Item Number: 469

Meeting Title: Governing Body (Public)	
Meeting Date: 23 May 2018	
Report's Sponsoring Governing Body Member: Philip Hewitson, Lay Member for Audit and Governance	**Report Author:** Corporate Services Manager

1. Title of Paper: Corporate Risk Register

2. Strategic Objectives supported by this paper:

To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture.	☒
To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale.	☒
To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners.	☐
To support people within the local community by enabling a system of choice & integrated care.	☐
To deliver against all national & local priorities including QIPP and work within our financial resources.	☒

Executive Summary:

The Clinical Commissioning Group (CCG) has many statutory responsibilities and the risk register is a tool for the CCG to identify where there are risks associated with meeting these duties and the organisation's objectives, whether they be associated with the quality of care, safety of patients, financial plans, national performance targets and /or patient and public involvement in the commissioning of health care services.

The CCG will work to manage risks in a proactive way and where appropriate work with stakeholders and partners

This register supports the CCG's value of being open and honest in our transactions, and accountable to our communities. It demonstrates that the Nolan principles underpin the CCG business.

The Quality and Performance Committee, Finance and Contracting Committee, Communication and Engagement Committee, Business Committee Senior Management Team and Primary Care Co Commissioning Committee all maintain risk registers which are reviewed monthly.

The CCG Risk Management Strategy sets out how the CCG identifies rates and reports risks. Those risks rated with a score of 12 and above when assessed against the scoring matrix are escalated to the Corporate Risk Register and brought to the attention of the Governing Body.

It should be noted that all committees have a membership of at least three Governing Body members and the Corporate Risk Register is a mechanism to ensure all Governing Body members are aware of all risk rated above a score of 12.

3. Risks relating to proposals in this paper:

The Corporate Risk Register identifies the risks identified at the latest Committee meetings. The chair or deputy of committees will report verbally to the Governing Body any changes or additional risk identified during March meetings. Members should always be aware that risks can emerge at any time.

4. Summary of any finance / resource implications:

The Corporate Services Team co-ordinate the risk registers

5. Any statutory / regulatory / legal / NHS Constitution implications:

Without a Corporate Risk Register the CCG is likely to fail to recognise the risk of breach of statutory / regulatory / legal requirements, fail to comply with the NHS Constitution and fail to deliver the CCG objectives.

A Corporate Risk Register and the associated process for managing it can be audited and will provide assurance that the CCG is able to meet all the statutory requirements

6. Equality Impact Assessment Completed? (Yes/No/Not Relevant):

Risk associated with the outcome of policy and project Equality Impact Assessments will be recorded on committee risk registers and brought onto the Corporate Risk Register as per the strategy

7. Quality Impact Assessment Completed? (Yes/No/Not Relevant): Not relevant

8. Any related work with stakeholders or communications plan:

The Corporate Services team will continue to collate corporate risks onto the register

9. Recommendations / Action Required:

The Governing Body is asked to:

1. Confirm the Corporate Risk Register reflects their view of the operational risks presented to the CCG.
2. Challenge or confirm the risk ratings
3. Confirm assurance is given as to the controls and actions taken to mitigate and manage the risk

10. Assurance:

The Governing Body, staff, Senior Management Team and committees all have responsibility to ensure the implementation of the Risk Management Strategy and the recording of committee risk registers to allow for collation of the Corporate Risk Register for presentation to the Governing Body.

The Audit and Governance Committee will review the register at quarterly meetings.

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NHS
Scarborough and Ryedale
Clinical Commissioning Group

Corporate Risk Register

16 May 2018

This report provides a summary Risk Profile of this committee's risk register for the risks that require further work to provide assurance that they are being managed effectively and any gaps in assurance or controls are being addressed

Risk Threshold Matrix

The risk tolerance/appetite under which risks can be tolerated is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances. Risks scored at 12 or above must have an associated action plan. Risks scored at 16 or above must be notified to the Board through the Assurance Framework or via exception reporting.

