  (may occur occasionally, has happened before on occasions – reasonable chance of occurring (annually))	Likely (Probably will occur)  (strong possibility that this could occur – likely to occur (quarterly))	Almost Certain (this is expected to occur frequently/ in most circumstances – more likely to occur than not (daily/weekly/ monthly))
<b>Negligible, e.g.</b> ♦ Minor injury, not requiring first aid ♦ Unsatisfactory patient experience not directly related to patient care and readily resolvable ♦ Partial loss of service ♦ Financial impact less than £5K					
<b>Minor, e.g.</b> ♦ Minor temporary injury or illness, first aid treatment required ♦ Unsatisfactory patient experience directly related to patient care – rapidly resolvable ♦ Individual service objectives only partially achievable ♦ Financial impact £5K - £50K					
<b>Moderate, e.g.</b> ♦ Significant injury or ill health requiring medical intervention – temporary incapacity ♦ Patient outcome or experience below reasonable expectations in a number of areas ♦ Unable to achieve service objectives without substantial additional costs or delays ♦ Financial impact £50K - £500K					
<b>Major, e.g.</b> ♦ Single avoidable death or long term incapacity or disability ♦ Significant impact on ability to deliver service objectives, service may have to be discontinued ♦ Major financial loss £500K - £2.5M			<b>High</b>		
<b>Extreme, e.g.</b> ♦ Multiple or repeated avoidable fatalities or major permanent incapacity/disability ♦ Sustained loss of service with serious impact on delivery of patient care, major contingency plans invoked. ♦ Corporate obligations not met. ♦ Severe financial loss £2.5M +					
<b>Low</b>	<b>Low:</b> No additional risk controls required. The person responsible shall document assurance that existing controls or contingency plans remain effective and ensure any weaknesses are addressed				
<b>Medium</b>	<b>Medium:</b> Further action shall be taken to reduce the risk but the cost of control should be proportionate. The person responsible shall ensure additional risk control measures are introduced within a defined timescale. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Head of Service and any weaknesses addressed.				
<b>High</b>	<b>High:</b> Further action, possibly urgent and requiring considerable resources, shall be taken to reduce the risk. Responsibility for introducing risk control measures within a set timescale shall be explicitly defined by the appropriate Director or General Manager and followed up through the performance review process. Assurance that risk controls or contingency plans are effective shall be documented and evaluated by the relevant Director or General Manager				
<b>Very High</b>	<b>Very High:</b> If confirmed to be unacceptable, the risk should be escalated immediately to Director level. An immediate action plan should be drawn up with Executive level leadership. If appropriate, suspension of the activity until the risk has been reduced should be considered. The risk and the action taken to reduce it to an acceptable level should be taken to the next available Board.				
<b>Mitigation</b>	Information Governance is part of the remit of the Technology Working Group which meets every month and is taking forward the Information Governance agenda including the roles of the Joint Data Controllers for GP Practices and the NHS Board.				

## **5. Conclusions**

- 5.1 Ten distinct risks have been identified and added to the DATIX Risk Register for the Primary Care Transformation Programme.
- 5.2 The Risk Register will be reviewed at every Primary Care Transformation Programme Board meeting.
- 5.3 Each workstream will also develop its own Risk Register.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

6.1. The new contract will support the development of new roles within multi-disciplinary teams working in and alongside GP practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.

6.2. There are significant resource implications arising from this programme.

6.3. The indicative allocations for the four years of the programme are as follows:

- 2018/2019            £1,363,000
- 2019/2020            £1,639,000
- 2020/2021            £3,278,000
- 2021/2022            £4,619,000

6.4. It is important that we consider all the existing work and tests of change taking place in primary care and community settings which will form part of the programme going forward and explore how existing funding can be best used to support the aims and priorities of this programme.

6.5. The focus should therefore not just be on the new monies available, but also on how the current combined Primary Care and Community Health & Social Care budgets can best be utilised to support this programme.

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

7.1. The central purpose of the 2018 GMS Contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing, it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible and links with all 9 of the National Health & Wellbeing outcomes.

7.2. This is a significant major transformational change programme which will impact on all the priorities across Primary Care and Community Health and Social Care services.

### **8. Legal & Risk Implications**

8.1. The implementation of the new contract will only be possible with full engagement of the Integration Joint Board (IJB), NHS Board, GP Sub Committee and Local Medical Committee (LMC). Achieving the implementation of the Primary Care Improvement Plan will require a clear 3 year programme and funding profile. The new contract seeks to address GP Primary Care sustainability.

- 8.2. Failure to successfully implement the 2018 General Medical Services Contract could result in legal challenge.
- 8.3. There is significant risk due to the size and complexity of the programme and given the ongoing uncertainties in relation to the financial and workforce situations.

## **9. Consultation**

- 9.1. Consultation on the Primary Care Transformation Risk Register occurs ahead of each Programme Board meeting.

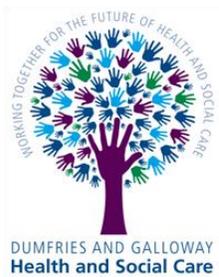
## **10. Equality and Human Rights Impact Assessment**

- 10.1. The Primary Care Transformation Programme Board will be a public body for the purposes of the Equality Act 2010. Members must ensure that equalities have been considered and that an equalities impact assessment is completed where appropriate.
- 10.2. The Primary Care improvement Plan has gone through the Impact Assessment Toolkit. The Programme Executive Team were supported by Phil Myers (Health & Wellbeing Specialist, Public Health) and Lynsey Kirkpatrick (Equality & Diversity Lead).
- 10.3. The expectation is that all work associated with the programme will also go through an impact assessment toolkit workshop to ensure that Equality & Diversity is embedded throughout all levels of the Primary Care Transformation Programme.

## **11. Glossary**

<b>DATIX</b>	An electronic system of Risk Management used by NHS D&G
<b>GMS</b>	General Medical Services
<b>MoU</b>	Memorandum of Understanding

## Dumfries and Galloway Integration Joint Board



### DIRECTION

**(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)**

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	