

Board Assurance Framework (BAF) 2018/19 (Draft v1)

Strategic objective	Our patients: Providing consistently safe, responsive, high quality care
Strategic risk (in the next 5 years)	SR 1: Standards of safety & quality of care A widespread loss of control over standards of safety and quality of patient care, which could result in multiple incidents of severe, avoidable harm and poor clinical outcomes for a large number of patients
Risk type	Harm (physical or psychological)

Current risk exposure		Tolerable risk
Likelihood	Not yet assessed	Not yet agreed
Severity	5. Very high	5. Very high
Risk rating	Not yet assessed	Not yet agreed

Assurance Committee	Quality Governance
Last reviewed	Not yet reviewed
Rating last changed	Not yet assessed
Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned action
<ul style="list-style-type: none"> Clinical service structures & resources Clinical governance arrangements at Trust, directorate & service levels Clinical policies, procedures, guidelines, pathways, supporting documentation, audit programme & training Clinical staff recruitment, induction, mandatory training, registration & re-validation Quality & safety improvement planning process & plans Defined safe staffing levels Ward accreditation programme Health, safety & security policies, guidance, monitoring and training Occupational health & wellbeing arrangements for staff 	<ul style="list-style-type: none"> Number & severity of patient safety incidents Number of Serious Incidents / Never Events Number & severity of Healthcare Acquired Infections (HCAIs) Number & severity of safeguarding incidents Number & severity of medication safety incidents Harm free care rate Hospital Standardised Mortality Ratio (HSMR) Number & type of complaints Number & severity of health & safety incidents Number & severity of information governance(breach of confidentiality) incidents 	Not yet reviewed

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant increase in Serious Incidents / Never Events	Medical Director	Not yet agreed	Not yet assessed		Risk & compliance: Serious Incidents Report (next due May 18)			Not yet assessed
A significant deterioration in the delivery of harm free patient care	Director of Nursing	Not yet agreed	Not yet assessed		Risk & compliance: Quality & Safety Assurance Report (next due May 18)			Not yet assessed
An uncontrolled outbreak of infectious disease (such as pandemic influenza; norovirus; infections resistant to antibiotics)	Director of Nursing	Not yet agreed	Not yet assessed		Risk & compliance: IPC Committee Assurance Report (next due May 18)			Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant deterioration in the safeguarding of vulnerable people	Director of Nursing	Not yet agreed	Not yet assessed		Risk & compliance: Safeguarding Committee Assurance Report (next due Jun 18)			Not yet assessed
A significant deterioration in the safe management of medicines	Medical Director	Not yet agreed	Not yet assessed		Risk & compliance: Medicines Safety Committee Assurance Report (next due May 18)			Not yet assessed
A significant deterioration in the quality of patient experience	Director of HR & OD	Not yet agreed	Not yet assessed		Risk & compliance: Patient Experience Committee Assurance Report (next due May 18)			Not yet assessed
A significant increase in the number of serious (HSE / RIDDOR reportable) health & safety incidents	Director of Estates & Facilities	Not yet agreed	Not yet assessed		Risk & compliance: Health & Safety Committee Assurance Report (next due Jun 18)			Not yet assessed
A significant increase in the number of serious (ICO reportable) breaches of confidentiality in relation to sensitive personal information	Deputy Chief Executive	Not yet agreed	Not yet assessed		Risk & compliance: Information Governance Committee Assurance Report (next due May 18)			Not yet assessed
Significant missed opportunities to innovate and enhance clinical service provision to improve patient outcomes	Medical Director	Not yet agreed	Not yet assessed		Research & Innovation Committee Assurance Report (next due Jun 18)			Not yet assessed

