

Agenda Item 10.0.

# MBCCG Assurance Framework

March 2019

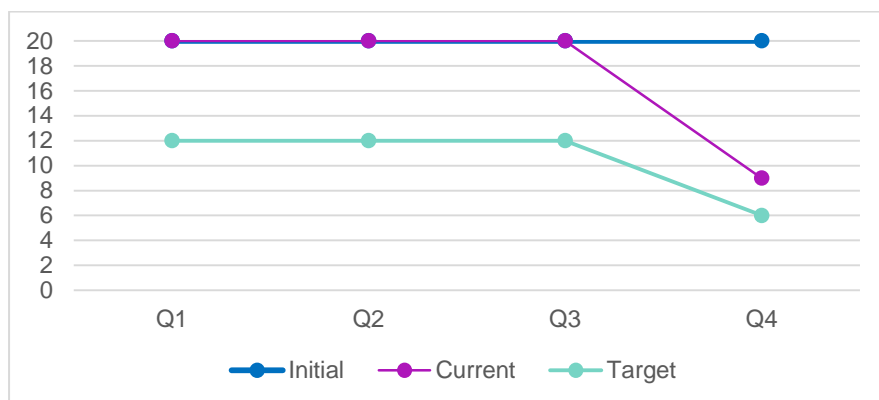
Appendix I


Paper 1 - MBCCG Assurance Framework - January 2019 reporting period

CONTENTS:	Page Number	Current Risk Level	Movement
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Paper 1 - MBCCG Assurance Framework - January 2019 reporting period

AF196	<b>Executive Lead:</b> Andy Knox/Hilary Fordham	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Population Health Delivery Group	<b>Date Last Reviewed:</b> 06/03/2019
	<b>Risk Type:</b> Change	<b>Target Risk Date:</b> TBC
Successful delivery of population health strategy contingent on both partnerships with local authorities and other stakeholders as well as sufficient leadership.		



	Impact	Likelihood	Score
Initial Risk Rating	5	4	20
Current Risk Rating	3	3	*9
Target Risk Score	3	2	6
Reduction 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>ICP Leadership Team agreed resource model with support from most partners.</li> </ul>		
Risk Appetite	TBC		

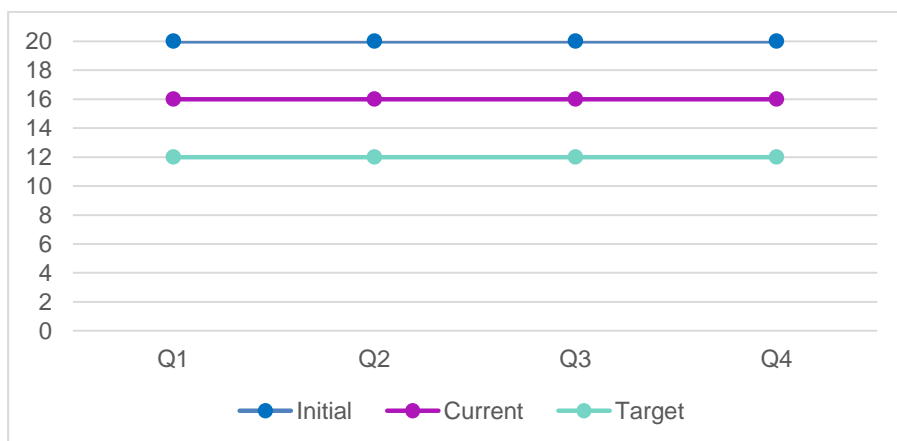
Controls in place	Adequacy of Controls: <b>Minimally</b>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>Population Health Delivery group to oversee implementation, includes key partners</li> <li>Links to health and wellbeing partnerships/forums. HWBBs and ICS Population Health Board</li> <li>Prevent and Detect group in place.</li> </ul>		<ul style="list-style-type: none"> <li>Team approach to be in place</li> <li>Monitoring approach to be developed to demonstrate progress.</li> <li>Links to ICC work to be consolidated.</li> <li>Development of the Recovery model for Mental Health and Wellbeing to include social prescribing.</li> </ul>

