

## Risk Register Summary Analysis Report

### 1. Corporate Risk Register – High risks

There are 11 risks currently categorised as High, i.e. scoring 15 or more using the risk grading matrix set out in appendix 1.

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
1.	1819	<p><b>Risk of poor patient experience as a result of long waits (over 4hr target) in RSCH Emergency Department</b></p> <p>Consistent failure to meet the 4 hour access standard in ED means that around 15% of patients have long waits in ED, and a varying percentage of attenders need to wait on trolleys in the corridor, which is not a desirable patient experience.</p> <p><b>See also</b> Datix ref 1820 re: risk of patient harm arising from long waits in ED and use of corridor (score 12, below Corp Risk Register levels)</p>	24.06.16	4	5	20	-	Chief Operating Officer	Adequate
<p><b>Controls and actions:</b> Continued actions in place to improve flow through the ED and hospital as a whole in place. Improved flow supports reduced use of corridor and improved performance against 4 hour access standard. New patient assessment cubicles reduce potential for compromise of privacy and dignity for patients waiting in the corridor by providing private location for initial assessments. Comfort rounds and risk assessments also help to protect welfare of patients who have to wait in the corridor, as do the nurses allocated to the corridor area as soon as there are patients waiting there.</p> <p>Acute Floor re-design and re-development will also mitigate risk of poor experience for those patients waiting for long periods, and the incidence of long waits in ED.</p>									
2.	126, 979	<p><b>Risk of poor patient experience arising from condition of estate</b></p> <p>Current levels of maintenance backlog mean that patients and other visitors to the Trust (predominantly at RSCH, but to some degree at PRH) have a poor experience of their visit. Examples include:</p> <ul style="list-style-type: none"> <li>• Patients not being aware of changes to clinic / ward locations</li> <li>• Patients not being aware of changes to routes around the site</li> <li>• Unplanned disruption to availability of facilities (including lifts and heating)</li> </ul>	20.06.16	4	4	16	-	Director of Facilities & Estates	Inadequate
<p><b>Controls and actions:</b> The Trust seeks to advise patients well in advance of alterations to clinic and ward locations, but changes sometimes arise between the issue of appointment letters and the date of the patient's visit. Patients, carers and visitors may find it stressful to navigate unfamiliar routes around the site, particularly if they have mobility difficulties. Lack of access to lifts when they breakdown causes particular distress and inconvenience. The proposed investment in a backlog</p>									

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Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
		<b>See also</b> BAF item 2 re: potential impact on Trust objectives (quality & safety improvement programme, meeting access standards, delivering financial improvement programme) of poor condition of estate	maintenance programme will help to address the root cause of these risks, but each problem is addressed on a case by case basis as it arises, with varying degrees of effectiveness. For this reason, the level of control is described as inadequate.						
3.	1644, 75, 945	<p><b>Service disruption arising from poor condition / breakdown of specialist ventilation equipment</b></p> <p>The specialist ventilation equipment in the Trust's theatres and other key areas (including ICU, catheterisation labs) has not been maintained effectively over a number of years, and as a result is at risk of unplanned breakdown, leading to significant disruption to service provision. When theatre ventilation has broken down on recent occasions, the associated repair works have put the theatres involved out of action for several weeks (8 – 10 weeks in some cases), leading to delay in operating lists and consequent impact on access standards.</p> <p><b>See also</b> Datix refs 1644, 75, 945 re: risk of patient harm arising from poor condition of specialist ventilation equipment</p> <p><b>See also</b> BAF items 9 and 19 re: potential impact on Trust objectives (quality &amp; safety improvement programme, meeting access standards, delivering financial improvement programme) of poor condition of specialist ventilation equipment</p>	13.06.16	4	4	16	-	Director of Facilities & Estates	Inadequate
			<b>Controls and actions:</b> A Ventilation Safety Group, comprised of representatives from the Estates, Infection Prevention and Control, Perioperative, Operations and theatre user teams (eg maternity), has been established to develop a programme of works, prioritised according to risk and impact on service delivery. The risks reflected in the planned programme include risk of infection, risk of other harm to patients and staff, and risk of unplanned breakdown of the equipment (ie, which is in worst repair). The plan will include measures to mitigate both the identified risks and the impact on patient experience and access standards of closing theatres and other locations to complete the required backlog maintenance. A plan for ensuring that routine maintenance is carried out in future will also be developed to reduce the risk of unplanned failure and associated disruption to services. Until these plans are agreed and implementation has commenced, the level of control will remain inadequate.						
4.	1426	<p><b>Service interruption at RSCH arising from pharmacy robot breakdown</b></p> <p>The pharmacy robot at RSCH is beyond its expected lifespan, and breaks down to some degree on a frequent (ie, weekly) basis.</p> <p><b>See also</b> BAF items 9 and 19 re: potential impact on Trust objectives</p>	04.07.16	4	4	16	-	Chief Pharmacist	Adequate
			<b>Controls and actions:</b> Repairs can often be carried out by existing pharmacy staff within a couple of hours, but this is not always possible, in which case engineers must be called in from the manufacturer (approximately once per month). If this is necessary, the robot can be out						

