

Primary Care Commissioning Committee

Date of meeting		1 November 2018	
Agenda item	7	Paper No	PCSG18/060

Primary Care Risk Register

<p>Key issues</p> <p>Text pulled through from last meeting</p>	<p>The Primary Care Risk Register has been updated to include identified risks and mitigating actions.</p> <p>The following high risks have been identified:</p> <ul style="list-style-type: none"> • GP recruitment and retention, mitigated by the ongoing review and production of a workforce strategy. • Practice development in Winchester, mitigated by regular contact with the practice and a decision by the practice to sign the Head Lease and progress the scheme. This risk has been reduced. • Transition to Capita (Primary Care Services England) mitigated by feedback from regular meetings held by NHS England and the Local Medical Committee. The CCG met with the Regional Manager for PCSE on 25 June 2018 where it was confirmed that progress has been made in some but not all areas. <p>The transition process for the transfer of paper medical records when a patient moves surgery is now in place and issues which have resulted in a delay in the transfer have now been resolved. The majority of issues with the supplies function which enables Practices to order items such as prescription pads have now been resolved, with the only outstanding issue being a shortage of General Data Protection Request (GDPR) forms which are being urgently printed. Transition is in process for the performers list online but issues remain with GP pensions. The new CEO of PCSE is meeting regularly with the NHS England central team who hold the contract.</p> <p>Locally, practices have been asked to submit any ongoing issues for individual resolution and escalation and 42 specific issues have been raised by 13 practices across West Hampshire CCG. These primarily relate to GP pension issues. The information has been sent to the Regional Manager for a direct response to the Practices</p>
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	<p>and a progress update is expected by WHCCG at the next meeting with PCSE in October 2018.</p> <ul style="list-style-type: none"> • ETPP due diligence timescales mitigated by locality working groups and Primary Care Steering Group oversight, detailed timelines with milestones and regular reviews. • Lack of capital for area hub development mitigated by applications submitted to wave 4 STP capital funding. • Clinical leadership for cluster development mitigated by proposal for dedicated Cluster Clinical Leads. • IT Assets not clearly identified mitigated by a formal review of the service with an action plan including a full audit and the issue of a performance notice to the contractor. • GP remote connection outdated support mitigated by existing security solutions. Practices are being transitioned to an alternative solution. • Out of hours IT support mitigated by a CSU contract variation identified to cover Mon-Fri 7.30am-8pm and Sat 8am -1pm. Service Specification to include Sunday in review. • Delivery of the Primary Care Strategy mitigated by locality plans. <p>It is requested that the following risks are removed;</p> <p>127 – Confirmation has been received that all PMS contracts are now signed.</p> <p>530 - Special allocation scheme; a new provider contract is now in place.</p>
<p>Strategic objectives / perspectives</p>	<p>This paper addresses the following CCG strategic objectives:</p> <ul style="list-style-type: none"> • Ensure system financial sustainability • Ensure safe and sustainable high quality services • Establish local delivery systems
<p>Actions requested / recommendation</p>	<p>The Primary Care Commissioning Committee is asked to note the Primary Care Risk Register, the identified high risks and mitigating actions and agree the removal of number 127, non-agreement of PMS contracts and number 530 Special Allocation Scheme.</p>
<p>Principal risk(s) relating to this paper</p>	<p>All risks and mitigating actions are detailed in the Primary Care Risk Register.</p>

Other committees / groups where evidence supporting this paper has been considered	Primary Care Steering Group.
Financial and resource implications / impact	There are no financial and resource implications arising from this paper
Legal implications / impact	There are no legal implications arising from this paper.
Privacy impact assessment required?	No.
Public / stakeholder involvement – activity taken or planned	Not applicable.
Equality and diversity – implications / impact	Not applicable
Report author	Sylvia Macey, Head of Primary Care
Sponsoring Director	Rachael King, Director of Commissioning South West
Date of paper	25 October 2018

