

AGENDA ITEM NO: 11.0.

Meeting Title/Date:	Governing Body - 17 September 2019		
Report Title:	Assurance Framework September 2019 Update		
Paper Prepared By:	Lorraine Evans	Date of Paper:	6 September 2019
Executive Sponsor:	Margaret Williams	Responsible Manager:	Sue Bishop
Committees where Paper Previously Presented:	Executive Committee - 10 September 2019.		
Background Paper(s):	Risk Management Strategy and Policy March 2018.		
Summary of Report:	<p>The purpose of this paper is to present to the Governing Body the CCG Assurance Framework that records risk against CCG delivery of its Triple aim objectives, to make transparent to those charged with governance of the CCG the key risks faced by the organisation and the management actions taken to control and to mitigate them and to demonstrate our commitment to the continuous improvement of risk management practices.</p> <p>The framework continues to evolve and develop.</p> <p>The Governing Body is asked to note that an interim risk level gateway date has been introduced to assist in measuring the impact of mitigating actions and provide some additional assurance in relation to the identified delivery date (target score). Alongside this, the template descriptor wording has been adapted to better support the risk review process.</p> <p>The following changes should be noted:-</p> <ul style="list-style-type: none"> • AF200 current risk level has increased from 16 to 20 during this reporting period. • AF197 current risk level has increased from 12 to 16 during this reporting period. 		
Recommendation(s):	The Governing Body are asked to appraise and agree the detail covered in the report and that the framework is reviewed in compliance with the current CCG's Risk Management Strategy and Policy including discussion at Quality Improvement Committee, Audit Committee and Executive Management Team.		

		Please Select Y/N
Identified Risks: (Record AF or RR reference number)		Y
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		N
Strategic Objective(s) Supported by this Paper:		Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
Please Contact:	lorraine.evans2@nhs.net	

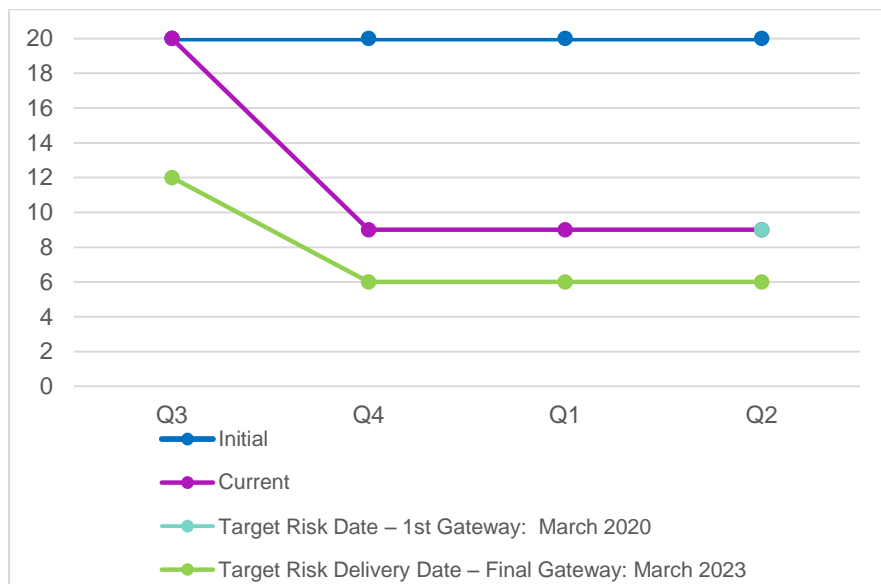
MBCCG Assurance Framework

September 2019

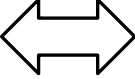
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	Page Number	Current Risk Level	Movement
CONTENTS:			
AF196: Successful delivery of population health strategy contingent on both partnerships with local authorities and other stakeholders as well as sufficient leadership	2	9	↔
AF197: CCG unable to deliver against NHS Constitutional standards	4	16	↑
AF198: CCG is unable to specify how it will deploy its resources and deliver its functions across the Integrated Care Partnership (ICP) and Integrated Care System (ICS) from 01/04/19	6	12	↔
AF199: Failure to achieve level of improvement required to aid delivery of the statutory duties for quality	8	16	↔
AF200: Financial sustainability of the CCG	10	20	↑
AF201: Inability to deliver effective service change and improvement in commissioned services particularly based on patient experience and outcomes	12	12	↔
AF202: Need to build a flexible sustainable and effective workforce to support transformation. (CCG will focus on Primary and Regulated Care Provision)	14	16	↔
AF206: Inability to effectively manage the commissioning services as a result of Brexit	16	4	↔
Risk Scoring Matrices	18		
Adequacy of Control Descriptors	24		

AF196	Executive Lead: Andy Knox/Hilary Fordham	Date Opened: 27/06/2018
	Assuring Committee: Population Health Delivery Group	Date Last Reviewed: 04/09/2019
	Risk Type: Change	Target Risk Date – 1st Gateway: 31/03/2020
Successful delivery of population health strategy contingent on both partnerships with local authorities and other stakeholders as well as sufficient leadership.		Target Risk Delivery Date – Final Gateway: 31/03/2023



	Impact	Likelihood	Score
Initial Risk Rating	5	4	20
Current Risk Rating	3	3	9
Target Risk Date – 1 st Gateway: 31/03/2020	3	3	9
Target Risk Delivery Date – Final Gateway: 31/03/2023	3	2	6

No change


Rationale for current score and recent action:

- ICP Population Health Team in place with support from most partners.
- Significant work commencing to develop programme of work and establish reporting
- Improved links to work underway via local partners and on ICS footprint
- A workshop has occurred with Local Authority colleagues to further develop the strategic plan.