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<b>Assurances</b>	<b>Links to</b>	
<ul style="list-style-type: none"> <li>• Approach to Population health agreed and priorities set</li> <li>• Management Structure being populated and team approach developed.</li> </ul>	<b>Triple aim objectives</b>	<b>IAF – CCG Improvement &amp; Assessment Framework</b>
<b>Gaps in Assurance</b>	1	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"> <li>• Ability to demonstrate impact of workstreams</li> <li>• Ability to embed processes.</li> </ul>		<b>CQC Domain:</b>
		Caring, Effective, Responsive, Safe, well Led

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AF197	<b>Executive Lead:</b> Anthony Gardner	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Finance & Performance Committee	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Corporate	<b>Target Risk Date:</b> April 2020
CCG unable to deliver against NHS Constitutional standards.		



	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	*16
Target Risk Score	4	3	12
No Change 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>Improvement in some targets (e.g. Cancer), stabilisation in others (e.g. RTT) and ongoing challenges in others e.g. A&amp;E.</li> </ul>		
Risk Appetite	TBC		

Controls in place	Adequacy of Controls: <i>Moderately</i>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>Monthly monitoring via the CCG Operational Standards and Delivery Report - considered by FDG, F&amp;P Committee &amp; Governing Body</li> <li>Performance also considered at system-wide A&amp;E Delivery Board, Elective Care Board, Mental Health Steering Group</li> <li>Both CCG and UHMB have to respond to assurance requests from NHSE/I (e.g. regarding 52 week waits)</li> <li>ICS/ICP performance review meetings established.</li> </ul>		<ul style="list-style-type: none"> <li>Ongoing delivery of key actions in A&amp;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&amp;CPs Delivery Plan work (e.g. iMSK and Respiratory). Recovery plans for cancer and elective care received and being monitored. CCG monitoring &gt; 40ww elective care to take action where needed</li> <li>Discussions underway with UHMB on a new approach to performance management/improvement across the ICP system.</li> </ul>

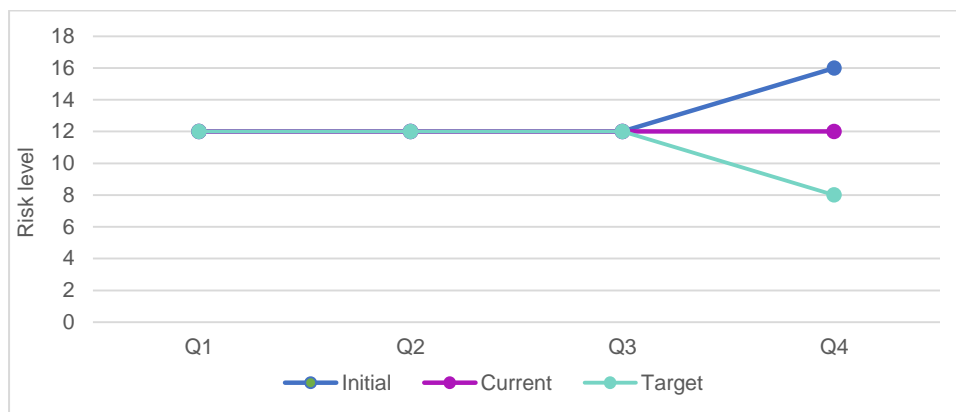
Assurances	Links to	
	Triple aim objectives	IAF – CCG Improvement & Assessment Framework
<ul style="list-style-type: none"> <li>Operational Standards and Delivery Report shows a continued mixed picture: high levels of achievement for Mental Health; cancer standards improving and achievement of all but 62-day target; waiting list being maintained. But challenges remain with A&amp;E and urgent care metrics</li> <li>Planning guidance provides for national pressures and resourcing (e.g. focus on waiting list in</li> </ul>	1	165a – Quality of CCG leadership

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18/19 not RTT).		
<b>Gaps in Assurance</b>		<b>CQC Domain</b>
<ul style="list-style-type: none"> <li>• Gaps stem from lack of recovery plans or quality of recovery plans</li> <li>• 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).</li> </ul>		Effective, Safe, Well Led

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<b>AF198</b>	<b>Executive Lead:</b> Jerry Hawker	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> CCG Executive Management Team	<b>Date Last Reviewed:</b> 28/01/2019
	<b>Risk Type:</b> Strategic	<b>Target Risk Date:</b> TBC
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.		



