

Meeting: Governing Body			
Meeting Date	27 March 2019	Action	Consider
Item No.	12c	Confidential	No
Title	Corporate Risk Register		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
Author	Lynne Byers, Risk Manager		
Clinical Lead	-		

Executive Summary

A key part of the organisation's internal control system is its risk management function. This should ensure that the organisation has a process for identifying and assessing risks both external and internal in order to select the most appropriate controls to manage these risks and therefore ensure delivery of key business objectives.

In line with the Risk Management Strategy, the Audit Committee is required to retain oversight of any risks with a net risk score of 15 and above. These risks are classified as significant were they to materialise and therefore the Committee's review of these ensures that these have received independent scrutiny.

The Audit Committee reviewed the Corporate Risk Register at its meeting in March 2019 and recommended the report to the Governing Body.

The Governing Body is advised that there are currently **3** risks included on the Corporate Risk Register (operational risks) at a level 15 or above:

- Failure to effectively invest in the medium term transformation of the wider health and care economy (level 20);
- PCFT - Mixed Sex Accommodation (SSA breaches) (level 16); and
- Autistic Spectrum Conditions Assessment – Work force capacity to maintain waiting times (New risk) (level 20).

Recommendations

It is recommended that the Governing Body:

- Receive the Corporate Risk Register; and
- Review the information presented.

Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>

To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF – n/a	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?						
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	
Following review by the Audit Committee, it will be appropriate to liaise with providers identified within the risks outlined that the report will be made available through the public Governing Body meeting.						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?						
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	01/03/2019	The Audit Committee was assured that the

		corporate risks are being managed effectively and recommended the report to the Governing Body.
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Corporate Risk Register

1. Introduction

- 1.1. This report provides an updated position in respect to those risks that have been identified and assessed as significant risks to the CCG, collectively referred to as the Corporate Risk Register, as recorded on Pentana, the risk management system used by the CCG.
- 1.2. The report presents the risk position and status as at **28 February 2019**.

2. Background

- 2.1. The Corporate Risk Register (see Appendix A) captures operational risks with a score 15 or above with detail specific to each risk included at Appendix B. The risk matrix is also provided at Appendix C for ease of reference.
- 2.2. There are currently a total of 24 operational risks being monitored across the organisation, of which 3 (8%) are included on the Corporate Risk Register.

3. Corporate Risk Register

- 3.1 The following commentary presents updates to each of the 3 risks. The details for these risks are taken from the most recent report to the Committee with responsibility for reviewing the risk.
 - **OR_F_03 Failure to effectively invest in the medium term transformation of the wider health and care economy**
- 3.2 This risk has reduced from a level 25 to a level 20 risk, against a target level of 6 to be achieved by March 2020.
- 3.3 The likelihood score of 5 (almost certain) has reduced to a level 4 (likely) as the LCA have progressed work around Programme 5 and 6 and the expectation is that the Mutually Binding Agreement and Investment Agreement will be approved early February 2019. However, it is to be noted that there are still concerns regarding deliverability and “cashability” of the projected savings. Further assurances are being sought ahead of final approval. Beyond that, system-wide assurance will take place through PMO reports to the Transformation Programme Board.
- 3.4 A further three key assurances have been identified which receive regular progress updates for review and scrutiny, these are:
 - Transformation Programme Board;
 - Joint OCO Partnership Board; and
 - Joint Executive Team
- 3.5 Further actions to address this risk will be identified in due course.
- 3.6 The risk has not been reviewed by the Finance, Contracting and Procurement

Committee, as the meeting in January 2019 was cancelled and the agenda for February 2019 was prioritised to discuss other urgent matters.

3.7 Since the report was submitted to the Audit Committee, this risk was reviewed by the risk owner on the 08 March 2019 and will be subject to review and scrutiny by the Finance, Contracting and Procurement Committee on the 23 March 2019. There is no reported change in the risk level as the Mutually Binding Agreement and Investment Agreement signing has been delayed until the end of March 2019 and there are still significant areas of risk relating to the Programme Business Cases.

