

## CCG Board

Date of meeting		28 May 2020	
Agenda Item	8	Paper No	WHCCG20/027

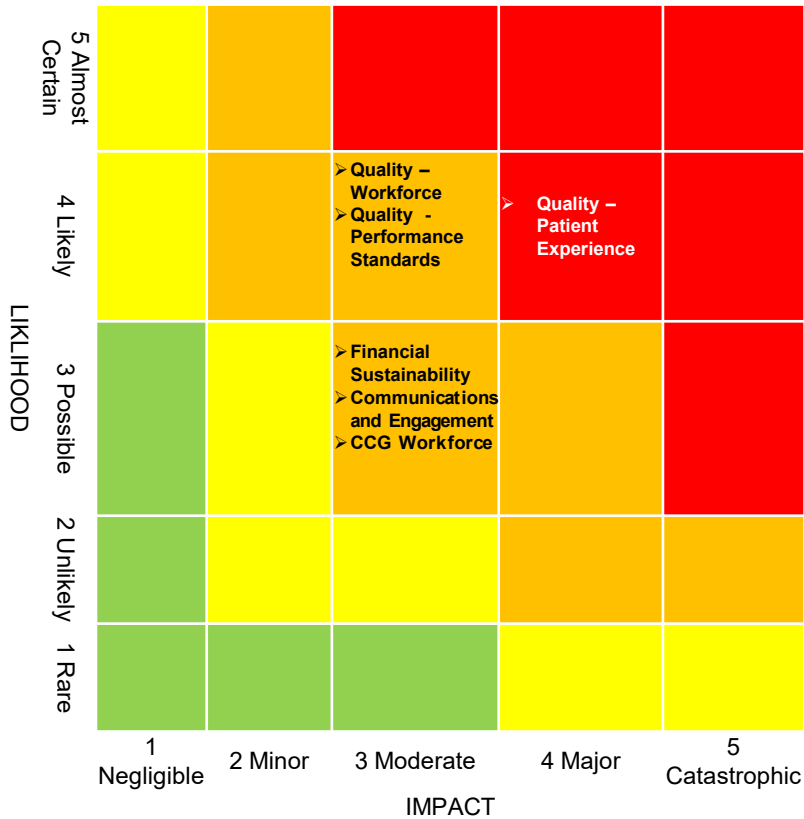
### West Hampshire Clinical Commissioning Group Board Assurance Framework

