NHS
Bury
Clinical Commissioning Group

Meeting: Governing Body

Meeting Date	23 March 2022	**Action**	Consider
Item No.	7.4	**Confidential**	No
Title	Corporate Risk Register		
Presented By	Sam Evans, Executive Director of Finance		
Author	Lynne Byers, Interim 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.

There are currently **3** risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks) as listed:

- Autistic Spectrum Conditions Assessment – Neurodevelopmental assessments;
- Reduced IG Resource; and
- Datix: Resource requirements to maximise optimisation.

The Audit Committee considered the report presented at its meeting on the 04 March 2022 and agreed that the level of assurance against the risks was sufficient and as such recommended the report to the Governing Body.

Recommendations

It is recommended that the Governing Body:

- Receive the Corporate Risk Register.

Links to CCG Strategic Objectives	
SO1 To support the Borough through a robust emergency response to the Covid-19 pandemic	☐
SO2 To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	☐

SO3 To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	☐
SO4 To secure financial sustainability through the delivery of the agreed budget strategy	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
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	☐	No	☐	N/A	☒
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
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	☐	No	☒	N/A	☐
Are there any financial Implications?	Yes	☒	No	☐	N/A	☐
These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☒	N/A	☐
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☒	N/A	☐
Are the risks on the CCG's risk register?	Yes	☒	No	☐	N/A	☐
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	**Date**	**Outcome**

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 **January 2022** however includes a recent update in respect of the Reduced IG Resource risk undertaken in **February 2022**.

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 23 operational risks being monitored across the organisation, of which 3 (13.0%) 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.

- **WS_WC_O_PE_06 Autistic Spectrum Conditions Assessment – Neurodevelopment assessments**

3.2 This risk remains at its current level of 20 against a target level of 4 to be achieved by March 2023 due to pressures within the health system.

3.3 The over 5's pathway remains a concern due to staffing capacity within the Pennine footprint, however, work to address the backlog for the under 5's pathway is underway.

3.4 The CCG has secured a one off funding of £170K from Greater Manchester to review the pathway and look at alternative delivery mechanisms that will include Early Help which requires commissioning capacity and dedicated focus. Project plans are currently being developed and it is hoped that this will be initialised within the next quarter by means of pulling together a system wide steering group to help progress.

3.5 As an additional assurance the SEND Board will routinely receive progress updates to ensure oversight and governance.

3.6 In light of the challenges ahead the target date of March 2022 has been rebased to March 2023 as a step change in systems and culture is required which will take some time to develop and embed.

3.7 The Quality and Performance Committee considered this risk at the 09 February 2022 meeting and was assured that the risk is being managed effectively.

3.8 This risk is scheduled for a risk review in April 2022.

- **OR_B_HR_IT_SB_03 Reduced IG Resource**

3.9 Since last reporting to the Audit Committee in December 2021 this risk has undergone three further risk assessments. The November 2021 risk assessment saw this risk increase from a level 12 to a level 16, then reduce back to a level 12 in January 2022, however the February 2022 risk assessment saw this risk increase back to a level 16.

3.10 The rationale for the risk score fluctuation is due to the lack of additional and continued IG support. The February 2022 review confirmed that the fixed term resource was proven to be unsuccessful with the contract terminating on the 24 January 2022.

3.11 To address this resource gap a specific review of what is required between now and the close down of the CCG is being revisited. However, in light of the resource short fall, work continues to progress to ensure the IG work programme is delivered within a timely fashion however it is to be noted that the gap in terms of IG resource in totality for the three month period 01/04/2022 to 30/6/2022 remains.

3.12 Although this risk is not assigned to a Committee, this risk is scrutinised by the IGSG on a monthly basis where the level of risk and priority status has been noted.

3.13 At the meeting on the 04 March 2022, the Audit Committee was further advised that there remains uncertainty around some functions that will sit at a GM ICB level and ICB level which had caused issues surrounding permanent recruitment to roles and this lack of clarity is causing issues for Bury CCG as they are not able to fully plan for the future requirements. To address this, discussions continue to take place at CFO meetings in order to enable that continued push and understanding that is required around future structures/functions.