		Monitoring of Provider Services	Monitoring of CCG risks	
1 - 5	**Low**	No Commissioner action.	Minimal action may be required Manage/monitor situation within team	Clinical judgement regarding specific risks may override thresholds
6 - 11	**Medium**	No Commissioner action.	Minimal action may be required Manage/monitor situation within team	
12 - 15	**High**	Commissioners will closely monitor the Provider action plan Persistent risks which remain at this score for over 6 months will be subject to a Commissioner Appreciative Enquiry. Where 6 or more areas of risk are scored as “High” at any one time, a Commissioner Appreciative Enquiry will be considered based on clinical judgement.	Action/s within 6 – 8 months Usually handled within the team by line manager	
16 - 20	**Very High**	The Trust will be given 3 months to mitigate the risk. If the risk score is not reduced to at least “High” after a period of 3 months then it will be subject to a Commissioner Appreciative Enquiry	Action/s within 3 – 6 months Senior managers to lead on management	
25	**Extreme**	Immediate Commissioner Appreciative Enquiry.	Immediate action to remove/reduce risks. Action to be taken on recommendations / further controls within 8 weeks. Action / treatment plan required. Director to lead on the management. Escalate to Audit and Governance Committee	

Risk Summary

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
Business Committee	1	There is a risk that the CCG's reputation will be damaged due to the imposition of cost reducing schemes within the QIPP and Capped Expenditure Process	Implementation of QIPP Implementation of Capped Expenditure Plan All staff to ensure robust business cases are presented. Business Committee to take into account clinical impact of proposals and ensure fit with strategic priorities	SC	3	4	12	3	4	12
Business Committee	5	There is a risk that the CCG will not meet its obligation as agreed in NY and York Transforming Care Partnership (Building the Right Support) • Reduction in LD CCG Assessment and Treatment beds and NHSE secure inpatient beds to meet target trajectory by March 2019; level of impact on community provision not yet known. • Lack of suitable providers locally to support people with complex needs in a community setting; resulting in delayed discharges with people remaining as inpatients inappropriately and longer than necessary. • Affordability: savings made from bed closures will not offset high cost of bespoke community care packages. • Sustainability: funding of enhanced community model to prevent inpatient admissions only available for year 1 pilot.	Understand current inpatient population and blocks to discharge. Monitor delayed discharges on a monthly basis. Provider to review current CLDT model and realise efficiencies to help deliver enhanced community model. Financial modelling to establish clear picture of funding gap; savings made from inpatient bed reductions versus costs of replacement bespoke community packages. Establish robust measurement and evaluation of new community model enhancements to 'build the case' for securing future funding. Start formal dialogue on pooled budgets.	Richard Dalby	2	4	8	4	4	12
Business Committee	6	There is a risk CCG will not be able to implement Future in Mind: transformation plan for CYP emotional and mental health services: - Failure of delivery of key programmes - NHSE may claw back funds if programmes not delivered as per plan	Implementation and monitoring of plan	Jayne Hill	3	3	9	3	4	12
F&C Committee	7	Lack of robust intelligence to support and deliver financial objectives from CSU Business Intelligence impacting on capacity for CCG officers	Performance review with CSU. Monitoring reviews and formal logging of requests with a work reference number 15 November 2017 – More capacity is now available; the risk was more around their interim recruitments, now contracted for another 2 years and continuing links with VOYCCG. 20 December 2017 – Self-service tools are now available and should assist with improvements soon to be seen.	SC	4	3	16	4	3	12
F&C Committee	22	The new General Data Protection Regulations (GDPR) come into force in May 2018. In order for the CCG to ensure compliance monitoring of progress in the following areas should take place to ensure the requirements of the new regulations are met in time.	Produce a project plan for the implementation of the GDPR to be agreed by the IGSG and A&G Committee.	SB	4	3	12	4	3	12

