Risk Management Strategy and Policy

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Named Responsible Officer:-		Approved by	Date
Paul Edwards, Director of Corporate Affairs		Quality and Performance Committee	September 2018
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Key Performance Indicators: Reporting of Assurance Framework and Risk Register at Governing Body at agreed intervals			

Risk Management Strategy and Policy

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1. Introduction

1.1 Purpose

NHS Wirral Clinical Commissioning Group, referred to hereafter as the CCG, understands that risk is the inevitable accompaniment to any human endeavour. An essential element in the corporate management of any complex organisation is the responsibility to minimise risk. In all organisations the degree of risk and its detailed content is inevitably a function of all activities undertaken. Given those attributes, risk management seeks, through systematic and iterative process, to minimise the overall burden of risk.

To carry out this process, formal structures are required which enable the organisation to identify, assess, control and minimise risks attached to all areas of activity. Operational processes can then change behaviour and minimise inherent risk. Thus, in order to achieve successful control of risk, not only is management action required, but also the active participation of all employees. In this sense, risk management is everybody's business.

1.2 Definition and Benefits of Risk Management

Risk management means having systems to understand, monitor and minimise the risks within the organisation and the services it commissions and being able to learn from mistakes.

Effective risk management will ensure:

- A safer environment for all our staff, patients, visitors and members of the public
- The reputation of the CCG is maintained
- Costs are saved by reducing dissatisfaction and claims
- Services are commissioned and delivered to a high standard

1.3 The Governing Body's Commitment to Risk Management

The Governing Body recognises that risk management is an integral part of good management practice and to be most effective must become part of the organisational culture. The Governing Body is therefore committed to ensuring that risk management forms an integral part of its philosophy, practices and business plans and that responsibility for implementation is accepted at all levels of the organisation.

The Governing Body believes that it is important to recognise not only that risk is inherent but that risk taking can bring both rewards and penalties. A modern, forward thinking National Health Service (NHS) cannot be achieved without risks

being taken. By understanding fully the consequences of taking those risks staff can have greater confidence in what they do.

The following Risk Management Policy Statement represents the CCG's corporate philosophy towards risk management and is seen as the foundation upon which the Risk Management Strategy is built and developed.

2. The Risk Management Policy

2.1 Risk Management Policy Statement

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Risk Management Policy Statement

NHS Wirral CCG is committed to securing the best quality health care for the Wirral population we serve. In doing so, it acknowledges that this can only be achieved through the skill and continuing commitment of its staff.

The CCG will support and help its employees in commissioning services, which are safe for patients and staff. This will require that <u>all</u> staff recognise that "risk management is everyone's business".

All staff are actively encouraged to identify risks, adverse incidents, near misses or hazards. The CCG will promote an open and supportive management culture, seek patients' views, use patient experience and feedback and will use the management of risk as an opportunity for learning and improving the quality of commissioned and provided services.

Chief Officer

Date: September 2018

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2.2 The Scope of Risk Management

Risk management is a continuing process designed to identify risks, assess them, control, minimise, and if both economically and practically possible, eliminate them. This process should also include the organisation's 'Risk Appetite' which defines what the organisation deems to be an acceptable level of risk it would aspire to achieve. The process is essentially a preventative one, which aims at influencing behaviour and developing an organisational culture within which risks are recognised and addressed. A standard, iterative, process of assessment and review based upon International Standard ISO 31000:2009 ' *risk management – principles and guidelines'* and British Standards BSI 31100:2008 '*risk management*

- code of practice' has been used to identify and prioritise risks across the entire spectrum of exposure faced by the organisation.

This process is aligned to both controlling clinical and non-clinical risks and seeks to develop a pervasive safety culture, together with robust operational systems designed to deliver optimal care and minimise risk simultaneously. Risk management is also reactive by responding to errors and near misses in a way that exposes the systems failures which lie at the root of most incidents and seeks to minimise future recurrences.

The CCG is required to develop and maintain operational systems that meet national requirements for risk management, in particular for:

- Corporate Governance - the corporate management system by which organisations within the NHS are directed and controlled.

