

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	Low	Low	Low	Medium	Medium
<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	Low	Medium	Medium	Medium	High
<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	Low	Medium	Medium	High	High
<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	Medium	Medium	High	High	Very High
<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 +	Medium	High	High	Very High	Very High
<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.				

Risk	Description	Level of Risk	Mitigation
Risk 1 – Under-performance to specification	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	Medium (Possible, Moderate)	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
Risk 2 – Lack of funding availability	There is a risk that the funding already indicated to the Programme Board for future years is not what is ultimately received.	Medium (Possible, Moderate)	Chief Officer, Finance Director and Primary Care Leads use their National Network groups to monitor for any planned changes to future years funding plans.
Risk 3 – Costs Increasing During Programme	Costs increasing due unforeseen changes e.g. Government decisions	High (Almost Certain, Moderate)	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.
Risk 4 – Lack of leadership	There is a risk that insufficient time and attention is devoted to this programme by Senior Management	Medium (Unlikely, Major)	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.

Risk	Description	Level of Risk	Mitigation
Risk 5 – Indecision or inappropriate decision making	There is a risk of delay in decision making by the Programme Board or poor decisions made by the Programme Board without transparency or supporting methodology.	High (Possible, Major)	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.
Risk 6 – Change of government policy	There is a risk that Primary Care Transformation is no longer viewed as a priority by the Scottish Government.	Medium (Unlikely, Major)	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.
Risk 7 – Adverse Public Opinion	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.	Medium (Possible, Moderate)	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.

Risk	Description	Level of Risk	Mitigation
Risk 8 – Inability to recruit the required workforce	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.	High (Possible, Major)	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.
Risk 9 – Unclear Expectations	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.	Medium (Unlikely, Moderate)	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.
Risk 10 – Lack of clarity around information security	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.	High (Possible, Major)	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.

**Appendix 1**

<p>Risk 11 - Lack of available premises space for multi-disciplinary teams</p>	<p>There is a risk that some practices will not have sufficient premises space to adequately house all members of the multi-disciplinary team when the 2018 General Medical Services Contract is fully delivered by April 2021.</p>	<p>High (Likely, Moderate)</p>	<p>The Premises Group, which is a sub-group of the Primary Care Transformation Programme Board, is taking forward work to identify practices which are likely to have issues with sufficient accommodation and identifying potential solutions to house additional multi-disciplinary team members.</p>
<p>Risk 12 - Risk of remote access not being available to the wider multi-disciplinary team</p>	<p>There is a risk that members of the multi-disciplinary team</p>	<p>High (Almost Certain, Moderate)</p>	<p>Issues around remote access for multi-disciplinary team members have been recognised. The Primary Care Transformation Technology Group is doing a piece of work to identify the requirements for each GP practice in terms of the availability of remote access and ensuring that additional remote access requests to do affect the robustness and effectiveness of GP IT systems as a result of limited bandwidth. Issues around Data Protection &amp; Data Sharing are also to be considered.</p>