3.14 This risk is scheduled for a risk review in April 2022.

- **WS_CE_O_R_04 Datix: resource requirements to maximise optimisation**

3.15 This risk remains at its current level of 15 against a target level of 3 to be achieved by March 2022 as there remains limited resource to support the optimisation of Datix within the CCG.

3.16 Following on from the deep dive risk and retention review in December 2021 further discussions have taken place with the Senior Management Team, Executive Director of Strategic Commissioning and Director of Secondary Care Commissioning and the consensus is that the Datix system is considered invaluable in supporting improved pathways and engagement with secondary care colleagues and other providers of care, in addition the system identifies hot spots/trends and prompts discussions in respect of resolutions.

3.17 It has been agreed that designated directorate to host this function is the Quality

Directorate of the CCG as there are potential synergies with other quality assurance processes (e.g. in LEDER) as we move into a wider ICS system architecture.

3.18 Furthermore, it has been acknowledged for quite some time that resource is key to ensuring Datix is managed appropriately to promote learning from incidents and inform routine reporting and transformation.

3.19 To mitigate this risk crucial work is needed to explore opportunities to fund a role and further discussions with the Senior Team across the CCG are hoped to bring some clarity as to future progress.

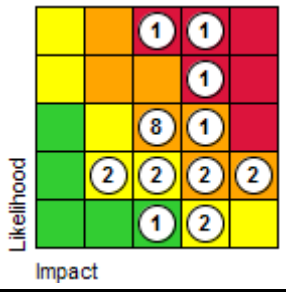
3.20 The Quality and Performance Committee considered this risk at the 09 February 2022 meeting and was assured that the risk is being managed effectively.

3.21 This risk is scheduled for a risk review in March 2022.

4. Risk Distribution

4.1 The heat map below identifies a total of **23** operational risks distributed across the 5x5 matrix and excludes risks associated with the GBAF.

Level of Risk
15-25 (Significant)
8-12 (High)
4-6 (Moderate)
1-3 (Low)



5 Recommendations

5.1 The Governing Body is required to:

- Receive the Corporate Risk Register.

Lynne Byers
Interim Risk Manager
February 2022

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	WS_WC_O_PE_06	Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments	18-Jan-2019	20	24-Jan-2022	20	4	-	Apr-2022
CCG	OR_B_HR_IT_SB_03	Reduced IG Resource	01-Mar-2020	16	14-Feb-2022 18-Jan-2022 16-Nov-2021	16 12 16	4	↑ ↓ ↑	Apr-2022
CCG	WS_CE_O_R_04	Datix: Resource requirements to maximise optimisation	06-Jun-2019	15	24-Jan-2022	15	3	-	Mar-2022

Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	WS_WC_O_PE_06 Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments				
Risk Statement	Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that children in bury who are awaiting neurodevelopmental assessments may not achieve their potential as expected as a result of the current workforce capacity issues. This may impact on educational attainment and life chance for the child, including quality of care and poor patient experience.	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Jane Case			
Current Issues	. 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 . The Multidisciplinary Team Meetings (MDT), also known as the Social Communication Disorder Discussion Group (SCDDG), have lacked priority within the 3 organisations which contribute . Additionally, it is likely that greater numbers of children are referred for ASD assessment due to a lack of alternative provision and support .Neuro development pathway now live and although children 5 plus will be seen within 18 weeks the backlog list remains a 2 year wait due to different service Providers resulting in inequalities and reputational damage				

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	24-Jan-2022	4	5	20	Apr-2022	4	1	4	**31-Mar-2023**