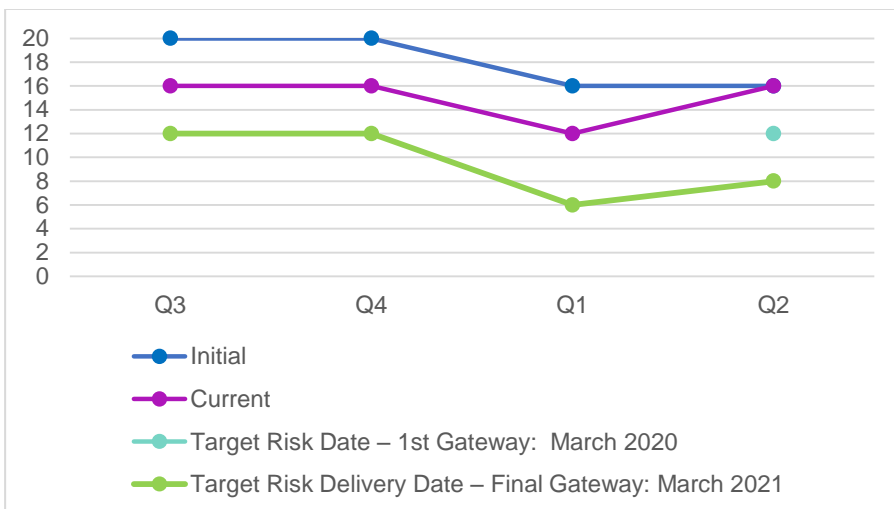
Risk Tolerance	TBC
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Controls in place (what are currently doing about the risk)	Mitigating Actions (what have we done, what more must we do?)
<p>Adequacy of Controls: Minimally</p> <ul style="list-style-type: none"> • Population Health Strategy Group to oversee implementation, includes key partners • Links to health and wellbeing partnerships/forums. HWBBs and ICS Population Health Board • Prevent and Detect group in place. 	<ul style="list-style-type: none"> • Monitoring approach to be developed to demonstrate progress. • Development of the Recovery model for Mental Health and Wellbeing to include social prescribing. • Establish Population Health Work Programme • Work with South Lakes and Barrow district councils to re-establish/restart local health and Well-being partnerships • BI capacity to be established • Population health programme plan was developed with local authority input.
<p>Assurances</p> <ul style="list-style-type: none"> • Approach to Population health agreed and priorities set 	<p>Links to</p> <p>MBCCG Triple Aim IAF – CCG Improvement & Assessment Framework</p>


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<ul style="list-style-type: none"> • Management Structure in place • Local authority representation on the Population Health Strategic group. 	Objectives	
Gaps in Assurance	1 – Better Health <i>We will improve population health and wellbeing and reduce health inequalities.</i>	165a. Quality of CCG Leadership 166a – Compliance with statutory guidance on patient and public participation in commissioning health and care
<ul style="list-style-type: none"> • Ability to demonstrate impact of workstreams • Ability to embed processes. 		CQC Domain: Caring, Effective, Responsive, Safe, Well Led

AF197	Executive Lead: Anthony Gardner	Date Opened: 27/06/2018
	Assuring Committee: Finance & Performance Committee	Date Last Reviewed: 10/09/2019
	Risk Type: Corporate	Target Risk Date – 1st Gateway: 31/03/2020
CCG unable to deliver against NHS Constitutional standards.		Target Risk Delivery Date – Final Gateway: 31/03/2021



	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Date – 1 st Gateway: 31/03/2020	4	3	12
Target Risk Delivery Date – Final Gateway: 31/03/2021	4	2	8

Increase 	Rationale for current score and recent action: <ul style="list-style-type: none"> Ongoing challenges in some areas e.g. Emergency Care Action through the planning and contracting round to address risks such as 52 week waits (additional activity commissioned) and firmer performance trajectories agreed with UHMB.
Risk Tolerance	TBC