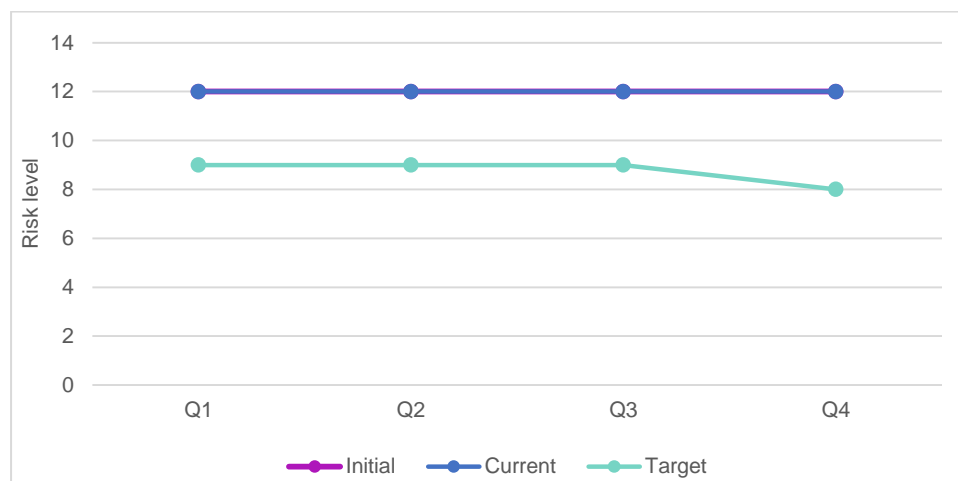
	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	3	12
Target Risk Score	4	2	8
No change 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>• Receipt of the NHSE Planning Guidance</li> </ul>		

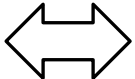
Controls in place	Adequacy of Controls: <span style="color: red;">Minimally</span>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>• CCG has Exec representative on the ICS Commissioning Oversight Group/ ICP commissioning development to be led through the CCG Executive.</li> </ul>		<ul style="list-style-type: none"> <li>• Involvement in ICS development groups relating to the deployment of staffing resources.</li> </ul>

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

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AF199	<b>Executive Lead:</b> Margaret Williams	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Quality Improvement Committee	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Change	<b>Target Risk Date:</b> 31/03/2020
Failure to instil a culture of continuous improvement to achieve quality outcomes.		



	Impact	Likelihood	Score
Initial Risk Rating	4	3	12
Current Risk Rating	4	3	12
Target Risk Score	4	2	8
No change 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>• Draw first draft Quality Improvement Plan shared with QIC</li> <li>• Revised quality assurance framework and governance for CPFT and UHMB</li> <li>• Bay wide Quality Assurance and Improvement Collaborative dates agreed</li> <li>• Date set for inaugural ICP Quality Assurance Group.</li> </ul>		
Risk Appetite	TBC		

Controls in place	Adequacy of Controls: Fully	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>• Premise of ICP Strategic plan is on improved outcomes</li> <li>• Quality Impact Assessments core consideration</li> <li>• Leadership &amp; Culture for ICP explicit in vision</li> <li>• Good quality assurance and governance processes revised in large providers</li> <li>• Good partnership working for quality improvement.</li> </ul>		<ul style="list-style-type: none"> <li>• ICP System Quality Assurance and Improvement Group to commence</li> <li>• Draft quality Improvement Priorities to be presented to ICP Leadership Team following inaugural meeting.</li> <li>• Building continuous improvement capability that is organisationally agnostic</li> </ul>