- Clinical Governance - a framework through which the NHS organisations are accountable for continuously improving the quality of their clinical services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

- System of Internal Control - a process designed to provide evidence that NHS bodies are doing their 'reasonable best' to manage themselves so as to meet their objectives and protect patients, staff, the public and other stakeholders against risks of all kinds. Fundamental to the process is the effective involvement of people and functions within the organisation through application of self-assessment techniques.

2.3 Aims and Objectives

This policy will be applied to the following aims and objectives throughout all of its organisational arrangements:

- To protect personnel and others who come into contact with the CCG, together with safeguarding the assets of the CCG.

- To identify and assess risks (including near misses) that could cause harm, disrupt services, impact on health and safety or lead to loss or damage in business, financial or contracting terms, i.e. that could go on to become adverse events.

- To introduce and maintain cost-effective risk control measures to eliminate or reduce risks to an acceptable level.

- To share lessons learnt and changes in working practice arising out of incidents or near misses

- To raise an awareness of a risk management culture within the CCG and to share with stakeholders the strategic objectives and aims of this document.

- To monitor the implementation and adoption of standards that control risks at the lowest practicable level.

2.4   Corporate and Strategic Context for Risk Management

The CCG's corporate strategy for risk management is essentially preventative – aiming to influence behaviour and develop an organisational culture within which risks are recognised and addressed. To achieve this strategic aim the organisation will:

- Encourage staff to identify risks within all working practices, analyse, document the risks and incorporate controls to eliminate or reduce risk.

- Assess both strategic and operational risks as a routine part of business planning and day to day management ensuring that the organisation has easy access to the Corporate Risk Register covering all levels of activity and planning which identifies the breadth of key risks within the CCG.

- Encourage the reporting of all adverse incidents using the organisational reporting system, in order that risks revealed by incidents are controlled in future.

- Encourage good communication and sharing best practice within a culture which recognises that correcting system failures is of the utmost importance and that supports a fair blame culture.

- Deploy a common process for determining the seriousness of each identified risk, gauging the appropriate response and applying this consistently across all areas of perceived risk, incidents, complaints and claims.

- Routinely review policy and procedures in accordance with regular audit of the system of internal control.

- Identify areas of expertise and best practice within and outside the CCG, translating this knowledge and experience into positive action to reduce risk.

- Analyse statistical information and outcomes from incident reports, claims, complaints, patient experience, in order to learn from errors, reduce risk and focus resources for the future.

- Ensure audit and performance monitoring procedures are in place to maintain the system of internal control.

3.   Organisational Structure

3.1   Committees

The Committees of Governing Body which have responsibility for risk management are detailed within the Risk Management Accountability/Reporting Structure illustrated below in section 4.3. They have agreed terms of reference which are reviewed annually. Committee terms of reference and the CCG's 'Constitution' are available on the NHS Wirral CCG public facing website.

4. Responsibilities

4.1 Organisational Arrangements and Responsibilities

The Chief Officer has overall accountability for Risk Management within the CCG and the Governing Body demonstrates commitment through the endorsement of the Risk Management Strategy.

The CCG fully accepts that the various types of risk to which the organisation is subjected are integrated and for operational reasons has identified substantive areas of risk and identified staff with responsibility for these:

Business Risks	Director of Corporate Affairs
Operational Management of Clinical Risk	Director of Quality and Patient Safety
Financial, Security, Informatics	Chief Financial Officer
Commissioning	Director of Commissioning

The above work closely with Senior Management team and Chief Officer to ensure that appropriate expertise is sought in relation to risk issues and therefore deliver an integrated risk management approach to the management of risk.

4.2 Employees are responsible for:

- carrying out their duties in accordance with instructions

- reporting incidents/accidents & near misses

- participating in risk assessment processes as necessary

- taking responsible care of their own health and safety and the safety of anyone else who may be affected by what they do whilst at work

- being familiar with and complying with all appropriate CCG policies and procedures

- attending training as required by the CCG

- being aware of emergency procedures e.g. evacuation and fire precaution procedures pertaining to their service area.