<p><b>Key issues</b></p>	<p>As per the CCG's Corporate Risk Management Policy, the Board receives the Board Assurance Framework (BAF) at each public meeting. The BAF is a high level, aggregated description of the risks that relate to the achievement of the CCG's strategic objectives. It is intended to provide assurance to the Board in relation to the management of risks that threaten the ability of the organisation to achieve these objectives. <i>It only includes very high and high risks which are currently above their target risk score.</i> The BAF is based on the Strategic Objectives of the CCG:</p> <ul style="list-style-type: none"> <li>• Quality and Performance             <ul style="list-style-type: none"> <li>○ Constitutional standards / performance and key performance indicators, delayed transfer of care</li> <li>○ Patient experience</li> <li>○ Workforce</li> </ul> </li> <li>• Financial sustainability</li> <li>• Working in Partnership for optimum service delivery</li> <li>• Developing Local Delivery systems</li> <li>• Developing CCG workforce</li> <li>• Communications and Engagement</li> </ul> <p>The Corporate Risk Group met on 12 May 2020 to review the implications of the COVID outbreak on the delivery of the Strategic Objectives and have created an additional list of risks. These were shared with lay members on 13 May 2020. At the Performance Issue and Risk Group meeting on 20 May 2020 it was agreed that these risks need to be fully worked up with owners identified controls and action plans and reviewed and be incorporated in the next iteration of the BAF.</p> <p>The situation on the current BAF is as follows:</p> <p><b>Two new risks were added to the BAF:</b></p> <ul style="list-style-type: none"> <li>• #697 Covid-19 Primary Care Access (12)</li> <li>• #702 If the CCG does not deliver the planned 2020/21 position (12)</li> </ul>
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	<p><b>There were four risks whose scores were reduced and removed from the BAF:</b></p> <ul style="list-style-type: none"> <li>• #694 Unlikely to invest to the level required to deliver Mental Health targets within the long term plan (10)</li> <li>• #682 Capacity in the Safeguarding Adults Team (9)</li> <li>• #646 Secure Care UK- secure transport provider undertaking robust risk assessments (6)</li> <li>• #550 Delayed Procurement on children's therapies contracts (8)</li> </ul> <p><b>Four risks were closed and removed from the BAF</b></p> <ul style="list-style-type: none"> <li>• #695 Primary Care IT Resilience (Covid-19) (12) – plans in place have reduced the risk</li> <li>• #679 Potential Financial impact on CCG of setting a budget that is below the control total set for the CCG for the 20/21 budget by NHS England (16) – new contracting arrangements have been put in place for COVID until 31 October and no budgets have currently been set for CCGs</li> <li>• #672 Hampshire Autism reprocurement (12) – procurement now completed</li> <li>• #493 If the CCG does not deliver the planned 2019/20 position (16) – new risk raised for the current financial year</li> </ul> <p>Currently there are no Risks recorded under</p> <ul style="list-style-type: none"> <li>• Strategic Objective 3 - Work in Partnership to Commission Health and Social Care</li> <li>• Strategic Objective 4 - Establish Local Delivery Systems</li> </ul> <p>See Appendix A for the West Hampshire CCG BAF. See Appendix B for the Risk Score Matrix.</p>
<b>Strategic objectives</b>	All
<b>Actions requested / Recommendation</b>	<b>The Board is asked to review the Board Assurance Framework to assure that all reasonably practicable actions are being taken to control and mitigate the risks to delivery of the strategic objectives.</b>
<b>Principal risk(s) relating to this paper</b>	This paper addresses the need for providing assurance regarding the prioritisation, control and mitigation of corporate risks that may have an adverse effect on the delivery of the Strategic Plan Objectives of West Hampshire CCG.
<b>Other committees / groups where evidence supporting this paper has been considered.</b>	<p>The documents are reviewed at the Corporate Risk Group prior to submission to the Board.</p> <p>The new Strategic Risks were also reviewed at the Performance, Issue and Risks Groups on 20 May 2020.</p>
<b>Financial and resource implications / impact</b>	Not applicable.
<b>Legal implications / impact</b>	Not applicable.
<b>Privacy impact assessment required?</b>	Not applicable.

<b>Public/stakeholder involvement – activity taken or planned</b>	Not applicable.
<b>Equality and Diversity – implications / impact</b>	This paper does not request decisions that impact on equality and diversity.
<b>Report Author</b>	Pippa Brown, Business Planning and Risk Manager
<b>Sponsoring Director</b>	Mike Fulford, Chief Operating Officer
<b>Date of paper</b>	20 May 2020

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**New risks:**

- #697 Covid-19 Primary Care Access (12)
- #702 If the CCG does not deliver the planned 2020/21 position (12)

**Reduced risks and removed:**

- #694 Unlikely to invest to the level required to deliver Mental Health targets within the long term plan (10)
- #682 Capacity in the Safeguarding Adults Team (9)
- #646 Secure Care UK- secure transport provider undertaking robust risk assessments (6)
- #550 Delayed Procurement on children's therapies contracts (8)

**Closed Risks:**

- #695 Primary Care IT Resilience (Covid-19) (12)
- #679 Potential Financial impact on CCG of setting a budget that is below the control total set for the CCG for the 20/21 budget by NHSE (16)
- #672 Hampshire Autism reprocurement (12)
- #493 If the CCG does not deliver the planned 2019/20 position (16)