- **WS_MH_Q_15 PCFT Mixed Sex Accommodation (SSA breaches)**

3.8 Although PCFT completed the 3 stage pre-consultation exercise at the end of November 2019, this risk remains at its current level 16, against a target level of 4 (due to be achieved by March 2019), as the resulting findings and recommendations have not yet been shared with the CCG.

3.9 Due to the postponement of the December 2018 PCFT Board meeting, the feedback report was expected to be presented to the PCFT Board in February 2019 and subsequently shared with the CCG.

3.10 Assurance is provide in so much that since October 2018, the Trust's assurance processes have not identified any further concerns regarding patient safety, privacy and dignity as a result of non-compliance with SSA.

3.11 The Quality and Performance Committee reviewed this risk at its meeting on 13 February 2019. The Committee is assured that the risk is being effectively managed, however there were concerns over the delayed consultation feedback. This was raised at the PCFT Quality Assurance meeting (QAM) on 18 February 2019 and was also an agenda item on the PCFT MH Contract, Quality, Performance Group (CQPG) meeting 21 February 2019.

3.12 A verbal update to the reported position was provided to the Audit Committee which advised that a paper outlining the process undertaken on the consultation of mixed sex accommodation which reports a thorough undertaking and although the report is still in draft form shows good detail and due process followed.

3.13 Since this status update to the Audit Committee, the risk owner has also confirmed that the pre-consultation report based on all the feedback provided by patients, carers staff and wider stakeholders was presented to the PCFT Board on 11 February 2019 and that the next steps was discussed at the PCFT Board meeting at the end of February, no change to the risk score has been made. A recommendation on next steps will be discussed at the next Trust Board meeting on the 27th February 2019. The outlook is that a clearer picture will be formed by the end of March 2019.

- **WS_WC_Q_SD_R_07 Autistic Spectrum Conditions Assessment – Work force capacity to maintain waiting times**

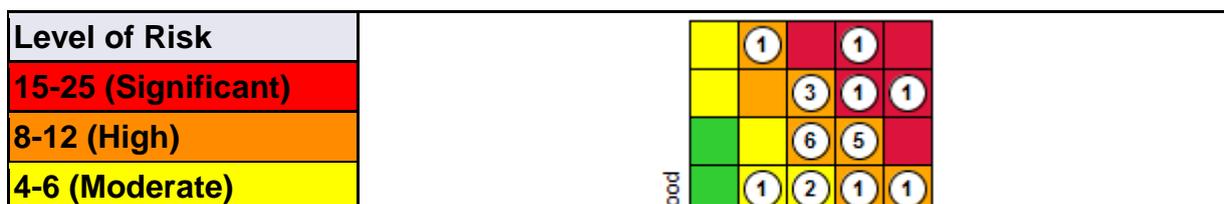
3.14 This new risk has been identified as a significant risk to the CCG as waiting times have deteriorated over the last six months. This is due to insufficient workforce capacity at PAHT to address the increase in the number of children and young people and families awaiting a conditions assessment. Until the increased capacity has been

provided and the additional scheduled meetings plan implemented, the CCG cannot be assured that waiting times will reduce.