Existing Assurance	**Existing Controls**	**Gaps in Assurance / Gaps in Control**
. 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 group established for 'Early help pathway design . Exec to Exec meetings to address the issues **.** Allied professionals available to support and ready to mobilise (Local Authority Education Team) . Health and Care Children's Charter oversight by the Health and Care Board **.** GM task and finish group formed first meeting scheduled April 2021 . SEND children's Charter Group established and up and running . The Mental Health children's charter group . Task and finish group to review issues collectively across GM . Establishing a task and finish group at a Bury level to review current pathway and ensure GM additional funds can effect change. Meetings diarised and Bury 2Gether parents forum involved in developments **. SEND Assurance Board will receive progress updates to ensure oversight and governance (on a 6 weekly basis)**	. 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 **.** Neuro development pathway now live . PAHT providing monthly updates on the Social Communication Disorder Discussion Group (SCDDG) waiting lists which will be measured against the trajectory **.** Recovery plan in place **.** As part of the Children's Mental Health Charter Group, this work will have increased focus and work will be progressed in a system wide approach **.** WL initiative agreed and meetings in place to monitor the WLI progress **.** Additional work will be progressed to review the 2 pathways and consider redesign for efficiency through additional GM investment **. GM investment (170K) in place and project plans being developed**	**Gaps in current controls:** . Backlog remains an issue. (06b) **Gaps in current assurances:** **.** Impact of Bury task and finish group yet to be established

Action	**Due Date**	**Assigned To**	**'Action' progress update (latest)**	**% Progress**	**Status**	
WS_WC_O_PE_06a Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2021	Jane Case	Since this risk was last reviewed discussions have taken place at a GM commissioners forum , a task and finish group to review this issue collectively across GM is being initialised. This will provide consistency of messages and approaches across GM to providers . During the end of March at a Director level a meeting is planned to further understand compounding issues. Following on from this another meeting is planned with Managers to review agreements and operationalise pathways.	100%		Completed
WS_WC_O_PE_06b Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2022	Jane Case	**The Bury task and finish group will include wider system partners , including Early Help , Education and Health as well as CVS partners to develop a Bury single pathway.**	**80%**		In Progress

Risk Code & Title	OR_B_HR_IT_SB_03 Reduced IG Resource				
Risk Statement	Because there are gaps in current capacity to support the delivery of information governance and data protection requirements for both the CCG and GP's there is a risk that advice guidance and comprehensive programme of work is not completed in a timely manner impacting on the overall IG agenda and decision making.	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Jacque Williams			
Current Issues	. Current IG resource for CCG, GP's care homes etc overstretched . Contractual obligation for CCGs to provide GPs with IG support since October 2019 . New GP contract effective April 2019 for CCGs to provide a Data Protection Officer (DPO) function directly or via alternative means . Remit of IG strategy and work plan extremely large with growing pressure from new projects . Potential breaches leading to non-compliance with legal and statutory requirements . Progression of outstanding mitigating actions may be impacted due to uncertainty regarding requirement for in-house IG support between 1/4/2022 - 30/6/2022 (revised transition date to ICS 1/7/2022) **. Lack of additional and continued IG Support**				

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
01-Mar-2020	4	4	16	14-Feb-2022 18-Jan-2022 16-Nov-2021	4 4 4	**4** **3** **4**	16 12 16	Apr-2022	4	1	4	31-Mar-2022

Existing Assurance	**Existing Controls**	**Gaps in Assurance / Gaps in Control**
. Information Governance Steering Group . Audit Committee and Governing Body oversight	**.** Strategic Advisor until 31/03/2022 engaged to provide DPO to CCG and GP Practices respectively . Review of IG resource requirements **ongoing** . Compliance with **DSPT 2020/21** . Suite of IG policies in place . Information asset owners in place	**Gaps in current controls:** . Data Security and Protection Toolkit (DSPT) compliance required **(03i)** **Gaps in current assurances:** . IG Steering Group established but requires further work to embed