# Board Assurance Framework May 2020

Risks higher than their target score	1	5	4	1	
		4	19		
		1	2	2	
	1	1	1		

## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Patient Experience	16 ↕	1 risk scores 16 (very high) & 4 risks score 12 (high)  #448 CAMHS - assurance of safety of young people on the waiting list	Referral triage, monthly review of high risk patients, contact with long waiters and LAC and YOT prioritisation.  External peer review to validate clinical model and assumptions completed  WHCCG Board approved an investment plan in July 2019, Partnership Board in October 2019  Audit of sample of Children on waiting list with a summary to Clinical Governance, March 2020.  New Children and Young Persons Psychological Health and Wellbeing Transformation Board met 5 February 2020 - discuss proposed priorities for the CAMHS programme  During Covid-19 service holds bi-weekly virtual teams meetings and business continuity plans enacted. Many staff are working from home using the platform Attend Anywhere to continue appointments with young people and their families.	8	High turnover of staff compromising service protocols  Insufficient staffing for Single Point of Access  Vacancy rate has deteriorated from 12% month 9 impacting ability to deliver change and service.	Still waiting for staff recruitment implementation plan for additional funding – JE 29/5/2020  Wider review of the whole CAMHS pathway has been delayed by lack of capacity in the team, delayed due to COVID 19– JE 29/5/2020  Ensure that current shared care protocols for anti-psychotic medication repeat prescriptions are being followed – JE 29/5/2020

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6 <b>TARGET</b>	High 8-12	Very High 15-25 <b>CURRENT</b>
Risk averse Min exposure	Risk neutral Medium exposure	8	16 Intolerable exposure

# Board Assurance Framework May 2020

Risks higher than their target score	1	5	4	1
		4	19	
		1	2	2
	1	1	1	

## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

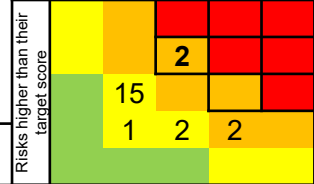
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Patient Experience	12 ↔	1 risk scores 16 (very high) & 4 risks score 12 (high)  #480 Primary Care provision of Adult Medicals for Foster Carers and Adopters - impact on looked after children	<p>GP's have statutory and professional duties to safeguarding children registered with their practices.</p> <p>The CCGs have an existing fee structure of £84 per initial assessment and £27 for re-assessments. The CCGs have agreed to pay individual practices requesting higher fees to ensure that assessments are done in a timely manner but under NHS arrangements the CCGs cannot approve upfront payment.</p> <p>Named GPs for Safeguarding acting as champions to work in partnership with partnerships to achieve a positive outcome.</p> <p>Raised nationally and regionally concerns about implication for securing services of prospective foster carers.</p> <p>A HIPS wide solution is being sought. All designated Nurses for LAC have asked of their LA what the demand is as part of a scoping exercise. Guidance has been issued from Coram BAAF on how this might be resolved during this period and this will be included in the scoping exercise and solutions focus.</p>	6	<p>Corum Baff national figures indicate the the collaborative fees have not been uplifted for inflation since 2014 - current cost would be £115 for an initial and £38 for a repeat - this is still below BMA recommendations</p> <p>BMA recommendations differentiate between report writing and examination. The report cost will be £94 and examination £130.</p> <p>There is inequity in the system regarding fees and quality of service (practices requesting payment upfront prior to booking appointments and not releasing reports until payment is made).</p> <p>Cost pressure applying fees requested by some practices is £49K across Hampshire.</p> <p>Due to the current pandemic (COVID 19) medicals are being regarded as private work and some Practices have dispensed with them at this time.</p>	Paper gone to COO for discussion with DOFs across the Partnership CCGs to address some of the financial implications looking for a way forward - Delayed due to COVID 19 work – MF Q! 30/6/2020

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	TARGET	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	8	Risk appetite High exposure	16 CURRENT Intolerable exposure



