Meeting: Governing Body

Meeting Date	22 September 2021	**Action**	Receive
Item No.	9c	**Confidential**	No
Title	Corporate Risk Register		
Presented By	Chris Wild, Lay Member and Audit Committee Chair		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary

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

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

There are currently **3** risks included on the Corporate Risk Register (operational risks) at a level 15 or above, excluding those reported through the Governing Body Assurance Framework (strategic risks) as listed:
- Autistic Spectrum Conditions Assessment – Neurodevelopmental assessments;
- Control of Patient Information (COPI) Regulations – Compliance (New Risk); and
- Datix: Resource requirements to maximise optimisation.

The Audit Committee considered the report presented at its meeting on the 03 September 2021, noted the new risk added and agreed that the level of assurance against the risks was sufficient and as such recommended the report to the Governing Body.

Recommendations

It is recommended that the Governing Body:
- Receive the Corporate Risk Register.

Links to CCG Strategic Objectives

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

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

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

Governance and Reporting		
Meeting	**Date**	**Outcome**
Audit Committee	03/09/2021	Recommended to 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 **16 August 2021.**

2. Background

2.1. The Corporate Risk Register (see Appendix A) captures operational risks with a score 15 or above with detail specific to each risk included at Appendix B. The risk matrix is also provided at Appendix C for ease of reference.

2.2. There are currently a total of 23 operational risks being monitored across the organisation, of which 3 (13.0%) are included on the Corporate Risk Register.

3. Corporate Risk Register

3.1 The following commentary presents updates to each of the 3 risks. The details for these risks are taken from the most recent report to the Committee with responsibility for reviewing the risk.

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

3.2 This risk remains at its current level of 20 against a target level of 4 to be achieved by March 2022. The risk remains unchanged as although work is in progress to address the concerns, there is still a degree of detailed work required to reduce the waiting time assessments to an acceptable level.

3.3 Since the last review in June 2021, additional clinics have been scheduled and are currently underway however have yet to be finalised. Once finalised, the waiting list initiative (WLI) trajectory will hopefully see the backlog cleared within this financial year.

3.4 On-going focus is maintained through weekly provider discussions to ensure COVID pressures and increase in demand is addressed as a priority.

3.5 Work continues to progress with Early Help to bring patients into the pathway to support families and their needs.

3.6 The Quality and Performance Committee considered this risk at the 11 August 2021 meeting, where it noted the level of risk and was assured that the risk is being managed effectively.

3.7   This risk is scheduled for a risk review in October 2021.

- **OR_SB_IT_LC_04 Control of Patient Information (COPI) Regulations - Compliance**

3.8   This new risk was identified in May 2021 and added to the organisational risk register in June 2021 as a level 16 risk, against a target level of 2 to be achieved by September 2021.   Since identification this risk has undergone two further risk assessments, both of which have seen no change to the current level of risk.

3.9   The latest review in August 2021 identified that an assessment of the current COPI log status will be undertaken at the Information Governance Steering Group meeting (IGSG) schedule for later in the month and will further inform the next risk assessment scheduled for September 2021.

3.10   The target date is tentative at this time and is based on the earliest COPI amendment date of September 2021, as there is no update on the continuation or withdrawal of the COPI amendments. In the event that these are extended until March 2022, the target risk date will also be amended accordingly. However, if they are withdrawn the importance of up-to-date registers with supporting Data Sharing Agreement (DSA) and Data Protection Impact Assessment (DPIA) with each instance of information sharing will become an urgent priority.

3.11   Mitigating actions have been identified to address this risk and are progressing well to ensure data sharing activities are logged retrospectively from March 2020 to the present day and cross referenced accordingly with the DPIA programme of work, which includes weekly reviews of DPIAs. There is significant reliance on the COPI logs being up to date in order to effectively deliver against this risk.

3.12   This risk is scheduled for a risk review in September 2021.

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

3.13   This risk remains at its current level of 15 against a target level of 3 to be achieved by March 2022, adjusted from September 2021 due to the significant delay in implementing the outstanding actions to address this risk.

3.14   As previously reported in May 2021, the risk remains unchanged as there remains limited resource to support the optimisation of Datix within the CCG, which is preventing progress with the roll out to all the workstreams to understand issues and themes raised by practices. In addition, no notification has been received to whether a resource can be recruited through the 'kickstart' programme.

3.15   To ensure focus on an interim basis, early discussions are underway with the Commissioning Team to establish how to respond to issues raised by General Practice to ensure that the correct outcomes can be achieved and feedback is provided via the 'you said, we did' reports published via the GP bulletin.

3.16   In light of the resource delay the due date for the two open mitigating actions have been extended accordingly.
- Datix resourcing to be readdressed as part as business as usual including wider review of how to take Datix forward (changed from 31/03/2021 to

31/12/2021).
- Training to be delivered - if applicable (changed from 31/03/2021 to 28/2/2022).

3.17 The Quality and Performance Committee reviewed this risk at the 11 August 2021 meeting. An in-depth discussion regarding the Kickstart scheme was undertaken and thereafter an action determined to further discuss the recruitment status with Council colleagues.

3.18 This risk is scheduled for a risk review in October 2021.

4. Risk Distribution

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

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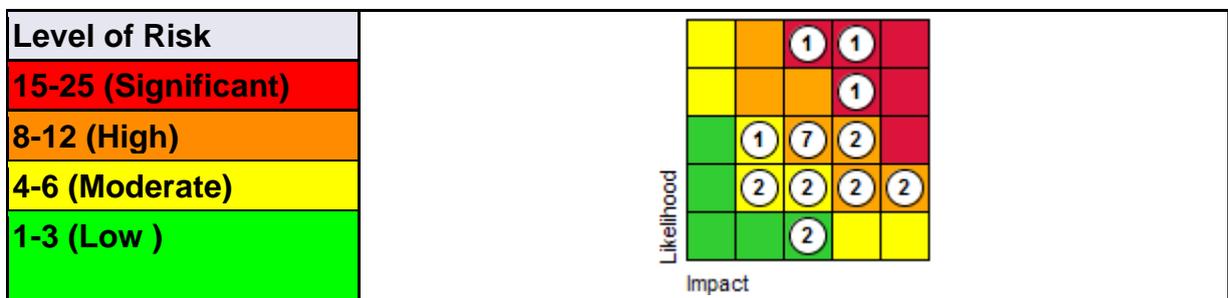
5 Recommendations

5.1 The Governing Body is required to:
- Receive the Corporate Risk Register.

Lynne Byers
Interim Risk Manager
August 2021

Appendix A: Audit Committee Corporate Risk Register: Summary

Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
CCG	WS_WC_O_PE_06	Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments	18-Jan-2019	20	19-Jul-2021	20	4	▬	Oct-2021
CCG	OR_SB_IT_LC_04	Control of Patient Information (COPI) Regulations - Compliance	28-May-2021	16	16-Aug-2021	16	2	▬	Sep-2021
CCG	WS_CE_O_R_04	Datix: Resource requirements to maximise optimisation	06-Jun-2019	15	16-Jul-2021	15	3	▬	Oct-2021

Appendix B: Audit Committee: Detailed Risk

Risk Code & Title	WS_WC_O_PE_06 Autistic Spectrum Conditions Assessment - Neurodevelopmental assessments				
Risk Statement	Because of a lack of sufficient capacity for multi-disciplinary assessment (MDT) meetings there is a risk that children in bury who are awaiting neurodevelopmental assessments may not achieve their potential as expected as a result of the current workforce capacity issues. This may impact on educational attainment and life chance for the child, including quality of care and poor patient experience.	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Jane Case	🔴	➖	
Current Issues	. The current assessment pathways have evolved over time to meet an increasing demand - based on custom and practice. As agencies have become more efficient in identifying need, the efficiency of the pathway for assessment has not kept pace. As a result, the number of CYP and families awaiting assessment has increased consistently. For ASD assessment, the service is diagnostic led rather than needs based. . The Multidisciplinary Team Meetings (MDT), also known as the Social Communication Disorder discussion Group (SCDDG), have lacked priority within the 3 organisations which contribute. . Additionally, it is likely that greater numbers of children are referred for ASD assessment due to a lack of alternative provision and support. .Neuro development pathway now live and although children 5 plus will be seen within 18 weeks the backlog list remains a 2 year wait due to different service Providers resulting in inequalities and reputational damage				

	Original Risk			Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
18-Jan-2019	4	5	20	19-Jul-2021	4	5	20	Oct-2021	4	1	4	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
. Women and Children's workstream to monitor via regular status reports from Pennine Acute (Community Paediatrics). . Quality and Performance Committee . Escalation to Audit Committee / Governing Body . Task and finish group established for 'Early help pathway design . Exec to Exec meetings to address the issues . Allied professionals available to support and ready to mobilise (Local Authority Education Team) . Health and Care Children's Charter oversight by the Health and Care Board . GM task and finish group formed first meeting scheduled April 2021 . SEND children's Charter Group established and up and running . The Mental Health children's charter group . Task and finish group to review issues collectively across GM	. Increased capacity of MDT review - via an increased number of MDT meetings . A whole service review for Community Paediatrics has been completed - learning from this will contribute to a more efficient pathway . Joint commissioning with children's social care and education colleagues to support the early help agenda to allow children to access appropriate support . A co-production workshop held on the 17th December, with agreement from all partners on the future pathway . Neuro development pathway now live . PAHT providing monthly updates on the Social Communication Disorder Discussion Group (SCDDG) waiting lists which will be measured against the trajectory . Recovery plan received from NCA, formal letter sent from exec to Pennine Acute outlining expectations .Further follow up between execs Oct 2020. . As part of the Children's Mental Health Charter Group, this work will have increased focus and work will be progressed in a system wide approach. . WL initiative agreed and meetings in place to monitor the WLI progress.	**Gaps in** current controls: . Backlog remains an issue. (06b) Gaps in current assurances: . None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_WC_O_PE_06a Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2021	Jane Case	Since this risk was last reviewed discussions have taken place at a GM commissioners forum , a task and finish group to review this issue collectively across GM is being initialised. This will provide consistency of messages and approaches across GM to providers . During the end of March at a Director level a meeting is planned to further understand compounding issues. Following on from this another meeting is planned with Managers to review agreements and operationalise pathways.	100%	✅	Completed
WS_WC_O_PE_06b Hold PAHT to account by: monitoring the impact of WL Initiatives on a monthly basis, including supporting partners	31-Mar-2022	Jane Case	**Ongoing focus needed due to increase in demand due to COVID and system pressures**	40%	▶️	In Progress

Risk Code & Title	OR_SB_IT_LC_04 Control of Patient Information (COPI) Regulations - Compliance				
Risk Statement	Because to-date there is limited information on current control of patient Information (COPI) registers, there is a risk that not all instances of data sharing have been captured on the COPI logs and therefore there is no record of what data we are sharing and with whom to support COVID. Furthermore, in the event that the compliance regulations are reverted the arrangements to enable the continued sharing of data will not be put in to place in a timely manner resulting in an inability to provide services across the system where data sharing is required, non-compliance with regulation leading to breaches of governance standards, potential for prosecution and reputational damage.	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Lisa Featherstone	🔴	▬	
Current Issues	. COPI regulation amendment could be revoked from September 2021 at the earliest or Mar 2022 at the latest . COPI logs not up to date . Limited assurance in respect of data sharing activities since COVID March 2020				

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
28-May-2021	4	4	16	16-Aug-2021	4	4	16	Sep-2021	1	2	2	30-Sep-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
. Monthly Information Governance Steering Group (IGSG) meeting	. COPI log template . Information asset owners identified by business area . Standing item on Information Governance Steering Group (IGSG) agenda **. Advice and guidance provided to Information Asset Owners**	**Gaps in current control:** **.** Limited assurance due to COPI logs not being up to date (04b,04c) . Progress through IGSG yet to be realised **Gaps in current assurances:** . IGSG newly established May 2021, yet to be embedded and outputs unknown

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
OR_SB_IT_LC_04a COPI logs to be recirculated to all asset owners	30-Jun-2021	Lisa Featherstone	**All teams have access to their COPI log template including Primary Care to ensure data is captured accordingly.**	**100%**	✅	Completed
OR_SB_IT_LC_04b Asset owners to populate COPI log with all detail of data sharing activity since March 2020	31-Jul-2021	Lisa Featherstone	**Training and support has been offered and taken up by the IAO's and process of updating COPI logs is currently underway**	50%	🔴	Overdue
OR_SB_IT_LC_04c Review of all completed corporate registers to determine future data sharing needs	31-Aug-2021	Lisa Featherstone	**Work has commenced, an update will be provided to the IGSG at the 20/8/2021 meeting with an expectation that all teams will have completed the reviews required.**	**50%**	🔺	Check Progress
OR_SB_IT_LC_04d Data Sharing Agreement (DSA) and DPIAs to be developed where future data sharing is required	30-Sep-2021	Lisa Featherstone	This action will commence once a review of all corporate registers has been completed see 04c.	0%	▶	Assigned
OR_SB_IT_LC_04e Quarterly assurance reports to be provided to Audit Committee	31-Mar-2022	Lisa Featherstone	Position statement notified to Audit Committee in June 2021, **next update September 2021.**	25%	▶	In Progress

Risk Code & Title	WS_CE_O_R_04 Datix: Resource requirements to maximise optimisation				
Risk Statement	Due to a lack of resource to manage incidents recorded on Datix by General Practice, there is a risk that the CCG may be unaware of significant issues that may affect patient safety and/or cause harm	**Assigned To**	**Current Risk Status**	**Direction of Travel**	**Annual profile**
		Carolyn Trembath	🛑	▬	
Current Issues	. Backlog of issues/incidents logged by General Practice currently unresponded too . No capacity in the Quality and Safeguarding Team to follow up incidents logged . Vacancy controls in place meaning no option to recruit (only on exceptional basis) . Loss of System Administrator w.e.f 6/12/2019 . Current system set up is not in line with the agile working policy . Current SLA with Datix 2020 . Loss of appetite by General Practice to record incidents limiting options to theme and address . COVID-19 has impacted upon processes . Controls limited				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
06-Jun-2019	3	5	15	16-Jul-2021	3	5	15	Oct-2021	3	1	3	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
. Quality and Performance Committee . Finance, Contracting and Procurement Committee . Primary Care Workstream - standing agenda item . Primary Care Committee . 1:1 line management meetings . UC/IC/MH/W&C workstream meetings	*To be addressed as part of action 04d*	**Gaps in current controls:** . No resource available to review / investigate incidents logged by General practice **(04d)** . Dedicated System Administrator **(04d)** . Datix Operational Group not yet established . Actions from the Inaugural Operational Group meeting identified - initial review of system recording and reporting undertaken and front end system enhancements agreed but limited progress since then**. (04d)** **Gaps in current assurances:** . Limited reporting provided to any of the CCG Committees or Workstreams - needs development and refinement . **CCG workstreams stood down as part of the COVID19 response reflected in the NHSE/I reduction in the burden of reporting.**

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
WS_CE_O_R_04a SMT paper from May 2018 to be updated and submitted to Q&P 10/7/2019 meeting : Resource to review backlog of incidents reported to be identified	01-Jul-2019	Carolyn Trembath	Datix risk discussed at July Q&P.	100%	✅	Completed
WS_CE_O_R_04b Submit exception proforma to Budget Control Group for consideration (if applicable)	22-Jul-2019	Carolyn Trembath	Q&P didn't agree to exception proforma being submitted to Budget Control Group	100%	✅	Completed
WS_CE_O_R_04c Resource to be recruited to (if applicable)	30-Nov-2019	Carolyn Trembath	Aug update - Recruitment is currently not an option	100%	✅	Completed
WS_CE_O_R_04d Datix resourcing to be readdressed as part as business as usual including wider review of how to take Datix forward	**31-Dec-2021**	Carolyn Trembath	A review of the current system reports is still to be undertaken to ascertain the level of support required as a solution via the Kickstart grant scheme which forms part of the covid-19 recovery plan Update 1/12/2020 - current system reports review and standard operating procedure defined Update 21/1/21 and 19/4/2021 - outcome of Kickstart recruitment is not yet known **Update 16/7/2021 -progress status quo**	5%	▶	In Progress
WS_CE_O_R_04e Training to be delivered (if applicable)	**28-Feb-2022**	Carolyn Trembath	**Only achievable if resource for DATIX management is identified by December 2021**	0%	▶	Assigned

Appendix C: Risk Matrix

Quantitative Measure of Risk – Impact / Consequence Score

Domains	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
	Very Low	Minor	Moderate	High	Severe
Service Quality –Patient Safety	Minor injury or illness requiring no medical attention and no long-term impact.	Minor injury or illness requiring minor medical intervention with impact limited to 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4–14 days. Increase in length of hospital stay by 4–15 days. RIDDOR/agency reportable Incident. An event which impacts on a small number of patients	Major injury leading to long-term incapacity/ disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients
Service Quality – Clinical Effectiveness	Minor breach of guidance – no impact on patient outcomes.	Breach leading to minor harm or impact on patient outcomes for an individual or a small number of patients	Significant breach of guidance leading to moderate harm for an individual or small number of patients.	Significant breach leading to serious harm (as defined by the SI framework) for an individual or group of people.	Significant breach leading to fatality or permanent disability.
Service Quality – Patient Experience	Minor inconvenience to single individual.	Minor inconvenience too many individuals, significant inconvenience to single individual.	Significant inconvenience to many individuals, patient experience impact on health outcomes for a few.	Patient experience impact on health outcomes for a significant number.	Fatality or permanent disability.
Service Quality – Operational	Minor reduction in quality of treatment or service. No or minimal effect for patients.	Single failure to meet national standards of quality of treatment or service. Low effect for a small number of patients if unresolved.	Repeated failure to meet national standards of quality of treatment or service. Moderate effect for multiple patients if unresolved.	On-going non-compliance with national standards of quality of treatment or service Significant effect for numerous patients if unresolved.	Gross failure to meet national standards with totally unacceptable levels of quality of treatment or service Very significant effect for a large number of patients if unresolved.
Health Inequalities	Possible increase to inequalities.	Probable small increase to inequalities.	Probable significant increase to inequalities.	Actual small increase to inequalities.	Actual substantial increase to inequalities.
Health Improvement	Possible slowing of decline of prevalence.	Probable slight slowing in rate of improvement in death rates. No decline or significant slowing in prevalence.	Probable significant slowing in improvement of death rates. Slight increase in prevalence.	Slight increase in death rates. Substantial increase in prevalence.	Substantial increase in death rates.

	Impact / Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Very Low**	**Minor**	**Moderate**	**High**	**Severe**
Operational and Legal Compliance	No or minimal impact or breach of guidance /statutory duty. Minor breach of standards with no impact on organisation.	Breach of statutory legislation Breach of broader health standards or minor targets.	Single breach of statutory duty. Breach leading to discussion with National Commissioning Board (NCB).	Multiple breaches in statutory duty. Breach leading to DH improvement team intervention. Breach leading to threat of court action.	Multiple breaches in statutory duty. Breach leading to court action against executive.
Financial Balance / Claims	<£50,000 loss. Small loss risk of claim remote.	£50,001 - £250,000 loss. Claims less than £10,000.	£250,001 - £1M loss. Claims between £10,000 & £100,000.	£1,000,001 - £3M. Claims between £100,000 & £1 million.	>£3M. Claims >£1million.
Financial Governance	Small loss>£100 Isolated technical breach with minimal impact.	Loss > £1,000 Numerous minor technical breaches. Technical breach leading to financial loss.	Loss>£10,000 Limited assurance on single key financial systems.	Loss> £100,000 Failure to get Statement on Internal Control agreed. Fraud leading to imprisonment of staff member. No assurance on single key financial system. Limited assurance on multiple systems.	Loss > £1,000,000 Investigation by the National Audit Commission. No assurance on multiple financial systems.
Business Objectives/ Projects	Insignificant cost increase/ schedule slippage. No impact on delivery of objectives.	<5 per cent over project budget / Schedule slippage. Minor impact on delivery of objectives.	5–10 per cent over project budget / Schedule slippage. Moderate impact on delivery of objectives.	10–25 per cent over project budget / Schedule slippage. Key objectives not met.	>25 per cent over project budget / Schedule slippage. Failure of strategic objectives impacting on delivery of business plan.
Information and Technology (Information Governance)	Minor technical breaches of standards not directly impacting on members of the public.	Single loss of data or other breach affecting a single individual.	Multiple losses of data or other breaches of governance standards impacting on small numbers of people. Single loss of data impacting on many people.	Multiple losses of data or other breaches of governance standards each impacting on hundreds of individuals.	Breach leading to court action against executive.
Reputation	Complaint /concern only. Not relevant to mandate priorities. No adverse media. No negative recognition from the public.	Minor impact on achieving mandate priorities. Low level of adverse media coverage. Small amount of negative public interest.	Moderate impact on achieving mandate priorities. Moderate amount of adverse media coverage. Moderate amount of negative public interest.	High impact on achieving mandate priorities. High level of adverse media coverage. Negative impact on public confidence.	Mandate priorities will not be achieved. National adverse media coverage. Total loss of public confidence.
Service Business Interruption	Loss/interruption for >1 hour.	Loss /interruption for >8 hours.	Loss /interruption for >1 day.	Loss /interruption for >1 week.	Permanent loss of service or facility.

Domains	Impact / Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
	Very Low	Minor	Moderate	High	Severe
Staff Safety and Wellbeing	Minor cuts and bruises. Isolated incidence of low morale.	Medical treatment required. Less than three days' absence. Low morale among a number of staff groups.	Single admittance to hospital for less than 24 hours. Absence of three days or longer. Sickness rates increasing.	Single fatality or permanent disability. Rapid increase in sickness rates threatening service delivery.	Multiple fatalities or cases of permanent disability.
People and Change (Human resources/ organisational development/staffing/ competence)	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory training.	Uncertain delivery of key objectives due to lack of staff. Unsafe staffing level (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/ service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.

Qualitative measure of risk – Likelihood Score

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

Quantification of the Risk – Risk Rating Matrix

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