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
PCCC Committee	9	Risk of capacity of GPs not being able to respond to patient demand alongside need to provide mentoring to trainees, students and Advanced Nurse Practitioners	Develop a workforce recruitment and retention plan implement OPEL reporting to ensure pressures are escalated and patients are able to access appropriate services. Risk increased to 12 May 2017	?	3	3	9	4	3	12
PCCC Committee	11	Inability to deliver General Practice Forward View due to lack of management resources to drive forward plans.	Resource allocation to delivery plan to be completed Primary care work plan , including GPFV actions, QIPP projects and contract changes to be documented and signed off by Business Committee and PCCC GPFV STP meeting minutes to be taken to PCDG/PCCC	SB	4	3	12	4	3	12
PCCC Committee	12	Inability to procure extended access to primary care services as set out in NHSE General Practice Forward View and Planning Guidance	Agree CCG resources to plan and over see delivery of procurement of extended access services Review draft service specification in line with engagement survey report. Governing Body or delegated committee to agree approach to procurement having risked assessed approach Procurement advice received and Procurement Committee agreed to progress with VEAT process and discussed at April CoCR	SB	4	4	16	4	3	12
Q&P Committee	2	There is a risk to patient safety in Scarborough Hospital due to excessive waiting times in the A&E/urgent care department.	Actions in place although impact on A&E standard is not apparent Monitoring in place at AE delivery board. Daily reporting to CCG and NHSE Ongoing discussions with NHSI and NHSE Ongoing work in A&E Delivery Board including all System programme plan developed to address issues. All partners signed up to programme delivery Continued discussion re development of Acute Medical Model in Ambition for Health Steering Group Pathway work with all partners, including mental provider will help to highlight issues and agree joint solutions.	CW BB	4	5	20	3	4	12
Q&P Committee	9	Potential for patient safety issues and business continuity issues caused by staff vacancy levels at YFT, SGH site (in particular medical and specialist staffing) and TEWV Trust	Trust action plan in place A cohort of newly registered nurses (118) will be starting across the Trust in the Autumn Need further assurance re medical staffing recruitment, retention and succession planning. Meeting with Medical Staffing team at YFT to gain assurance regarding workforce plans in January 2018 plan re addressing medical staffing has been requested through sub CMB Monitoring in place via CMB. Supporting alternative care roles and the development of alternative nurse training facilities (Coventry University) (long term solutions)	SP CW	4	4	16	4	3	12

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
Q&P Committee	13	There is a risk to patients waiting in excess of 18 weeks for treatment.	CCG will continue to monitor RTT waiting times through the contract management board and joint planned care programme	BB	2	3	6	3	4	12
Q&P Committee	29	There is no special school nursing service in Scarborough and Ryedale		BB JH	4	4	16	4	3	12
Q&P Committee	32	Appears to be a higher than expected number of never events / incidents at theatres in BDH in relation to invasive procedures	SP to pull together report of all reported incidents over the past 2 years linked to theatres and including action plans. Discussion with the Trust (AR & safety lead in the first instance) and ask for all DATIX reporting for the same. Raise at Q&P sub-group – completed and NatSSIPs Action plan shared. 4th Never event in 5 months identified, theme of mis-identification of patients identified. Escalation to Executives/ CMB made Letter to YFT Medical Director /DoN requesting meeting to discuss increased number of Never events and gain assurance re previous requested actions and lack of pace re implementation of NatSSIPs action plan	SP	4	3	12	4	3	12
Q&P Committee: CHC &FNC	17	CHC Reviews Not currently performing all reviews as prescribed by the Framework	Continue to assess required capacity until steady state	BH	4	5	20	4	3	12
Q&P Committee: CHC &FNC	22	(PCU risk 12) Consent Following client file audit, it identified some records where consent was either missing completely or did not include the consent to share information on an electronic record.	OUTCOMES Immediate briefing issued to all nurses to renew all consents if they are older than 12 months. All consents to be renewed after 12 months. Audit planned for November 2016	KMcN	3	4	12	3	4	12
SMT	3	Uncertainty about quality of services delivered by eMBED and achievement of KPIs 9.10.2017 – Issues with IT and technical support continue. More and more work is undertaken in house as Embed does not provide proactive support. Issues have been reported with GP core IT, the service IT to the CCG and project management.	Ensure all CCG staff feed into service review meetings Establish workforce progress meetings with PCU and ADCA to attend/dial in.	RM	4	3	12	4	3	12
CEC	29	Risk to reputation of the CCG with failure to meet business rules and declaration of deficit.	Risk reviewed, current risk redefined, decision taken to remain on register; risk score not changed but level of scrutiny increased. Bed capacity reduced due to high numbers of admissions and inadequate discharge planning. Likelihood of risk increased at August 17 CEC in light of the Capped Expenditure programme Risk increased from 8 to 12 - 09.08.17 Removed from register - 08.11.17 Re-instated on register - 13.12.17	RM SB	4	2	8	4	3	12