Action	**Due Date**	**Assigned To**	**'Action' progress update (latest)**	**% Progress**	**Status**	
OR_B_HR_IT_SB_03a Undertake a full review of service requirements and job descriptions	31-Dec-2020	Lisa Featherstone	Post advertised on fixed term contract basis at higher band and reduced hours. No appointable candidates have met corporate and technical requirement of role. Further interim arrangements confirmed including extension of current IG manager and short term consultancy.	100%		Completed
OR_B_HR_IT_SB_03b Recruit to vacant post	30-Sep-2020	Lisa Featherstone	IG Manager post filled	100%		Completed
OR_B_HR_IT_SB_03c Comprehensive IG work programme including DPST requirement to be developed	31-Oct-2020	Lisa Featherstone	Full IG work programme for 202/21 completed. DPST submission outcomes exceeds standards with MIAA assurance report confirming substantial assurance.	100%		Completed
OR_B_HR_IT_SB_03d IG infrastructure to be considered when IGOG re-established to better meet the needs of the organisation	31-Oct-2020	Lisa Featherstone	IG Steering Group established which includes key IG roles and information asset owners	100%		Completed
OR_B_HR_IT_SB_03e IG work programme to be delivered	31-May-2021	Lisa Featherstone	2020/21 IG programme delivered.	100%		Completed
OR_B_HR_IT_SB_03f DPST 2020/21 submission to be made including MIAA audit completion	30-Jun-2021	Lisa Featherstone	MIAA audit concluded with substantial assurance outcome	100%		Completed
OR_B_HR_IT_SB_03g 2021/22 IG work programme	**31-Mar-2022**	**Jacque Williams**	**The IGSG undertook a review of the work programme and recommended a further review of the plan by the 31/3/2022 to ensure the delivery of the work programme is not affected. This action has therefore been reopened with progress altered from 100% to 75% complete.**	**75%**		In Progress
OR_B_HR_IT_SB_03h 2021/22 IG work programme to be delivered	31-May-2022	Jacque Williams	Work is underway to complete the workplan in a timely fashion line with the submission deadline date of 30/6/2022.	**50%**		In Progress
OR_B_HR_IT_SB_03i Data Security protection Toolkit (DSPT) 2021/22 submission to be made including MIAA audit completion	30-Jun-2022	Jacque Williams	**MIAA Phase 1 Audit has been confirmed for 24/2/2022 which will further highlight gaps in assurance in readiness for the DSPT submission in June 2022.**	**40%**		In Progress

OR_B_HR_IT_SB_03j IG Resource requirements at a local/national level following transition to ICS	30-Jun-2022	Jacque Williams	Discussions ongoing at GM IG ICB weekly meetings. Initial conversations describe a central 3 WTE team to manage ICS DSPT submission, policy development, collating SAR/FOIs etc with dedicated IG support within localities. Further updates to be received in due course. January 2022 update - Action due date revised from 31/3/2022 to 30/6/2022 in line with new ICS dates. ICS transition delayed until 1/7/2022. Awaiting further details **February 2022 update - Awaiting further details**	0%		Assigned

Risk Code & Title	WS_CE_O_R_04 Datix: Resource requirements to maximise optimisation				
Risk Statement	Due to a lack of resource to manage incidents recorded on Datix by General Practice, there is a risk that the CCG may be unaware of significant issues that may affect patient safety and/or cause harm	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Carolyn Trembath			
Current Issues	. Backlog of issues/incidents logged by General Practice currently unresponded too . No capacity in the Quality and Safeguarding Team to follow up incidents logged . Vacancy controls in place meaning no option to recruit (only on exceptional basis) . Loss of System Administrator w.e.f 6/12/2019 . Current SLA with Datix **November 2022** . Loss of appetite by General Practice to record incidents limiting options to theme and address . COVID-19 has impacted upon processes . Controls limited				

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
06-Jun-2019	3	5	15	24-Jan-2022	3	5	15	Mar-2022	3	1	3	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
. Quality and Performance Committee . Finance, Contracting and Procurement Committee . 1:1 line management meetings	*To be addressed as part of action 04d*	**Gaps in current controls:** . No resource available to review / investigate incidents logged by General practice **(04d)** . Dedicated System Administrator **(04d)** . Datix Operational Group not yet established **Gaps in current assurances:** . Limited reporting provided to any of the CCG Committees or Workstreams - needs development and refinement . CCG workstreams stood down as part of the COVID19 response reflected in the NHSE/I reduction in the burden of reporting