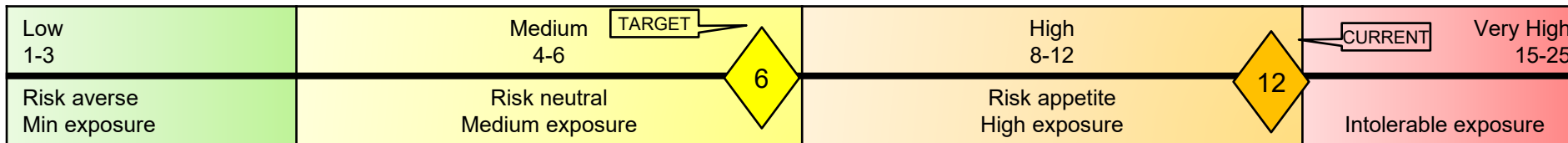
## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

### ACTIONS

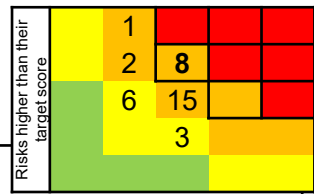
AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 2 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Workforce	12 ↕	#601 Cultural concerns affecting mental health quality of care at Hamtum Ward (Antelope House)	<p>Revised management structure of Southampton Mental Health teams including Antelope House.</p> <p>There is a structured programme of peer reviews which include Antelope House to identify concerns of which the CCG are involved</p> <p>Southampton CCG holds quarterly CQRMs in Antelope House and reports any concerns to the main CQRM for oversight and scrutiny</p> <p>SHFT Whistleblowing policy and procedure in place and reviewed by CCG</p> <p>Peer review visit to Hamtum ward on the 11th August also included the review of medication recording and dispensing. No specific medication concerns were identified and this will now be picked up within the overarching review of Antelope House. CQC announced visit in October 2019, waiting a report.</p> <p>Change of Senior Management Structure at Antelope House and further changes to leadership are underway.</p>	6	Review of Hamtum Ward required to put learning in place for new staffing structure. The Covid-19 pandemic has delayed the start of this review.	<p>Review by SHFT with external consultant support commissioned to provide insight and learning that will enable the clinical and operational management team to improve the experience and outcomes for patients and staff. The Covid-19 pandemic has delayed the start of this action which has now been put back to the end of June when it will be reviewed again. EM Q1 30/06/2020</p> <p>Hamtum Ward remains on SHFT list for intensive internal support</p>

### Overall Risk to Strategic Objective





# Board Assurance Framework May 2020



## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

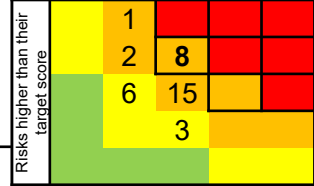
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 8 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Performance Standards	12 ↕	#619 If Hampshire Hospitals NHS Foundation Trust (HHFT) do not achieve the NHS Constitution standards for emergency department waiting times	<p>Task &amp; Finish Group to agree improvement plan to deliver increased weekend discharges.</p> <p>Reviewed Rapid Improvement Plan impact now with Improved project in place with additional actions and improvements for sustainable recovery.</p> <p>New CPB in place to ensure performance oversight/assurance</p> <p>Pathway review of GP admissions at RHCH to ensure appropriate direct access.</p>	6	<p>Performance improvement not sustained, review of improvement actions underway.</p> <p>Implement of improvement methodology at Winchester remains a challenge due to transformation staff capacity</p> <p>Onward care capacity at Winchester continues to be a challenge escalated via HCC.</p> <p>Ongoing recruitment shortfalls</p>	<p>Actions to meet constitutional standards will be revised in light of COVID recovery planning – RCJ Q1 30/6/2020</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure

# Board Assurance Framework May 2020



## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

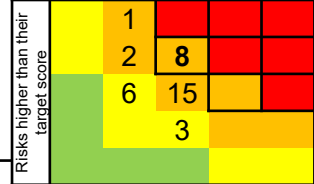
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 8 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Performance Standards	12 ↕	#150 If University Hospital Southampton Foundation Trust (UHSFT) do not meet the constitutional standards for cancer pathways	<p>Monthly meetings between CCGs and Chief Operating Officer to discuss Cancer performance and RAP.</p> <p>Agreed Cancer RAP and trajectory in place to deliver 62 day standards – currently being refreshed with support from CCGs, NHSE/I and the Wessex Cancer Alliance (WCA).</p> <p>Pathway specific meetings being held with operational/clinical teams within UHSFT to understand local issues and identify/progress actions.</p> <p>Regular updates, including escalations, are provided to Contract Performance Board.</p> <p>SFT and RBCH aware of key issues and neighboring CCGs working within system to relieve pressures of referrals from out of area.</p>	6	<p>Prostate demand was a key issue, but due to mitigating actions taken the backlog is reducing.</p> <p>Key issues remain workforce; therefore mitigating actions are focusing around efficiencies and pathway improvements. These will be extremely effective over the longer term, but take longer to implement.</p> <p>NHSE/I able to source additional capacity within the region but at a financial premium. NHSE/I continue conversations with Wessex Cancer Alliance and local providers. NHSE/I decision awaited on funding.</p>	<p>Circa 40% of cancer activity has been completed during April and May - recovery plan being developed across HIOW, of which cancer is number 1 priority component - detailed updated to follow – RK Q1 30/6/2020</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6 <b>TARGET</b>	High 8-12	Very High 15-25 <b>CURRENT</b>
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure

# Board Assurance Framework May 2020



## Strategic Objective 1 - Ensure Safe Sustainable High Quality Services

### AGGREGATED RISK STATUS

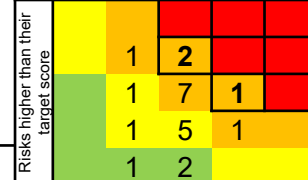
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 8 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Performance Standards	12 ↕	#670 If the Royal Bournemouth and Christchurch Foundation Trust (RBCH) do not meet the constitutional standards for: • Diagnostics (key issue) • RTT	<p>Monthly detailed Performance Report provided by Trust. Trust working closely with Dorset CCG and NHSE/I.</p> <p><u>Diagnostics</u> - Action plan in place, key area of concern - :Endoscopy and Monitoring the impacts of diagnostic performance on cancer standards.</p> <p><u>RTT</u> - Recovery plan in place, focusing on Ophthalmology, General Surgery ,Weekly WL validation. The agreement locally (Dorset) is to work towards a position of no further 52 week breaches by year end.</p> <p>Specialties are managing the balance of cancer priorities with routine waits on a daily basis, the increase in cancer fast-track referrals and cancer work has had a clear impact on RTT position</p> <p>Receiving weekly updates on waiting list and long waits over 40 weeks. Visibility of impending 52 week breaches and TCI date with reason for breach transparent.</p> <p>Endoscopy patients on a fuller RTT pathway at risk of breaching 52 weeks are discussed twice weekly . Escalation process is now in place to avoid 52 week breaches whilst managing clinical priority lists.</p> <p>Insourcing of endoscopy has commenced with every Saturday booked throughout January, February and March. Monies for these extra lists agreed by NHSE specifically for diagnostic pressures and recovery. These lists will concentrate on reducing the number of patients who are on the diagnostic lists and will release capacity to see patients who are past their surveillance date for endoscopy in week.</p>	6	<p><u>Gaps in control</u></p> <p>Recruitment and sustainability of workforce:</p> <ul style="list-style-type: none"> <li>The biggest risk areas are in common with other providers - endoscopy, ophthalmology, urology and general surgery in availability to recruit, retain and sustain workforce.</li> <li>Mitigation of impact of tax and pensions rules on waiting list initiatives.</li> </ul>	Actions to meet constitutional standards will be revised in light of Covid recovery planning, development of RTT and cold surgery recovery plans required – RK 30/6/2020

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6 TARGET	High 8-12	Very High 15-25 CURRENT
Risk averse Min exposure	Risk neutral Medium exposure 6	Risk appetite High exposure 12	Intolerable exposure