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
CEC		Risk to the organisation that the cumulative impact of decisions being made, particularly in relation to funding will have a disproportionate impact on a specific protected characteristic as defined by the Equality Act.	Increase staff and governing body member awareness and understanding of how impacts cumulate to have disproportionate impacts on protected characteristics. Added to register - 10.01.18	SB	-	-	-	4	3	12

REMOVED RISKS

The Following Risks have been deleted from the risk register since the last Corporate Report

Committee	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed	Reported to GB	Reported to A&G
Business Committee	There is a risk that Adult Autism Post Diagnostic Provision is unable to meet demand for post diagnostic support		-	-	-	2	5	10	Monthly review of autism assessment service activity to determine volume of unmet need PCU Management Board (by exception)	Where dual diagnosis (MH and autism) applicable, referred caseload to be met by Adult MH Community Service and latest position to be reviewed or alerted at/via: CMB and/or Quality and Performance Meetings	-	Establish baseline and track 'need' monthly Partnership working with LA and Provider to understand and develop options for post diagnostic support; reviewing existing models/best practice and national guidance Submit options appraisal for CCG / HWB Board review Undertake test pilot of best option before delivering wider rollout across footprint	Mar-18	No	No
Business Committee	There is a risk that demand for adult autism assessment exceeds contract values		-	-	-	2	5	10	Monthly reporting and Quarterly meeting with provider to determine activity and monitor waiting list	-	Risk #51 needs to be resolved first as increasing contract value for assessments will create more demand for post diagnostic support	Keep 'watching brief' on waiting list Discuss and agree 'tipping point' threshold for waiting time with CCGs	Mar-18	No	No
Business Committee	There is a risk that the resources required to complete the review will move the focus from addressing the issues.		4	3	12	4	3	12	SMT oversight	The TOR and scope of the review has been agreed by CCG. PWC will stick to schedule and seek to minimise disruption to Business as usual throughout the review.	May be disruptive if PWC want to extend scope or decide they need to interview additional staff. May be disruptive if review continues beyond planned end date.	Progress reports to AO/SMT.	Apr-18	No	No
F&C Committee	Contractual over-spend for 2017-18	RM	3	5	15	3	5	15	Contract management board Contract analysis and challenges Referral Support system, clinical triage, clinical thresholds	Regular reporting to contract management board, Finance and contracting committee QIPP reporting, Service improvement schemes	Limited control over demand, Time delays in activity information BI constraints,	Performance of demand management schemes, thresholds, admission avoidance schemes, primary and community care support Prioritisation of contract review and analysis 15 November 2017 – The CCG is trying to agree an early year end position with YFT	May-18	No	No
Q&P Committee: CHC &FNC	(PCU risk 4a) Fast track reviews, some backlog to work through. Risk of funding patients beyond the period of eligibility	BH	3	5	15	3	5	15	Weekly reporting into performance meeting.	Report to exec nurses & PCU SMT	Capacity issues in do not recruit to vacancies. May need to reallocate nurses to undertake other priority work	Capacity issues in do not recruit to vacancies. May need to reallocate nurses to undertake other priority work OUTCOMES Data to be clarified by AG. Work force review Staff have now been identified to address FT reviews. Update – program of Fast Track reviews has commenced	May-18	No	No