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_CE_O_R_04a SMT paper from May 2018 to be updated and submitted to Q&P 10/7/2019 meeting : Resource to review backlog of incidents reported to be identified	01-Jul-2019	Carolyn Trembath	Datix risk discussed at July Q&P.	100%		Completed
WS_CE_O_R_04b Submit exception proforma to Budget Control Group for consideration (if applicable)	22-Jul-2019	Carolyn Trembath	Q&P didn't agree to exception proforma being submitted to Budget Control Group	100%		Completed
WS_CE_O_R_04c Resource to be recruited to (if applicable)	30-Nov-2019	Carolyn Trembath	Aug update - Recruitment is currently not an option	100%		Completed
WS_CE_O_R_04d Datix resourcing to be readdressed as part as business as usual including wider review of how to take Datix forward	28-Feb-2022	Carolyn Trembath	**Further discussions had with senior team, Executive Director of Strategic Commissioning and Director of Secondary Care Commissioning, and it has been agreed that there is value in Datix to support feedback from GPs to highlight opportunities and scope for improved pathways and engagement with secondary care colleagues and others. It has the potential to spot trends and prompt discussions on solutions.** **For the product to be used it does need some resource capacity to manage it, promote it, and distil key learning and prompt consequent transformation, and routinely report, however the resource to do so has not been consistently defined to take this forward.** **It is agreed that the Quality Directorate of the CCG is the right place to host this function and there are potential synergies with other quality assurance processes (e.g. in LEDER) as we move into a wider ICS system architecture. Further work is needed to explore opportunities to fund a role and will report to Q&P Committee in due course.**	5%		In Progress
WS_CE_O_R_04e Training to be delivered (if applicable)	28-Feb-2022	Carolyn Trembath	Action is on hold until resource is determined	0%		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	**Very Low**	**Minor**	**Moderate**	**High**	**Severe**
Service Quality –Patient Safety	Minor injury or illness requiring no medical attention and no long-term impact.	Minor injury or illness requiring minor medical intervention with impact limited to 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4–14 days. Increase in length of hospital stay by 4–15 days. RIDDOR/agency reportable Incident. An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
Service Quality – Clinical Effectiveness	Minor breach of guidance – no impact on patient outcomes.	Breach leading to minor harm or impact on patient outcomes for an individual or a small number of patients	Significant breach of guidance leading to moderate harm for an individual or small number of patients.	Significant breach leading to serious harm (as defined by the SI framework) for an individual or group of people.	Significant breach leading to fatality or permanent disability.
Service Quality – Patient Experience	Minor inconvenience to single individual.	Minor inconvenience too many individuals, significant inconvenience to single individual.	Significant inconvenience to many individuals, patient experience impact on health outcomes for a few.	Patient experience impact on health outcomes for a significant number.	Fatality or permanent disability.
Service Quality – Operational	Minor reduction in quality of treatment or service. No or minimal effect for patients.	Single failure to meet national standards of quality of treatment or service. Low effect for a small number of patients if unresolved.	Repeated failure to meet national standards of quality of treatment or service. Moderate effect for multiple patients if unresolved.	On-going non-compliance with national standards of quality of treatment or service Significant effect for numerous patients if unresolved.	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for a large number of patients if unresolved.
Health Inequalities	Possible increase to inequalities.	Probable small increase to inequalities.	Probable significant increase to inequalities.	Actual small increase to inequalities.	Actual substantial increase to inequalities.
Health Improvement	Possible slowing of decline of prevalence.	Probable slight slowing in rate of improvement in death rates. No decline or significant slowing in prevalence.	Probable significant slowing in improvement of death rates. Slight increase in prevalence.	Slight increase in death rates. Substantial increase in prevalence.	Substantial increase in death rates.