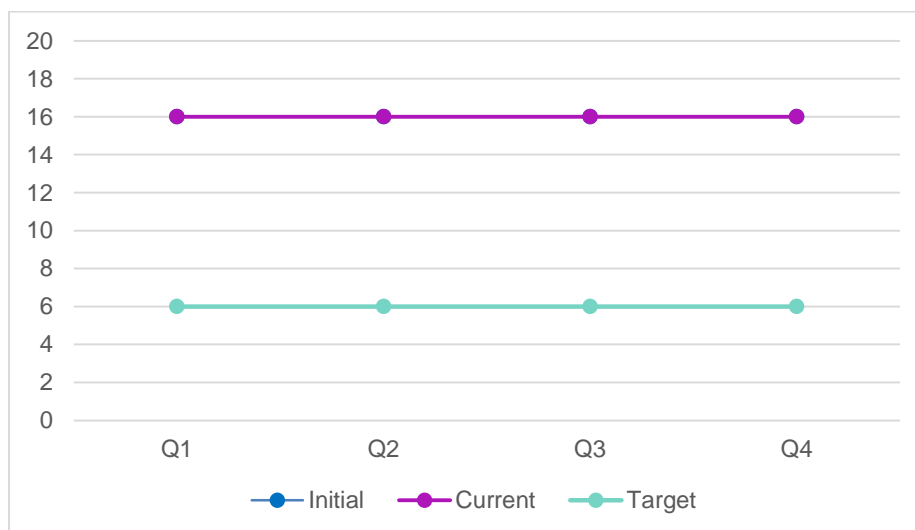


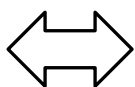
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Assurances	Links to	
<ul style="list-style-type: none"> <li>• Strategic Quality Assurance and Improvement Group ToR agreed</li> <li>• ICP Quality Priorities in Draft to be shared at the inaugural meeting</li> <li>• Quality, service improvement and redesign (QSIR) proposed improvement model to consistently focus on service improvement to be delivered to a range of staff across the ICP.</li> </ul>	<b>Triple aim objectives</b>	<b>IAF – CCG Improvement &amp; Assessment Framework</b>
Gaps in Assurance	2	Quality of CCG leadership (165a)
<ul style="list-style-type: none"> <li>• Variation in quality standards remain priority to address. Lack of metrics to note improvement journey/impact</li> <li>• CCG quality plan not yet to be finalised</li> <li>• ICP quality improvement actions to be finalised.</li> </ul>		<b>CQC Domain:</b>
		Well Led

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AF200	<b>Executive Lead:</b> Kevin Parkinson	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Finance and Performance Committee	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Corporate	<b>Target Risk Date:</b> 31/03/2019
Financial sustainability of the CCG.		



	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	*16
Target Risk Score	3	2	6
<p>No Change</p>  <p><b>Updates since last reporting period:</b></p> <ul style="list-style-type: none"> <li>The CCG has received a further £1m CSF allocation, with an additional £2.6m expected during the remainder of the financial year</li> <li>As at month 09 the CCG is forecasting an overspend of £2.6m. If this was achieved the CCG would be eligible for the 3rd and 4th tranches of CSF funding, which would allow the CCG to report a breakeven position at year end</li> <li>2019/2020 financial guidance and proposed allocations have been notified by NHS England.</li> </ul>			
Risk Appetite	TBC		

\*For Governing Body to review and agree the rating

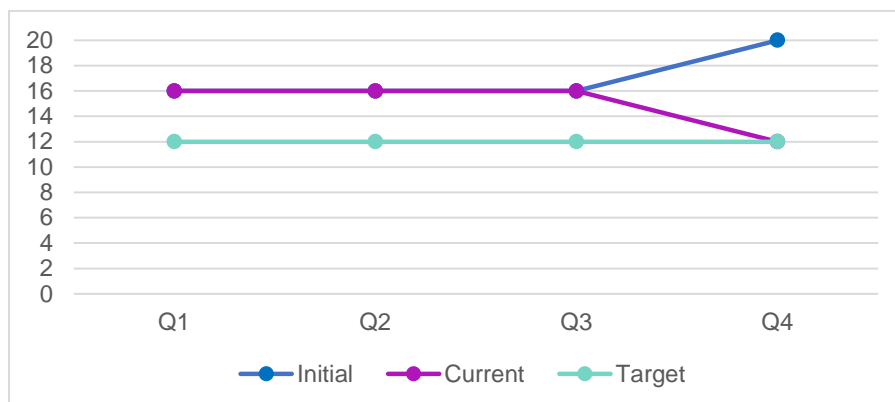
Controls in place	Adequacy of Controls: <i>Moderately</i>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>Financial plan for 2018/2019 agreed with NHS England (£4m deficit)</li> <li>Schemes identified for all QIPP target requirements (£15.686m)</li> <li>Finance Delivery Group (FDG) meets monthly</li> <li>ICP Programme Management Office (PMO) is in place for over-arching QIPP / CIP schemes.</li> </ul>		<ul style="list-style-type: none"> <li>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</li> <li>Analyse the proposed 2019/2020 allocations information to inform the 2019/2020 financial plan and to calculate the required QIPP savings target.</li> </ul>