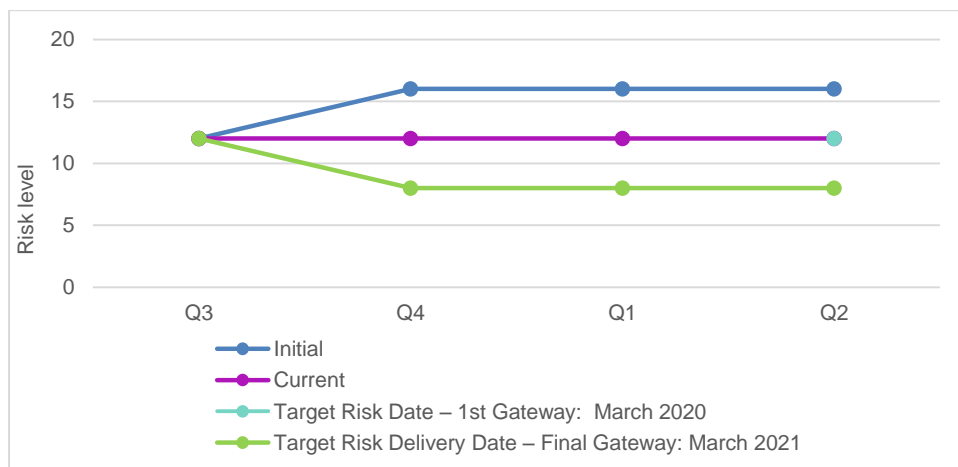
Controls in place (what are currently doing about the risk)	Mitigating Actions (what have we done, what more must we do?)
Adequacy of Controls: Moderately <ul style="list-style-type: none"> Monthly monitoring via the CCG Operational Standards and Delivery Report - considered by FDG, F&P Committee & Governing Body Performance also considered at system-wide A&E Delivery Board, Elective Care Board, Mental Health Steering Group Both CCG and UHMB have to respond to assurance requests from NHSE/I (e.g. regarding 52 week waits) ICS/ICP performance review meetings established Improvement in some targets (e.g. Cancer), stabilisation in others (e.g. RTT). 	<ul style="list-style-type: none"> Ongoing delivery of key actions in A&E Recovery Plan (e.g. SAFER bundle); Work with Cancer Alliance on key ICS pathways and establishment of local Cancer Tactical Group; Delivery of BH&CPs Delivery Plan work (e.g. iMSK and Respiratory). Recovery plans for cancer and elective care received and being monitored. CCG monitoring > 40ww elective care to take action where needed Discussions underway with UHMB/BHCPs on a new approach to performance management/improvement across the ICP system and strengthened leadership arrangements. Additional work done through planning and contracting round. This includes: clearer trajectories for performance improvement with UHMB and additional elective care activity commissioned to reduce 52 week waits and improve RTT.

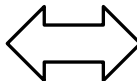
Assurances	Links to
<ul style="list-style-type: none"> Operational Standards and Delivery Report shows a continued mixed picture: high levels of 	MBCCG Triple Aim IAF – CCG Improvement &

<p>achievement for Mental Health; cancer standards improving and achievement of all but 62-day target; waiting list being maintained. But challenges remain with A&E and urgent care metrics</p> <ul style="list-style-type: none"> • Planning guidance provides for national pressures and resourcing (e.g. focus on waiting list in 18/19 not RTT). 	Objectives	Assessment Framework
Gaps in Assurance	<p>1 – Better Health <i>We will improve population health and wellbeing and reduce health inequalities</i></p>	165a – Quality of CCG leadership
<ul style="list-style-type: none"> • Gaps stem from lack of recovery plans or quality of recovery plans • Performance also linked to national issues such as workforce pressures, diagnostics and high levels of demand with limited assurance of national support for local improvement (e.g. recruitment). 		CQC Domain
		Effective, Safe, Well Led

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AF198	Executive Lead: Jerry Hawker	Date Opened: 27/06/2018
	Assuring Committee: CCG Executive Management Team	Date Last Reviewed: 04/09/2019
	Risk Type: Strategic	Target Risk Date – 1st Gateway: 31/03/2020
The increasing requirement for the CCG to deploy its resources and deliver its functions across the Integrated Care Partnership (ICP) and Integrated Care System (ICS) from 01/04/19. Without clear system agreement, this presents significant capacity and capability risk to delivery of the CCG statutory duties.		Target Risk Delivery Date – Final Gateway: 31/03/2021



	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	3	12
Target Risk Date – 1st Gateway: 31/03/2020	4	3	12
Target Risk Delivery Date: 31/03/2021	4	2	8
No change 		Rationale for current score and recent action:	
		<ul style="list-style-type: none"> • Direction of NHS 10-year Plan • Directive within NHSE Planning Guidance • Move to Single Oversight Framework. 	
Risk Tolerance	TBC		

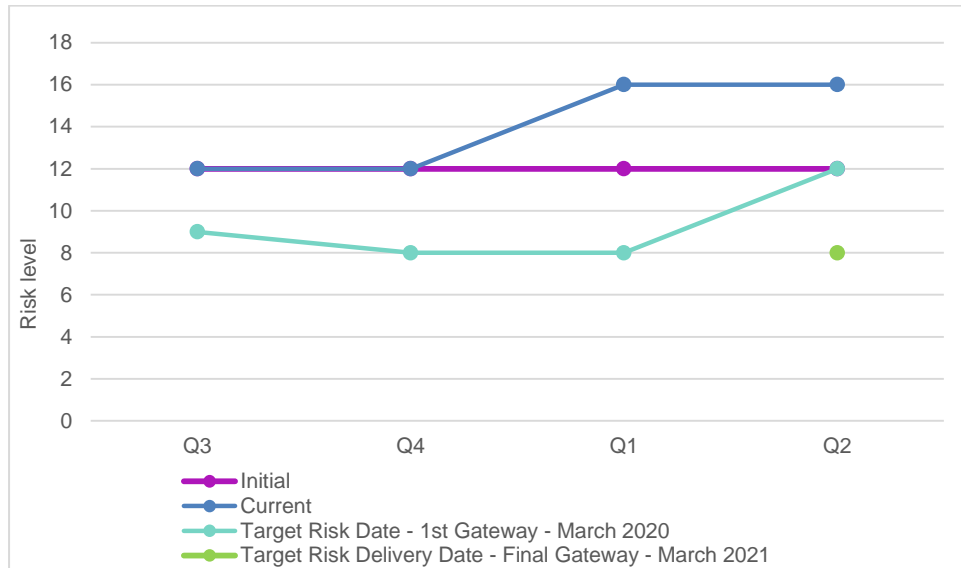
Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)
Adequacy of Controls: Minimally <ul style="list-style-type: none"> • CCG has Exec representative on the ICS Commissioning Oversight Group/ ICP commissioning development to be led through the CCG Executive. 	<ul style="list-style-type: none"> • Involvement in ICS development groups relating to the deployment of staffing resources • ICS governance proposals.

Assurances	Links to	
<ul style="list-style-type: none"> • CCG has participated fully in the development of the ICS commissioning development framework and is participating in all key groups. 	MBCCG Triple Aim Objectives 1 – Better Health <i>We will improve population health and wellbeing and reduce health inequalities</i>	IAF – CCG Improvement & Assessment Framework CCG In-year Financial Performance – (141b) Characteristics of an organisation with good financial leadership for indicator – Quality of CCG leadership (165a) CQC Domain Effective, Safe, Well Led
Gaps in Assurance <ul style="list-style-type: none"> • This risk is highly developmental across the ICP and ICS. 		

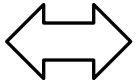
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AF199	Executive Lead: Margaret Williams	Date Opened: 27/06/2018
	Assuring Committee: Quality Improvement Committee	Date Last Reviewed: 03/09/2019
	Risk Type: Change	Target Risk Date – 1st Gateway: 31/03/2020
Failure to achieve level of improvement required to aid delivery of the statutory duties for quality.		Target Risk Delivery Date – Final Gateway: 31/03/2021



	Impact	Likelihood	Score
Initial Risk Rating	4	3	12
Current Risk Rating	4	4	16
Target Risk Date – 1 st Gateway – March 2020	4	3	12
Target Risk Delivery Date – March 2021	4	2	8

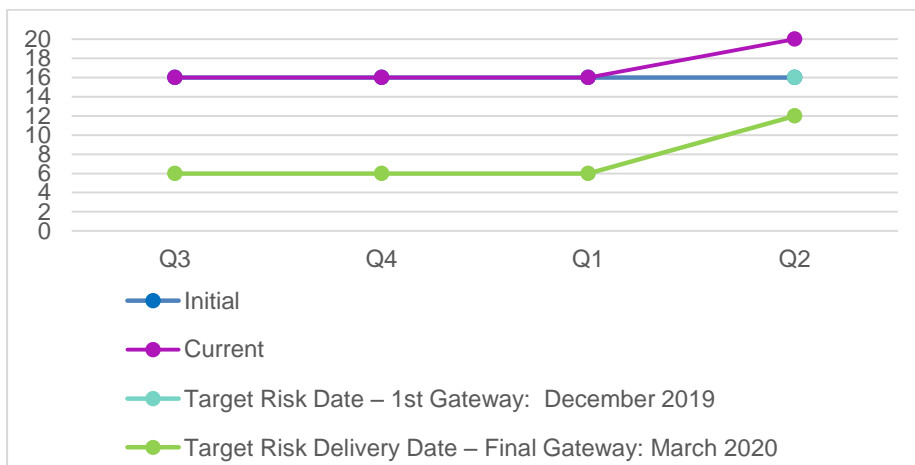
<p>No change</p> 	<p>Rationale for current score and recent action:</p> <ul style="list-style-type: none"> • Multiple Providers not meeting all CQC Standards • Some high-profile Provider failure • Continued inability to meet NHS Constitution Standards • CCG not meeting all statutory deliverables as per IAF • CCG not achieving Quality Premiums • Quality Improvement plan in development • Deep dive presentation into QIC.
Risk Tolerance	TBC

Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)
Adequacy of Controls: Moderately <ul style="list-style-type: none"> Assuring improvement via CCG Committee structure and reporting Good partnership working for quality improvement, a number of networks, collaborative in place. AMR, Regulated Care Collaborative, Safeguarding Partnership, Infection Prevention Control, Primary Care Safeguarding Champions. 	<ul style="list-style-type: none"> Priority assurance processes being applied Series of Provider Walk rounds planned Due diligence checks Service thematic reviews and improvement actions assured Good partnership arrangements and networks Quality Improvement Priorities for CCG to be agreed Building continuous improvement capability that is organisationally agnostic. Including role out of QSIR Methodology.