4.3 Risk Management Accountability/Reporting Structure

The following committees are sub-committees of the Governing Body:

- Audit Committee
- Remuneration Committee
- Quality and Performance Committee
- Clinical Senate
- Finance Committee
- Primary Care Co-Commissioning Committee

4.4 Levels of Reporting Risk

Level 1: The Committees as outlined above that report to the Governing Body are each responsible for identifying, assessing, evaluating, treating, monitoring and recording risks. Following assessment, all identified high or complex risks that cannot be controlled within the respective area or that are deemed to be highly significant will be escalated to the NHS Wirral CCG Corporate Risk Register which is monitored by the Corporate Affairs team.

Level 2: The Quality and Performance Committee will review the Corporate Risk Register on a monthly basis to agree both content and scoring and will then escalate 'top risks' (as defined in 'Definitions') to the Governing Body on a monthly basis.

Level 3: The Governing Body will review and monitor those risks agreed at the Quality and Performance Committee. The Audit Committee will also be responsible for ensuring that the risk assurance procedures are being followed and reviewed on an annual basis.

Level 4: The Governing Body will also receive the quarterly reports on the CCG's Assurance Framework which monitors risks to the CCG's strategic aims.

5.   Risk Management Process

5.1   The stages of the risk management process are to:

- identify actual and potential risks

- assess and analyse the risks

- evaluate the severity/consequence and the likelihood and prioritise the risks

- treat the risk, i.e. decide what action to take. This could range from stopping the activity, to reducing risk, transferring some of the risk to another party, to accepting the risk

- monitor the effect of treatment on the risk.

5.2 Following assessment, all identified high or complex risks that cannot be controlled or deemed to be highly significant within respective committees will be escalated for inclusion on the Corporate Risk Register.

6. Corporate Risk Register

6.1 The Corporate Risk Register (CRR) is a database that holds the main record of all identified risks that present a continuing threat to the CCG's objectives and operations. It is not a log of all reported adverse incidents.

The CRR is derived from a number of sources:-

- the business planning system, which determines the CCG's principal objectives

- risk assessments relating to service developments

- corporate activities such as the planning process or business case development

- external inspections (e.g. Health and Safety Executive)

- Care Quality Commission registration criteria

- complaints/ incidents and litigation

- standing item on Governing Body and Committee agendas.

7. Definitions

7.1 Top Risks

Top risks are extracted from the CRR and presented to the Governing Body at regular intervals. These will be those risks that are scored greater than 9 or have been on the CRR for more than 12 months without mitigation/improvement.

7.2 Assurance Framework

This is a high level document that records the principal risks that could impact on the CCG achieving its strategic objectives. It provides a framework for reporting key information to the Board. It provides assurance about where risks are being managed effectively and objectives are delivered and will also identify which of the CCG's objectives are at risk because of gaps in controls or assurance about them.

Principal risks cannot be considered in isolation, they will be derived from the prioritisation of risks fed up through the whole organisation and in this way the Risk Registers will contribute to the Assurance Framework.

7.3 Defining Acceptable Risk

The CCG utilises a risk rating system which, through a matrix, classifies risk, complaints and adverse incidents into three categories of severity: red, amber or green (see appendix A).

Between the extremes of obvious catastrophic risk and insignificant risk, the categorisation process will inevitably contain a subjective element. Therefore, managers with their teams should seek advice from the Chief Officer and Director of Corporate Affairs to help resolve any uncertainties and ensure as much consistency as possible.

The CCG uses a structured approach to risk assessment whereby the severity of the risk is determined on the basis of the likelihood of the risk occurring and the consequences of the risk should it occur. The methodology identifies measurable criteria for the likelihood of a risk occurring ranging from 'Rare' to 'Almost certain'. The risk matrix enables the severity of the risk to be determined from the assessments of likelihood and consequences and expressed as a colour. A traffic light system enables risks from different areas to be compared and the information used to guide management actions and resource allocation.

Acceptable risk will be identified using the risk matrix, and can be defined as follows:

- the likely consequence is insignificant or the likelihood is low.
- a higher risk consequence is outweighed by the chance of a much larger benefit
- the potential costs of minimising the risk outweigh the cost consequences of the risk itself.