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Strategic objective	Our patients: Providing consistently safe, responsive, high quality care	Current risk exposure		Tolerable risk	Assurance Committee	Quality Governance
Strategic risk (in the next 5 years)	SR 2: Public, regulator & commissioner confidence A fundamental loss of public, regulator or commissioner confidence, which could result in suspension of CQC registration, parliamentary intervention and sustained adverse media attention at a national level	Likelihood	Not yet assessed	Not yet agreed	Last reviewed	Not yet reviewed
Risk type	Compliance & reputation	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	Not yet assessed	Not yet agreed	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned action
<ul style="list-style-type: none"> Clinical governance arrangements Corporate governance & performance management arrangements Information governance policies Health & safety governance arrangements Corporate communications capacity & capability Media relations management arrangements 	<ul style="list-style-type: none"> Delivery of clinical governance improvement plans Delivery of corporate governance improvement plans Performance against constitutional standards (Single Oversight Framework) Information Governance (IG) Toolkit self-assessment Number of IG incidents Delivery of health & safety improvement plans Delivery of fire safety improvement plans Friends & Family Test (FFT) results 	Not yet reviewed

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
Non-compliance with clinical governance regulations & standards	Medical Director	Not yet agreed	Not yet assessed					Not yet assessed
Non-compliance with corporate governance regulations & standards	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed					Not yet assessed
Non-compliance with information governance regulations & standards	Deputy Chief Executive	Minimal	12 High ---	<ul style="list-style-type: none"> GDPR action plan IG standards improvement plans 	Risk & compliance: IG toolkit self-assessment (Apr 18) Risk & compliance: IG Assurance Committee Assurance Report / incident monitoring (next due Jun 18)	<ul style="list-style-type: none"> GDPR preparedness, additional capability and capacity to execute the plan IG training compliance < 95%, plans to improve compliance Corporate records compliance – additional capacity for Trust Secretary 	May 2018 Sept 2018 Sept 2018	Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
Non-compliance with health & safety regulations & standards	Director of Estates & Facilities	Not yet agreed	Not yet assessed					Not yet assessed
Sustained adverse media and / or social media coverage at a local level	Chief Executive	Not yet agreed	Not yet assessed					Not yet assessed

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Strategic objective	Our services: Providing efficient, effective and financially sustainable services	Current risk exposure		Tolerable risk	Assurance Committee	Finance, Service Improvement & Delivery
Strategic risk (in the next 5 years)	SR 3: Overwhelming demand An overwhelming increase in demand, which could result in multiple services becoming unsustainable in the long term.	Likelihood	Not yet assessed	Not yet agreed	Last reviewed	Not yet reviewed
Risk type	Service disruption	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	Not yet assessed	Not yet agreed	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned actions
<ul style="list-style-type: none"> Organisational service structure Strategic planning process & operational business plans Operational performance management structures, information and monitoring arrangements Local Sustainability & Transformation Partnership (STP) & plans 	<ul style="list-style-type: none"> A&E 4 hour wait performance 18 week RTT performance Cancer standards performance 6 week diagnostic wait performance Strategic partner organisations' CQC ratings STP financial position 	Not yet reviewed

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant increase in levels of emergency demand	Chief Operating Officer	Not yet agreed	Not yet assessed		Management: Integrated Performance Report (next due May 2018)			Not yet assessed
A significant increase in levels of elective demand	Chief Operating Officer	Not yet agreed	Not yet assessed		Management: Integrated Performance Report (next due May 2018)			Not yet assessed
A significant increase in levels of outpatient demand	Chief Operating Officer	Not yet agreed	Not yet assessed		Management: Integrated Performance Report (next due May 2018)			Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant increase in levels of demand for diagnostics	Chief Operating Officer	Not yet agreed	Not yet assessed		Management: Integrated Performance Report (next due May 2018)			Not yet assessed
A fundamental breakdown of strategic partnerships	Chief Executive	Not yet agreed	Not yet assessed	Sustainability & Transformation Partnership (STP)				Not yet assessed