Committee	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed	Reported to GB	Reported to A&G
Q&P Committee: CHC &FNC	(PCU risk 7) Lack of approved operational policy & complete set of SOPS resulting in the risk of inconsistent practice. Limited standard case management operating procedures documented and embedded within the team Work has been completed for both admin and nursing SOPS more SOPS to be produced for both teams. Applies to all CCGS	BH	3	5	15	3	5	15	Reporting on progress to Exec Nurses & PCU SMT. Audit tracker to monitor audit recommendations	Review of operational policy & associated SOPS. Ratification of these by CCGs. Internal audit report	Capacity/ staffing ongoing recruitment issues. Lack of ratified policy & SOPs	Capacity/ staffing ongoing recruitment issues. Lack of ratified policy & SOPs OUTCOMES BH to update the policy & SOPS. Update - SOPs developed and review of same being undertaken as part of wider change program	May-18	No	No
Q&P Committee: CHC &FNC	(PCU risk 12) Consent Following client file audit, it identified some records where consent was either missing completely or did not include the consent to share information on an electronic record.	KMcN	3	4	12	3	4	12	Record keeping audit will review compliance in November 2016	Outcome of the audit and monitoring of actions. Update of consent information.	-	**OUTCOMES** Immediate briefing issued to all nurses to renew all consents if they are older than 12 months. All consents to be renewed after 12 months. Audit planned for November 2016	May-18	No	No
Q&P Committee: CHC &FNC	(PCU risk 14) Safeguarding Training CHC nurses not trained to minimum level standards.	KMcN	3	4	12	3	4	12	New processes to be introduced.	Nurses have commenced mandatory training with local authority Mar 17 - Nurses have access to safeguarding advice and support from CCG safeguarding team when required Access to CCG legal advice also available when required.	Places are restricted. Currently have no central data capture to give assurance as to how this is being progressed	Places are restricted. Currently have no central data capture to give assurance as to how this is being progressed OUTCOMES All nurses have been instructed to access level 1 & 2 Safeguarding through NYCC learning zone within 3 months. Monthly safeguarding per supervision sessions organised with PCU safeguarding team. All potential safeguarding issues to be discussed in clinical supervision. Nurses instructed to ask for support if unsure. All nurses have been instructed to update requested via team leaders on staff numbers already trained and this will give a detailed list of what gaps exists Update – ongoing review as new staff in post	May-18	No	No

Committee	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed	Reported to GB	Reported to A&G
Q&P Committee: CHC &FNC	(PCU risk 16) Staffing Capacity across all work streams due to vacancy (CHC & VP)All of above impacting on ability to meet standards of Continuing care and deliver all elements of the service Applies to all CCGs	BH	4	4	16	4	4	16	Continuous monitoring and reporting into weekly performance meetings Staff survey Exit interviews	Performance data from Dashboards Complaints data Staff survey results Survey monkey data & feedback	Uncertainty if current establishment can meet needs of service	Uncertainty if current establishment can meet needs of service OUTCOMES Management of attendance policy followed with HR support Establishment to be confirmed with LE and Active recruitment of staff across all specialties once agreed on establishment Update – recruitment and retention remains an issue/risk. Workforce plan being written to establish long term capacity and workforce development, (by Jan 2018). Joint health and social care training commenced. Performance indicators being tracked and on target	May-18	No	No
Business Committee	There is a risk that the NHSE/NHSI PwC review identifies insufficient capacity and/or capacity to complete required programme of work	SC	4	4	16	4	4	16	SMT oversight Governing body oversight	CCG had already started to review structure as priorities changing. PWC have been given CCGs draft consultation document for review.	CCG has limited running costs available. CCG can not predict outcome of review	PWC will update SMT/AO as review progresses. Any outcomes of PWC review will be shared with governing body.	May-18	No	No