7.4 Incident reporting

The reporting of incidents by staff remains an efficient and effective but reactive system for identifying risk. It allows rapid alert to ascertain why and how incidents occurred and facilitates a fast response in the case of adverse events that may lead to a complaint or litigation. It enables lessons to be learnt and may therefore prevent recurrence. This is best achieved in a supportive management environment where a 'fair blame' culture is advocated and makes explicit the circumstances in which disciplinary action may be considered.

7.5 Complaints

Complaints should be regarded positively and used to ensure that, whenever appropriate, service improvements are made and that learning from complaints is

promoted. It is important to ensure that lessons are learnt from individual cases, monitored to ensure that action is taken where indicated and, wherever appropriate, transferred effectively to all relevant parts of the CCG. The CCG will promote feedback from patients, carers and the public, including positive and negative comments and complaints in consideration of changes and improvements.

8. Monitoring, Review & Audit

The risk controls should be monitored for their effectiveness, the identification and evaluation processes should be reviewed regularly and whenever significant change occurs. The risk management process should be audited periodically to ensure weaknesses are identified/ addressed and continual improvement achieved. This is an essential component to ensure maintenance and development of standards.

8.1 Internal Monitoring

Internal monitoring will be undertaken by the systematic review of progress against risk assessment. Committees will report progress to the Quality, Performance and Finance Committee whose responsibilities include monitoring risk management performance.

8.2 External Monitoring

The CCG will use the assessments of such external bodies as the Care Quality Commission (CQC) the Health and Safety Executive (HSE), the National Health Service Litigation Authority (NHSLA), Risk Management Standards and Audit Commission guidance to assist in monitoring progress and performance in the management of risk.

9. Communication and Training

9.1   Communication and Consultation

Inadequate communication is one of the highest potential risk factors in the CCG. Lack of information can lead to low staff morale and subsequent under performance of staff. It can lead to misunderstanding between service personnel, a failure to pass on vital information or incorrect information being cascaded to staff.

The Risk Management Policy will be communicated to all members of staff using various systems – distribution through the policy process, via email and made available via the intranet/internet site.

10. Monitoring of Risk Management Strategy and Policy

The Risk Management Strategy Policy will be reviewed on a two yearly basis.

11. Glossary of terms

Accountability: Being required to accept responsibility for the effectiveness of practices and policies.

Almost certain: Expected to occur in most circumstances. In probability terms this may mean that it has greater than 80% probability of occurring.

Alternatively this may mean that the event may occur one or more times in a period of up to 5 years.

Consequence: The outcome of an event expressed either qualitatively or quantitatively, being a loss, disadvantage or gain. There maybe a range of possible outcomes associated with an event.

Corporate Governance: The manner in which agencies are directed and controlled and held accountable for the achievement of strategic goals and objectives and the delivery of cost-effective services.

Governance: The framework established by a governing body of an Agency (i.e. Board, commission or Chief Executive Officer) to establish that stakeholders, primarily the Parliament, the Government and the Australian community, have assurance that the Agency is fulfilling its responsibilities with due diligence and accountability.

High Risk: This risk requires action as a priority and responsibility is assigned to the Director level for their attention.

Impact: The positive or negative *consequences* of decisions, events or processes in relation to the achievement of organisational *objectives*

Inherent Risk: The risks of an activity without taking into account existing systems and procedures to control or proposed changes to manage.

Integrated Risk Management: A risk management approach that has been implemented within an organisation's business management systems that enables the systematic and coordinated application of a consistent risk management process in all activities undertaken at all levels of the organisation.

Likely: Will probably occur in most circumstances. In probability terms this may mean that it has between a 60% to 79% probability of occurring. Alternatively this may mean that the event may occur in a period of 5 to 9 years.

Likelihood: The *probability* or *frequency* of an *event* occurring.

Moderate Risk: This risk requires action to be scheduled and monitored and responsibility is assigned to the appropriate Manager for their attention.

Monitor: To check, supervise, observe critically or record the progress of an activity, action or system on a regular basis in order to identify change.

Negligible Risk: This risk requires a routine response and responsibility is assigned to a nominated officer for their attention.