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Strategic objective	Our services: Providing efficient, effective and financially sustainable services	Current risk exposure		Tolerable risk	Assurance Committee	Finance, Service Improvement & Delivery
Strategic risk (in the next 5 years)	SR 4: Financial sustainability An irreversible inability to reduce the scale of the financial deficit, which could result in the Trust becoming financially unsustainable in the long term.	Likelihood	Not yet assessed	Not yet agreed	Last reviewed	Not yet reviewed
Risk type	Finances	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	Not yet assessed	Not yet agreed	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned action
<ul style="list-style-type: none"> Strategic financial planning process & plans Annual budget setting process Cost improvement / efficiency savings planning & delivery processes Financial management processes & performance information Key financial controls Commissioner contract management processes 	<ul style="list-style-type: none"> Performance against annual financial control total Monthly budget performance monitoring Performance against cost improvement plans Monitoring of cash liquidity Delivery of capital programme 	Not yet reviewed

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
Significant non-delivery of the annual financial control total	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed		Management: Finance Performance Report (next due May 18)			Not yet assessed
Significant under-achievement of planned financial efficiency savings	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed		Management: Financial Recovery Plan Report (next due May 18)			Not yet assessed
A significant loss of market share which substantially reduces income	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed					Not yet assessed
A significant reduction in cash liquidity which affects the ability to meet payment obligations	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed		Management: Cash Report (next due May 18)			Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant deterioration in the effectiveness of key financial controls	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed					Not yet assessed
Receipt of substantial financial penalties for failure to deliver the terms of the commissioner contract	Director of Finance, Procurement & Corporate Affairs	Not yet agreed	Not yet assessed		Management: Contract Report (next due May 18)			Not yet assessed

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Strategic objective	Our services: Providing efficient, effective and financially sustainable services	Current risk exposure		Tolerable risk	Assurance Committee	Finance, Service Improvement & Delivery
Strategic risk (in the next 5 years)	SR 5: Infrastructure & supply chain failure A catastrophic failure of the critical infrastructure or supply chain, which could result in substantial, prolonged disruption to most if not all services across the Trust.	Likelihood	3. Reasonably likely	2. Quite unlikely	Last reviewed	Not yet reviewed
Risk type	Service disruption	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	15. High ---	10. Medium	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned action
<ul style="list-style-type: none"> Capital investment planning & delivery processes IT network maintenance and development arrangements, and access policies Cyber security policies, guidance and training Estates & facilities management & investment arrangements Equipment management & investment arrangements Information & records management policies, guidance and training Data quality policies monitoring & validation processes Procurement policies, procedures, guidance & training 	<ul style="list-style-type: none"> Estates backlog maintenance programme delivery Equipment replacement programme delivery IT network security performance monitoring Number & severity of cyber security incidents Number & severity of data quality incidents Digital maturity index Care cert compliance (NHS digital standards) 	IT network integrity – report to be developed

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A major cyber security incident that causes significant disruption to digital continuity	Deputy Chief Executive	Minimal	12 High ---	Cyber security plan Digital Strategy	<ul style="list-style-type: none"> May 18 cyber attack – lessons learned (audit committee) Care cert compliance report Internal Audit Review Digital maturity index report (annual) Report to FSID on progress 	<ul style="list-style-type: none"> Investment constraints, agreement of prioritised plan within capital resources available Investment constraints, construction of business cases for external funding 	May 18 June 18	Not yet assessed
A significant deterioration in IT infrastructure & system functionality	Deputy Chief Executive	Cautious	8 Medium --	IT infrastructure plan (5 year)	<ul style="list-style-type: none"> Digital Maturity Index report (annual) 	<ul style="list-style-type: none"> Resource constraints; agreement of prioritisation plan within capital resources 	May 18	Not yet assessed
A significant deterioration in data quality	Deputy Chief Executive	Minimal	8 Medium --	Data Quality Strategy	<ul style="list-style-type: none"> Data Quality report to FSID (twice yearly) Internal Audit review 			Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
Failure to comply with the enforcement notice issued by Lincolnshire Fire & Rescue	Director of Estates & Facilities	Not yet agreed	20 Very high -----	Delivery of fire safety improvement plan	Management: Fire safety improvement plan progress report (Apr 18)			Not yet assessed
A significant deterioration in estates & facilities backlog maintenance capability & delivery of the development programme	Director of Estates & Facilities	Not yet agreed	Not yet assessed					Not yet assessed
A significant deterioration in records management capability & that causes widespread disruption to the availability of essential information	Chief Operating officer	Not yet agreed	Not yet assessed					Not yet assessed
A significant deterioration in medical equipment maintenance capability & delivery of the replacement programme	Chief Operating officer	Not yet agreed	Not yet assessed					Not yet assessed

