

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 January 2019	<b>Action</b>	Recommend
<b>Item No.</b>	13c	<b>Confidential</b>	No
<b>Title</b>	Corporate Risk Register		
<b>Presented By</b>	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
<b>Author</b>	Lynne Byers, Risk Manager		
<b>Clinical Lead</b>	-		

### 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 **2** 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):

- Since the last report, two (2) risks has de-escalated from the Corporate Risk Register:
- Biliary stents (PAHT) now a level 10 risk; and
  - Failure to operate within 2018/19 financial control totals now a level 9 risk.

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

### Recommendations

- It is recommended that the Governing Body:
- Receive the Corporate Risk Register;
  - Review the information presented.

### Links to CCG Strategic Objectives

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

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

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

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
Audit Committee	08/01/2019	The Audit Committee was assured that the corporate risks are being managed effectively and recommended the report to the Governing Body.

## 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 **31 December 2018**.

### 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 **21** risks being monitored across the organisation, of which **2** (10%) are included on the Corporate Risk Register.
- 2.3 Since last reporting to the Audit Committee in September 2018, two other risks have de-escalated from the Corporate Risk Register as outlined below:

Risk	Risk Owner	Committee Oversight
Biliary Stent – PAHT originally assessed as a level 20 risk – decreased to a level 10 risk	Carolyn Trembath	Quality & Performance Committee
Failure to operate within 2018/19 financial control totals assessed as a level 20 – decreased to a level 9 risk	Mike Woodhead	Finance, Contracting and Procurement

- 2.4 Both sub-committees have scrutinised the reasons for reducing the risk score and have agreed the current risk score with the risk owners.

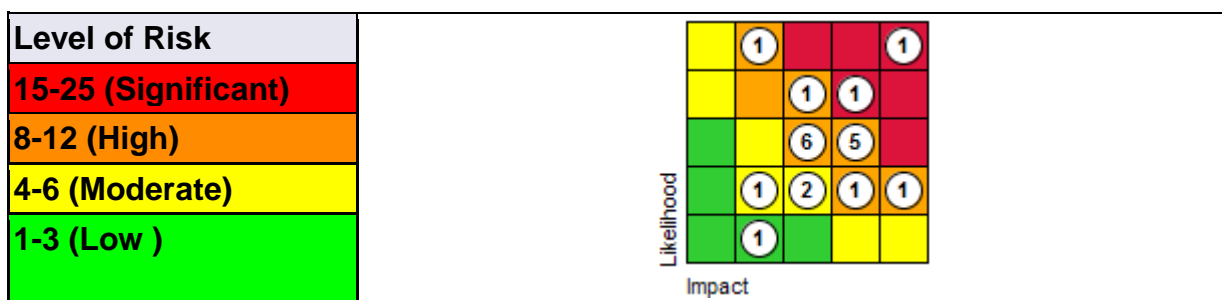
### 3.0 Corporate Risk Register

- 3.1 The following commentary presents updates to each of the 2 risks with a score of 15 or more. The details for these risks are taken from the most recent report to the Committee with responsibility for reviewing the risk.
- **OR\_F\_03 Failure to effectively invest in the medium term transformation of the wider health and care economy**
- 3.2 This risk remains at its maximum level of 25, against a target level of 6 to be achieved by March 2020.
- 3.3 The risk remains unchanged as work is still on-going to reduce the risk, however this is only expected once the outcome of the transformation plan and funding settlement review is known in December 2018.

- 3.4 The LCA are currently working on strengthening a mutually binding agreement, also to be completed by December 2018, however, further work around the LCA future form and implications regarding procurement is likely to take considerably longer.
- **WS\_MH\_Q\_15 PCFT Mixed Sex Accommodation (SSA breaches)**
- 3.5 The risk remains at its current level 16, against a target level of 4 to be achieved by March 2019 as PCFT's pre-consultation exercise has not finished and therefore the Trust's final recommendation regarding any MSA changes is still unknown.
- 3.6 The Trust's assurance processes have not identified any further concerns regarding patient safety, privacy and dignity as a result of non-compliance with SSA.
- 3.7 PCFT has formally confirmed that the ward based engagement sessions with patients and staff are now completed. The on-line questionnaire for the CCG and other external partners will be based on the feedback from these sessions. A feedback report will then go the Trust's Board on 19 December 2018. This report will be shared with the CCG.
- 3.8 Furthermore, the CCG is awaiting the outcome of the Trust's recent CQC inspection which was undertaken in October 2018. The Trust is acting on the CQC's suggestion to visit another MH Trust which has MSA, and has an overall 'Good' rating. The result of this exercise is to follow.

#### 4. Risk Distribution

- 4.1 The heat map below identifies a total of **21** risks distributed across the 5x5 matrix and excludes risks associated with the GBAF.





#### 5. Recommendations



- 5.1 The Governing Body is required to:
- Receive the Corporate Risk Register;
  - Review the information presented.
  -

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 Risk Manager  
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 December 2018

## Appendix A: Audit Committee Corporate Risk Register: Summary





Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
CCG	OR_F_03	Failure to effectively invest in the medium term transformation of the wider health and care economy	19-Jun-2017	20	06-Nov-2018	25	6		Jan-2019
CCG	WS_MH_Q_15	PCFT - Mixed Sex Accommodation (SSA breaches)	13-Feb-2018	16	01-Oct-2018	16	4		Jan-2019




## Appendix B: Audit Committee: Detailed Risk

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

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
19-Jun-2017	4	5	20	06-Nov-2018	5	5	25	Jan-2019	3	2	6	31-Mar-2020


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

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_F_03a Strengthen risk sharing agreements - Complete initial financial due diligence work with Bury MBC	31-Jan-2018	Mike Woodhead	The CFO/ DOF have set up a regular meeting to progress the work stream. A due diligence plan/ process has now been drafted on which work will start to progress.	100%		Completed
OR_F_03b Procurement of LCA including agreement of procurement route facilitation of alliance agreement and procurement advert	31-Mar-2020	Mike Woodhead	<b>The LCA are currently working on strengthening a mutually binding agreement to be completed by December 2018, but further work around the LCA future form and implications regarding procurement is likely to take considerably longer</b>	20%		In Progress
OR_F_03c Revised financial plans	30-Apr-2018	Mike Woodhead	Final plans submitted to GM May 2018. The CCG has planned for breakeven, this includes 8.5M QIPP target and 5.4M net risk.	100%		Completed
OR_F_03d Finalise Transformation Plans (i.e. Transformation of Finance & Implementation Plan / Internal Investment Agreements)	30-Sep-2018	Mike Woodhead	Urgent Care and Childrens Services plans are at a good stage and are in the process of being implemented with funding approved. Programme 6 is significantly behind schedule and whilst funding has been released it is essential that more robust plans are developed and approved before the next funding gateway (September 2018). The Public Health led programmes are due to be scutinised by the Transformation Programme Board in August 2018.	70%		Overdue



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

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
13-Feb-2018	4	4	16	01-Oct-2018	4	4	16	Jan-2019	4	1	4	31-Mar-2019

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

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
WS_MH_Q_15a PCFT to carry out consultation with support from the CCG	31-Mar-2019	Sarah Tomlinson	Formal update from PCFT to confirm ward based engagement sessions with patients and staff are now completed. The on-line questionnaire for the CCG and other external partners will be based on the feedback from these sessions and is due to be sent out in the next few weeks. A feedback report will then go the Trust's board on 19.12.18. This report will be shared with the CCG.	80%	 In Progress



<p>WS_MH_Q_15b To monitor PCFT phased approach to the planned reconfiguration (including any impact on Bury's planned re-configuration).</p>	<p>31-Mar-2019</p>	<p>Sarah Tomlinson</p>	<p>Due date tentative, not yet known. As part of this phased approach, PCFT will review the impact after each phase is completed before embarking on the next. This will provide an opportunity to learn, assess and manage any emerging risks prior to the next phase being implemented. This approach will also enable other transformation and improvement schemes to mature (hopefully reducing demand on inpatient services). However, as PCFT has identified the other 4 boroughs across their footprint (HMR, Oldham, T&amp;G and Stockport) as greater priority over Bury's reconfiguration, the proposed changes to Bury's wards is subject to review and change .</p>	<p>0%</p>		<p>Assigned</p>
<p>WS_MH_Q_15c Monitor PCFT's Quality Improvement reporting system</p>	<p>31-Mar-2019</p>	<p>Sarah Tomlinson</p>	<p>PCFT's Quality Improvement system has not identified any trend or theme regarding patient safety, privacy and dignity being compromised (resulting in potential harm, poor patient experience) as a result of non-compliance with SSA. PCFT's Quality Improvement report in quarter one of 2017/18 considered patient safety incidents and patient experience across the 3 acute wards with regard to adequate staffing levels, with the contingency actions being taken to maintain staffing levels detailed. The Trust's Quality Improvement review for quarters 2 and 3 did not identify any concerns. 2018/19 reports due 31 August 2018 and March 2019.</p>	<p>0%</p>		<p>Assigned</p>

## Appendix C: Risk Matrix

### Quantitative Measure of Risk – Consequence Score

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

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

### Qualitative measure of risk – Likelihood Score

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

### Quantification of the Risk – Risk Rating Matrix

		Likelihood					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost certain	
Consequence	5	Catastrophic	5	10	15	20	25
	4	Major	4	8	12	16	20
	3	Moderate	3	6	9	12	15
	2	Minor	2	4	6	8	10
	1	Negligible	1	2	3	4	5