ID	Description	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Manager	Handler	Controls in place	Gaps in controls	Actions	Due date	Progress	Done date	Adequacy of controls	Type of Control	Confidential or public?
131	If the shortage of GPs and other clinical staff continues, then there may be a negative impact on the sustainability of general practice resulting in a poorer service for patients.	Possible	Major	High Risk	12	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>GP Forward View, national recruitment and retention schemes in place.</p> <p>Local Medical Committee working with practices at a local level to support recruitment and retention.</p> <p>Regular review of local GP workforce data national quarterly return and part of the Quality Progression Scheme which includes collection of workforce data to set a baseline.</p> <p>Working with Health Education England and the Wessex Deanery.</p> <p>Working and fully engaged with the Sustainable Transformation Plan.</p> <p>Locality and cluster plans for each area will seek to address practice sustainability.</p> <p>Implementation of new models of care and ways of working across Localities e.g. Medicines Optimisation Project and Extended Access.</p> <p>Workforce Plan is part of the GP Forward View Plan.</p> <p>Primary Care Team and LMC to keep under review at regular monthly meeting.</p>	<p>Nationally inadequate resource of GPs and practice nurses.</p> <p>Varying levels of adoption of sustainability initiatives such as working at scale, increased use of skill mix and medicines management/ pharmacy support.</p>	<p>Develop the Primary Care Workforce Strategy, and new models of care.</p>	30/11/2018	Working with the LMC to review retaining and returning GP options. CCG working with other CCGs across the STP to look at International GP Recruitment pilot.		Inadequate	Treat	Public
132	If the practice development doesn't progress, then delivery of the strategic estate plan for Winchester will be negatively impacted and the practice will remain in premises requiring improvement.	Likely	Moderate	High Risk	9	Low Risk	3	King, Rachael	Macey, Sylvia	<p>NHS England Wessex and the CCG working with Winchester City Council to ensure timescales match.</p> <p>Scheme approved by Winchester City Council in January 2018 for re-provision of practice premises.</p> <p>Primary Care Steering Group gave confirmation of progression of the scheme in November 2016.</p>	<p>Practice were reluctant to sign lease, and were looking at options to mitigate the risk.</p>	<p>Meet with the practice to discuss options.</p> <p>Meet with the practice to discuss options.</p> <p>Obtain decision from practice regarding options.</p>	11/10/2018	Meeting held in July where options were outlined to the practice and a request for a response was made.	02/07/2018	Inadequate	Treat	Public
												02/10/2018	Meeting took place, mitigation to practice risk explained. Partners continue to negotiate with assistance from the LMC.	19/01/2018				
												31/07/2018	Meeting with the practice and Winchester CC, in December 2017.	29/12/2017				

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117	If the Capita contract to deliver Primary Care support services does not resolve outstanding issues regarding medical record movements, supplies management and practice payments, including GP Registrar and Pension payments, then practice financial sustainability may be adversely affected.	Likely	Moderate	High Risk	12	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>NHS England contract. NHSE are working nationally to resolve outstanding issues.</p> <p>A leadership structure is in place in NHS England (NHSE) to manage the contract with Capita with weekly meetings reviewing key milestones.</p> <p>Keeping in touch with latest information regarding Capita and transition process via NHS England who give monthly updates on the current situation.</p> <p>Ongoing monitoring of practice issues is undertaken by the CCG with escalation to NHS England and review monthly. Issues are also logged with the Local Medical Committee who collated data and continuing to raise the issues nationally.</p> <p>NHS England - Heads of Primary Care in South Region have written to Capita expressing their concerns.</p> <p>Local meeting with Primary Care Support Services (Capita) is planned for end of June 2018.</p>	Assurance from NHS England and Capita.	Clear picture of outstanding items across the CCG area.	29/06/2018	Contact made with Capita - meeting agreed for end of June 2018.	25/06/2018	Inadequate	Treat	Public
													03/08/2018	New action, Scoping of process beginning. Anticipated completion date of initial position is end of July 2018.	03/08/2018			
													27/07/2018	Request sent to NHSE 14/06/2018. Will be chased end of June 2018 if no response. NHSE response indicates they do not have a comprehensive action plan they are able to share. Certain areas are resolved, with GP pay and pensions and registrations are an ongoing issue they are looking to resolve.	25/06/2018			
329	If the Andover Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded.	Possible	Moderate	High Risk	9	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>There is a Project Delivery Group in place.</p> <p>Andover Hub Project Group have detailed timescales for delivery of the scheme.</p> <p>Working groups have been established with partner agencies and regular reviews are undertaken of key milestones.</p> <p>Risks are reviewed and addressed on a regular basis.</p> <p>Regular reviews are in place with NHS England at a local and national level, as well as with Community Health Partnerships who are providing strategic and technical advice.</p> <p>The Andover scheme has been identified as a priority by the Hampshire Isle of Wight Sustainability Transformation Programme for support to achieve a successful business case provided by the Strategic Estates Planning Implementation Programme (SEPI). SEPI is a national team established by the Department of Health.</p> <p>Revised options appraisal, PID and economic appraisal complete.</p>	Signed off economic appraisal.	29/12/2017	Decision from the practice confirming their position.	05/01/2018	Adequate	Tolerate	Public	
												29/12/2017	Revised option appraisal.	05/01/2018				
												29/12/2017	Revised PID.	16/05/2018				
												29/06/2018	Economic Appraisal.	On track for recommendation to be made to the Board at the end of June.				18/06/2018

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441	If the Eastleigh Estates and Technology Transformation Programme (ETTP) does not meet NHS England requirements then funding for the premises schemes will not be awarded.	Possible	Moderate	High Risk	9	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>There is a Project Delivery Group in place.</p> <p>Eastleigh Hub Project Group have detailed timescales for delivery of the scheme by 5 July 2019.</p> <p>Options appraisal completed in July 2017.</p> <p>OBC Approved by West Hampshire CCG Board January 2018.</p> <p>OBC submitted to NHS England ETTF Board for approval March 2018.</p> <p>Planning permission submitted May 2018.</p> <p>Public/Patient Engagement Consultation package complete in preparation for agreed launch date.</p> <p>FBC to be completed by September 2018.</p> <p>FBC to be approved and Financial Close in October 2018.</p> <p>Planned end of refurbishment work in May 2019.</p> <p>Target date for project completion and occupation is July 2019.</p> <p>Working groups have been established with partner agencies and regular reviews are undertaken of key milestones.</p>	FBC production and approval.	<p>FBC to be completed by November 2018.</p> <p>FBC to be approved and Financial Close in December 2018.</p>	30/11/2018	31/12/2018	On track.	On track.		Adequate	Tolerate	Public
528	If there is a lack of clinical input into the design of the cluster plans, then they may not be able to deliver the work plans to enable transformation of primary care.	Possible	Moderate	High Risk	9	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>There are designated staff within the CCG working on the cluster plans who are supporting clinicians to draft and take forward cluster plans.</p>	Cluster plans.	Complete production of cluster plans.	31/10/2018	On track.		Adequate	Tolerate	Public		
529	If there is insufficient capital and revenue funding for the re-development/ relocation of practices then hub development may be delayed or prevented resulting in a negative impact on the successful delivery of the transformation of primary care.	Possible	Moderate	High Risk	9	Moderate Risk	6	King, Rachael	Macey, Sylvia	<p>Working with NHS Property Services to develop options.</p> <p>NHSE capital funding.</p>	Unconfirmed capital funding.	Explore options for funding.	31/12/2018	On track.		Inadequate	Treat	Public		

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526	If General Practice Information Technology (GPIT) assets are not clearly identified and tracked, then there may be reduced IT technology in practices resulting in poorer IT access for GPs in interactions with patients; and increased risk of IT down-time.	Possible	Moderate	High Risk	9	Moderate Risk	6	Mitchell, Heather	Parker, Claire	A review of service has been undertaken to identify issues with service provision. An urgent action plan to address the risk was formally requested at the HIOW CSU Customer Board on 3 July 2018.	Following a review of the General Practice Information Technology (GPIT) service provided by the CSU, assets may not be clearly identified and tracked.	Action plan to be drawn up by the CSU and agreed by the HIOW CSU Customer Board.	31/12/2018	On track.	28/09/2018	Inadequate	Treat	Public
												Account for all devices from 17/18 Programme.	28/09/2018	All assets have been identified other than 2 in use by employees who are on annual leave.	28/09/2018			
495	If the GP remote connection solution operating on Windows server 2003 is no longer supported by Microsoft then no patches will be designed for this product and there will be an increased security risk for the organisation of security breaches, viruses etc.	Possible	Moderate	High Risk	9	Moderate Risk	4	Mitchell, Heather	Parker, Claire	Existing security solutions. Working to retire the solution. Use case is being investigated by CSU GPIT colleagues to ensure an alternative is in place for those that utilise it. CSU reviewing how to ring fence the solution so that the effect of any breach or virus could be controlled.	Replacement solution. Alternative options. Mitigation to reduce impact of breach.	Working to retire the solution.	31/12/2018	On track.		Inadequate	Treat	Public
												CSU to propose alternative solutions.	31/12/2018	Use cases requested from each practice. Analysis still to be completed. Escalated with CSU in September IISG and included within action plans.				
												Use case is being investigated by CSU GPIT colleagues to ensure an alternative is in place for those that utilise it.	31/12/2018	On track.				
												CSU reviewing how to ring fence the solution so that the effect of any breach or virus could be controlled.	31/12/2018	On track.				

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484	If there is an out of hours IT issue (including cyber attack) then the CSU's perceived lack of formal agreement for extended hours means there is a risk they do not respond and services such as primary care extended hours and weekend opening will be adversely affected.	Possible	Moderate	High Risk	9	Moderate Risk	6	Mitchell, Heather	Parker, Claire	Contract variation from 2015 has been identified agreeing full helpdesk support Mon-Fri 7.30 am - 8pm and Saturday 8am - 1pm. This has been escalated with the CSU. CSU IT business continuity and service recovery plans. The CCG has CSU IT senior manager contact details for escalation. NHS Digital debrief, learning and assurance process is being carried out by the CCG .	Awareness of existing requirements and obligations. Agreement from provider that current service is unacceptable and implemented solution.	Raise awareness of existing agreement and obligation to meet this within existing meetings regarding GPIT and customer board meetings.	31/12/2018	On track.		Inadequate	Treat	Public
												NHCCG Chief Finance Officer to write to the CSU requiring an an call solution is in place.	31/01/2018	The reply was there is no obligation to provide such cover however they will do their best endeavors. Not an acceptable response, so seeking them to take their responsibilities on board through other routes e.g. contract, NHS Digital pressure.	31/01/2018			
												NHCCG CFO to escalate through CSU SLA processes, contract and NHS Digital pressure.	31/12/2018	On track.				
210	If the Primary Care Strategy is not successfully delivered and there is a failure to remodel and manage the local political environment, then there could be excessive demands on primary care resulting in a lack of sustainability, a negative impact on the out of hospital programme and instability in general practice.	Unlikely	Major	High Risk	8	High Risk	8	King, Rachael	Macey, Sylvia	Locality plans in place and progress reported regularly to the appropriate governing bodies to deliver out of hours and primary care strategy. Primary Care Strategy to be reviewed in line with the new operational plan guidance. Working and fully engaged with the Sustainable Transformation Plan. Locality and cluster plans for each area will seek to address practice sustainability.						Adequate	Tolerate	Public
530	If the CCG is unable to find a provider for the primary care Special Allocation Scheme, then up to fourteen patients may not be able to access primary care medical services.	Likely	Minor	Low Risk	1	Low Risk	1	King, Rachael	Macey, Sylvia	Current contract in place for the service to be provided. Working with CCG Mental Health team to look at options for alternative provision.	Lack of alternative provider.	New provider in place 1 October 2018	Complete	On track.		Adequate	Tolerate	Public
513	As there is a vacancy for a clinical leader role in WINCAR and Andover there may be a reduction in engagement from the practices with the CCG.	Unlikely	Moderate	Moderate Risk	6	Low Risk	1	King, Rachael	Macey, Sylvia	Clinical Director for Andover appointed, but not for Winchester. Further work being undertaken with the Winchester Locality to appoint a Clinical Director.	Clinical Director WINCAR.	Appoint to the post of locality Clinical Director WINCAR.	31/12/2018	On track.		Adequate	Tolerate	Public

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489	If the CCG does not receive sufficient funding for the increasing population from new housing developments, then there may be a cost pressure to the Primary Care budget to enlarge or replace practice premises.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	King, Rachael	Macey, Sylvia	CCG actively responds to planning applications to request S106 or CIL contributions. Primary care team is undertaking population mapping. Monitoring development phasing is being undertaken.						Adequate	Tolerate	Public
396	If there is insufficient and slow support to resolve ERS issues between primary care and providers, then GPs and patients may become disillusioned with the system, lose confidence in its effectiveness and discourage pro-active use.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	Mitchell, Heather	Parker, Claire	The CCG project team have agreed escalation points for ERS issues. There is a central point of contact for practice issues, regular reporting from providers to highlight issues which are being reviewed and actioned on a bi-weekly basis. Meetings are in place to review and escalate issues with providers as required. Central contacts have been identified within each provider and these details communicated via In Practice and on the CCG website via a live FAQ document. Early PSO being implemented for all providers ahead of contract date. The Standard Contract for 2018/19 to require the full use of e-RS for all consultant-led first outpatient appointments by end of September 2018.						Adequate	Tolerate	Public
394	If during transition, a significant number of services are not available on the ERS system, GPs could become disillusioned with the system and may not encourage pro-active use.	Unlikely	Moderate	Moderate Risk	6	Moderate Risk	6	Mitchell, Heather	Parker, Claire	Regular monitoring of provider service availability and regular meetings in place. Key providers in a good position, UHS escalated to NHSE Providing clarity to GPs on which services are currently available and when new ones are scheduled. The national CQUIN in 2017/18 to incentivise providers to fully enable e-RS for all services and promote the systematic adoption of the e-RS for GP referrals. The Standard Contract for 2018/19 to require the full use of e-RS for all consultant-led first outpatient appointments by end of September 2018.						Adequate	Tolerate	Public
534	If providers do not have resources/technical ability to deliver soft and hard paper return plan then there may be a lack of awareness and following due process within Primary Care.	Unlikely	Moderate	Moderate Risk	4	Moderate Risk	4	Mitchell, Heather	Parker, Claire	Actively working with providers to simplify processes and minimize resources required to support PSO. WHCCG/CSU drafting documents to reduce pressure on providers. Reduced the timeframe within which soft responses are required. Early implementation of PSO to ensure minimal non-ERS referrals post 1st October thus reducing impact within secondary care.						Adequate	Tolerate	Public

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395	If appointment slot issues increase within providers during transition to the ERS system, GPs and patients may lose confidence in its effectiveness.	Rare	Minor	Low Risk	2	Low Risk	1	Mitchell, Heather	Parker, Claire	Regular monitoring in place and PSO's now underway with providers. GP's can still refer via ERS however 'defer to provider' for booking. Encouraging and supporting a robust paper switch-off programme at each provider as this has proved to address appointment slot issues (ASI) through removing paper backlogs and forcing demand and capacity planning for each service. The Standard Contract for 2018/19 to require the full use of e-RS for all consultant-led first outpatient appointments by end of September 2018.							Adequate	Tolerate	Public
127	If there is non-agreement of PMS Practices to the outcome of reviews, then there may be delays to contract agreements and an inability to re-invest PMS premium payments in primary care services (subject to outcome of reviews).	Rare	Minor	Low Risk	1	Low Risk	1	King, Rachael	Macey, Sylvia	Working with NHS England Wessex and LMC to undertake reviews and negotiate with practices. Process and timescales agreed with NHS England. Completed reviews with financial schedules. CCG has reinvestment plans which engage PMS practices to sign up to new financial schedules. Meetings for PMS practices completed in May 2016.	One practice lacking agreement with previous Partner to sign off the new PMS contract.	Practice negotiating with previous Partner.	29/06/2018	Only one practice outstanding. Awaiting update from NHS England. Chasing NHS England for response.	Aug-18	Inadequate	Treat	Public	

Impact Score, Likelihood Score and Risk Score Matrix

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
1. Impact on the safety of patients, staff or public (physical/psychological harm)	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
2. Quality/complaints/audit	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	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) complaint 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
3. Human resources/organisational development/staffing/competence	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
	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

	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
4. Statutory duty/ inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	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
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
5. 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
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
6. Business objectives/ projects	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
	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
7. Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	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:

Likelihood	1	2	3	4	5
Descriptor	Rare <20%	Unlikely 20-40%	Possible 40-60%	Likely 60-80%	Almost certain 80%+
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

Risk Score (Impact x Likelihood):

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