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Strategic objective	Our people: Providing services by staff who demonstrate our value and behaviours	Current risk exposure		Tolerable risk	Assurance Committee	Workforce & OD
Strategic risk (in the next 5 years)	SR 6: Workforce capacity and capability An irreversible inability to recruit and retain a suitably skilled workforce to meet demand, which results in unplanned and indefinite closure of one or more major services across the Trust.	Likelihood	4. Quite likely	2. Quite unlikely	Last reviewed	Not yet reviewed
Risk type	Service disruption	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	20. Very high ----	10. Medium	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance
<ul style="list-style-type: none"> Overall ULHT People Strategy & Workforce Operational Plan Workforce planning processes & workforce information management Recruitment framework & associated policies, training & guidance Actions to maximise retention and minimise turnover People management policies, training & guidance Core learning programme & training provision Leadership development programme 	<ul style="list-style-type: none"> Medical, nursing & other staff vacancy rates Proportion of workforce from bank / agency / locum staff Staff turnover rates Core learning & appraisal compliance rates Leadership development completion rates 	Performance against the following KPIs is below target: <ul style="list-style-type: none"> Vacancy rates Core learning completion Non-medical appraisal rate

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant deterioration in leadership capacity & capability	Director of HR & OD	Cautious	16 High ----	New leadership programme to be launched in Spring 2018. Attendance will be prioritised through appraisal and proposed development centres. Impact will be measured through appraisal	Reports to Workforce Oversight Board: Attendance rates on leadership programme 360 degree appraisals Staff survey questions about leadership & management	Results from 2017 staff survey suggest that there are a number of issues to be addressed	Programmes will run through 18/19 and beyond	Not yet assessed
A significant deterioration staff training & appraisal rates	Director of HR & OD	Minimal	16 High ----	New individual performance management system being introduced in Spring 2018. Continued action to hold managers to account for ensuring staff have completed core learning and had an appraisal	Compliance rates are monitored and reported on a monthly basis to Board	At present, we are not achieving the targets for non-medical appraisal and core learning completion	Progress monitored through the year. Targets to be met by 31/3/19	Not yet assessed
A significant deterioration in medical staff recruitment & retention levels	Medical Director	Not yet agreed	Not yet assessed					Not yet assessed

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Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
A significant deterioration in nursing staff recruitment & retention levels	Director of Nursing	Not yet agreed	Not yet assessed					Not yet assessed
A fundamental loss of senior leadership stability	Chief Executive	Not yet agreed	Not yet assessed					Not yet assessed

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Strategic objective	Our people: Providing services by staff who demonstrate our value and behaviours	Current risk exposure		Tolerable risk	Assurance Committee	Workforce & OD
Strategic risk (in the next 5 years)	SR 7: Workforce culture A fundamental loss of workforce engagement which could result in a culture of low morale and motivation that impacts on the quality & safety of services throughout the Trust and permanently damages its reputation	Likelihood	4. Quite likely	3. Reasonably likely	Last reviewed	Not yet reviewed
Risk type	Compliance & reputation	Severity	5. Very high	5. Very high	Rating last changed	Not yet assessed
		Risk rating	20. Very high -----	15. High	Rating trend	N/A

Primary risk controls	Key Risk Indicators (KRIs)	Gaps in assurance & planned action
<ul style="list-style-type: none"> Overall ULHT People Strategy & Workforce Operational Plan Staff engagement opportunities Internal communications platforms (intranet; bulletins; forums) Staff survey process and response planning Corporate values and staff charter 	<ul style="list-style-type: none"> Staff survey results Delivery of staff survey response plans Staff sickness / absence rates Staff turnover rates Attendance levels at staff engagement events 	2017 staff survey results gives cause for concern regarding current levels of engagement and morale. Many relevant scores are in the bottom 20% for acute trusts