Comment [AL2]: ?uncontrolled

Comment [AL1]: New risk 1855 below

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		(quality & safety improvement programme, meeting access standards, delivering financial improvement programme) of service disruption arising from equipment breakdown generally	of action for several hours. Patient harm arising from breakdown of the robot is unlikely as medications can be manually dispensed in a timely way for short periods. Replacement of the pharmacy robot is expected during 2017.						
5.	1794	<p><b>Risk of failure to deliver improvements in antimicrobial prescribing practice required by CQUIN as a result of lack of specialist pharmacy staff</b></p> <p>The 2016/17 anti-microbial prescribing CQUIN required a 1% reduction in antibiotic consumption compared with 2014/15. The Trust has been unable to deliver this for a range of reasons, including lack of specialist anti-microbial pharmacy advice. This has resulted in failure to meet the CQUIN target and an associated loss of around £3945k in CQUIN payments in 2016/17, which is likely to be repeated in 2017/18 if capacity to provide anti-microbial specialist advice, training and clinical practice is not increased. The 2017/18 CQUIN target requires senior review (ST3 +) or infection specialist review (including pharmacists) of anti-microbial prescribing within 48-72 hours, and lack of speciality pharmacists helps puts this target at risk. Additionally, the Trust is experiencing an increase in prescription of anti-biotic and anti-fungal drugs, contrary to guidance and best practice. This may in turn have a detrimental impact on patient safety and/or outcomes.</p>	19.11.16	4	4	16	-	Chief Pharmacist	Adequate
			<p><b>Controls and actions:</b> Business case for 2 year fixed term appointment has been approved and recruitment is in hand, although not yet completed. Appointee will ensure delivery of specialist advice, training and clinical practice, as well as generally improving anti-microbial stewardship across the Trust to reduce inappropriate use of anti-biotic and anti-fungal drugs.</p>						
6.	1808	<p><b>Poor patient experience arising from proximity of clinical services and 3Ts redevelopment works.</b></p> <p>Current levels work on the RSCH site to accommodate the 3Ts redevelopment mean that patients and other visitors to the Trust may have a poor experience of their visit. Examples include:</p> <ul style="list-style-type: none"> <li>• Patients not being aware of changes to clinic / ward locations</li> </ul>	10.07.16	5	3	15	-	Director of 3Ts	Adequate
			<p><b>Controls and actions:</b> The Trust seeks to advise patients well in advance of alterations to clinic and ward locations, but changes sometimes arise between the issue of appointment letters and the date of the patient's visit. Patients, carers and visitors may find it stressful to navigate</p>						