Assurances	Links to	
<ul style="list-style-type: none"> CCG accountability and assurance framework refreshed during October 2018 ICP quality priorities 19/20 in development Quality, service improvement and redesign (QSIR) training being rolled out to a range of staff across CCG CCG walk round process in place CCG active partner at key assurance meetings 	MBCCG Triple Aim Objectives	IAF – CCG Improvement & Assessment Framework
Gaps in Assurance <ul style="list-style-type: none"> Variation in quality standards remain priority to address. Lack of metrics to note improvement journey/impact CCG quality plan not yet finalised NHSE resource to support CCG's to address LeDeR and TCA not clear CCG not meeting E.Coli improvement trajectory. 	2 – Better Care <i>We will improve individual outcomes, quality and experience of care</i>	Quality of CCG leadership (165a) CQC Domain: Well Led

AF200	Executive Lead: Gareth James	Date Opened: 27/06/2018
	Assuring Committee: Finance and Performance Committee	Date Last Reviewed: 04/09/2019

Risk Type: Corporate	Target Risk Date – 1st Gateway: 31/12/2019
Achieving financial sustainability of the CCG.	Target Risk Delivery Date – Final Gateway: 31/03/2020



	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	5	20
Target Risk Date – 1 st Gateway: 31/12/2020	4	4	16
Target Risk Delivery Date – 31/03/2021	3	4	12

<p>Increase</p>	<p>Rationale for current score and recent action:</p> <ul style="list-style-type: none"> • Agreed a 2019/2020 control total with NHS England of breakeven. • Unidentified QIPP 19/20 • Pressure due to investment fund • QIPP schemes not currently progressing to plan.
Risk Tolerance	TBC

Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)
<p>Adequacy of Controls: Moderately</p> <ul style="list-style-type: none"> • Financial plan for 2019/2020 agreed with NHS England (in year breakeven). • QIPP target requirement is £16.221m, schemes identified for £10.301m of this target (£5.920m unidentified). • Finance Delivery Group (FDG) meets monthly. • QIPP Opportunities Team has been established and meets weekly. • ICP Programme Management Office (PMO) is in place for over-arching QIPP / CIP schemes. • 	<ul style="list-style-type: none"> • Identify QIPP schemes to cover the currently unidentified total of £5.920m. • Review identified QIPP schemes to ensure deliverability of the required level of savings. • Continue to review budgets monthly and identify new QIPP savings. Ensure QIPP savings for 2019/2020 are identified and the necessary steps put in place to ensure achievement. • QIPP Opportunities Team to assist Commissioning Managers to review all savings opportunities, e.g. using Right Care benchmarking etc. • Refresh Governance and Reporting to enhance delivery and free up capacity.

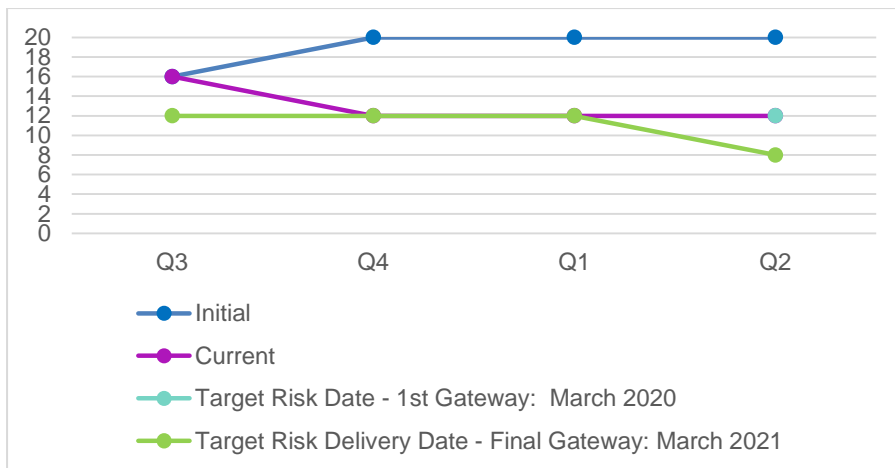
Assurances	Links to
<ul style="list-style-type: none"> • FDG meets monthly and reports to Finance and Performance Committee • Financial position is reported to NHS monthly via non ISFE returns • QIPP Opportunities Team has been established and meets weekly. 	<p>MBCCG Triple Aim Objectives</p> <p>IAF – CCG Improvement & Assessment Framework</p>

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Gaps in Assurance	3 – Delivered Sustainably <i>We will create an environment for motivated, happy staff and achieve our control total</i>	CCG In-year Financial Performance – (141b) Characteristics of an organisation with good financial leadership for indicator – Quality of CCG leadership (165a)
		<p style="text-align: center;">CQC Domain:</p> <p style="text-align: center;">Well Led, Safe, Effective and Responsive</p>
<ul style="list-style-type: none"> Achievement of a proportion of the QIPP savings is reliant on ACS schemes generating cost reductions Long term plans to recover recurrent deficits have not been finalised. 		

AF201	Executive Lead: Hilary Fordham	Date Opened: 27/06/2018
	Assuring Committee: Integrated Care Service Management Board	Date Last Reviewed: 04/09/2019
	Risk Type: Change	Target Risk Date – 1st Gateway: 31/03/2020
Inability to deliver effective service change and improvement in commissioned services particularly based on patient experience and outcomes.		Target Risk Delivery Date – Final Gateway: 31/03/2021

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	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	3	12
Target Risk Date – 1 st Gateway: 31/03/2020	4	3	12
Target Risk Delivery Date: 31/03/2021	4	2	8

<p>No change</p>	<p>Rationale for current score and recent action:</p> <ul style="list-style-type: none"> • ICC development continues to be monitored • Plans to integrate other services into the Integrated Services Care Group – iMSK, Diabetes, End of Life / Palliative Care.
	<p>Risk Tolerance</p>

Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)
<p>Adequacy of Controls: Moderately</p> <ul style="list-style-type: none"> • Frequent monitoring via the appropriate operational and transformational groups within CCG/BH&CPs, particularly BHCP Implementation and Performance Group, Integrated Services Management Board and Programme Board as well within the CCG at FDG & Governing Body and ISMB and ICC Oversight Groups • Improvement work also links in with system-wide A&E Delivery Board and Elective Care Board. 	<ul style="list-style-type: none"> • See detailed PMO project books. Key focus on accelerators: Frailty/ Respiratory/ Diabetes/ MSK • Delivery of the accelerator projects which fits with the Implementation and Performance Group.

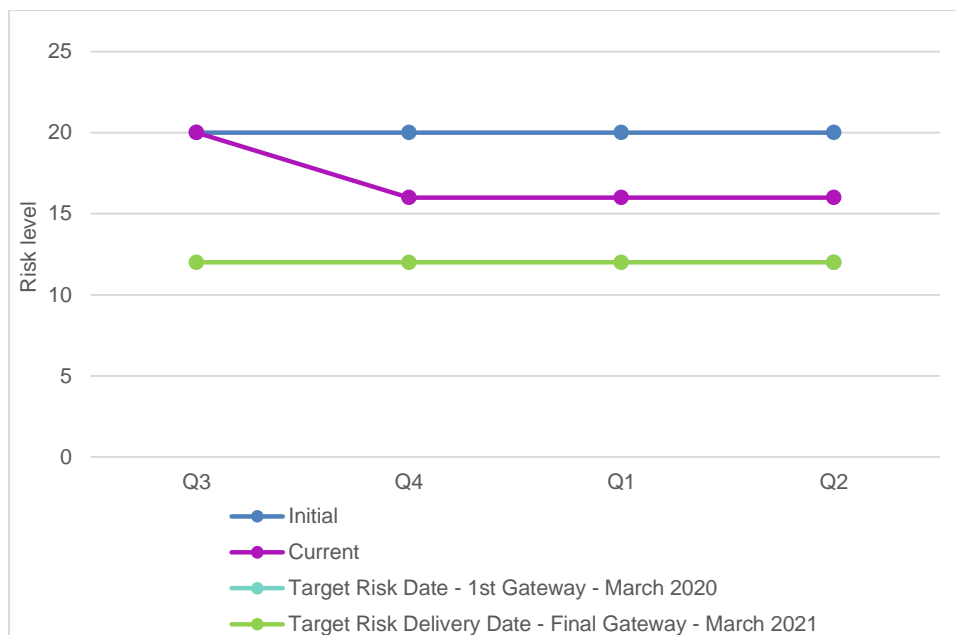
Assurances	Links to	
<ul style="list-style-type: none"> • Current progress of ICC development. 	<p>MBCCG Triple Aim Objective</p>	<p>IAF – CCG Improvement & Assessment Framework</p>
	<p>3 – Delivered Sustainably <i>We will create an environment for motivated, happy staff and</i></p>	<p>Expenditure in areas with identified scope for improvement (145a)</p>

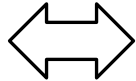
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	<i>achieve our control total</i>	
Gaps in Assurance		CQC Domain
<ul style="list-style-type: none"> Where new projects are still formulating action plans and existing projects updating workbooks, getting new project managers in place etc Current challenges of delivery targets. 		Caring, Effective, Responsive, Safe, Well Led

AF202	Executive Lead: Margaret Williams	Date Opened: 27/06/2018
	Assuring Committee: Quality Improvement Committee	Date Last Reviewed: 03/09/2019
	Risk Type: Operations	Target Risk Date – 1st Gateway: 31/03/2020
Need to build a flexible sustainable and effective workforce to support transformation. (CCG focus 19/20 Primary and Regulated Care Provision).		Target Risk Delivery Date – Final Gateway: 31/03/2021

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	Impact	Likelihood	Score
Initial Risk Rating	5	4	20
Current Risk Rating	4	4	16
Target Score – 1st Gateway – March 2020	4	3	12
Target Delivery Score – March 2021	4	3	12
No change 	Rationale for current score and recent action: <ul style="list-style-type: none"> General Practice workforce recruitment remains difficult Practice Nursing workforce currently stable but may be impacted by retirement profile in next 1-2 years General Practice and Regulated Care sector deliver from rural locations have specific recruitment challenges Ongoing training requirements are significant. 		
Risk Tolerance	TBC		

Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)	
Adequacy of Controls: Minimally <ul style="list-style-type: none"> Multiple work streams and transformational plans reviewing workforce plans Continuation of collaborative, public facing events to showcase career opportunities within H & SC sector 	<ul style="list-style-type: none"> CCG deploying improvement via the Federations Federations continue to develop and be activity in workforce developments across the ICP and ICS ICP workforce plan integral to longer term recruitment across Primary Care and Regulated Care sector, still maturing Aligning Primary Care and Regulated Care models of apprenticeship within the ICP approach. 	
Assurances	Links to	
<ul style="list-style-type: none"> Collaborative working Partnership with Educational Institutions Support of ICP and ICS leadership for workforce ICP high level Strategic deliverables agreed All activity aims to improve resilience of Medium term, longer term plans 	MBCCG Triple Aim Objectives	IAF – CCG Improvement & Assessment Framework

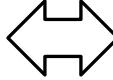
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Gaps in Assurance		
<ul style="list-style-type: none"> • Workforce initiatives via HEE often not accessible to Regulated Care • Improvement funding often non-recurrent • Many programmes address medium and long term not current issues • Priority areas set but no detailed plans yet in place • Primary Care workforce recovery plan not yet clear. 	<p>3 – Delivered Sustainably <i>We will create an environment for motivated, happy staff and achieve our control total</i></p>	<p>Leadership, workforce engagement (163a)</p> <p>CQC Domain:</p> <p>Well Led</p>

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AF206	Executive Lead: Jerry Hawker	Date Opened: 21/12/2018
	Assuring Committee: Executive Management Committee	Date Last Reviewed: 04/09/2019
	Risk Type: Political	Target Date – 1st Gateway: 31/10/2019
Inability to effectively manage the commissioning services as a result of Brexit.		Target Delivery Date – Final Gateway: 31/03/2021



	Impact	Likelihood	Score
Initial Risk Rating	3	2	6
Current Risk Rating	2	2	4
Target Risk Date – 1st Gateway: 31/10/2019	2	2	4
Target Risk Delivery Date: 31/03/2021	2	2	4
No change 	Rationale for current score and recent action: <ul style="list-style-type: none"> Brexit Delayed until October 2019 Awaiting brief. 		
Risk Tolerance	TBC		

Controls in place (what are we currently doing about the risk)	Mitigating Actions (what have we done, what more must we do)
Adequacy of Controls: Moderately <ul style="list-style-type: none"> SRO identified Groups in place to address emergency contingency for a no deal and planning for whatever deal might emerge. 	<ul style="list-style-type: none"> ICP workforce plan Federations fully aware of workforce impact LA working with Regulated care sector Market ICS overview of procurement impact.

Assurances	Links to
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<ul style="list-style-type: none"> • Brexit Work streams are across 5 broad areas;- <ul style="list-style-type: none"> * Impact upon personnel (LCC and provider) * Supplies * Regulations(s) * Impact on the economy * Impact on communities. 	MBCCG Triple Aim Objectives	IAF – CCG Improvement & Assessment Framework
Gaps in Assurance		Quality of CCG leadership (165a) Staff engagement index (163a)
<ul style="list-style-type: none"> • Impact of no-deal Brexit from 29 March 2019 without an agreement on UK future political or economic relationship with the EU not known. 		CQC Domain: Effective, Responsive, Safe, Well-Led

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Risk Scoring Matrices

The matrix below represents the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and Impact /severity score provides the combine **risk score**.

Likelihood x Impact/Severity = Risk Score

An example risk score calculation has been provided below, where:

Likelihood = Possible (3);

Impact/Severity = Major (4); therefore:

(Likelihood) **3 x 4** (Severity) = **12**

The risk score can then be compared to the risk matrix below and a 'colour' or 'grade' can be determined. In the example above, a risk score of 12 would be graded as 'amber' (moderate). Consequentially, the CCG can then prioritise mitigation actions based on an understanding of the nature of the risk presented.

Risk Scoring Matrix

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

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
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Individual Risk Scoring Matrices

Two risk matrices are available which, when combined, provide an overall risk score. These matrices include a likelihood matrix and a severity matrix:

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%

Several different descriptors of likelihood (probability) are available for use by the CCG, permitting flexibility in the application of likelihood scoring to particular risk scenarios.