Corporate risk	Executive lead	Risk appetite	Current rating	Risk treatment strategy	Source of assurance (& date)	Gaps in control & planned response	Timescales	Assurance rating
Significant deterioration in staff engagement, morale & job satisfaction	Director of HR & OD	Cautious	20 Very high -----	Strategy based around four main drivers of engagement: <ul style="list-style-type: none"> - Strategic narrative – story of hope for ULHT - Leadership and management - Employee voice - Organisational integrity 	Regular item to Workforce Committee and Board on staff engagement Staff survey results and evidence of improving engagement levels	National Staff Survey results in Dec 18. Pulse survey in July 18	Progress expected and to be measured through 2018 national staff survey	Not yet assessed
Significant deterioration in site & service specific (as opposed to corporate) workforce cultural issues	Director of HR & OD	Cautious	20 Very high -----	Definition of common safety-based culture through vision and values. Staff charter sets out what this means for people in more detail. All Directorates asked to consider their own response to staff survey results	Regular item to Workforce Committee and Board on staff engagement Staff survey results and the site and Directorate specific results identify specific engagement gaps	The site-specific cultures are longstanding. We need to make that site affiliation a source of strength rather than weakness. Need to continue to promote the message “one Trust, three sites”	Measure progress through 2018 staff survey results, available in Dec 2018	Not yet assessed

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The BAF management process

The Board assigns each strategic risk to a lead assurance committee for regular review.

The role of the lead assurance committee is to:

- Review the strategic risk rating, based on evidence provided in reports from the lead executives, and recommend any changes to the Board
- Evaluate reports and risk assessments provided by the lead executives against each area of corporate risk (as part of their regular work programme) and rate the level of assurance that can be given to the Board
- Identify any gaps in assurance and ensure these are addressed with the lead executive for future meetings of the committee
- Identify any gaps in primary controls and ensure the lead executive has appropriate plans in place to address them

To facilitate this process, each lead assurance committee will need to receive regular reports from lead executives which provide sufficient management information and analysis of relevant Key Risk Indicators (KRIs), including an up to date corporate risk assessment, to enable the committee to make a judgement as to the level of assurance that can be provided to the Board.




All reports to assurance committees should first have been reviewed and approved by the lead executive at a formal management committee.

A brief guide to the structure and content of the BAF

The BAF includes the following elements that are to be rated by the lead assurance committee:

- A statement of risk appetite for each identified corporate risk, to be defined by the lead assurance committee on behalf of the Trust Board: **Averse** = aim to avoid the risk entirely; **Minimal** = insistence on low risk options; **Cautious** = preference for low risk options whilst accepting some residual risk exposure; **Open** = prepared to accept a higher level of residual risk exposure than usual, in pursuit of potential benefits
- The source of assurance provided to the committee, including when that evidence was last provided or is next expected and which of the 3 lines of defence it comes from: **Management** (those directly responsible for the area reported on) ; **Risk & compliance** functions (internal but independent of the management area reported on); **Internal audit** (independent of the Trust)
- The risk treatment strategy identified for each corporate risk, assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy is appropriate and is likely to be effective in treating the risk (see below for key)

Key to committee assurance ratings:

-  Green = Positive assurance: the Committee is satisfied that there is reliable evidence of the appropriateness of current risk treatment strategies in addressing identified risks
-  Amber = Inconclusive assurance: the Committee has not received sufficient evidence to be able to make a judgement as to the appropriateness of current risk treatment strategies
-  Red = Negative assurance: the Committee has received reliable evidence that current risk treatment strategies are not appropriate to the nature and / or scale of identified risks

A copy of the Risk Scoring Guide (taken from the Risk Management Policy) is included below for reference.

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Risk Scoring Guide

Risk type	Severity score & descriptor (with examples)				
	1 Very low	2 Low	3 Moderate	4 High	5 Very high
Harm (physical or psychological)	Minimal physical or psychological harm, not requiring any clinical intervention. e.g.: Discomfort; fatigue; temporary stress / anxiety.	Minor, short term injury or illness, requiring non-urgent clinical intervention (e.g. extra observations, minor treatment, support or first aid). e.g.: Bruise; graze; small laceration; sprain; sustained stress / anxiety; Grade 1 pressure ulcer; intolerance to medication.	Significant but not permanent injury or illness, requiring urgent or on-going clinical intervention. e.g.: Substantial laceration ; severe sprain; fracture; dislocation; concussion; severe stress / anxiety; depression; emotional exhaustion; Grade 2 or3 pressure ulcer; Healthcare associated infection (HCAI); noticeable adverse reaction to medication; RIDDOR reportable incident.	Significant long-term or permanent harm, requiring urgent and on-going clinical intervention, or the death of an individual. e.g.: Loss of a limb; permanent disability; severe, long-term mental illness; Grade 4 pressure ulcer; long-term HCAI; retained instruments after surgery; severe allergic reaction to medication.	Multiple fatal injuries or terminal illnesses. e.g.: Major incident mass casualties; multiple missed cancer diagnoses.; outbreak of serious infectious disease.
Service disruption	Manageable, temporary disruption to peripheral aspects of service provision affecting one or more services.	Noticeable, temporary disruption to essential aspects of service provision reducing the efficiency & effectiveness of one or more services.	Temporary, unplanned service closure affecting one or more services or significant disruption to efficiency & effectiveness across multiple services.	Extended, unplanned service closure affecting one or more services; prolonged disruption to services across multiple directorates / sites.	Indefinite, unplanned general hospital or site closure.
Compliance & reputation	Limited impact on public, commissioner or regulator confidence. e.g.: Small number of individual complaints / concerns received.	Noticeable, short term reduction in public, commissioner and / or regulator confidence. e.g.: Recommendations for improvement for one or more services; concerns expressed in local / social media; multiple complaints received.	Significant, short term reduction in public, commissioner and / or regulator confidence. e.g.: Improvement / warning notice for one or more services; independent review; adverse local / social media coverage; multiple serious complaints received.	Significant, long-term reduction in public, commissioner and / or regulator confidence. e.g.: Special Measures; prohibition notice for one or more services; prosecution; sustained adverse national / social media coverage.	Fundamental loss of public, commissioner and / or regulator confidence. e.g.: Suspension of CQC Registration; Parliamentary intervention; vitriolic national / social media coverage.
Finances	Some adverse financial impact (unplanned cost / reduced income / loss) but not sufficient to affect the ability of the service / department to operate within its annual budget.	Noticeable adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more services / departments to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of one or more directorates to operate within their annual budget.	Significant adverse financial impact (unplanned cost / reduced income / loss) affecting the ability of the organisation to achieve its annual financial control total.	Significant aggregated financial impact (unplanned cost / reduced income / loss) affecting the long-term financial sustainability of the organisation.

Likelihood score & descriptor (with examples)				
1 Extremely unlikely	2 Quite unlikely	3 Reasonably likely	4 Quite likely	5 Extremely likely
Unlikely to happen except in very rare circumstances. Less than 1 chance in 1,000 (< 0.1% probability). No gaps in control. We managed.	Unlikely to happen except in specific circumstances. Between 1 chance in 1,000 & 1 in 100 (0.1 - 1% probability). Some gaps in control; no substantial threats identified.	Likely to happen in a relatively small number of circumstances. Between 1 chance in 100 & 1 in 10 (1- 10% probability). Evidence of potential threats with some gaps in control.	Likely to happen in many but not the majority of circumstances. Between 1 chance in 10 & 1 in 2 (10 - 50% probability). Evidence of substantial threats with some gaps in control.	More likely to happen than not. Greater than 1 chance in 2 (>50% probability). Evidence of substantial threats with significant gaps in control.

Risk scoring matrix							
Severity	5	5	10	15	20	25	
	4	4	8	12	16	20	
	3	3	6	9	12	15	
	2	2	4	6	8	10	
	1	1	2	3	4	5	
	1	2	3	4	5		
		Likelihood					
Risk rating	Very low (1-3)	Low (4-6)	Medium (8-10)	High (12-16)	Very high (20-25)		