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Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
		<ul style="list-style-type: none"> <li>Patients not being aware of changes to routes around the site</li> <li>Reduced visual amenity</li> <li>Significant increase in heavy traffic around the site</li> <li>Increased pedestrian congestion on routes as a result of diversions</li> </ul>	unfamiliar routes around the site, particularly if they have mobility difficulties. 3Ts project team meets on a weekly basis to review known and likely impacts on patient experience of new developments on site, and to plan their mitigation. Six monthly planning meetings with a wider attendance list also take place to ensure effective assessment of coming changes and preparation for their reduction of their impact.						
7.	1774	<p><b>Patient harm arising from delays to diagnosis of cancer because of slow histopathology performance</b></p> <p>The service delivered to the Trust by its Pathology service provider, Frontier, is below desired levels. In addition, Frontier is unable to produce data on turnaround times for analysis of specific tumour sites, meaning that the Board is unable to assess accurately the impact (in terms of both meeting access standards and patient safety/outcomes) of delays in histopathology performance on specific pathways.</p>	12.08.16	5	3	15	-	Clinical Director for Cancer Services	Adequate
			<p><b>Controls and actions:</b> Investments in IT and additional staff for Frontier have been agreed, but are yet to take effect (target date as yet uncertain). Manual process for monitoring turnaround times for individual tumour sites under development, due to be introduced from mid-April – risk may reduce once this process is embedded. Trust is meeting 2 week wait and 31 day cancer targets; compliance with 62 day cancer target expected from April onwards.</p>						
8.	1816	<p><b>Failure to address adequately issues identified by Care Quality Commission Warning Notice, leading to escalation of enforcement action</b></p> <p>The Trust was required to take action to address regulatory failings in a number of key areas by a Warning Notice served on the Trust by the CQC in June 2016. The Warning Notice required the necessary action to be taken within three months. Failure to deliver the required improvements could lead to an escalation of enforcement / regulatory action against the Trust.</p>	18.08.16	5	3	15	-	Medical Director	Adequate
			<p><b>Controls and actions:</b> a programme of improvement in all areas of sub-standard performance identified by the CQC, including, specifically, the items set out in the Warning Notice has been in place since June 2016. Progress has been made in respect of the Warning Notice requirements, but not all of these were quantitative in nature or capable of entirely objective measurement, meaning that there remains a risk that the CQC will assess the progress made in these areas as inadequate. However, during an interim inspection of the RSCH site in January 2017, the CQC</p>						

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Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
			indicated that it found no grounds to escalate regulatory action at that time. CQC processes do not allow for the withdrawal of the Warning notices until a full inspection has been carried out, due to take place 25 – 27 April 2017.						
9.	1803	<p><b>Impact on patient safety of pharmacy resource shortages</b></p> <p>A number of pharmacy posts are vacant, resulting in a reduction in the level of service provided to wards and departments. There has been an increase in medication incidents over the period of increased vacancies. <b>See also</b> BAF item 7 re: potential impact on Trust objectives (quality &amp; safety improvement programme, meeting access standards, delivering financial improvement programme) of service disruption arising from recruitment and retention problems generally</p>	12.12.16	5	3	15	-	Chief Pharmacist	Inadequate
			<p><b>Controls and actions:</b> A review of the pharmacy team structure has been undertaken with the purpose of improving service to clinical teams, including extended opening hours and weekend provision. The review was broadly endorsed by NHSI's Chief Pharmacist during a visit to the Trust in March. Associated recruitment has yet to commence, and for this reason, the Chief Pharmacist believes this risk to be currently inadequately controlled.</p>						

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### 2. Movement

#### 2.1 Risk increases

In the past 3 months the following risks have increased in severity:

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
10	1810	<p><b>Radiology results checking backlog in Emergency Department</b></p> <ul style="list-style-type: none"> <li>Images requested in ED are reviewed by ED clinicians during the course of patient assessment</li> <li>Images are subsequently reviewed by a Radiologist and classified as either requiring follow up or normal</li> <li>F1 doctors then cross match all the Radiology reports with patient disposal records on Symphony to ensure that all patients whose images disclose injury have been either admitted or referred to a fracture clinic / other pathway. Where injured patients have been discharged without referral into an appropriate pathway, the F1 doctor is required to follow up.</li> </ul> <p>The final stage in this process has broken down in recent months leading to two fractures being missed, resulting in moderate harm (Duty of Candour process has been applied)</p>	19.1.2017	4	4	16	↑	Clinical Director Urgent Care	Adequate
<p><b>Controls and actions:</b> Locums have been used to clear the backlog, but are not a sustainable solution in the long term because of cost.</p> <p>At a meeting on 11 April 2017 it was agreed that administrative and IT solutions would be sought to reduce the number of radiological reports which need to be included in the third stage of check (ie, to exclude all patients who have been admitted or referred into a pathway). These solutions have not yet been identified or agreed, but are under investigation.</p>									
11	1706	<p><b>Risk of poor patient experience as a result of backlogs in Abdominal Surgery, leading to delays in stoma reversal surgery</b></p> <p>Over 100 patients having been waiting longer than 52 weeks for abdominal surgery, principally stoma reversal. There are harm review processes in place to ensure that patient safety is protected, but the delay undoubtedly leads to poor patient experience.</p>	30.3.2016	3	5	15	↑	Clinical Director for Abdominal Surgery and Medicine	Adequate
<p><b>Controls and actions:</b> As a result of a variety of continuing waiting list initiatives, waiting times are reducing, but there is still a significant number of patients who are waiting excessive periods of time for their procedures.</p>									

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### 2.2 Risk reductions

The following previously high scoring risks are proposed for reduction:

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
12.	1752	<p><b>Service disruption arising from mismanagement of 3Ts building work</b></p> <p>Current levels work on the RSCH site to accommodate the 3Ts redevelopment are such that in the event that 3Ts work does not go according to plan, hospital clinical and support services could be disrupted</p>	10.07.16	5	2	10	↓	Director of 3Ts	Adequate
			<p><b>Controls and actions:</b> 3Ts project team meets on a weekly basis to review known and likely impacts on service delivery of new developments on site, and to plan their mitigation. Six monthly planning meetings with a wider attendance list also take place to ensure effective assessment of coming changes and preparation for their reduction of their impact on service delivery.</p> <p>This risk was discussed at Directorate Risk Review Committee. It was agreed that the risk is being well managed and as a consequence the likelihood score has been decreased.</p>						
13.	1782	<p><b>Risk of failure to meet key access standards (diagnostics, 18 week RTT, 2 WW, 31 days etc) as a result of unplanned implementation of NG12</b></p> <p>The CCGs' initial intention re: implementation of NG12 did not take adequate account of the Trust's ability / capacity to meet the associated increase in demand.</p> <p><b>See also</b> Datix ref 1386 re: risk of patient harm arising from unplanned implementation of NG12</p> <p><b>See also</b> BAF item 6 re: potential impact on Trust objectives (quality &amp; safety improvement programme, meeting access standards, delivering financial improvement programme) of unplanned implementation of</p>	12.09.16	5	2	10	↓	Clinical Director for Cancer Services	Adequate
			<p><b>Controls and actions:</b> Negotiations with the CCGs have proved effective, and there is now agreement to phase implementation of NG12. Phasing will reflect capacity and demand analysis, CCG priorities and capacity elsewhere in the health economy. The likelihood of this risk materialising is now considerably reduced.</p>						

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Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
		NG12							
14.	1836	<p><b>Patient harm due to failure of NG12 implementation across all diagnostic pathways</b></p> <p>The CCGs' initial intentions re: implementation of NG12 did not take adequate account of the Trust's ability / capacity to meet the associated increase in demand. There was a risk that increased demand would lead to significant increases in waiting times for diagnostic processes, giving rise to delayed diagnosis and consequent patient harm / impaired outcomes.</p> <p><b>See also</b> Datix ref 1782 re: risk of failure to meet access standards arising from unplanned implementation of NG12</p> <p><b>See also</b> BAF item 6 re: potential impact on Trust objectives (quality &amp; safety improvement programme, meeting access standards, delivering financial improvement programme) of unplanned implementation of NG12</p>	12.09.16	5	2	10	↓	Clinical Director for Cancer Services	Adequate
			<p><b>Controls and actions:</b> Negotiations with the CCGs have proved effective, and there is now agreement to phase implementation of NG12. Phasing will reflect capacity and demand analysis, CCG priorities and capacity elsewhere in the health economy. The likelihood of this risk materialising is now considerably reduced.</p>						

### 2.3 Risk closures

The following risks are recommended for closure:

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
15.	1811	Retention and deflection of resources and staff during transitional phase with Western Sussex Hospitals ahead of their Executive Team and Chair formally taking responsibility for the Trust from 1st April 2017	03.01.17	4	4	16	-	Chief Executive Officer	Inadequate

Comment [AL3]: rephrase

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		This risk was identified in the run up to the implementation of the management agreement and reflects the uncertainty prevalent at the time about the nature and extent of the arrangement.	<b>Controls and actions:</b> The risk period has passed without significant impact.  <i>The Committee may wish to recommend to the Board that BAF item 10 is closed for the same reason.</i>					
16.	1540	<b>Rising water main feed, Thomas Kemp Tower</b>	20.06.16	5	3	15	Director of Facilities & Estates	Adequate
		The water infrastructure in the Thomas Kemp Tower is sub-optimal, meaning that some wards and departments could be left without running water in the event of damage to the rising water main. <b>See also</b> BAF items 2 and 9 re: potential impact on Trust objectives (quality & safety improvement programme, meeting access standards, delivering financial improvement programme) of service disruption arising from condition of the estate generally	<b>Controls and actions:</b> This risk is to be incorporated into a generic risk associated with a variety of issues concerning water supplies to the Trusts' sites. The new risk is to be specified in the next edition of the risk register.					

**Comment [AL4]:** new risk 1856 below to merge into

### 3. New risks proposed

3.1 The following risk is proposed for addition to the corporate risk register:

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
17	1854	<b>Risk of service disruption in Imaging arising from current closure of on-site radio-pharmacy at RSCH</b>	23.3.2017	4	5	20		Director of 3T's and Clinical Support Services	Adequate
		Radio-pharmacy at RSCH has been closed since 3 March 2017 because the decant Hanbury Building has proved not to be suitable. The ventilation in the new building is inadequate and prevents securing relevant licenses and accreditation to produce radiopharmaceuticals. SLAs are in place for the delivery of radio-pharmaceuticals from Barts Health NHS Trust, but the service is considerably less efficient than the in-house pharmacy. Radio-pharmaceuticals have a very limited life (ie, a matter of hours), and if the courier service does not arrive in time and the	<b>Controls and actions:</b> SLA in place with Barts Health NHS Trust for couriating radio-pharmaceuticals from London to RSCH and PRH and other customers in local trusts previously supplied by BSUH (cost approx £18k per week). However, couriers do not arrive until mid/late morning, meaning that tests / treatments do not start promptly and patients have a long wait <ul style="list-style-type: none"> <li>3Ts team working on identifying and solving the issue with the ventilation system in the Hanbury Building</li> </ul>						

**Comment [AL5]:** anna stated cost approx. £6K per week

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Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
		product cannot be used within its life-span, planned tests may need to be cancelled and the product wasted. Radio-pharmaceuticals generally need to be administered several hours (typically 6 - 8 hours) before a diagnostic test is conducted; again, if the courier does not arrive promptly, tests may need to be cancelled and the product wasted, and/or clinics need to run very late into the evening, causing problems for patients, staff and other hospital systems and services. This position is unlikely to compromise patient safety, but does cause significant harm to the efficient and effective management of patient care and serious disruption to services in the Imaging Department.						<ul style="list-style-type: none"> <li>Accreditation by the MHRA agency delayed until later in May (provisionally booked for 25th and 26th May - subject to resolving the ventilation issue).</li> </ul>	

3.2 Additionally the following risks have been identified by the Director of Facilities and Estates, and await detailed assessment before formal proposal for inclusion on the corporate risk register. The scores indicated below are only an initial indication of severity; each risk will be fully assessed and scored before presentation to the Committee.

Ref:	Datix No:	Risk Description:	Date Identified	Impact	Likelihood	Grade	Movement	Lead:	Level of Control
18	1855	Ventilation Systems do not meet organisational needs or best practice requirements	23.3.2017	5	5	25		Director of Facilities & Estates	Inadequate
19	1853	Suitability of Electrical Infrastructure to Support Organisational needs	23.3.2017	5	4	20		Director of Facilities & Estates	Adequate
20	1856	Ability of Water systems to meet organisation expectations	23.3.2017	5	4	20		Director of Facilities & Estates	Inadequate
21	1859	Management of Fire	23.3.2017	5	4	20		Director of Facilities & Estates	Adequate
22	1862	Falls from Height	23.3.2017	5	4	20		Director of	Inadequate

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								Facilities & Estates	
23	1863	Inadequate business continuity arrangements re: primary energy in specific Trust buildings which are a mix of clinical and non-clinical	23.3.2017	4	4	16		Director of Facilities & Estates	Inadequate
24	1857	Asbestos management does not fully meet statutory compliance	23.3.2017	5	3	15		Director of Facilities & Estates	Inadequate
25	1858	Ability of Lifts to meet organisational needs	23.3.2017	3	5	15		Director of Facilities & Estates	Adequate
26	1860	Windows and Glazing old and worn out and needs replacement in Thomas Kemp Tower & Millenium buildings	23.3.2017	5	3	15		Director of Facilities & Estates	Inadequate
27	1861	Pressure Systems Management require replacement and safety to ensure can be maintained adequately without service disruption	23.3.2017	5	3	15		Director of Facilities & Estates	Inadequate

### 4. Themes

There is a continued theme throughout the risks scoring 15 and over of long term lack of maintenance and/or investment. There are also emerging risks regarding capacity and demand to deliver essential clinical services. Both themes continue to feature in a substantial number of the risks in the next category down ("significant", i.e., those risks scoring between 8 and 12).

Robust assessment and reflection of risk is recommended for financial planning and Cost Improvement Programme development.

### 5. Risk management systems update

The Board will next consider the updated Board Assurance Framework (BAF) in May 2017. The risk posed to achievement of the Trust's key strategic objectives (delivery of the financial recovery plan, delivery of constitutional access commitments and delivery of quality and safety improvements) by the current approach to risk assessment in investment decision making will be included for consideration by the Board amongst the proposals for the BAF.

Work still continues to update the Datix Risk Register and format. The Datix forms were successfully re-launched in January with positive feedback.

Three Clinical Directorates did not send representatives to the Directorate Risk Review meeting on 14 March 2017, but have since met with the Risk team and their risks have been reviewed.

The Directorate Risk Review meeting also decided to defer discussion of the Facilities and Estates Directorate Risk Register as the time the Committee had allocated would not have been sufficient for a suitably detailed discussion. A separate meeting was held to discuss the new high risks added and a further meeting is required to review all the risks in more detail.

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The Directorate Risk Review meeting on 14 March highlighted the need for greater time to be allocated to directorates with large numbers of risks to discuss. The Head of Risk Management will be reviewing timeslots allocated for the next Directorate Risk Review committee in June 2017 to ensure that all risk registers are thoroughly reviewed.

### **6. Recommendations**

The Committee is recommended to

- i. Review the draft corporate risk register set out above
- ii. Make recommendations for change as appropriate
- iii. Recommend the corporate risk register, with or without amendments, to the Board for adoption

# Risk Register Summary Analysis Report

## Appendix 2 - Risk Grading Matrix

### Impact /Likelihood Descriptors

Descriptor	Insignificant	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Impact on individual Patient/ Employee/Visitor Safety	Minor injury not requiring first aid.	No permanent injury (psychological, emotional, physical) Minor injury or illness, first aid treatment required.	Semi-permanent injury (psychological, emotional, physical), increase in treatment for a patient i.e. return to surgery, an unplanned readmission RIDDOR/Agency reportable.	Permanent injury, serious disability, reduced life expectancy (psychological, emotional, physical).	Unexpected death.
Patient Experience	Unsatisfactory patient experience not directly related to patient care.	Unsatisfactory patient experience readily resolvable.	Mismanagement of patient care.	Serious mismanagement of patient care.	Totally unsatisfactory patient outcome or experience.
Complaints/Claims	Locally resolved complaint.	Justified complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim.
Objectives/ Projects	Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality.	<5% over budget/schedule slippage. Minor reduction in quality/scope.	5-10% over budget/schedule slippage. