NHS
St Helens
Clinical Commissioning Group

# RISK MANAGEMENT STRATEGY

## Version 4

| Standard Operating Procedure | St Helens CCG Risk Management Strategy |
|---|---|

| | |
|---|---|
| **Version** | **4.0** |
| **Implementation Date** | **March 2019** |
| **Review Date** | **March 2020** |
| **Approved By** | **Audit Committee** |
| **Approval Date** | **03/04/19** |
| **Author** | **Associate Director, Corporate Governance** |
| **Target Audience/ Distribution** | **All Staff: Via CCG Intranet**<br>**Public & Contractors: Via CCG Website** |

| **REVISIONS** | | | |
|---|---|---|---|
| **Date** | **Section** | **Reason for Change** | **Approved By** |
| **Sept 2014** | **N/A** | **New Policy** | **FGR Committee** |
| **Sept 2016** | **Policy** | **Whole policy reviewed and revised** | **FGR Committee** |
| **Sept 2017** | **Various** | **Updates to CCG Values, Strategic Objectives and Board Assurance Framework** | **FGR Committee** |
| **Mar 2018** | **Full Policy** | • **Updated full policy**<br>• **Inclusion of AGS reference – section 5**<br>• **Included Process for Identifying a CRR/GBAF** | **Audit Committee** |
| **Mar 2019** | **Full Policy** | • **Updated full policy to ensure explicit explanation of risk management and CCG processes**<br>• **Included Section on PMO Risk Register (Section 5.3.4)**<br>• **Included ELT Committee (Section 5.3.8)**<br>• **Updated Section 6 to include other specialist expertise, Chief Nurse, NHSE, Providers, Contractors and Agency staff**<br>• **Updated Section 7.1 – Risk Appetite**<br>• **Added Incidents & Near Miss Reporting (Section 7.2.2)**<br>• **Added Legal Liabilities and Property Losses (Section 7.4)**<br>• **Added reference to key complimentary policies (Section 10)** | **Audit Committee** |

| **POLICY OBSOLETE** | | |
|---|---|---|
| **Date** | **Reason** | **Approved By** |
| | | |

**Contents**

## 1. INTRODUCTION

The CCG recognises that a robust risk management system is a key component of the organisation's system of internal control and serves to provide assurance both to the CCG's Governing Body and to key stakeholders of its capability to deliver its objectives.

This strategy aims to provide a consistent systematic programme of risk management to its implementation across all activities and commissioned services of the CCG; including how risk management is implemented, monitored and reported on; how risks are assessed and mitigated and how the CCG works with its partners to achieve a shared ownership of risks facing the St Helens economy.

## 2. SCOPE

This policy is a corporate policy.

## 3. POLICY STATEMENT

NHS St Helens Clinical Commissioning Group (the CCG) is committed to a vision of "*Improving people's lives in St Helens together by tackling the challenge of cost and demand*". To do this the CCG aims to "make a difference through delivering the right *care* in the right *place* at the right *time*". The CCG aspires to ensure that the services that are commissioned on behalf of its population are safe, are of high quality and meet local health needs.

Risks are inherent in all of the functions that the CCG undertakes and in all of the services that it commissions others to undertake on its behalf. Unmanaged risk can impact upon patients and the wider population, the achievement of CCG objectives and its reputation.

This Risk Management Strategy sets out the CCG's intentions and arrangements for the effective identification, assessment, management and monitoring of all risks, reflecting legislative requirements and current best practice.

A proactive structured and systematic approach supports informed management decision-making by providing a greater understanding of risks and their potential impact. Effective management of risks has the potential for reducing the frequency and severity of incidents, complaints and claims. This approach should ultimately form an integral part of the business planning process.

To effectively manage risks it requires a management culture that engages all staff, at all levels, as everyone is both a risk taker and a risk manager. Risk management is therefore not an addition to our everyday work, but must be an integral part of all organisation activity. Risk management will be embedded into all management systems and corporate planning as well as the setting of strategy and objectives. The CCG is also committed to working in partnership to manage risk at the boundaries between organisations.

Each manager and/or clinical lead is expected to systematically identify and assess the risks associated with their key areas of work and manage them to ensure they do not impede the delivery of team or organisational objectives. *Every* member of staff has an individual responsibility for risk management as described in this strategy (section 5.5). The organisation recognises that for this to be achieved it requires a commitment from all staff to ensure risks are managed efficiently and effectively and to ensure that continuing development of a management culture which is seen to be just and places a high value on honesty and openness at all levels of the organisation.

When unexpected or unintended events occur, risk management is about understanding what went wrong and why, and taking action to minimise the possibility of similar incidents happening again. The organisation will aim to support the identification of risks, incidents and 'near misses' quickly through an open and supportive culture and will use the management of risk as an opportunity for learning and improvement. It will encourage the reporting of risks, incidents and hazards and will consider disciplinary action only in cases where there is evidence of a breach of law, professional misconduct or malpractice, repetitious incidents, deliberate non-reporting of incidents or collusion with the non-reporting of incidents.

## 4. DEFINITIONS

| | |
|---|---|
| **Hazard** | the potential to cause harm |
| **Risk** | the possibility of incurring harm, misfortune or loss or failing to take advantage of potential opportunities. Risk Score = consequence x likelihood |
| **Risk Assessment** | the process where:<br>1. Hazards are identified<br>2. Risks associated with each hazard are analysed/ evaluated<br>3. Appropriate ways to eliminate or manage the hazard are identified |
| **Risk Management System** | the culture, processes and structure that are directed towards effective management of potential opportunities and threats to the organisation achieving its objectives. |
| **Risk Appetite** | is the level of risk that an organisation is willing to take in pursuit of its objectives. See section 6. |
| **Acceptable risk** | it is not feasible to eliminate or avoid all risks and there are some risks identified which require the CCG to go beyond reasonable action to reduce or eliminate. Where the 'cost' to the organisation to reduce the level of risk outweighs the adverse consequences of the risk occurring, the risk would be considered 'acceptable' to the CCG. |
| **Manageable risk** | some risks identified can be realistically managed, or reduced, within a reasonable, acceptable timescale through cost-effective measures; these are considered 'manageable' risk. |
| **High risk** | these are risks which if they occur will have a serious impact on the CCG and threaten the achievement of its objectives. Risks identified as 'high' should be escalated to the Executive Management Team for reporting to Governing Body. |

| | |
|---|---|
| **Governing Body Assurance Framework (GBAF)** | identifies the risks to the strategic objectives of the organisation and provides assurance that those risks are being managed effectively. |
| **Corporate Risk Register (CRR)** | a record of the organisation's identified operational risks, with details of their assessment (risk score) and how the risk is being managed. |

## 5. PRINCIPLES & PROCESSES

### 5.1 CCG strategic objectives

- To deliver financial stability
- To integrate health within the place of St Helens through system redesign
- To deliver improved outcomes for people
- To be recognised as good system leaders
- To support and transform primary care to be a system leader in St Helens Cares

NHS St Helens CCG acknowledges that its primary responsibility for the provision of a high quality and safe healthcare service lies with the individuals and organisations providing the direct care. Within this context the CCG operates a proactive system for maintaining internal control, effective risk management and appropriate assurance.

### 5.2 Risk Management Objectives

#### 5.2.1 Embed key risk management systems and processes

- Establish clearly defined responsibilities for risk management and lines of accountability throughout the organisation
- Embed a systematic process for the identification, analysis, evaluation, treatment and monitoring of risks across all areas of the organisation
- Develop, implement and maintain a robust Governing Body Assurance Framework – which demonstrates the CCG Governing Body's support and commitment to the risk management agenda
- Develop, implement and maintain a Corporate Risk Register
- Embed project risk registers across all areas of the organisation through the PMO
- As far as reasonably practicable, minimise costs associated with risk
- Ensure compliance with all appropriate legislative and statutory requirements, (Care Quality Commission, NHS Improvement, NHS Resolutions, the National Audit Office and the Health and Safety Executive)
- Create and support an organisational culture which recognises that human errors may occur as a result of system failures, and to work to ensure that 'lessons learned' are used to bring about improvements
- Ensure staff are trained and competent in their role and that they take account of the hazards and risks likely to be encountered in the work place.

### 5.2.2 Embed risk management into commissioning process

- Ensure that all risks associated with the way the organisation commissions and procures services are identified, assessed, minimised and wherever practicable, eliminated
- Ensure the design and specification of new services and service re-design actively consider potential risks, including clinical, safeguarding and financial risks and seek to minimise or eliminate them
- Embed systematic processes for considering incidents in commissioned services, which compromise the safety and welfare of patients, children and vulnerable adults
- Promote active stakeholder involvement in risk management with particular reference to key partnerships

### 5.2.3 Ensure that the CCG is 'risk aware' and both the governing body and staff are appropriately trained and skilled in risk management

- Continually develop the risk management strategy and raise awareness of risks/ risk management through a programme of communication and training
- Foster an environment whereby all governing body members and staff understand that risk management is their responsibility

### 5.2.4 Ensure statutory and regulatory compliance

- Satisfy all mandatory and statutory duties and undertakings
- Satisfy the requirements of the Annual Governance Statement
- Achieve and improve on performance against both internally and externally regulated risk management activities
- Ensure the health and safety of all those who work for or visit the CCG offices

### 5.2.5 Equality and Diversity

- The risk management strategy applies to the whole population and no protected groups will be adversely affected by its application.

## 5.3 Organisational Arrangements for Management of Risk

### 5.3.1 Annual Governance Statement

As a statutory body the CCG is required to produce an Annual Governance Statement which acts as a statement of assurance that appropriate strategies and policies and internal control systems are in place and functioning effectively, so that key risks which may threaten the achievement of strategic objectives are identified, recorded and minimised. Any significant issues identified in the Annual Governance Statement will be recorded on the Governing Body Assurance Framework and/or Corporate Risk Register.

### 5.3.2 Governing Body Assurance Framework (GBAF)

The Governing Body Assurance Framework (GBAF) identifies and quantifies strategic risks within the organisation; recording the links between strategic objectives (see section 4.1), key risks and key controls. The GBAF is the means by which the Governing Body receives assurance that risks to the delivery of organisational objectives have been identified and are being managed. It provides a list of key pieces of evidence that the CCG Governing Body can use to gain this assurance.

Each principal risk is scored based on the likelihood and consequence of the risk resulting in failure to achieve the strategic objectives (see appendix 1 for a copy of the Risk Scoring Matrix). The CCG's Governing Body will review the GBAF regularly, during its public meeting. A target score will be set for the current financial year. GBAF risks meeting their target score may be closed or de-escalated to the Corporate Risk Register for continued monitoring by the relevant committee if there are operational risks associated with it.

A risk owner, who will be a member of the Executive Leadership Team will be assigned to each strategic risk, with overall responsibility for the risk and for ensuring actions are implemented; a responsible Governing Body member will be assigned to each Committee and will be responsible for the relevant group of risks and with the risk owner to ensure the appropriate level of assurance and that actions are implemented as agreed by the Committee. Please see Appendix 2a for a flowchart summarising the GBAF process and Appendix 2b for a copy of a GBAF Risk Summary Template.

Corporate risks (Corporate Risk Register) rated 15 or higher will be escalated for reference on the GBAF for information, under the relevant strategic objective. The Executive Leadership Team Committee will regularly review the strategic risks and may amend scores and assurance ratings as a result of completed actions; the CCG Audit Committee will review the establishment and maintenance of the risk management system and systems of internal control.

### 5.3.3 Corporate Risk Register (CRR)/ Committee Risk Registers

The purpose of the Corporate Risk Register is to support the GBAF by providing a means of identifying operational risks which impact on the CCG's ability to provide assurance against strategic risks. The CRR provides a summary of the principal risks facing the organisation, identifying actions needed and being taken to reduce these risks to an acceptable level. All operational risks identified will be reported on the corporate risk register, whatever the score – risks scoring 15 or more will also be escalated to the GBAF. Project specific risks will be held on the PMO Risk Register (below), and referenced in the CRR when scoring 12 or more; as project specific risks decrease in score they will be de-escalated back to the PMO Risk Register. Please see Appendix 3a for a flowchart summarising the CRR process and Appendix 3b for a copy of a CRR Risk Summary Template.

The information contained in the Corporate Risk Register should be sufficient to allow the Governing Body to be involved in prioritising and managing major risks (through its delegated Committees).

The responsibility for managing, monitoring and reviewing corporate risks is delegated as follows:

i. a risk owner assigned to each operational risk has overall responsibility for the risk and for ensuring actions are implemented
ii. a responsible Executive Leadership Team member will be assigned to each risk and with the risk owner will ensure the appropriate level of assurance is in place and that actions are implemented as agreed by the relevant Committee
iii. a relevant Committee will review the operational risks on a monthly basis and may amend scores and assurance ratings as a result of completed actions
iv. The Governing Body, through the Executive Leadership Team Committee, will review the Corporate Risk Register on a regular basis.

The Corporate Risk Register is managed at Committee Level, with risks being assigned to their relevant committee for review and monitoring on a monthly basis.

The full corporate risk register (containing all operational risks) will be reviewed regularly by the Executive Leadership Team (ELT) Committee. The ELT Committee will identify those risks which require escalation to the Governing Body due to insufficient controls or where the risk threatens the strategic objectives of the organisation. Risks scoring 15 or higher will automatically be escalated to the GBAF, for information, under the relevant strategic objective. The two documents therefore complement each other providing the Governing Body with assurance and action plans on risk management within the CCG.

The Corporate Risk Register will be available to the CCG Audit Committee on request.

### 5.3.4 PMO Risk Register - Project Level Risks

Operational and project specific risks are maintained throughout the Commissioning Lifecycle – these are collated on the PMO Risk Register, managed by the Project Management Office. These are risks that have been identified during the Project Plan stage, when commissioners look at project/ service dependencies, stakeholders and KPIs. Risks will be reviewed monthly by the relevant service or project management team, with the support of the PMO.

Risks that cannot be managed locally or will have a significant impact on operational objectives (i.e. risks scoring 12 or more) will be escalated up to the Corporate Risk Register and supported by the relevant committee. The PMO Risk Register will be reviewed on a quarterly basis during monthly QIPP meetings.

### 5.3.5 Organisational Structure

The CCG Membership, Governing Body, Committees, Executive and Senior Teams are committed to ensure that risk management is integral to the CCG's strategic and operational planning, processes and systems.

The CCG has in place effective governance arrangements capable of taking responsibility and accountability effective risk management that:

a) will enable maximum probity transparency and accountability within proportionate and defensible processes
b) is robust enough to withstand challenge whilst being flexible enough to enable local ownership from the clinical community
c) is not overly bureaucratic but sufficient to safeguard those involved in the processes
d) has been developed on existing sound practices and aligned to NHS approaches and guidance on good governance

Specific accountabilities, roles and responsibilities for risk management are set out below and provide a structure that supports the integrated approach to risk and governance. The CCG governance structure is attached at Appendix 4.

### 5.3.6 Governing Body

The CCG Governing Body is responsible for ensuring delivery of the organisation's aims and objectives and that structures are in place to reflect the organisation's roles and responsibilities. The Governing Body, including Governing Body committees, will consider each individual aspect of governance at an adequate level of detail but also bring them all together to give the organisation appropriate assurance.

The Governing Body is committed to providing the resources and support systems necessary to support the Risk Management Strategy. It has a duty to assure itself that the organisation has properly identified the risks it faces and that it has processes in place to mitigate those risks and the impact they have on the organisation and its stakeholders.

The Governing Body discharges this duty as follows:

a) Identifies risks which inhibit the achievement of its strategic goals
b) Monitors risks via the CCG Governing Body Assurance Framework and Corporate Risk Register
c) Ensures that there is a structure in place for the effective management of risk throughout the CCG
d) Receives regular updates and reports from the CCG Committees identifying significant risks and progress on mitigating actions
e) Demonstrates leadership, active involvement and support for risk management

### 5.3.7 Audit Committee

The Audit Committee is a statutory committee of the CCG Governing Body responsible for overseeing effective systems of integrated governance, risk management and internal control that support the CCG's overall objectives. The Audit Committee approves the CCG's risk management arrangements.

The Audit Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Clinical Commissioning Group's activities which support the achievement of the CCG's objectives. In particular the Audit Committee will review the adequacy and effectiveness of:

a) all risk and control related disclosure statements (in particular the Annual Governance Statement), together with any appropriate independent assurances, prior to endorsement by the CCG Governing Body
b) the underlying assurance processes that indicate the degree of achievement of the CCG objectives
c) the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting/ self-certification
d) the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority

In carrying out this work the Committee will utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from officers and Governing Body members as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work/ that of the audit and assurance functions that report to it; the Committee will approve the Detailed Financial Policies of the CCG and its arrangements for discharging the financial duties.

### 5.3.8 Other Committees

All committees and sub-committees of the CCG are responsible for:

- providing assurance on key controls where this is identified as a requirement within the Governing Body Assurance Framework
- ensuring that risks associated within their areas of responsibility are identified, reflected on the corporate risk register and effectively managed

In addition committees and sub-committees have responsibilities for specific areas of risk managements as follows:

*Executive Leadership Team Committee*
The Executive Leadership Team Committee will meet monthly to discuss general items of business however, on a quarterly basis the Committee will review and develop the Governing Body Assurance Framework (GBAF) and Corporate Risks Registers (CRR). Formal minutes and a Key Issues report will be produced and reported to the Governing Body. The committee oversees the development and embedding of CCG systems and process in relation to internal control and risk management.

*Finance & Performance Committee*

The Finance & Performance Committee have the responsibility of reviewing and monitoring the Corporate Risk Register in regards to finance and performance related risk; to ensure that any identified risks allocated to the Committee are actioned appropriately and that assurances are sought. This Committee also advises the CCG Governing Body on all financial matters and provide assurance in relation to the discharge of statutory functions in line with the Standing Financial Instructions (SFIs).

*Quality Committee*

The Quality Committee is responsible for the quality and safety processes across all CCG commissioned services, and for assuring the Governing Body that quality and patient safety activity is coordinated and transparent, ensuring a coherent and systematic review of the system. This includes the approval of quality and safety aspects of new service specifications for implementation. This Committee has direct responsibility to oversee and to ensure that any identified risks allocated to the Committee through the Corporate Risk Register relating to Quality, Patient Safety and Patient/ Public Engagement are actioned appropriately and that assurances are sought.

*Medicines Management Committee*

The Medicines Management Committee is a sub group of Quality Committee and makes recommendations to the CCG on the management of the prescribing budget and advises on the deployment of resources effectively and efficiently to meet the needs of patients in St Helens, in line with best evidence, national guidance and local priorities. The Committee will oversee the management of risks directly relating to Medicines Management and Prescribing.

*Remuneration Committee*

The Remuneration Committee has the function of making recommendations to the Governing Body about the exercise of its functions under section 14L(3)(a) and (b) - functions in relation to: determining the remuneration, fees and allowances payable to employees of the CCG and to other persons providing services to it; and determining allowances payable under pension schemes established by the CCG. The Committee may also make recommendations on any severance payments; address any pay and conditions of service related issues including (but not limited to): Contractual notice periods, subsistence and expenses, redundancy and compensation, performance related pay, annual inflationary uplifts and benchmarking/ review of remuneration levels. The Committee will have the responsibility of reviewing and monitoring the Corporate Risk Register and to ensure that any identified risks allocated to the Committee are actioned appropriately and that assurances are sought.

*HR & OD Committee*

The HR & OD Committee is responsible for providing assurance to the Governing Body that all corporate duties in relation to this agenda are compliant. It will make recommendations to the Governing Body on determinations about HR, OD & Workforce and Equality & Diversity matters. The Committee will have the responsibility of reviewing and monitoring the Corporate Risk Register in relation to HR & workforce development related risks and to ensure that any identified risks allocated to the Committee are actioned appropriately and that assurances are sought.

Terms of Reference for all committees can be found on the website at:
http://www.sthelensccg.nhs.uk/Public_Info/Committee_Terms_of_Reference.aspx

## 6. INDIVIDUAL ROLES & RESPONSIBILITIES FOR RISK MANAGEMENT

All those working within the CCG have a responsibility to contribute, directly and indirectly, to the achievement of the CCG's objectives, through the efficient management of risk.

### 6.1 The Clinical Accountable Officer

The Clinical Accountable Officer has overall accountability for the management of risk and discharges this duty as follows:

- continually promotes risk management and demonstrates leadership, involvement and support
- ensures an appropriate committee structure is in place, with regular reports to the Governing Body
- ensures that senior officers of the CCG are appointed with managerial responsibility for risk management
- ensures the development of appropriate policies, procedures and guidelines for the CCG in relation to risk management
- identifies risks to the achievement of the CCG's strategic goals - monitors these via the CCG Governing Body Assurance Framework and Corporate Risk Register

### 6.2 Lay Member – Audit and Governance

The Lay Member for Audit & Governance on the CCG Governing Body has responsibility for oversight of the risk management strategy and systems and discharges this duty as follows:

- Chairs the CCG Audit Committee
- is accountable to the CCG Governing Body for the work of the CCG Audit Committee
- through the work of the Audit Committee, confirms that appropriate and effective risk management systems are in place
- holds the role of Conflict of Interest Guardian
- supports the CCG Emergency Preparedness, Resilience & Response (EPRR) portfolio

### 6.3 Associate Director – Corporate Governance

The Associate Director – Corporate Governance is a member of the Executive Leadership Team and has managerial leadership for risk management. Theywill discharge this duty as follows:

- preparation of the risk management strategy for review and approval by the CCG Audit Committee
- leading the preparation and regular updating of the Governing Body Assurance Framework and Corporate Risk Register for review by the ELT Committee and Governing Body

- ensuring the development of the policy, procedures and guidelines to support the delivery of the CCG risk management strategy for review and approval by the CCG Audit Committee
- support the Chair of the CCG Audit Committee in forward planning and programming in respect of risk management and ensuring that committee members are aware of best practice, national guidance and other relevant documents and have access to independent advice as appropriate
- respond to requests from the CCG Audit Committee for reports and positive assurance on risk management arrangements
- identify the training needs of CCG governing body, committee and sub-committee members and staff and ensures these are met
- ensure that the CCG's risk management requirements from its Commissioning Support provider are clearly specified, communicated and agreed
- contract manage the delivery of required commissioning support services in relation to risk management
- Act as the Freedom to Speak Up Guardian for the CCG - an independent and impartial source of advice to staff at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer, or if necessary, outside the organisation (see Whistleblowing Freedom to Speak Up Policy for further information)

### 6.4 Executive Leadership Team

The Executive Leadership Team will incorporate risk management within all aspects of their work and are responsible for directing the implementation of the CCG Risk Management Strategy by:

- contributing to the preparation and updating of the Governing Body Assurance Framework and Corporate Risk Register
- demonstrating personal involvement and support for the promotion of risk management
- ensuring staff are aware of the strategy and implement the systems included within their areas of responsibility
- setting personal objectives for risk management and monitoring their achievement
- ensuring risks are identified and managed and mitigating actions implemented in functions for which they are accountable
- ensuring action plans for risks relating to their respective areas are prepared and reviewed on a regular basis
- ensuring a risk register is established and maintained that relates to their area of responsibility and to involve staff in this process to promote ownership of the risks identified
- ensuring risks are escalated where they are of a strategic nature.

All governing body members and senior managers are responsible for compliance with the Risk Management Strategy and must ensure that:

- staff undertake mandatory and statutory training
- risk assessments are undertaken and recommended actions are implemented

- the reporting of adverse incidents within their work area is undertaken, together with action to prevent or minimise reoccurrence
- they take action to protect themselves and others from risks

### 6.5 All Staff

All CCG staff are responsible for having an awareness of and complying with the Risk Management Strategy and will assist the risk management process by:

- being aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCG's business and to comply with appropriate organisational procedures and guidance
- identifying and reporting risks and incidents to their line manager using the correct processes and documentation
- communicating all dangerous situations to anyone who could be at risk
- attending mandatory and statutory training as identified for their role
- following CCG policies, strategies and guidance when developed

### 6.6 Other Specialist Expertise

Expertise in specific areas of risk may be obtained from a number of sources, both internal and external, such as:

- Governance / Quality Leads at NHS England and Commissioning Support Services
- Health and Safety Lead from Commissioning Support Services
- Occupational Health Manager from locally commissioned service.
- Local Counter Fraud Specialist (LCFS)
- NHS Litigation Authority (NHSLA)
- Health & Safety Executive (HSE)

### 6.7 NHS England and CCG Chief Nurse

As the successor body to the National Patient Safety Agency (NPSA), NHS England co-ordinates the reporting and learning of adverse events occurring in the NHS. The CCG reports all notifiable Patient Safety incidents to NHS England via the National Reporting and Learning System (NRLS) and promotes and monitors compliance with Safety Alerts issued by NHS England. The Chief Nurse maintains effective liaison with the governance structures, committees and other groups within the Local Office of NHS England in relation to quality and patient safety.

### 6.8 Commissioned services, Independent Contractors and their Employers

Whilst there is no obligation to adopt the CCG Risk Management Strategy, if they do they will be contributing to the reduction of risk across the area as a whole, and to the improvement of patient and staff safety. In addition, following these procedures will assist in complaint handling, reduce litigation and may assist in the defence of any claims should they arise.

### 6.9 Responsibilities of Contractors, agency and locum staff

Contractors and agency staff working for the CCG are bound by the contents of this Strategy and will be expected to comply with all relevant policies and procedures. Information and training will be provided as necessary during induction into the CCG, to enable contractors and agency staff to fulfil this responsibility.

### 6.10 Robust Partnership Risk Management

It is often at the interface between organisations that the highest risks exist and clarity about responsibilities and accountabilities for those risks can sometimes be difficult. NHS St Helens CCG recognises that there are risks as well as opportunities in partnership working and that failing to actively engage with partners also carries risks. The CCG endeavours to work closely and collaboratively with a wide range of partner organisations to ensure these risks are identified and appropriately managed and that risk management is fully integrated into all joint working arrangements.

In all partnership working agreements the CCG Governing Body will seek assurance that risks to strategic objectives have been identified from both NHS St Helens CCG perspective and by the partner organisation and that adequate risk controls have been put in place. A section 75 partnership agreement has been developed with St Helens Local Authority and both organisations will work within the agreed governance arrangements for risk management relating to integrated commissioning priorities and pooled budget arrangements.

### 6.11 Minimising Partnership Risks within Commissioned Services

NHS St Helens CCG is working closely with partner organisations to achieve a shared ownership of risks facing the St Helens health economy and the solutions that are implemented. The CCG expects risk management to be a priority for those from whom it commissions services, and will require evidence of robust risk management systems, policies and procedures within service level agreements and contracts issued.

NHS St Helens CCG commissions healthcare services through a variety of local providers on and behalf of the residents of St Helens and via independent contractors. The potentially complex system can mean that in order to safeguard the interest of patients and staff alike, the CCG needs to actively engage with independent contractors to support good practice in risk management e.g. offer support and help them to develop their own risk management processes. The CCG will employ a variety of methods to share its risk management strategy and risk management plans both internally and externally.

The CCG has developed a Collaboration Agreement between the CCG and a number of key partners to support a Provider System Lead approach in St Helens; this MOU; a principle within this agreement is for all partners to work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts.

### 6.12 Responsibilities of Independent Contractors and Commissioned Services in the provision of NHS funded care

Although Independent Contractors and services commissioned by the CCG are not bound by this strategy, they are required to comply with statutory obligations in the same way as NHS St Helens CCG (e.g. Health and Safety at Work Act, Environment Act, COSHH regulations). In addition, clinicians are responsible to their professional bodies for their clinical practice. As part of the commissioning process, services commissioned by the CCG (including Independent Contractor Services) will need to demonstrate compliance with the key requirements of this strategy to demonstrate that they have both the capacity and capability to manage clinical and non-clinical risks appropriately.

NHS St Helens CCG will work in partnership to disseminate good practice, sharing its risk management policies, procedures and tools and assuring risk management processes through contract and quality monitoring processes as outlined in St Helens CCG Quality Strategy 2017-2021.

## 7. Risk Management Framework: Systems & Processes for Managing Risk

### 7.1 Risk Appetite

NHS St Helens CCG's Governing Body has determined the overall Risk Appetite of the CCG to be as follows;

*"The CCG recognises that the long term sustainability of services in St Helens depend upon the delivery of the Improvement Plan, strategic objectives and its relationships with partners and the public. Therefore, whilst the CCG will not accept risks that materially impact on the safety or constitutional requirements of patient care, it has a greater appetite to take considered risks in terms of their impact on organisational issues, within our required frameworks. The CCG's highest risk appetite relates to its transformational objectives".*

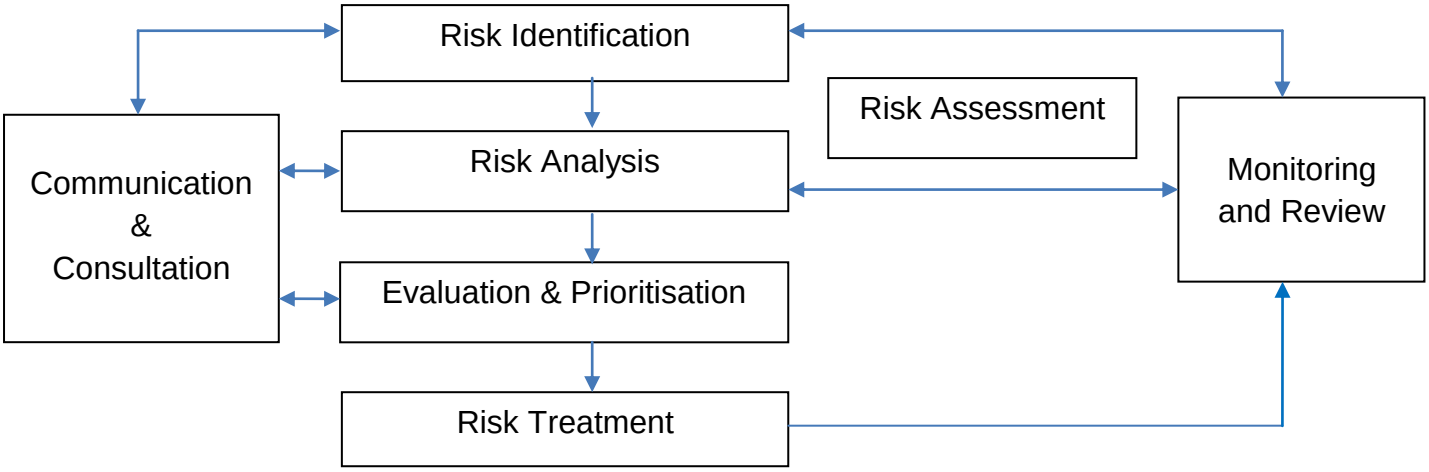
This has been developed further by the CCG's ELT and Governing Body to assign a risk appetite/ tolerance to each of its five key strategic objectives as follows:

| Strategic Objective | Appetite | Statement |
|---|---|---|
| Objective 1:<br>To deliver financial stability | **OPEN**<br>Risk scoring 4-12 may be accepted | We will encourage new thinking and ideas that could lead to improved financial and operational performance |
| Objective 2:<br>To integrate health within the place of St Helens through system redesign | **OPEN**<br>Risk scoring 4-12 may be accepted | We will seek creative ideas for improving and broadening care delivery through integration and encourage a similar attitude to risk amongst our partners |

| | | |
|---|---|---|
| Objective 3:<br>To deliver improved outcomes for people | **AVERSE**<br>Risk scoring 1-3 may be discussed and agreed by Board | We will endeavour to eliminate all but very lowest levels of risk that could jeopardise patient safety and experience |
| Objective 4:<br>To be recognised as good system leaders | **CAUTIOUS**<br>Risk scoring 1-3 may be accepted | We will take low risk options to enhance our standing as a system leader across Cheshire & Merseyside, though none that could threaten our financial position |
| Objective 5:<br>To support and transform primary care to be a system leader in St Helens Cares | **HUNGRY**<br>Risk scoring 15-25 may be accepted | We will actively support innovative and pioneering approaches that may lead to demonstrable transformation of primary care services in St Helens |

### 7.2 Risk Management Process

The CCG's Risk Management Process is illustrated below:




#### 7.2.1 Risk Identification

The CCG is exposed to a wide range of potential strategic and operational risks.

Strategic risks can be categorised as:

a) **Patient/ Public**: those associated with the failure to meet the current and changing needs and expectations of patients and citizens
b) **Political**: those associated with the failure to deliver government or local membership policy
c) **Economic**: those affecting the ability of the CCG to meet its financial targets
d) **Market**: those affecting the ability of the CCG to secure appropriate cost and quality of provision to deliver its commissioning priorities

e) **Legislative**: those associated with current or potential changes in national or European law
f) **Social**: those relating to the effects of changes in demographic, residential or socio-economic trends
g) **Technological**: those associated with the capacity of the CCG to deal with the pace or scale of technological change or effectively harness technology to deliver its objectives
h) **Environmental**: those relating to the environmental consequences of progressing the CCG's strategic objectives

Operational risks can be categorised as:

a) **Clinical**: those related to the delivery of effective care and treatment
b) **Contractual**: those related to the failure of providers to deliver services
c) **Business**: those affecting the delivery of the CCG's operational business plans
d) **Health and Safety**: those related to accident prevention and securing the safety and welfare of patients, staff and visitors
e) **Financial**: those associated with financial management
f) **Workforce and recruitment**: those related to the ability to attract, develop and retain required capacity and skills
g) **Legal liability**: those related to possible breaches of legislation
h) **Estate and technological**: those related to reliance on buildings and operational equipment

The CCG identifies risks from a range of external and internal sources. ***External*** identification of risks occurs via various agencies, including external assessments and inspections:

- NHS England
- National reports and guidance
- NHS Resolutions
- Health and Safety Executive
- Internal & External Audit
- Care Quality Commission inspections
- Ombudsman reports (PHSO & LGO)
- Partner agencies
- Commissioned providers
- Coroner reports
- Media and publications
- Medicines & Healthcare products Regulatory Agency
- Central Alerting System (CAS) from DoH

***Internal*** identification of risks occurs via various internal processes and monitoring arrangements including:

- Strategic and operational planning
- Programme and project management
- Risk assessment
- CCG Committees and sub committees
- CCG Membership
- Claims
- Training needs analysis
- Staff members
- Staff survey
- Patient Participation Groups
- Patient satisfaction surveys
- Serious untoward incidents
- Incidents and complaints monitoring
- Health and Safety, Fire and Environmental audits

The identification of risks is the responsibility of all CCG members and staff and will be done proactively, via regular planning and management activities and reactively, in response to inspections, alerts, incidents and complaints.

### 7.2.2 Incident & Near Miss Reporting

The reporting of incidents and near misses by CCG members and staff is an efficient and effective system for identifying risk. This allows rapid alert to ascertain why and how incidents occurred, and facilitates a fast response in the case of adverse events, which may lead to a complaint or litigation. It enables lessons to be learnt and 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.

All incidents and near misses will be reported and managed using the CCG's incident reporting system in line with the Serious Incident Management Policy.

### 7.2.3 Risk Analysis/ Risk Assessment

The aim of risk assessment is to determine how to manage or control a risk and translate these findings into a safe system of work that is then communicated to the appropriate level of management. A risk assessment is a careful examination of what could go wrong. Assessors need to weigh up whether there are sufficient controls in place, and if not they must establish the extent of control and ensure that action is proportionate to the level of risk.

It is accepted that it is neither realistic nor possible to totally eliminate all risk. It is however, feasible to develop a systematic approach to the management of risk so that adverse consequences are minimised, or in some cases, eliminated. NHS St Helens CCG utilises an accepted system for grading risk, based on the NSPA guidance (see Appendix 1), which takes into account parameters that include likelihood of occurrence and consequence to the organisation.

A grading system enables a method of quantification which can be used to prioritise risk treatment at all levels. Incidents and risks are graded according to the CCG's risk grading matrix which considers the actual consequence of the incident or potential consequence of the risk and the likelihood of occurrence or recurrence. The grading results in a level of risk to the organisation.

The risk assessment will reflect both the likelihood and any consequences of the risk and its potential to:

a) Cause death, injury or ill health to individuals or groups
b) Result in civil claims/ litigation against the CCG, a governing body member, or member of staff
c) Result in enforcement action to the CCG
d) Cause damage to the environment

e) Cause property damage/ loss
f) Impact on the day to day operational issues of the CCG
g) Result in the loss of reputation for the CCG

The following table indicates the authority levels required to act in accordance with the quantification of risk.

| | **CCG Members/ Staff** | **CCG Managers** | **CCG ELT & Senior Management Team** | **Governing Body Level** |
|---|---|---|---|---|
| **Insignificant** | Y | Y | Y | N |
| **Low** | Y | Y | Y | N |
| **Moderate** | N | Y | Y | Y |
| **Major** | N | N | Y | Y |

Once a risk is identified it will be analysed to determine how the risk may occur, and the sort of effects it may have. The major controls will be identified, formal and informal, which help to prevent or mitigate the risk and their effectiveness (full, high, significant, adequate, limited or nil) will be assessed; and any assurances already in place towards mitigating the risk.

Risks will be analysed to determine their cause, their impact on patients and staff safety, the achievement of local objectives and strategic objectives, the likelihood of them occurring and how they may be managed. Such analysis will be undertaken by the most appropriate level of management.

### 7.2.4 Risk Evaluation & Prioritisation

The criteria used to evaluate risk covers the following:

- Acceptance criteria within the organisation, i.e., operational standards
- Cost benefit analysis, i.e., balance of cost against the potential benefits
- Human issues, i.e., pain and suffering
- Legislative constraints, i.e., meeting statutory requirements

### 7.2.5 Risk Treatment

Controls should be sufficient to ensure that risks to the delivery of strategic objectives of the organisation are not compromised. Where controls are insufficient and could impact on the ability to deliver key objectives then escalation of the risk should take place. The treatment of risks and responsibility for their management will depend upon the risk level assessed:

a) **EXTREME RISKS** (Scoring 15-25) are unacceptable and require immediate intervention. They should be managed by a member of the Executive Leadership Team or a member of the Senior Management Team and relevant Committee. All such risks should be reported immediately to the Governance Team for inclusion on the Corporate Risk Register and included via exception reporting to the Governing Body GBAF.

b) **HIGH RISKS** (Scoring 8-12) should be managed appropriately by the relevant Senior Manager and sub-Committee and reported to the Governance Team for reporting via the appropriate Committee through the Corporate Risk Register.

c) **MODERATE RISKS** (Scoring 4-6) should be managed appropriately by the relevant manager and reported to the Governance Team for inclusion on the Corporate Risk Register.

d) **LOW RISKS** (Scoring 1-3) are low priority and will be managed appropriately by the relevant service manager and included on the PMO risk register.

e) **PROJECT LEVEL RISKS** (Scoring 8 or higher) should be reported to the Governance Team for inclusion on the Corporate Risk Register. Project Level risks should be managed through the PMO Risk Register, which will be presented on a quarterly basis during QIPP meetings.

Possible responses to risks are:

- **Transfer** – commonly through insuring against the risk
- **Avoid** – requiring a review of the objectives threatened by the risk and may require the suspension or abandonment of certain services or activities at least until risk reduction measures are taken
- **Reduce** – taking action to reduce the likelihood or consequence of the event thereby reducing the level of risk to an acceptable level
- **Accept** – do nothing but keep it under review for any changes and if resources permit consider actions to reduce it

Responsibility for determining the most appropriate options will depend upon the risk level, as indicated above. Expert advice will be sought as required from within the organisation, and from external sources such as the CCG legal advisors, Care Quality Commission, Health & Safety Executive, NHS Litigation Authority, Counter Fraud Authority, Internal or External Auditors or by sharing best practice and learning from other organisations.

Please see Appendix 2a for a copy of a GBAF Risk Summary Sheet and Appendix 3a for a copy of a Corporate Risk Summary Sheet; which will need completing prior to sending to the relevant committee for review and approval.

### 7.2.6 Monitoring and Review

Through a process of audit and monitoring the CCG will undertake a review of the risk control measures regularly. The CCG uses the following risk control and monitoring measures:

- Regular review of the Governing Body Assurance Framework (GBAF) – see section 5.2
- Ongoing review of the Corporate Risk Register – see section 5.3
- Annual review of the Risk Management Strategy;
- Audits undertaken by internal and external auditors
- Aggregated statistical and trend reporting of incidents, complaints and claims to the CCG Governing Body and relevant committees

- Ongoing audit of implementation of the range of risk management policies, procedures and guidelines throughout the organisation;

### 7.3 Communication

Expert advice is available internally through the Governance Team and externally from specialist advisers dependent upon the type of risk being considered. For advice regarding external advice, this is available through the Governance Team. Consideration should be given as to who needs to be informed of the Risk. Internally this process should follow the process detailed within Appendix 2a or 3a. Consideration should also be given as to whether any external stakeholders should also be informed as the impact may affect the achievement of their objectives e.g. partners and key stakeholders.

### 7.4 Legal Liabilities & Property Losses

Commissioned services such as those provided by secondary care providers, independent contractors and their employees are not directly employed by the CCG and therefore are required to make their own indemnity arrangements. The CCG has responsibility to ensure that governance principles and risk management systems are being developed and applied by all providers. It is therefore possible for negligence proven in the course of a claim to in part be attributed to CCG commissioning the care if the CCG has failed to take reasonable steps to assure itself of the quality of standards of its provider. In these circumstances it is important that the CCG is able to demonstrate that it has taken all reasonable steps, i.e. monitoring performance, to assure itself of the quality of care provided.

The CCG has established Contract Quality and Performance Groups (CQPGs) that monitor the quality of contracted provider services and the Quality Committee and Governing Bodies receive reports on performance across all areas.

The CCG is a member of the Liabilities to Third Parties (LTPS) administered by the NHS Litigation Authority (NHSLA).

## 8. TRAINING

Training and development, including regular updates, will be required to support the successful and on-going implementation of the risk management strategy. This will be reflected in the CCG Organisational Development Plan and in individual learning and development plans for all Staff.

## 9. MONITORING EFFECTIVENESS OF THE STRATEGY

The Audit Committee will monitor compliance with the Risk Management Strategy through regular reports received throughout the year. The Committee may commission internal audits or seek further assurance and action from officers in areas where there may be a lack of compliance.

Senior Managers shall hold staff to account for ensuring compliance with the strategy within their locality/ service area.

This document will be made available to all employees, stakeholders and the public via the CCG intranet and external website. A programme of risk management training for all levels of staff will be developed to support implementation and communication.

## 10. RELATED DOCUMENTS

A range of documents other policies will be regularly reviewed, amended and, if appropriate, approved adopted by the CCG Governing Body or relevant CCG Committee. Such policies include:

- Serious Incident Management Policy
- Complaints Policy
- Health and Safety Policy - including
- Moving and Handling policy;
- Lone Working Policy;
- Control of Substances Hazardous to Health (COSHH) Policy
- Security Management Policy
- Whistleblowing – Freedom to Speak Up Policy

## 11. STRATEGY REVIEW ARRANGEMENTS

This strategy will be reviewed on an annual basis by the Audit Committee.

The Governance Team will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

**Appendix 1**

**Risk Scoring Matrix**

Risk Scoring Matrix based on National Patient Safety Agency (NPSA) www.npsa.nhs.uk

## Risk Scoring = consequence x likelihood (C x L)

| | Likelihood | | | | |
|---|---|---|---|---|---|
| **Consequence Score** | **1** | **2** | **3** | **4** | **5** |
| | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **5 Catastrophic** | 5 | 10 | 15 | 20 | 25 |
| **4 Major** | 4 | 8 | 12 | 16 | 20 |
| **3 Moderate** | 3 | 6 | 9 | 12 | 15 |
| **2 Minor** | 2 | 4 | 6 | 8 | 10 |
| **1 Negligible** | 1 | 2 | 3 | 4 | 5 |

| | | |
|---|---|---|
| | 1-3 | Low Risk |
| | 4-6 | Moderate Risk |
| | 8-12 | High Risk |
| | 15-25 | Extreme Risk |

**NOTE**

CRR scoring 15+ to be referenced on GBAF

Project Level risks scoring 8+ to be referenced on the CRR

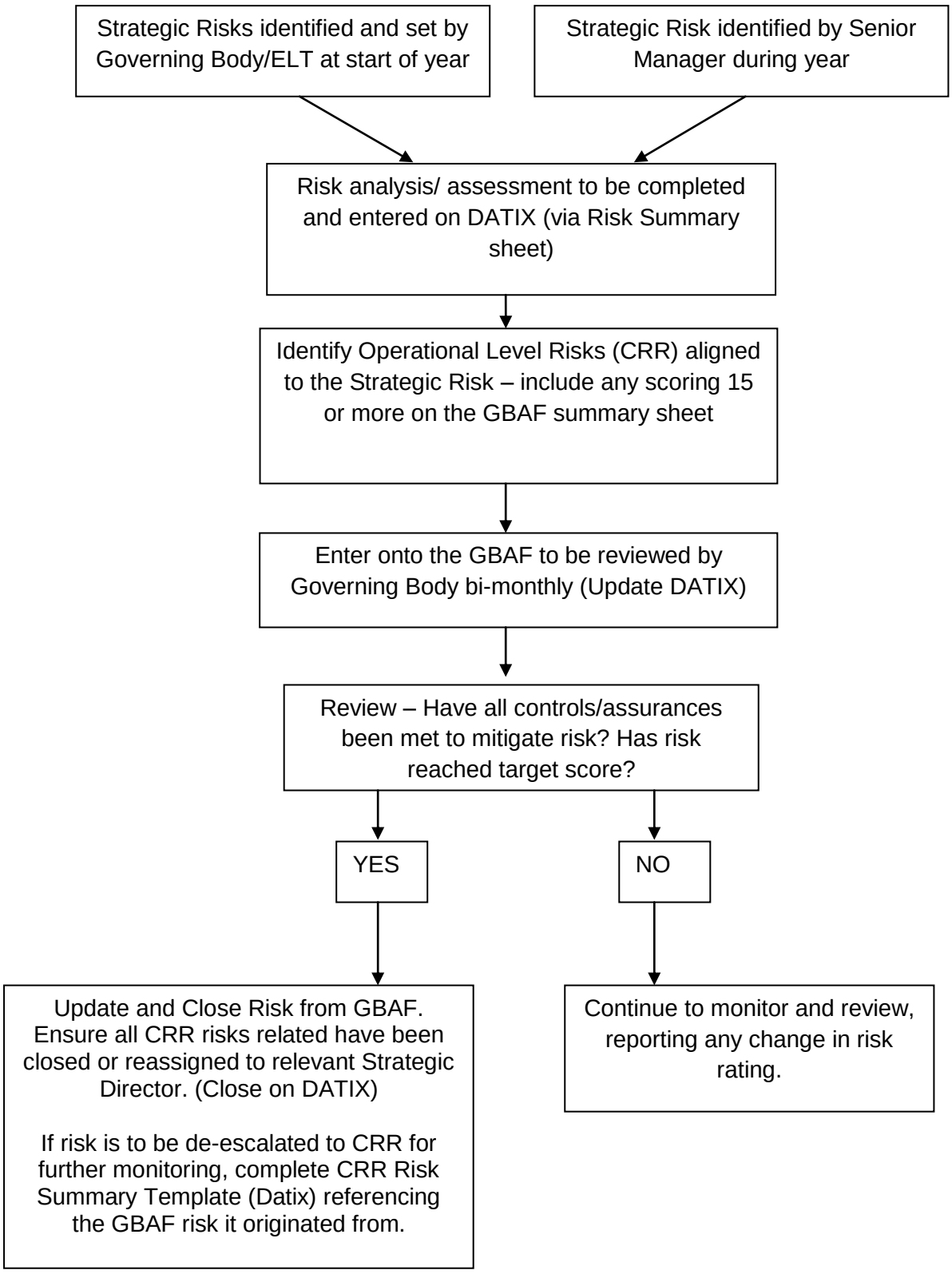
For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

| **Consequence Score for the CCG if the event happens** | | |
|---|---|---|
| **Level** | **Descriptor** | **Description** |
| **1** | **Negligible** | • None or very minor injury.<br>• No financial loss or very minor loss up to £100,000.<br>• Minimal or no service disruption.<br>• No impact but current systems could be improved.<br>• So close to achieving target that no impact or loss of external reputation. |
| **2** | **Minor** | • Minor injury or illness requiring first aid treatment e.g. cuts,bruises due to fault of CCG.<br>• A financial pressure of £100,001 to £500,000.<br>• Some delay in provision of services.<br>• Some possibility of complaint or litigation.<br>• CCG criticised, but minimum impact on organisation. |
| **3** | **Moderate** | • Moderate injury or illness, requiring medical treatment (e.g. fractures) due to CCG's fault.<br>• Moderate financial pressure of £500,001 to £1m.<br>• Some delay in provision of services.<br>• Could result in legal action or prosecution.<br>• Event leads to adverse local external attention e.g. HSE, media. |
| **4** | **Major** | • Individual death / permanent injury/disability due to fault of CCG.<br>• Major financial pressure of £1m to £2m.<br>• Major service disruption/closure in commissioned healthcare services CCG accountable for.<br>• Potential litigation or negligence costs over £100,000 not covered by NHSLA.<br>• Risk to CCG reputation in the short term with key stakeholders, public & media. |
| **5** | **Catastrophic** | • Multiple deaths due to fault of CCG.<br>• Significant financial pressure of above £2m.<br>• Extended service disruption/closure in commissioned healthcare services CCG accountable for.<br>• Potential litigation or negligence costs over £1,000,000 not covered by NHSLA.<br>• Long term serious risk to CCG's reputation with key stakeholders, public & media.<br>• Fail key target(s) so that continuing CCG authorisation may be put at risk. |

| Likelihood Score for the CCG if the event happens | | |
|---|---|---|
| **Level** | **Descriptor** | **Description** |
| **1** | **Rare** | • The event could occur only in exceptional circumstances.<br>• No likelihood of missing target.<br>• Project is on track. |
| **2** | **Unlikely** | • The event could occur at some time.<br>• Small probability of missing target.<br>• Key projects are on track but benefits delivery still uncertain.<br>• Less important projects are significantly delayed by over 6 months or are expected to deliver only 50% of expected benefits. |
| **3** | **Possible** | • The event may occur at some time.<br>• 40-60% chance of missing target.<br>• Key project is behind schedule by between 3-6 months.<br>• Less important projects fail to be delivered or fail to deliver expected benefits by significant degree. |
| **4** | **Likely** | • The event is more likely to occur in the next 12 months than not.<br>• High probability of missing target.<br>• Key project is significantly delayed in excess of 6 months or is only expected to deliver only 50% of expected benefits. |
| **5** | **Almost Certain** | • The event is expected to occur in most circumstances.<br>• Missing the target is almost a certainty.<br>• Key project will fail to be delivered or fail to deliver expected benefits by significant degree. |

**Appendix 2a**

**Populating the Governing Body Assurance Framework**



**Appendix 2b**

| BOARD ASSURANCE FRAMEWORK (BAF) 2019/2020 | | |
|---|---|---|
| **OVERALL RISK APPETITE: "The CCG recognises that the long term sustainability of services in St Helens depend upon the delivery of the Improvement Plan, strategic objectives and its relationships with partners and the public. Therefore, whilst the CCG will not accept risks that materially impact on the safety or constitutional requirements of patient care, it has a greater appetite to take considered risks in terms of their impact on organisational issues, within our required frameworks. The CCG's highest risk appetite relates to its transformational objectives".** | | |
| **STRATEGIC OBJECTIVE**: | **DIRECTOR LEAD:** | **DATIX ID:** |
| **OBJECTIVE SPECIFIC RISK APPETITE:** | **DATE OF REVIEW:** | **DATE OF NEXT REVIEW:** |
| **BAF RISK:** | | |
| **RATIONALE FOR RISK:** | | |

**RISK RATING:**

| Opening Score 01.04.19 | Score at Q1 | Score at Q2 | Score at Q3 | Score at Q4 | 2019/20 Risk Target | Final Risk Target |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

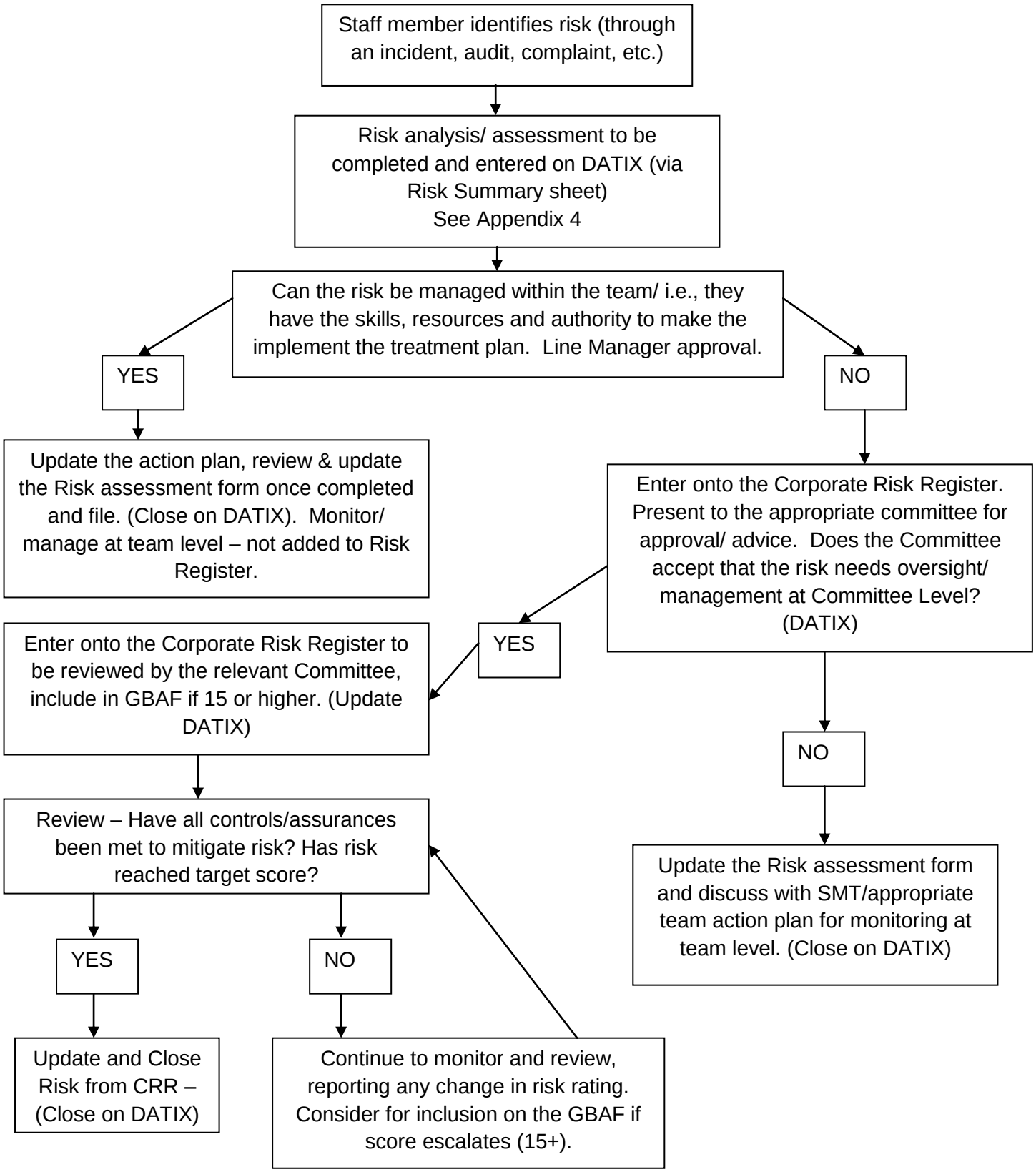
**RISK MOVEMENT:**

GRAPH WILL BE GENERATED BY GOVERNANCE MANAGER ONCE SCORES ARE FILLED IN BOX

| | |
|---|---|
| **RATIONALE FOR CURRENT RISK SCORE:** | |
| **KEY WORK PROGRAMMES:** | |
| **LINK TO OPERATIONAL RISKS – EXCEPTION REPORT FROM CORPORATE RISKS SCORING 15 OR ABOVE:** | |
| **CONTROLS:** | **ASSURANCES:** |
| **GAPS IN CONTROLS:** | **GAPS IN ASSURANCES:** |

**Appendix 3a**

**Populating the Corporate Risk Register**



**Appendix 3b**

| NHS St Helens CCG Risk Summary | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| This form is to be used to provide a full & detailed update to the Governing Body and/or associated Committees | | | | | | | | | | | |
| **Section 1 – Risk Details** | | | | | | | | | | | |
| **Risk ID:**<br>**Datix ID:** | | **Date Identified** | | **GB/ELT/SMT Lead:**<br>**Risk Owner:** | | | | | | | |
| **Committee** | | | | | | | | | | | |
| **Strategic Objectives** | | | | | | | | | | | |
| **Risk Description** | | | | | | | | | | | |
| **Section 2 – Controls** | | | | | | | | | | | |
| **Controls in Place** | | | | | | | | | | | |
| **Gaps in Controls** | | | | | | | | | | | |
| **Section 3 – Assurance** | | | | | | | | | | | |
| **Assurance** | | | | | | | | | | | |
| **Gaps in Assurance** | | | | | | | | | | | |
| **Section 4 – Risk Scoring** | | | | | | | | | | | |
| **Initial Position/ Current Position/ Target** | | | | | | | | | | | |
| | **Likelihood** | | | | | | | | | | |
| **Consequence** | **1 Rare** | | **2 Unlikely** | | **3 Possible** | | **4 Likely** | | **5 Almost Certain** | | |
| **5 Catastrophic** | 5 | | 10 | | 15 | X | 20 | | 25 | | |
| **4 Major** | 4 | | 8 | | 12 | | 16 | | 20 | | |
| **3 Moderate** | 3 | | 6 | | 9 | X | 12 | | 15 | | |
| **2 Minor** | 2 | | 4 | | 6 | | 8 | | 10 | | |
| **1 Negligible** | 1 | | 2 | | 3 | X | 4 | | 5 | | |
| **SECTION 5 - Position** | | | | | | | | | | | |
| **2019/2020 Final Position** | | | | | | | | | | | |
| **Quarter 1 Position** | | | | | | | | | | | |
| **Quarter 2 Position** | | | | | | | | | | | |
| **Quarter 3 Position** | | | | | | | | | | | |
| **Quarter 4 Position** | | | | | | | | | | | |
| **SECTION 6 – Overall Assurance** | | | | | | | | | | | |
| **Full** | | **High** | | **Significant** | | **Adequate** | | **Limited** | | **Nil** | |
| **Score Movement** | | | | | | | | | | | |
| **Quarter 1** | | **Quarter 2** | | **Quarter 3** | | **Quarter 4** | | | | | |

**Appendix 4**
**NHS St Helens CCG Governance Structure**