- 3.15 This risk has been assessed as having a 'quality' impact on the patients and has been rated as a level 20 risk, against a target level of 8 to be achieved by March 2020. The committee are advised that this risk also impacts on reputation and in parts statutory duty.
- 3.16 The component controls to manage this risk are namely:
- Increasing the capacity of Multi-Disciplinary Team (MDT) reviews by increased number of MDT meetings;
 - A whole service review for Community Paediatrics has been completed. Learning from this will contribute to a more efficient pathway;
 - Joint commissioning with children's social care and education colleagues to support the early help agenda to allow children to access appropriate support;
 - A co-production workshop held on the 17th December, with agreement from all partners on the future pathway (an enabler to prevent the risk of future occurrence).
- 3.17 Action to address the gap in the controls and to support this risk has been identified as listed below and further actions will be added as appropriate:
- Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners.
- 3.18 The Quality and Performance Committee under took a deep dive review of this risk at the 13 February 2019 meeting. The Committee has agreed the current risk score with the risk owner and recommended that this risk is reviewed and reported into the Committee on a monthly basis to ensure that oversight and scrutiny is maintained.
- 3.19 Since the report was submitted to the Audit Committee, this risk was reviewed by the risk owner on the 15 February 2019. The risk owner advised that the waiting list initiative has commenced, with the first extraordinary meeting taking place on 16th February 2019. Twenty four (24) children cases were discussed at this meeting and outcomes are to follow in due course. As part of the monitoring process, a focus on the current waiting times will be subject to review and scrutiny at the Quality and Performance Committee meeting in April 2019. There is no reported change in the risk level.

4. Risk Distribution

4.1 The heat map below identifies a total of **24** operational risks distributed across the 5x5 matrix and excludes risks associated with the GBAF.



1-3 (Low)

5 Recommendations

- 5.1 The Governing Body is required to:
- Receive the Corporate Risk Register; and
 - Note the assurance provided by the Audit Committee

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March 2019

Appendix A: Audit Committee Corporate Risk Register: Summary

Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
CCG	OR_F_03	Failure to effectively invest in the medium term transformation of the wider health and care economy	19-Jun-2017	20	15/1/2019 & 8/3/2019	20	6		Apr-2019
CCG	WS_WC_Q_SD_R_07	Autistic Spectrum Conditions Assessment - Workforce capacity to maintain waiting times	18-Jan-2019	20	18/1/2019 & 15/2/2019	20	4	New	Apr-2019
CCG	WS_MH_Q_15	PCFT - Mixed Sex Accommodation (SSA breaches)	13-Feb-2018	16	14/1/2019 & 22/2/2019	16	4		Apr-2019

Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	OR_F_03 Failure to effectively invest in the medium term transformation of the wider health and care economy				
Risk Statement	Because of the uncertainty around Transformation Funds, coupled with the lack of local investment funds and other short-term financial pressures in the wider economy, there is a risk that the CCG will fail to effectively invest in transformation of the wider health and care economy. The effect of this might be an inability to manage within financial control totals in future years, i.e. the CCG could become financially unsustainable and would be put into a formal turnaround programme. This would negatively impact on the health outcomes for Bury's population. The prime risk to the CCG is financial impact.	Assigned To Mike Woodhead	Current Risk Status 	Direction of Travel 	Annual profile 
Current Issues	<ul style="list-style-type: none"> . CCG under-funding . Bury MBC financial pressures . Local provider instability - financial and quality issues . Complex integration and transformation agenda with inherent risks; <ul style="list-style-type: none"> o Potential to miss investment agreement targets o Uncertainty regarding procurement issues o Uncertainty regarding organisational forms – potential delays, competing priorities, etc. o Uncertainty and complexity re financial flows, contractual forms etc. . Competing national and regional must-dos Potential for financial pressures in intermediate years to prevent longer term investment (plans do not close the financial gap until year 4-5). . Capacity and skills gap in the Locality 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
19-Jun-2017	4	5	20	15-Jan-2019 & 08-Mar-2019	5	4	20	Apr-2019	3	2	6	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Monthly Finance Committee, Governing Body and NHSE reporting . Regular review and contract monitoring of key providers (including formal minutes and reports from meetings) . Improvement Board and sub-committee minutes . Regular reports to joint governance meetings with Bury MBC. . Regular meeting of North East Sector CFOs and DoFs to monitor manage system wide pressures (including alignment of financial plans) . Financial planning returns submitted to GMH&SCP (external assurance) . Regular reporting at Transformation Programme Board . Monthly Joint Executive Team meeting . Reporting to Joint OCO Partnership Board 	<ul style="list-style-type: none"> . Obligation for GM to achieve overall control total through supporting individual organisations to achieve financial balance. . CFOs review the overall position on a monthly basis and are able to support achieving the overall control total. . Due diligence process under-way with Bury MBC to understand financial pressures and risk. . Joint governance arrangements with Bury MBC to manage pressures across the system rather than within organisational boundaries. . Improvement Boards and financial sub-groups monitoring and managing provider stability issues. . Transformation and integration agendas managed by joint governance arrangements with Bury MBC and subject to formal investment agreements. . Ongoing work to agree PMO resource requirements and frameworks and transformation implementation plans . Legal advice re procurement issues . Revised financial plans submitted to GM May 2018 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . Transformation plans not yet finalised. Not in the CCG's gift as the completion of the TP are reliant on a number of disparate partners and maybe hindered by capacity and capability issues(03d) <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_F_03a Strengthen risk sharing agreements - Complete initial financial due diligence work with Bury MBC	31-Jan-2018	Mike Woodhead	The CFO/ DOF have set up a regular meeting to progress the work stream. A due diligence plan/process has now been drafted on which work will start to progress.	100%		Completed
OR_F_03b Procurement of LCA including agreement of procurement route facilitation of alliance agreement and procurement advert	31-Mar-2020	Mike Woodhead	The LCA are currently working on strengthening a mutually binding agreement to be completed by Mar 2019 (slippage previously Dec 2018) , but further work around the LCA future form and implications regarding procurement is likely to take considerably longer. Update March 2019: The mutually binding agreement and investment agreement has slipped , the expectation is that these will be agreed by the 31/3/2019.	20%		In Progress
OR_F_03c Revised financial plans	30-Apr-2018	Mike Woodhead	Final plans submitted to GM May 2018. The CCG has planned for breakeven, this includes 8.5M QIPP target and 5.4M net risk.	100%		Completed
OR_F_03d Finalise Transformation Plans (i.e. Transformation of Finance & Implementation	30-Sep-2018	Mike Woodhead	Main work outstanding is the finalisation of the mutually binding agreement and	90%		Overdue