Operational Risk Management: The oversight of many forms of day-to-day operational risk including the risk of loss resulting from inadequate or failed internal processes, people and systems, or from external events. Operational risk does not include market risk or credit risk.

Opportunity: They are favourable events, which are designed to derive benefits, and have the potential to have a positive influence on the achievement of an organisation's *objectives*.

Possible: Might occur at some time. In probability terms this may mean that it has between 40% to 59% probability of occurring. Alternatively this may mean that the event may occur once in a period of 10 to14 years.

Rare: May occur in exceptional circumstances. In probability terms, may mean that it has less than a 20% probability of occurring. Alternatively this may mean that the event may occur once in 20 or more years.

Risk: Risk is the chance of something happening that will have an impact on objectives. It is measured in terms of consequences and likelihood. Note: this means in the Department, it is any threat that can potentially prevent the Department from meeting its objectives. This includes failing to maximise any opportunity that would help the Department meet its objectives.

Risk Assessment: The collective term for the processes of risk identification, risk analysis and risk evaluation.

Risk Control: That part of risk management which involves the implementation of policies, standards, procedures, internal controls and physical changes to eliminate minimise or manage the negative consequences of risks. Risk controls are primarily applied to risk sources.

Risk or Opportunities categories: The categories used by the organisation to group similar opportunities or risks for the purposes of reporting and assigning responsibility. These include: Strategic, Operational, Financial, Reputation and Legal/Regulatory/Compliance.

Risk / Opportunity evaluation criteria: The levels of potential impacts on an organisation that are used to indicate whether the *consequences* are likely to be *insignificant*, *low, moderate, major* and *catastrophic* and to assist in determining what *controls* might be required.

Risk Evaluation: The process used to determine risk management priorities by comparing the level of risk against predetermined standards, target risk level or other criteria.

Risk Identification: A systematic process applied to the organisation's objectives and activities to identify possible *risk sources* and causes and potential *consequences* or impacts should a risk occur.

Risk Management: The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects in order to achieve organisational objectives.

Risk Management Process: The systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, estimating, evaluating, controlling, monitoring and communicating the organisations risks.

Risk Rating: The combination of the consequence and likelihood, with reference to the Risk Assessment Criteria Matrix. The Risk rating is assessed as either low, moderate, high or extreme.

Risk Treatment: The selection and implementation of appropriate options for dealing with risk.

Risk Transfer: Transferring the risk to another party in whole or in part through legislative compliance, contract, insurance or other means.

Stakeholders: Those people and organisations who may affect or be affected by or perceive themselves to be affected by a decision or activity.

Strategic Risk Assessment: The process whereby Executive management assess and identify the key risks to the organisation to provide a risk framework for the strategic planning processes. These can include risks to achieving the strategic objectives, risks relating to strategic processes, or emerging strategic risks. A Strategic Risk Assessment is undertaken annually by the Chief Officer and Director of Corporate Affairs.

Strategic Risk Management: A strategic approach to risk management depends on identifying risks against key organisational objectives, which supports the strategic planning, and development processes of an organisation.

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Staff/Patient/ Visitor Injury (Physical/ Psychological)	>Adverse event requiring no/minimal intervention or treatment **Impact prevented** – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm Impact not prevented – any patient safety incident that ran to completion but no harm occurred	>Minor injury or illness – first aid treatment needed >Health associated infection which may/did result in semi permanent harm >Affects 1-2 people >Any patient safety incident that required extra observation or minor treatment $_w$ and caused minimal harm to one or more persons	>Moderate injury or illness requiring professional intervention >No staff attending mandatory/key training >RIDDOR/Agency reportable incident (4-14 days lost) Adverse event which impacts on a small number of patients >Affects 3-15 people >Any patient safety incident that resulted in a moderate increase in treatment $_x$ and which caused significant but not permanent harm to one or more persons	>Major injury/long term incapacity/disability (e.g. loss of limb) >14 days off work >Affects 16 – 50 people >Any patient safety incident that appears to have resulted in permanent harm $_y$ to one or more persons	>Fatalities >Multiple permanent injuries or irreversible health effects >An event affecting >50 people >Any patient safety incident that directly resulted in the death $_z$ of one or more persons
Patient Experience	>Reduced level of patient experience which is not due to delivery of clinical care	>Unsatisfactory patient experience directly due to clinical care – readily resolvable	>Unsatisfactory management of patient care – local resolution (with potential to go to independent review)	>Unsatisfactory management of patient care with long term effects > Significant result of misdiagnosis	>Incident leading to death
Environmental Impact	>Minor onsite release of substance >Not directly coming into contact with patients, staff or members of the public	>Onsite release of substance contained >Minor damage to CCG Property – easily remedied <£10K	>On site release no detrimental effect >Moderate damage to CCG property – remedied by CCG staff/replacement of items required £10k - £50k	>Offsite release with no detrimental effect/ on-site release with potential for detrimental effect >Major damage to CCG property – external organisations required to remedy – associated costs >£50K	>Onsite/Offsite release with realised detrimental/ catastrophic effects >Loss of building/major piece of equipment vital to the CCG's business continuity
Staffing & Competence	>Short term low staffing level (<1 day) – temporary disruption to patient care >Minor competency related failure reduces service quality ,1 day >Low staff morale affecting one person	>On-going low staffing level – minor reduction in quality of patient care >Unresolved trend relating to competency reducing service quality >75% - 95% staff attendance at mandatory/key training >low staff morale (1% - 25% of staff)	>Late delivery of key objectives/service due to lack of staff >50% - 75% staff attendance at mandatory/key training >Unsafe staffing level >Error due to ineffective training/competency >Low staff morale (25% - 50% of staff)	>Uncertain delivery of key objective/service due to lack of staff >25% - 50% staff attendance at mandatory/key training >Unsafe staffing level >5 days >Serious error due to ineffective training and / or competency >Very low staff morale (50% - 75% of staff)	>Non-delivery of key objective / service due to lack of staff >On going unsafe staffing levels >Loss of several key staff >Clinical error due to lack of staff or insufficient training and / or competency >Less than 25% attendance at mandatory / key training on an on-going basis >Very low staff moral (>75% of staff)
Complaints/ Claims	>Informal/locally resolved complaint >Potential for settlement/litigation <£5K	>Overall treatment/service substandard >Formal justified complaint >Minor implication for patient safety if unresolved >Claim <£10K	>Justified complaint involving lack of appropriate care >Claim(s) between £10K-£100K >Major implications for patient safety if unresolved	>Multiple justified complaints >Independent review >Claim(s) between £100K-£1M >Non-compliance with national standards with significant risk to patients if unresolved	>Multiple justified complaints >Single major claim >Inquest/ombudsman inquiry >Claim >£1M
Financial	>Small loss >Theft or damage of personal property <£50	>Loss <£50K >Loss of 0.1-0.25% of budget >Theft or loss of personal property <£750	>Loss of £50K-£500K >Loss of 0.25-0.5% of budget >Theft or loss or personal property >£750	>Loss of £500K-£1M or loss of 0.5-1% of budget >Purchasers failing to pay on time	>Loss >£1M or loss > 1% of budget >Loss of contract/payment by results

Descriptor	Negligible 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Objectives/ Projects	>Insignificant (<5%) objective/project slippage (finance, schedule, KPIs). Will not impact on ability to deliver objective/project.	>Minor (5%) objective/project slippage (finance, schedule, KPIs). Will not impact significantly on ability to deliver objective/project	>Moderate (5-10%) objective/project slippage (finance, schedule, KPIs). May impact on ability to deliver objective/project if management action not taken to resolve slippage. Escalation to senior management required for guidance.	>Significant (10-25%) objective/project slippage (finance, schedule, KPIs). Will impact on ability to deliver objective/project. Mitigation plans required. Escalation to relevant committees required.	>Major (>25%) objective/project slippage (finance, schedule, KPIs). Will significantly impact on the ability to deliver objective/project. Immediate mitigation plans required. Escalation to relevant committees required.
Business/ Service Interruption	>Loss/interruption of >1 hour, no impact on delivery of patient care/ability to provide services	>Short term disruption, of >8 hours, with minor impact	>Loss/interruption of >1 day >Disruption causes unacceptable impact on patient care >Non-permanent loss of ability to provide service	>Loss/interruption of >1 week >Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked >Temporary service closure	>Permanent loss of core service/facility >Disruption to facility leading to significant 'knock-on' affect across local health economy >Extended service closure
Inspection/ Statutory Duty	>Small number of recommendations which focus on minor quality improvement issues >No or minimal impact or breach of guidance/ statutory duty >Minor non-compliance with standards	>Minor recommendations which can be implemented by low level of management action >Breach of statutory legislation >No audit trail to demonstrate that objectives are being met (NICE;HSE etc.)	>Challenging recommendations which can be addressed with appropriate action plans >Single breach of statutory duty >Non-compliance with core standards <50% of objectives within standards met	>Enforcement action >Multiple breaches of statutory duty >Improvement notice >Critical Report >Low performance rating >Major non compliance with core standards	>Multiple breaches of statutory duty >Prosecution >Severely critical report >Zero performance rating >Complete systems change required >No objectives/standards being met
Adverse Publicity/ Reputation	>Rumours >Potential for public concern	>Local Media – short term- minor effect on public attitudes/staff morale >Elements of public expectation not being met	>Local media – long term – Moderate effect – impact on public perception of the CCG & staff morale	>national media <3 days – public confidence in organisation undermined – use of services affected	>national/international adverse publicity >3 days >MP concerned (questions In the House) >Total loss of public confidence
Fire Safety/ General Security	>Minor short term (<1 day) shortfall in fire safety system >Security incident with no adverse outcome	>Temporary (<1 month) shortfall in fire safety system/single detector etc (non-patient area) >Security incident managed locally >Controlled drug discrepancy – accounted for	>Fire code non-compliance/lack of single detector – patient area etc. >Security incident leading to compromised staff/patient safety >Controlled drug discrepancy – not accounted for	>Significant failure of critical component of fire safety system (patient area) >Serious compromise of staff/patient safety	>Failure of multiple critical components of fire safety system (high risk patient area) >Infant/young person abduction
Information Governance/ IT	>Breach of confidentiality – no adverse outcome >Unplanned loss of IT facilities < half a day >Health records/documentation incident – no adverse outcome	>Minor breach of confidentiality – readily resolvable >Unplanned loss of IT Facilities < 1 day >Health records incident/documentation incident – readily resolvable	>Moderate breach of confidentiality – complaint initiated >Health records documentation incident – patient care affected with short term consequence	>Serious breach of confidentiality – more than one person >Unplanned loss of IT facilities > 1 day but less than one week >Health records/documentation incident - patient care affected with major consequence	>serious breach of confidentiality – large numbers >Unplanned loss of IT facilities > 1 week >health records/documentation incident – catastrophic consequence

w = minor treatment is defined as first aid, additional therapy & additional medication. It does not include any re admission into hospital, any extra time as an outpatient or continued treatment over and above the treatment already planned.

x = moderate increase in treatment is defined as a return to surgery, an un-planned re-admission, a prolonged episode of care, extra time as an outpatient, cancelling of treatment or transfer into hospital as a result of the incident

y = Permanent harm directly related to the incident and not the natural course of the patients illness or underlying condition is defined as permanent lessening or bodily functions, sensory, motor, physiologic or intellectual

z = The death must relate to the incident rather than to the natural course of that patients illness or underlying condition

LEVEL	DESCRIPTOR	EXAMPLES	FREQUENCY/ OCCURANCE	CONSEQUENCE LIKELIHOOD	1	2	3	4	5
1	Rare	Difficult to believe that this will ever happen again	Annually	1	1	2	3	4	5
2	Unlikely	Do not expect it to happen/happen again but it may	Bi-annually	2	2	4	6	8	10
3	Possible	It is possible that it may occur/reoccur	Monthly	3	3	6	9	12	15
4	Likely	It is likely to occur/reoccur but is not a persistent issue	Weekly	4	4	8	12	16	20
5	Almost Certain	Will almost certainly occur/reoccur and could be a persistent issue	Daily	5	5	10	15	20	25