

Primary Care Commissioning Committee

26 July 2017

| | | | | | | |
|------------------|---|---|-----------------|--|-----------------|---|
| Details | Part 1 | X | Part 2 | | Agenda Item No. | 9 |
| Title of Paper: | Risk Report | | | | | |
| Board Member: | Margaret O'Dwyer, Director of Commissioning and Business Delivery | | | | | |
| Author: | Lynne Byers, Risk Manager | | | | | |
| Presenter: | Margaret O'Dwyer, Director of Commissioning and Business Delivery | | | | | |
| Please indicate: | For Decision | X | For Information | | For Discussion | X |

Executive Summary

| | | | | | | |
|------------------------|---|--|---------------|---|------------|--|
| Summary | <p>Risk management provides a systematic and consistent integrated framework through which the CCG's strategic objectives are pursued. This involves the identification of risks, threats and opportunities to achieving those objectives and taking steps to mitigate, manage and control the associated risks to delivery.</p> <p>This paper includes those risks assigned to the Primary Care Commissioning Committee in line with the Risk Management Strategy.</p> | | | | | |
| Risk | High | | Medium | X | Low | |
| | As the processes for embedding risk reporting and recording are being refreshed, there is the potential that not all risks are captured through the risk register. | | | | | |
| Recommendations | <p>The Primary Care Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> • receive the risk report; • note the updates on the risk register as reflected in Appendix A and B; • note the update provided; • discuss and support the closure of the risks for onward recommendation to the Audit Committee; • note the summary position | | | | | |

Strategic Themes

| | |
|---|---|
| To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies | |
| To deliver service re-design in priority areas through innovation | |
| To develop primary care to become excellent and high performing commissioners | |
| To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners | |
| To develop robust and effective working relationships will all stakeholders and partners to drive integrated commissioning | |
| To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system | |
| To develop and influence the provider landscape through development of a Locality Care Organisation (LCO) | |
| Equality Analysis Assessed? | N/A Supports NHS Bury CCG Governance arrangements X |

Primary Care Commissioning Committee Risk Register

1.0 Introduction

- 1.1 This report provides an updated position in respect to those risks that have been identified, assessed and categorised as having a potential impact on the CCG in relation to Primary Care.
- 1.2 The report presents the risk position and status as at **30 June 2017**.

2.0 Background

- 2.1 The Risk Register (**see Appendix A**) captures all risks, irrespective of risk level, that have been categorised by the risk owner with the potential to impact on the areas of responsibility of the Committee.
- 2.2 **Appendix B** provides an increased level of detail on all those risks that have been reviewed in this period, including controls, assurances and gaps as well as mitigating actions to reduce the risk, *and also includes information in respect of risks which have been recommended for closure or any risks currently scored 15+ by the Primary Care Workstream*. The risk matrix is also provided at **Appendix C** for ease of reference.
- 2.3 There are currently a total of **31** risks being monitored across the organisation (excluding the Governing Body Assurance Framework) of which **2** are included on the Primary Care Commissioning Committee Risk Register.
- 2.4 An assessment of each risk is undertaken between the risk owner and risk manager, on a schedule specific and appropriate to each risk, with any changes or progress being recorded and outlined within the report.
- 2.5 This report includes all open risks, irrespective of risk score for risks assigned to this committee and any risks that are the responsibility of the Primary Care Workstream, which, have a current risk level of 15+ and any risks which have been recommended for closure. It is the Committee's responsibility to oversee these risks, seek assurance that appropriate controls are in place to manage the risks and that actions are being implemented to further reduce the risk and achieve target risk score.
- 2.6 The Committee is able to request that further risks are added to the register through the course of its work.

3.0 Risk Review

- 3.1 This section of the report provides a commentary on those risks which have been reviewed in the reporting period. Since the last report to the committee, **0** risks have been reviewed.
- 3.2 The next assessment dates for the 2 risks below are scheduled for;
 - **New Build re: Uplands Health Centre – Structure – September 2017**
 - **Uplands Health Centre - Existing Infrastructure – March 2019**

Risks with no reported change

- 3.3 There are **0** risks falling within this category on this report.

Risks that have reduced in score

- 3.4 There are **0** risks falling within this category on this report.

Risks that have increased in score

- 3.5 There are **0** risks falling within this category on this report.

Risks that have reached the target score

- 3.6 There is **1** risk falling within this category on this report.

- **RR_SB_F_05 Uplands Health Centre - Existing Infrastructure**

- 3.7 As an update this risk will remain on the risk register as a sub risk of the 'New Build' or until advised further. The next risk assessment has been scheduled for 31 March 2019 with a view to earlier review if any issues arise. No issues have been identified during this reporting period.

Risks recommended for closure

- 3.7 Whilst **0** risks on the Primary Care Commissioning Risk register are reported for closure, the committee's attention is brought to **4** risks that have been referred from the Primary Care Workstream.

- 3.8 In line with process any risks which are the responsibility of the Primary Care Workstream and have a current risk score of 15+ or are recommended for closure will require the support of this Committee.

- 3.9 All four risks were considered at the Primary Care Workstream Group on 05 July 2017, all of which have reduced in score down to target level and accepted for closure.

- **RR_S_C_50 Capita – Primary Care Support Services**

- 3.10 Through the Primary Care Workstream Group, it was agreed that the risk had been reduced and mitigated to its target level (8) with all outstanding actions completed.

- 3.11 The recovery plan, which is a control of the risk, is in place and progressing well, coupled with added assurance that concerns are not increasing. All communications which are received from Capita are reviewed operationally to keep a watchful eye, therefore the current level of management is considered minimal.

- 3.12 The Primary Care Commissioning Committee is asked to support the recommended closure of this risk from the Primary Care Workstream and note onward reporting to the Audit Committee September 2017.

- **RR_HR_C_51 Resilience – Capacity and Staffing**

- 3.13 Through the Primary Care Workstream Group, it was agreed that the risk had been reduced

and mitigated to its target level (3) with the outstanding action completed.

- 3.14 The rationale for recommending this risk for closure is primarily due to the implementation of the contingency plans within the Data Quality Team which provides sufficient assurance. Additionally over the last three months new ways of working have been embedded across the relevant CCG teams, supporting a matrix working approach, and delivering resilience.
- 3.15 The Primary Care Commissioning Committee is asked to support the recommended closure of this risk from the Primary Care Workstream and note onward reporting to the Audit Committee September 2017.

- **RR_SD_C_53 Delegated Commissioning – Contractual Knowledge**

- 3.16 Through the Primary Care Workstream Group, it was agreed that the risk had been reduced and mitigated to its target level (2) with the outstanding action completed.
- 3.17 Arrangements are now in place and embedded including a full suite of reports which add controls and provide assurance that decisions are made with the relevant input, information and expertise.
- 3.18 Whilst it is recognised that learning will continue as different contract issues arise, continued exposure, experience and development will provide the assurance that they can be addressed accordingly, therefore the Primary Care Commissioning Committee is asked to support the recommended closure of this risk from the Primary Care Workstream and note onward reporting to the Audit Committee September 2017.

- **RR_B_C_52 APMS Contract Retender**

- 3.19 Although this at target level (4) since April 2017, the risk has remained on the register while all outstanding actions had been completed, however it is to be noted that these outstanding actions did not affect service mobilisation.
- 3.20 The contract is now four months in to delivery with no known issues or risks reported with all outstanding actions completed. Therefore it is proposed this risk is now closed.
- 3.21 The Primary Care Commissioning Committee is asked to support the recommended closure of this risk from the Primary Care Workstream and note onward reporting to the Audit Committee September 2017.

New Risks

- 3.22 During this reporting period **0** new risks have been added to the risk register.

Risks that will be reported through the Corporate Risk Register

- 3.23 The Corporate Risk register details risks which are scored 15 or above. The Primary Care Risk Register contains **0** risks at this level.

Risk Summary

- 3.24 The following summary is provided of the risk of the Primary Care Commissioning Committee Risk Register:

| | June | June % |
|---|------|--------|
| Total Risks on Report | 2 | |
| New Risks | 0 | 0.0% |
| Risks reduced since last report | 0 | 0.0% |
| Risks increased since last report | 0 | 0.0% |
| Risk that have reached target level | 1 | 50.0% |
| Low Risks (1-3) | 0 | 0.0% |
| Medium Risks (4-6) | 1 | 50.0% |
| High Risks (8-12) | 1 | 50.0% |
| Significant Risks (15-25) | 0 | 0.0% |
| Risks reviewed in this period (June) | 0 | 0.0% |
| Risks yet to be reviewed in (June risk review due date) | 0 | 0.0% |
| Risks to be reviewed for next report (July risk review due date) | 0 | 0.0% |

4.0 Recommendations

4.1 The Primary Care Commissioning Committee is asked to:




- receive the risk report;
- note the updates on the risk register as reflected in Appendix A and B;
- note the update provided;
- support the agreed closure of the four risks presented, including onward reporting to the Audit Committee
 - **RR_S_C_50 Capita – Primary Care Support Services**
 - **RR_HR_C_51 Resilience – Capacity and Staffing**
 - **RR_SD_C_53 Delegated Commissioning – Contractual Knowledge**
 - **RR_B_C_52 APMS Contract Retender**
- note the summary position including that **0** risks are due for review in July 2017.

Lynne Byers
Risk Manager
July 2017

Appendix A: Primary Care Commissioning Committee Risk Register: Summary




| Risk Id | Risk Description | Date Risk Identified | Original Risk Score | Risk Last Reviewed | Current Risk Score | Target Risk Score | Direction of Travel | Next Review Date |
|------------|---|----------------------|---------------------|--------------------|--------------------|-------------------|---|------------------|
| RR_Q_F_05a | New Build re: Uplands Health Centre - Structure | 09-Feb-2017 | 12 | 22-May-2017 | 9 | 1 |  | 30-Sep-2017 |
| RR_SB_F_05 | Uplands Health Centre - Existing Infrastructure | 23-Aug-2012 | 20 | 22-May-2017 | 4 | 4 |  | 31-Mar-2019 |

Appendix B: Primary Care Commissioning Committee: Detailed Risk (Risks Recommended for Closure)

| | | | | | |
|---|--|-------------------|---|---|---|
| Risk Code & Title | RR_S_C_50 Capita - Primary Care Support Services | | | | |
| Risk Statement | Because Capita were awarded the contract for primary care support services and are experiencing customer service issues such as: backlog on records; prescriber alignment, pension contributions there is a risk that lack of records may result in some GPs consulting with new patients without their records giving rise to safety concerns, prescribing costs/codes are aligned to the wrong GP practice and potentially CCG resulting in financial and safety complications and practices are also having to accrue monies as a result of pension contributions not being taken. | Risk Owner | Current Risk Status | Direction of Travel | Annual profile |
| Current Issues | | Amy Lepiorz |  |  |  |
| <ul style="list-style-type: none"> . Detailed description in risk above. . This is a contract which has been procured by NHS England and so much of the mitigation is outside the control of the CCG. | | | | | |

| Original Risk | | | | Current Risk | | | | Next Risk Review Date | Target Risk | | | |
|----------------------|--------|------------|--------|--------------------------|--------|------------|--------|-----------------------|-------------|------------|--------|-------------|
| Date Risk Identified | Impact | Likelihood | Rating | Current Risk Review Date | Impact | Likelihood | Rating | | Impact | Likelihood | Rating | Target Date |
| 07-Nov-2016 | 4 | 4 | 16 | 16-Jun-2017 | 4 | 2 | 8 | | 4 | 2 | 8 | 31-Jul-2017 |

| Existing Assurance | Existing Controls | Gaps in Assurance / Gaps in Controls |
|--|--|---|
| <ul style="list-style-type: none"> . Stakeholder engagement . Feedback from Capita at GM Primary Care Leads Meeting . PCC Committee oversight | <ul style="list-style-type: none"> . NHS England has increased funding to Capita for the remainder of 2016/17 to address the issues. . Practices have specific lines of contact with which issues can be raised to Capita. . Regular newsletters from Capita which provide updates in progress. These are communicated to practices by the CCG. . Medicines optimisation team have scoped potential impact of any incorrect prescribing alignment in order to inform future discussion with partners | <ul style="list-style-type: none"> . None identified |

| Action | Due Date | Assigned To | 'Action' progress update (latest) | % Progress | Status | |
|---|-------------|--------------|--|------------|---|-----------|
| 50a Supporting practices to raise concerns with Capita on a case-by-case basis | 31-Mar-2017 | Zoe Alderson | Message is now filtering to practices to contact the Capital helpdesk and as such PC team not having as much active involvement on a case-by-case or operational level | 100% |  | Completed |
| 50b Review monthly communications from Capita about recovery plan to identify any gaps/lack of progress | 20-Jun-2017 | Zoe Alderson | The level of management is minimal; risk has been reduced to target level and is based on the progress of the recovery plan. In addition this action can now be deemed business as usual and classified as a watchful eye task. All comms received is reviewed operationally. No other actions are required to address | 100% |  | Completed |
| 50c Prescriber alignment | 15-May-2017 | Zoe Alderson | Per Medicines Management lead this action is fully covered within the main Capita – PCSS risk. | 100% |  | Completed |

| | | | | | |
|------------------------------|---|-------------------|----------------------------|----------------------------|-----------------------|
| Risk Code & Title | RR_HR_C_51 Resilience - Capacity and Staffing | | | | |
| Risk Statement | Because of new staff being put in place and new ways of working. There is a risk that key Business Intelligence and Data Quality functions may not be provided. Resulting in a lack of contract monitoring of primary care providers, potentially not providing value for money to the CCG. | Risk Owner | Current Risk Status | Direction of Travel | Annual profile |
| | | Amy Lepiorz | | | |
| Current Issues | <ul style="list-style-type: none"> . If cross cover arrangements are not in place the PC team will be unable to monitor contracts and support quality practice visits . None identified currently | | | | |

| Original Risk | | | | Current Risk | | | | Next Risk Review Date | Target Risk | | | |
|----------------------|--------|------------|--------|--------------------------|--------|------------|--------|-----------------------|-------------|------------|--------|-------------|
| Date Risk Identified | Impact | Likelihood | Rating | Current Risk Review Date | Impact | Likelihood | Rating | | Impact | Likelihood | Rating | Target Date |
| 01-Feb-2016 | 3 | 2 | 6 | 16-Jun-2017 | 3 | 1 | 3 | | 3 | 1 | 3 | 30-Jun-2017 |

| Existing Assurance | Existing Controls | Gaps in Assurance / Gaps in Controls |
|--|---|--|
| <ul style="list-style-type: none"> . Primary Care lead and BI Manager converse regularly . Primary Care lead and Data Quality Manager converse regularly | <ul style="list-style-type: none"> . Business Intelligence Team now fully recruited to and starting to share knowledge across roles . Data Quality Analysts also buddied together to ensure cross cover . Two new roles recruited to within the Primary Care Team as a result of taking delegated responsibility for commissioning to provide extra capacity | <ul style="list-style-type: none"> . None identified |




| Action | Due Date | Assigned To | 'Action' progress update (latest) | % Progress | Status | |
|---------------------------------------|-------------|--------------|--|------------|--------|-----------|
| 51a Monitoring of new ways of working | 30-Jun-2017 | Zoe Alderson | Data quality team have implemented contingency plans to cover absences therefore assurances have been received therefore risk is now at target level and recommended for closure | 100% | | Completed |

| | | | | | |
|------------------------------|---|-------------------|----------------------------|----------------------------|-----------------------|
| Risk Code & Title | RR_SD_C_53 Delegated Commissioning - Contractual Knowledge | | | | |
| Risk Statement | New arrangement for delegated commissioning came into effect from 01/04/2016. There is a risk that decisions could be made without full understanding of regulations and experience to draw on | Risk Owner | Current Risk Status | Direction of Travel | Annual profile |
| | | Amy Lepiorz | | | |
| Current Issues | <ul style="list-style-type: none"> Limited contractual knowledge at both Committee and staff level of the framework within which the CCG will now operate Limited corporate memory to draw on, however continuous learning overtime will build on experience | | | | |

| Original Risk | | | | Current Risk | | | | Next Risk Review Date | Target Risk | | | |
|----------------------|--------|------------|--------|--------------------------|--------|------------|--------|-----------------------|-------------|------------|--------|-------------|
| Date Risk Identified | Impact | Likelihood | Rating | Current Risk Review Date | Impact | Likelihood | Rating | | Impact | Likelihood | Rating | Target Date |
| 19-Oct-2016 | 2 | 3 | 6 | 16-Jun-2017 | 2 | 1 | 2 | | 2 | 1 | 2 | 28-Feb-2017 |










| Existing Assurance | Existing Controls | Gaps in Assurance / Gaps in Controls |
|---|---|---|
| <ul style="list-style-type: none"> PCC Committee oversight | <ul style="list-style-type: none"> Wider GM support is available as other CCGs may have already made similar decisions. Although this is reliance on a third party. This provides support outside of the organisation to ensure effective decision making Primary Care Commissioning (Community Interest Company) identified as training provider to work with October report to PCCC contained a briefing on issues which needed to be considered Suite of reports to be considered at May PCC Committee | <ul style="list-style-type: none"> None identified |

| Action | Due Date | Assigned To | 'Action' progress update (latest) | % Progress | Status |
|--|-------------|-------------|--|------------|-----------|
| 53a Committee Members to receive briefing/development session on contractual duties/responsibilities | 31-May-2017 | Amy Lepiorz | Planned documents have been produce and ratified by Workstream and PCC May 2017. | 100% | Completed |

| | | | | | |
|------------------------------|---|-------------------|---|---|---|
| Risk Code & Title | RR_B_C_52 APMS Contract Retender | | | | |
| Risk Statement | Because the CCG are required to procure APMS services before the two time limited APMS contracts expire on the 31/03/17 there is a risk that the CCG will have to extend current contracts, resulting in greater financial costs and a loss of confidence amongst the membership. | Risk Owner | Current Risk Status | Direction of Travel | Annual profile |
| | | Zoe Alderson |  |  |  |
| Current Issues | . Confirmation of estates issues (utilisation of space / ownership) | | | | |

| Original Risk | | | | Current Risk | | | | Next Risk Review Date | Target Risk | | | |
|----------------------|--------|------------|--------|--------------------------|--------|------------|--------|-----------------------|-------------|------------|--------|-------------|
| Date Risk Identified | Impact | Likelihood | Rating | Current Risk Review Date | Impact | Likelihood | Rating | | Impact | Likelihood | Rating | Target Date |
| 07-Nov-2016 | 4 | 3 | 12 | 25-May-2017 | 4 | 1 | 4 | 17-Jul-2017 | 4 | 1 | 4 | 31-Mar-2017 |

| Existing Assurance | Existing Controls | Gaps in Assurance / Gaps in Controls |
|--|---|--------------------------------------|
| . Regular reports to PCCC . Post mobilisation meeting | To ensure delivery by 1/4/2017 the following controls have been put into place; . Preferred bidder identified, Contract negotiations underway with Rock Health Care /CCG finance to ensure continuity of care form 1/4/2017 . Provider to Provider communications taking place to ensure a smooth transition. Communications published to Rock and RLC patients with ongoing communications to ensure patients are fully engaged . Paper provided to PCCC 22/2/2017 which will highlight the risks . CCG working with RLC ensuring a robust exit plan in place . Core contracts now in place to deliver the service and a post mobilisation meeting has taken place and lessons learnt gathered | . None identified |

| Action | Due Date | Assigned To | 'Action' progress update (latest) | % Progress | Status | |
|--|-------------|--------------|---|------------|---|------------------|
| 52a Present report to Primary Care Commissioning Committee for decision on tenders | 23-Nov-2016 | Amy Lepiorz | Report presented to Committee with recommendation for Lot 1 and Lot 2. Recommendations accepted. Rock Healthcare awarded both contracts. | 100% |  | Completed |
| 52b Ensure mobilisation of new contract by 1/4/2017 | 31-Mar-2017 | Zoe Alderson | Service went live 1/4/2017 as planned with appropriate contract in place | 100% |  | Completed |
| 52d All necessary information provided by existing provider (e.g. TUPE/Assets) by end Jan 17 | 31-Jan-2017 | Zoe Alderson | TUPE information received from providers. Information now sent to Finance for inclusion with the contract and the incoming provider to start negotiations | 100% |  | Completed |
| 52e Press Release | 31-Mar-2017 | Zoe Alderson | Patient letters distributed | 100% |  | Completed |
| 52f IT solution sought for reporting/monitoring at a site level | 16-Jun-2017 | Zoe Alderson | Merger completed. | 100% |  | Completed |
| 52g Premises agreements in place 31st March | 31-Mar-2017 | Zoe Alderson | Lessons learnt produced and shared internally. Full estates review required to be taken up by the CCG Strategic Estates Group | 100% |  | Completed |
| 52h Core Contract Signed by both parties 17th March 2017 | 17-Mar-2017 | Zoe Alderson | Core contract signed in line with due date | 100% |  | Completed |
| 52i Additional services contract signed by both parties | 28-Feb-2017 | Zoe Alderson | Confirmed as complete on the 24th May therefore action closed | 100% |  | Completed |
| 52j New GP SOC agreement to be drafted End May 17 | 31-May-2017 | Zoe Alderson | Merger has taken place and the amended GP SOC agreement is to be issued | 100% |  | Completed |

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) | Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating | 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 |
| 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 |

| | Consequence score (severity levels) and examples of descriptors | | | | |
|--|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| Domains | Negligible | Minor | Moderate | Major | Catastrophic |
| 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 |
| Adverse publicity/ reputation | 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 |
| Business objectives/ projects | 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 |
| Finance including claims | 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 |
| Service/ business interruption Environmental impact | 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 |
| Frequency 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 |
| Probability | <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 |