Plan / Internal Investment Agreements)			associated investment agreement which is due early Feb 19. <i>Update March: This action will remain incomplete until the mutually binding agreement and investment agreement has been signed off, further slippage expectation is now 31/3/2019</i>			
OR_F_03e Agree robust monitoring of KPIs / performance measures (future vision) <i>New</i>	30-Sep-2019	Mike Woodhead	Due date is tentative and will be revised once this phase has begun. Advancing towards embedding regular assurance through PMO reporting / KPI reviews for onward reporting to the transformation Board is a future vision and may take some time to embed.	0%		Assigned

Risk Code & Title	WS_WC_Q_SD_R_07 Autistic Spectrum Conditions Assessment - Workforce capacity to maintain waiting times				
Risk Statement	Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that assessment outcomes for CYP and families are not completed in a timely manner resulting in delayed access to appropriate post-diagnostic support services. This may impact on educational attainment and life chances, including quality of care, poor patient experience and reputational damage for the CCG.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Michael Hargreaves		New	
Current Issues	<p>. The current assessment pathways have evolved over time to meet an increasing demand - based on custom and practice. As agencies have become more efficient in identifying need, the efficiency of the pathway for assessment has not kept pace. As a result, the number of CYP and families awaiting assessment has increased consistently. For ASD assessment, the service is diagnostic led rather than needs based.</p> <p>. The Multidisciplinary Team Meetings (MDT), also known as the Social Communication Disorder discussion Group (SCDDG), have lacked priority within the 3 organisations which contribute.</p> <p>. Additionally, it is likely that greater numbers of children are referred for ASD assessment due to a lack of alternative provision and support.</p>				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
18-Jan-2019	4	5	20	18-Jan-2019 & 15-Feb-2019	4	5	20	Apr-2019	4	1	4	31-Mar-2020

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Women and Children's workstream to monitor via regular status reports from Pennine Acute (Community Paediatrics). . Quality and Performance Committee . Escalation to Audit Committee / Governing Body . Task and finish groups established for 'Early help pathway design', 'Secondary Care pathway Design', and 'Workforce Development'. 	<ul style="list-style-type: none"> . Increased capacity of MDT review - via an increased number of MDT meetings . A whole service review for Community Paediatrics has been completed - learning from this will contribute to a more efficient pathway . Joint commissioning with children's social care and education colleagues to support the early help agenda to allow children to access appropriate support . A co-production workshop held on the 17th December, with agreement from all partners on the future pathway 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . Workforce capacity for all partners of the MDT must be ensured to support the proposed increased number of meetings. Until the increased capacity has been provided the CCG cannot be assured around the proposed mitigation. (07a) <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . Task and Finish group outputs yet to be received

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
WS_WC_Q_SD_R_07a Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2020	Michael Hargreaves	Initial meeting undertaken with PAHT representatives 23/1/2019 to discuss the WL initiatives and future monitoring arrangements: Supplementary meetings schedule has been agreed. Update Feb 2019: The waiting list initiative has commenced with the first extraordinary meeting taking place on the 16th February with 24 children discussed. Outcomes to follow.	25%	 Assigned

Risk Code & Title	WS_MH_Q_15 PCFT - Mixed Sex Accommodation (SSA breaches)						
Risk Statement	Because all of PCFT's acute inpatient mental health wards (for both working age and older people) do not comply with national same sex accommodation (SSA) guidance, there is a risk to the quality of care received by patients, as their safety, privacy and dignity may be compromised resulting in potential harm, poor patient experience and reputational damage.	Assigned To	Current Risk Status	Direction of Travel	Annual profile		
		Carolyn Trembath					
Current Issues	<ul style="list-style-type: none"> . The safety, privacy and dignity of patients not being maintained, results in harm, poor patient experience, serious incidents and complaints. . PCFT's non-compliance with Department of Health (DoH) guidance results in them being in breach of HSCA (2010) (not meeting patients' safety, privacy and dignity needs). . The scale of change for PCFT to become compliant requires all acute inpatient wards to change from being mixed sex to a single sex environment. . Due to the proposed scale of change a formal public consultation and engagement programme across all 5 localities may be needed is required. . The planned consultation exercise regarding the proposed ward re-configuration to achieve same sex compliance may cause current patients and their families to feel they are currently at risk/not receiving high quality care. . Impact of proposed reconfiguration on acute working age adults inpatient wards is low - current provision will enable 1 male and 1 female ward in each borough; e.g. North and South wards both changing from mixed sex to single sex wards. . As well as a gender split, PCFT is also recommending all of their older people's wards are reconfigured along illness presentation, separating patients with functional diagnoses such as schizophrenia, bi-polar and severe depression from those patients with organic diagnosis, such as dementia. . Impact of proposed reconfiguration on acute older people inpatient wards is high – current provision does not enable each borough to have 2 male wards (male/functional, male/organic) and 2 female wards (female/functional, female/organic). Therefore, a cross border model is proposed. . The planned consultation exercise regarding the proposed older people's ward re-configuration to a cross border model may cause patients and their families to feel they will be disadvantaged because of the additional travelling requirements. . PCFT continues to raise their inability to achieve safe staffing levels (due to historical and current underfunding) in order to provide a safe, therapeutic in-patient environment. If additional monies are not provided, PCFT is highlighting this may have a significant negative impact on bed capacity. 						

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
13-Feb-2018	4	4	16	14-Jan-2019 & 22-Feb-2019	4	4	16	Apr-2019	4	1	4	31-Mar-2019

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . The Care Quality Commission (CQC) has formally identified the non-compliance and the associated risks in their inspection reports, with a resulting legal requirement upon PCFT to take action. PCFT's progress against this action is being formally monitored by the CQC and NHSI (external assurance). . GMHSCP Improvement Board and the Quality Assurance Board monitor PCFT's against the CQC action plan (external assurance). . PCFT is fully committed to providing same-sex accommodation through proactive planning as identified in the current controls. . National reporting from PCFT via UNIFY (external assurance). . Quality & Performance Committee monitor received performance management reports (internal assurance). . Risk monitored via the Mental Health work stream and Quality & Performance Committee (Internal assurance). . PCFT review, triangulate and report patient safety, patient experience and clinical effectiveness on a monthly, quarterly and 6 monthly basis. 	<ul style="list-style-type: none"> . PCFT has developed and put in place guidance (a Mixed-Sex Accommodation (MSA) Algorithm) to guide the decision making of operational staff on whether to admit a person to a bed assigned to person of the opposite gender, detailing what actions must be taken to safeguard the involved patients. . PCFT has put in place a Standard Operating Procedure regarding the reporting of any same sex accommodation breaches (reporting these as required to the DoH and to CCGs). . PCFT has completed a comprehensive appraisal of its estates and on 20/12/2017 PCFT's board approved the recommendation to reconfigure all their adult and older people's acute wards to single sex (subject to consultation). 	<p>Gaps in controls:</p> <ul style="list-style-type: none"> . Consultation date has not yet been confirmed (15a) . It is not possible for PCFT to provide same-sex accommodation with their current acute ward configuration. A considerable service redesign is needed across their entire footprint (5 localities). <i>This is outside of the CCG's gift to influence and will be a phased approach (15b)</i> <p>Gaps in assurances:</p> <ul style="list-style-type: none"> . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_MH_Q_15a PCFT to carry out consultation with support from the CCG	31-Mar-2019		The Trust has now completed its 3-stage pre-consultation work. The findings and recommendations were due to be presented to the Trust's Board in December 2018 but this was postponed due to illness.	100%		Completed
WS_MH_Q_15b To monitor PCFT phased approach to the planned reconfiguration (including any impact on Bury's planned re-	31-Mar-2019	Carolyn Trembath	Due date remains tentative. The resulting findings and recommendations from the consultation have not yet been shared.	0%		Assigned

configuration).			<p>These were due to be presented to the Trust's December Board but this was postponed due to unforeseen circumstances, meeting has been scheduled for Feb 19. <u>Update Feb 19</u>: A paper was provided after the meeting (QAM) outlining the process undertaken regarding consultation on mixed sex accommodation. This shows a thorough undertaking and although the report is still in draft form shows good detail and due process followed. This detail is being shared with the PCFT Strategic Commissioning & Performance Board 27 February 2019.</p>			
WS_MH_Q_15c Monitor PCFT's Quality Improvement reporting system	31-Mar-2019	Carolyn Trembath	<p>Since October 2018, no issues or concerns have been raised regarding patient safety, privacy and dignity as a result of non-compliance with SSA.</p>	75%		Assigned

Appendix C: Risk Matrix

Quantitative Measure of Risk – Impact / Consequence Score

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment.	Minor injury or illness, requiring minor intervention	Moderate injury requiring professional intervention RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Mismanagement of patient care with long-term effects	Incident leading to death An event which impacts on a large number of patients
Quality/Complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards Severely critical report
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Multiple breaches in statutory duty Enforcement action Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Zero performance rating Severely critical report

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage short-term reduction in public confidence Elements of public expectation not being met	Local media coverage Long-term reduction in public confidence	National media coverage <3 days service well below reasonable public expectation	National media coverage h >3 days MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase No impact on objectives	<5 per cent over project budget Minor impact on delivery of objectives	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget Major impact on delivery of strategic objectives	Incident leading >25 per cent over project budget Failure of strategic objectives impacting on delivery of business plan
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million	Loss of >1 per cent of budget Claim(s) >£1 million
Service/ business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

Qualitative measure of risk – Likelihood Score

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Probability	<1%	1-5%	6-20%	21-50%	>50%
	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur

Quantification of the Risk – Risk Rating Matrix

		Likelihood					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost certain	
Consequence	5	Catastrophic	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