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Assurances	Links to	
<ul style="list-style-type: none"> <li>FDG meets monthly and reports to Finance and Performance Committee</li> <li>Financial position is reported to NHS monthly via non ISFE returns.</li> </ul>	<b>Triple aim objectives</b>	<b>IAF – CCG Improvement &amp; Assessment Framework</b>
<b>Gaps in Assurance</b>	3	CCG In-year Financial Performance – (141b) Characteristics of an organisation with good financial leadership for indicator – Quality of CCG leadership (165a)
<ul style="list-style-type: none"> <li>Achievement of a proportion of the QIPP savings is reliant on ACS schemes generating cost reductions</li> <li>Long term plans to recover recurrent deficits have not been finalised</li> <li>UHMBFT has not agreed its control total, any impact of this decision on MBCCG has not yet been assessed. Successful bids will require substantial revenue funding from / sourced by the CCG.</li> </ul>		<b>CQC Domain:</b>
		Well Led, Safe, Effective and Responsive

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AF201	<b>Executive Lead:</b> Hilary Fordham	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Integrated Care Service Management Board	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Change	<b>Target Risk Date:</b> TBC
Inability to deliver effective service change and improvement in commissioned services particularly based on patient experience and outcomes.		



	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	3	*12
Target Risk Score	4	3	12
Reduction 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>• ICC development continues to be monitored</li> <li>• Plans to integrate other services into the Integrated Services Care Group – iMSK, Diabetes, End of Life / Palliative Care.</li> </ul>		

Controls in place	Adequacy of Controls: <b>Moderately</b>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>• Frequent monitoring via the appropriate operational and transformational groups within CCG/BH&amp;CPs, particularly BHCP Implementation and Performance Group, Integrated Services Management Board and Programme Board as well within the CCG at FDG &amp; Governing Body and ISMB and ICC Oversight Groups</li> <li>• Improvement work also links in with system-wide A&amp;E Delivery Board and Elective Care Board.</li> </ul>		<ul style="list-style-type: none"> <li>• See detailed PMO project books. Key focus on accelerators: Frailty/ Respiratory/ Diabetes/ MSK</li> <li>• Delivery of the accelerator projects which fits with the Implementation and Performance Group.</li> </ul>

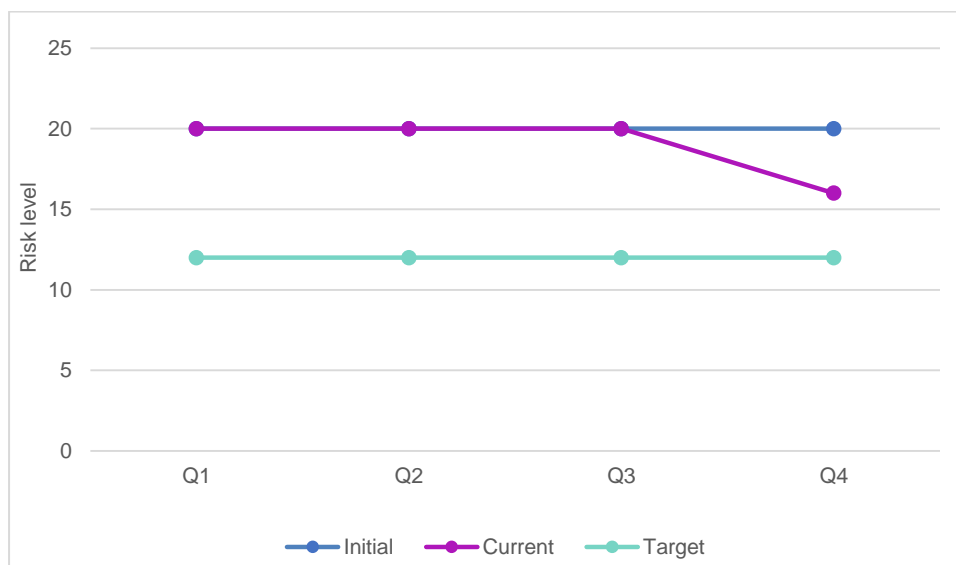
Assurances	Links to	
<ul style="list-style-type: none"> <li>• Current progress of ICC development</li> </ul>	<b>Triple aim objective</b>	<b>IAF – CCG Improvement &amp; Assessment Framework</b>
	3	Expenditure in areas with identified scope for improvement ( 145a)

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

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<b>AF202</b>	<b>Executive Lead:</b> Margaret Williams	<b>Date Opened:</b> 27/06/2018
	<b>Assuring Committee:</b> Quality Improvement Committee	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Operations	<b>Target Risk Date:</b> 31/03/2020
Need to build a flexible sustainable and effective workforce to support transformation. (CCG focus 19/20 Primary and Regulated Care Provision).		



	Impact	Likelihood	Score
Initial Risk Rating	5	4	20
Current Risk Rating	4	4	16
Target Risk Score	5	3	12
Reduction 	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>International Global Recruitment Campaign Regulated Care Sector and Federation joined the discussions</li> <li>Discussions with Reg Sector and Primary Care take place early Feb re Apprenticeship and Training Nursing Associate the later provide support funds for GP</li> <li>Federation contributed to the LSC Draft Workforce Strategy</li> <li>A deep dive of this risk was presented to Quality Improvement Committee on 2<sup>nd</sup> October 2018.</li> </ul>		
Risk Appetite	TBC		

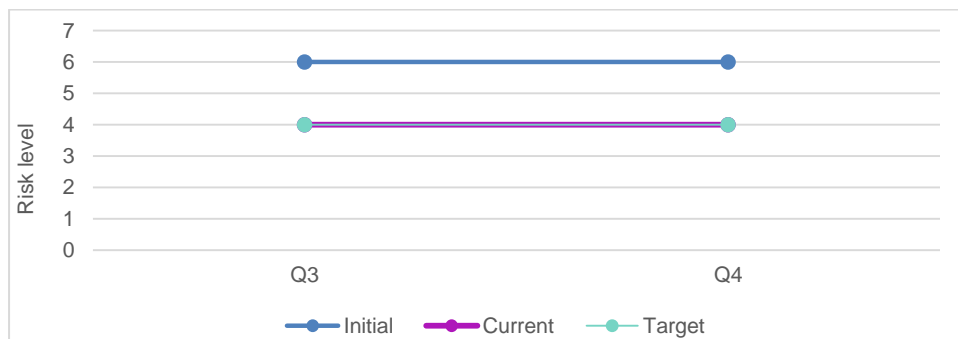
Controls in place	Adequacy of Controls: <span style="color: red;">Minimally</span>	Further action to achieve target risk score
<ul style="list-style-type: none"> <li>Strategic Regulated Care Collaborative- workforce improvement actions agreed. Include Maximising apprenticeship levy, use of CPD monies to build workforce capability. Image and branding of the Reg Sector including roll out of pop up career events.</li> <li>ICP Workforce Work stream and Delivery Plan led by SRO</li> <li>Apprenticeship working group</li> <li>Federations leading ETP model development across ICP/ICS</li> <li>BH&amp;CPs 'Better with You' website</li> <li>Primary Care Strategy in Development</li> </ul>		<ul style="list-style-type: none"> <li>SRO to stimulate development of detailed workforce plan.</li> <li>Maximise HEE workforce offers: -               <ul style="list-style-type: none"> <li>Global recruitment</li> <li>Maximise apprenticeships</li> <li>Pop up careers fairs</li> <li>Develop plan for the collective use of CPD</li> </ul> </li> <li>Outcomes of HEE prioritization awaited</li> </ul>