Risk Scoring Matrix Methodology

Table 1 Consequence score (C)

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

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Patient and staff safety	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	Moderate injury requiring professional intervention Requiring time off work for 4-14 days. RIDDOR 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 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

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Quality	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint 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 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	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

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Human Resources / Organisational Development	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
Statutory duty / inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
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 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
Business Objectives	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 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
Finance	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

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Service / business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day1	Loss/interruption of >1 week	Permanent loss of service or facility
Impact on environment	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Extreme impact on environment

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?
The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Frequency How often might it / does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently
Probability Percentage likelihood of occurrence	0-5%	6-20%	21-50%	51-80%	81-100%

Table 3 Risk scoring = consequence x likelihood (C x L)

Calculate the risk score by multiplying the consequence score by the likelihood score.

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

1 - 5	Low
6 - 11	Medium
12 - 15	High
16 - 20	Very High
25	Extreme

The risk tolerance/appetite under which risks can be tolerated is a score of 11 or below where the assessment has been undertaken following the implementation of cc

Committee Roles and Responsibilities

Senior Management Team	Business	Quality & Performance	Finance & Contracting	Communications & Engagement	PCCC
Business continuity	Delivery of operational plans (including QIPP , and OD, plans)	Safeguarding	IFR process	Patient Experience	To undertake reviews of primary [medical] care services in Scarborough and Ryedale CCG
Policy management	Service redesign and project delivery (CCG objectives and priorities)	Infection Control	AQP	Media Management	To co-ordinate a common approach to the commissioning of primary care services.
Information governance	Winter planning	NICE guidance	Ability to make direct payments to patients	Consultation	To receive reports on service providers.
Freedom of Information	National Strategy Implementation (e.g. autism, dementia)	Serious Incident Reviews	Power to generate income	Equality & Diversity	To manage the budget for commissioning of primary medical care services in Scarborough and Ryedale CCG
Corporate records keeping	NHS 111	Quality & Patient Safety- provider reports	Data Quality – policies / strategy (inc data group)	Satisfaction surveys (staff)	Carry out the functions relating to the commissioning of primary medical services under Section 83 if the NHS Act including the following:
Access to Health Records	Medicines Management	Quality of 1^0 care (support to NHS CB)	Partnership Contracting	Complaints (commissioning)	GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts,
SIRO	Recommendations to Governing Body	Quality of specialist commissioning	Medicines Management (financial)		Overseeing the work of the Primary Care Development Group
Caldicott Guardian	Emergency Planning MAJAX	NHS Outcomes Framework and delivery against domains	Continuing Care Funding		Supporting practices wanting to work at scale
Employment rights	Risk Management	Continuing Health Care	Monitoring delivery of QIPP initiatives		Approving submissions to NHSE for capital investment in primary care.
Training provision for persons working in – lead for liaison with Deanery & WFP	Choice Agenda	Complaints (providers)	Monitoring delivery of financial plan (commissioning and management budgets)		Reviewing GGP Patient Satisfaction surveys results.
Equality & Human Rights	End of Life				Overseeing delivery of NHS England's General Practice Forward View Plan
Whistle blowing	Autism strategy				
Health & Safety					
Human Resources					
Co-operation with Prison Service					
Vehicles for Disabled (section 5)					
Sustainability					
Research Governance					
Security					
Crime & Disorder Act – work with Police on strategy for drugs & alcohol					
NHS Outcomes Framework and delivery against domains					
Compliance with Children's Acts					
Compliance with Mental Health Act					