# Board Assurance Framework May 2020



## Strategic Objective 2 - Ensure System Financial Sustainability

### AGGREGATED RISK STATUS

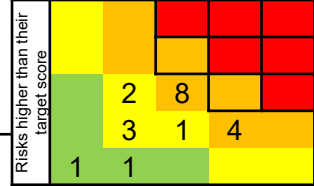
### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 2 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Financial Sustainability	12 ↕	#702 If the CCG does not deliver the planned 2020/21 position	<p>Ongoing Financial Governance and Internal control and Regularity systems assure the complete and accurate reporting of the position to Board and Budget holders for mitigation of any emerging financial under performance and risk.</p> <p>Active contract and budget monitoring processes with budget holders</p> <p>Detailed QIPP development, monitoring and budget reporting process led by PMO</p> <p>Active Medium Term financial strategy that informs priority setting in the CCG</p> <p>Effective long term modelling is in place on a monthly basis to identify the financial direction and monthly meetings on contract and other budget positions.</p> <p>System wide modelling and planning continues to be developed as the STP prepares to become a shadow Integrated care system in 2020/21</p> <p>COVID 19 - the Government has committed to refunding all additional COVID 19 expenditure.</p>	4	Contracts with providers are currently suspended across the system until 31 July 2020. It is not known what impact this will have on finances once restrictions are withdrawn.	Continue to model CCG position forward and develop the overarching financial strategy that balances system income with expenditure. MF Q4 31/03/2021

### Overall Risk to Strategic Objective

Low 1-3	TARGET	Medium 4-6	High 8-12	CURRENT	Very High 15-25
Risk averse Min exposure	4	Risk neutral Medium exposure	Risk appetite High exposure	12	Intolerable exposure

# Board Assurance Framework May 2020



## Strategic Objective 3 - Work in Partnership to Commission Health and Social Care

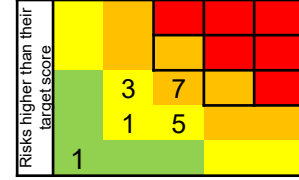
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Partnership Working			There are no corporate Work in Partnership to Commission Health and Social Care risks on the Risk Register			

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure



## Strategic Objective 4 - Establish Local Delivery Systems

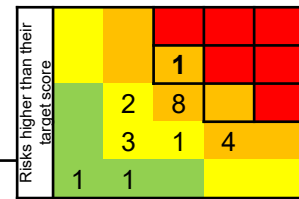
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS AND/ OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Local Delivery Systems	Orange		There are no corporate Local Delivery System risks on the Risk Register	Yellow		

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	High 8-12	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	Risk appetite High exposure	Intolerable exposure



## Strategic Objective 5 - Develop CCG Workforce

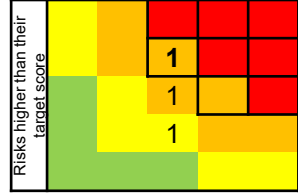
### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Develop CCG Workforce	12 ↕	1 risks score 12 (high)  #653 If there is disruption as a result of the organisational change, there is a potential to disruption to staff productivity due to uncertainty. It may also cause staff anxiety and increase mental health associated sick leave against affecting productivity (12).	<p>Organisation change policy in place. Conduct, Performance, Grievance and Absence Management Policy in place. Occupational Health referrals available to staff and line managers. Confidential 24/7 Employee Assistance Programme in place</p> <p>Regular all staff briefings Line Managers hold regular 121's with their staff which include a section on staff health and wellbeing. These have continued via Skype and Microsoft teams during COVID 19 response.</p> <p>Line Managers training includes an afternoon on stress management and resilience and how to help staff during COVID 19.</p> <p>Monitoring of workforce statistics at Learning and Growth Committee for changes in turnover, sickness levels and reasons, use of EAP</p> <p>Additional staff engagement programme initiated November 2019 to include staff drop ins, staff focus groups, 'ask mike' e-mail inbox, and regular updates and FAQs on intranet.</p> <p>All staff event for senior leaders HIOW 27 January 2020. Change Director recruited to support organisational changes.</p>	6	Clear future organisational structure for Hampshire CCGs -. Some organisational structures changed overnight in some teams due to critical need to handle COVID 10. Major incident has accelerated organisational change.	<p>Develop resilience training for staff – EM 31/03/20</p> <p>Develop new organisational structure – MF 2020</p>