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<ul style="list-style-type: none"> <li>Primary Care EPT process and plan</li> </ul>		
<b>Assurances</b>	<b>Links to</b>	
<ul style="list-style-type: none"> <li>Collaborative working</li> <li>Partnership with Educational Institutions</li> <li>Support of ICP and ICS leadership for workforce</li> <li>ICP high level Strategic deliverables agreed</li> <li>All activity aims to improve resilience of Medium term, longer term plans</li> <li>CCG Exec Nurse, Integrated Care Service Clinical Lead and UHMB Director of People members of HEE LWAB.</li> <li>Non recurrent Funding via HEE expected</li> </ul>	<b>Triple aim objectives</b>	<b>IAF – CCG Improvement &amp; Assessment Framework</b>
<b>Gaps in Assurance</b>		Leadership, workforce engagement (163a)
<ul style="list-style-type: none"> <li>Workforce initiatives via HEE often not accessible to Regulated Care</li> <li>Improvement funding often non-recurrent</li> <li>Many programmes address medium and long term not current issues</li> <li>Priority areas set but no detailed plans yet in place</li> <li>Primary Care workforce recovery plan not yet clear.</li> </ul>	3	<b>CQC Domain:</b>
		Well Led

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AF206	<b>Executive Lead:</b> Jerry Hawker	<b>Date Opened:</b> 21/12/2018
	<b>Assuring Committee:</b> Executive Management Committee	<b>Date Last Reviewed:</b> 05/03/2019
	<b>Risk Type:</b> Political	<b>Target Risk Date:</b> TBC
Inability to effectively manage the commissioning services as a result of Brexit.		



	Impact	Likelihood	Score
Initial Risk Rating	3	2	6
Current Risk Rating	2	2	4
Target Risk Score	2	2	4
New Risk	<b>Updates since last reporting period:</b> <ul style="list-style-type: none"> <li>EU Operational Exist guidance and other directives received</li> <li>Oversea Recruits residency issues resolved</li> </ul>		
Risk Appetite	TBC		

Controls in place	Adequacy of Controls: Moderately	Further action to achieve target risk score	
<ul style="list-style-type: none"> <li>SRO identified</li> <li>Groups in place to address emergency contingency for a no deal and planning for whatever deal might emerge</li> </ul>		<ul style="list-style-type: none"> <li>Await and be response ready for Brexit outcome</li> </ul>	
Assurances	Links to		
<ul style="list-style-type: none"> <li>Brexit Work streams are across 5 broad areas;-               <ul style="list-style-type: none"> <li>* Impact upon personnel (LCC and provider)</li> <li>* Supplies</li> <li>* Regulations(s)</li> <li>* Impact on the economy</li> <li>* Impact on communities</li> </ul> </li> </ul>	Triple aim objectives		IAF – CCG Improvement & Assessment Framework
Gaps in Assurance			
<ul style="list-style-type: none"> <li>Impact of no-deal Brexit from 29 March 2019 without an agreement on UK future political or economic relationship with the EU not known</li> </ul>			CQC Domain:



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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

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<b>Descriptor</b>	<b>Negligible</b> 1	<b>Minor</b> 2	<b>Moderate</b> 3	<b>Major</b> 4	<b>Catastrophic</b> 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.

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Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
<b>Staff/Patient/Visitor Injury (Physical/Psychological)</b>	Adverse event requiring no/minimal intervention or treatment. <b>Impact prevented</b> – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm. <b>Impact not prevented</b> - 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.
<b>Patient Experience</b>	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.
<b>Environmental Impact</b>	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

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					continuity.
<b>Financial</b>	Small loss.  Theft or damage of personal property <£50.	Loss £50K.  Loss of 001.0.25% of budget.  Theft of loss of personal property <£750.	Loss of £50K-£500K.  Loss of 0.25%-0.5% of budget.  Theft or loss of personal property >£750.	Loss of £500K-£1M.  Non-compliance with national standards with significant risk to patients if unresolved.	Loss of >£1M or loss <1% of budget.  Loss of contract/payment by results.
<b>Objectives/Projects</b>	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.
<b>Business/Service Interruption</b>	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.	Permanent loss of core service/ facility Disruption to facility leading to significant 'knock-on' affect across local health economy.

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				Temporary service closure.	Extended service closure.
<b>Adverse Publicity/ Reputation</b>	Rumours.  Potential for public concern.	Local Media - short term - minor effect on public attitudes/staff morale.  Elements of public expectation not being met.	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 House).  Total loss of public confidence.
<b>Information Governance/IT</b>	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

example

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.