Operational and Legal Compliance	No or minimal impact or breach of guidance /statutory duty. Minor breach of standards with no impact on organisation.	Breach of statutory legislation Breach of broader health standards or minor targets.	Single breach of statutory duty. Breach leading to discussion with National Commissioning Board (NCB).	Multiple breaches in statutory duty. Breach leading to DH improvement team intervention. Breach leading to threat of court action.	Multiple breaches in statutory duty. Breach leading to court action against executive.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Very Low**	**Minor**	**Moderate**	**High**	**Severe**
Financial Balance / Claims	<£50,000 loss. Small loss risk of claim remote.	£50,001 - £250,000 loss. Claims less than £10,000.	£250,001 - £1M loss. Claims between £10,000 & £100,000.	£1,000,001 - £3M. Claims between £100,000 & £1 million.	>£3M. Claims >£1million.
Financial Governance	Small loss>£100 Isolated technical breach with minimal impact.	Loss > £1,000 Numerous minor technical breaches. Technical breach leading to financial loss.	Loss>£10,000 Limited assurance on single key financial systems.	Loss> £100,000 Failure to get Statement on Internal Control agreed. Fraud leading to imprisonment of staff member. No assurance on single key financial system. Limited assurance on multiple systems.	Loss > £1,000,000 Investigation by the National Audit Commission. No assurance on multiple financial systems.
Business Objectives/ Projects	Insignificant cost increase/ schedule slippage. No impact on delivery of objectives.	<5 per cent over project budget / Schedule slippage. Minor impact on delivery of objectives.	5–10 per cent over project budget / Schedule slippage. Moderate impact on delivery of objectives.	10–25 per cent over project budget / Schedule slippage. Key objectives not met.	>25 per cent over project budget / Schedule slippage. Failure of strategic objectives impacting on delivery of business plan.
Information and Technology (Information Governance)	Minor technical breaches of standards not directly impacting on members of the public.	Single loss of data or other breach affecting a single individual.	Multiple losses of data or other breaches of governance standards impacting on small numbers of people. Single loss of data impacting on many people.	Multiple losses of data or other breaches of governance standards each impacting on hundreds of individuals.	Breach leading to court action against executive.
Reputation	Complaint /concern only. Not relevant to mandate priorities. No adverse media. No negative recognition from the public.	Minor impact on achieving mandate priorities. Low level of adverse media coverage. Small amount of negative public interest.	Moderate impact on achieving mandate priorities. Moderate amount of adverse media coverage. Moderate amount of negative public interest.	High impact on achieving mandate priorities. High level of adverse media coverage. Negative impact on public confidence.	Mandate priorities will not be achieved. National adverse media coverage. Total loss of public confidence.
Service Business Interruption	Loss/interruption for >1 hour.	Loss /interruption for >8 hours.	Loss /interruption for >1 day.	Loss /interruption for >1 week.	Permanent loss of service or facility.
Staff Safety and Wellbeing	Minor cuts and bruises. Isolated incidence of low morale.	Medical treatment required. Less than three days' absence. Low morale among a number of staff groups.	Single admittance to hospital for less than 24 hours. Absence of three days or longer. Sickness rates increasing.	Single fatality or permanent disability. Rapid increase in sickness rates threatening service delivery.	Multiple fatalities or cases of permanent disability.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Very Low**	**Minor**	**Moderate**	**High**	**Severe**
People and Change (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. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory training.	Uncertain delivery of key objectives due to lack of staff. Unsafe staffing level (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/ service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.

Qualitative measure of risk – Likelihood Score

Descriptor	1	2	3	4	5
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency Time framed descriptors	Not expected to occur for years	Expected to occur annually	Expected to occur monthly	Expected to occur weekly	Expected to occur daily
Frequency Broad descriptors	Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not occur
Probability	<15%	15-39%	40-59%	60-79%	=>80%

Quantification of the Risk – Risk Rating Matrix

			Likelihood				
			1	2	3	4	5
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Impact / Consequence	**5**	**Severe**	5	10	15	20	25
	4	**High**	4	8	12	16	20
	3	**Moderate**	3	6	9	12	15
	2	**Minor**	2	4	6	8	10
	1	**Very Low**	1	2	3	4	5