Descriptor	Negligible	Minor	Moderate	Major	Catastrophic
Staff/Patient/Visitor Injury (Physical/Psychological)	Adverse event requiring no/minimal intervention or treatment. Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm. Impact not prevented - any patient safety incident that ran to completion but no harm occurred.	Minor injury or illness – first aid treatment needed. Health associated infection which may/did result in semi-permanent harm. Affects 1-2 people. Any patient safety incident required extra observation or minor treatment (*w) and caused minimal harm to one or more persons.	Moderate injury or illness requiring professional intervention. No staff attending mandatory/key training. RIDDOR/Agency reportable incident(4-14 days lost) Adverse event which impacts on a small number of patients. Affects 3-15 people. Any patient safety incident - significant but not permanent harm to one or more persons.	Major injury/long term incapacity/ disability (e.g. loss of limb). 14 days off work. Affects 16-50 people. Any patient safety incident that appears to have resulted in any permanent harm (*y) to one or more persons.	Fatalities. Multiple permanent injuries or irreversible health effects. An event affecting >50 people. Any patient safety incident that directly resulted in the death (*z) of one or more persons.
Patient Experience	Reduced level of patient experience which is not due to delivery of clinical care.	Unsatisfactory patient experience directly due to clinical care – readily resolvable.	Unsatisfactory management of patient care – local resolution (with potential to go to independent review).	Unsatisfactory management of patient care with long term effects. Significant result of misdiagnosis.	Incident leading to death.
Environmental Impact	Minor onsite release of substance. Not directly coming into contact with patients, staff or members of the public.	Onsite release of substance – contained. Minor damage to Trust property – easily remedied <£10K.	Onsite release – no detrimental effect. Moderate damage to Trust property – remedied by Trust staff/replacement of items required £10K-£50K	Offsite release with no detrimental effect/on-site release with potential for detrimental effect. Major damage to Trust property – external organisations required to remedy –costs >£50.	Onsite/Offsite release with realised detrimental/catastrophic effects. Loss of building/ major piece of equipment vital to the trusts business continuity.
Financial	Small loss. Theft or damage of personal property <£50.	Loss £50K. Loss of 0.01-0.25% of budget.	Loss of £50K-£500K. Loss of 0.25%-0.5% of budget.	Loss of £500K-£1M. Non-compliance with national standards with significant risk to	Loss of >£1M or loss <1% of budget. Loss of contract/payment

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		Theft of loss of personal property <£750.	Theft or loss of personal property >£750.	patients if unresolved.	by results.
Objectives/Projects	Insignificant (<5%) objective/ project slippage (finance, schedule, KPIs). Will not impact on ability to deliver objective/ project.	>Minor (5%) objective/project slippage (finance, schedule, KPIs) Will not impact significantly on ability to deliver objective/project.	Moderate (5-10%) objective/project slippage (finance, schedule, KPIs). May impact on ability to deliver objective/project if management action not taken to resolve slippage. Escalation to senior management required for guidance.	>Significant (10-25%) objective/project slippage (finance, schedule, KPIs). Will impact on ability to deliver objective/project. Mitigation plans required. Escalation to relevant committees required.	Major (>25%) objective/project slippage (finance, schedule, KPIs). Will significantly impact on the ability to deliver objective/project. Immediate mitigation plans required. Escalation to relevant committees required.
Business/Service Interruption	Loss of interruption of service. 1 hour, no impact on delivery of patient care/ability to provide services	Short term disruption, of >8 hours, with minor impact.	Loss/interruption of >1day. Disruption causes unacceptable impact on patient care. Non-permanent loss of ability to provide service.	Loss/interruption of 1 week. Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. Temporary service closure.	Permanent loss of core service/ facility Disruption to facility leading to significant 'knock-on' affect across local health economy. Extended service closure.
Adverse Publicity/ Reputation	Rumours. Potential for public concern.	Local Media - short term - minor effect on public attitudes/staff morale. Elements of public	Local media - long term. Moderate effect - impact on public perception of trust and staff morale.	National media <3 days - public confidence in organisation undermined - use of services affected.	National/international adverse publicity 3 days. MP concerned (questions in the

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		expectation not being met.			House). Total loss of public confidence.
Information Governance/IT	Breach of confidentiality - no adverse outcome. Unplanned loss of IT facilities <half a day. Health records/documentation incident - no adverse outcome.	Minor breach of confidentiality - readily resolvable. Unplanned loss of IT facilities <1 day. Health records incident/documentation incident - readily resolvable.	Moderate breach of confidentiality - complaint initiated. Health records documentation incident - patient care affected with short term consequence.	Serious breach of confidentiality - more than one person. Unplanned loss of IT facilities >1 day but less than one week. Health records/documentation incident - patient care affected with major consequence.	Serious breach of confidentiality - large numbers. Unplanned loss of IT facilities >1 week. Health records/documentation incident catastrophic consequence

Four

impact/severity indicators are provided above, including: patient/staff/public safety; reputation; business objectives; and personal identifiable data (SI) **. As noted for likelihood indicators, the availability of alternative Impact/severity indicators permits flexibility in the judgement of the impact of a risk event on the CCG.

More indicators are available within the CCG Risk Management Strategy and Policy.

example

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Adequacy of Controls Descriptors

Fully	Controls are strong and operating properly, providing a reasonable level of assurance that objectives are being delivered.
Moderately	Some control weaknesses/inefficiencies have been identified. Although these are not considered to present a serious risk exposure, improvements are required to provide reasonable assurance that objectives will be delivered.
Minimally	Controls do not meet any acceptable standard, as many weaknesses/inefficiencies exist. Controls do not provide reasonable assurance that objectives will be achieved.
Not at all	Controls do not meet any acceptable standard, as many weaknesses/inefficiencies exist. Controls do not provide any assurance that objectives will be achieved.