### Overall Risk to Strategic Objective

Low 1-3	Medium 4-6	TARGET	High 8-12	CURRENT	Very High 15-25
Risk averse Min exposure	Risk neutral Medium exposure	6	Risk appetite High exposure	12	Intolerable exposure



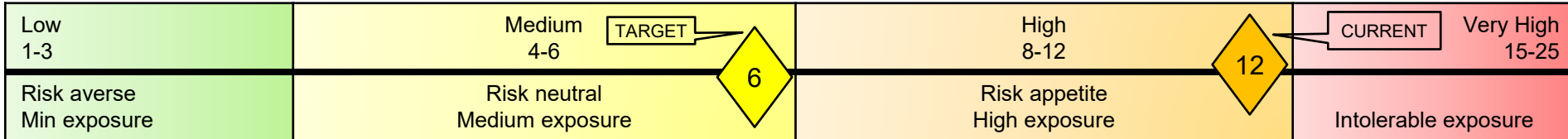
## Strategic Objective 6 - Communications and Engagement

### AGGREGATED RISK STATUS

### ACTIONS

AREA OF RISK	CURRENT RISK	STATEMENT ON CURRENT RISK POSITION 1 risks score 12 (high)	EXISTING CONTROLS AND MITIGATION	TARGET RISK	GAPS IN CONTROLS OR MITIGATIONS	KEY ACTION/ NEXT STEP TO REDUCE RISK TO TARGET
Communications and Engagement	12 ↑	IF the CCG's premises/facilities become unusable or inaccessible THEN the CCG's ability to complete their core business activities may be affected, RESULTING IN service delivery and reputational impacts (12)	BC Plan Work with partnering CCGs Remote access Cloud based email Severe weather plan TextAnywhere MS teams Government COVID 19 guidelines	6	Review of Business Continuity Plans	Ensure plans are put in place to ensure social isolation precautions are in place for Staff to repopulate CCG premises – JE Q1 30/6/2020

### Overall Risk to Strategic Objective





## Appendix B - Impact Score, Likelihood Score and Risk Score Matrix

(Source: National Patient Safety Agency, A risk matrix for managers v9)

Choose the most appropriate domain from the left hand side of the table Then work along the columns in same row to assess the severity on the scale of 1 to 5 to determine the impact score, which is the number given at the top of the column.

Domains	Impact score (severity levels) and examples of descriptors				
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
<b>1. Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 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
<b>2. Quality/complaints/audit</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment or service suboptimal. Formal complaint (stage 1). Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint (stage 2). 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.
<b>3. Human resources/organisational development/staffing/competence</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>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.
<b>4. Statutory duty/inspections</b>	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
	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.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.

	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>5. 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 with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House). Total loss of public confidence.
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>6. Business objectives/projects</b>	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national deadlines 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
	<b>1 Negligible</b>	<b>2 Minor</b>	<b>3 Moderate</b>	<b>4 Major</b>	<b>5 Catastrophic</b>
<b>7. 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.	Uncertain delivery of key objective. Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification/slippage. Loss of contract / payment by results. Claim(s) >£1 million.

### Likelihood scoring matrix:

<b>Likelihood</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Descriptor</b>	<b>Rare &lt;20%</b>	<b>Unlikely 20-40%</b>	<b>Possible 40-60%</b>	<b>Likely 60-80%</b>	<b>Almost certain 80%+</b>
<b>Frequency</b> 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

### Risk Score (Impact x Likelihood):

5. Almost Certain	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
4. Likely	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
3. Possible	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
2. Unlikely	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
1. Rare	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic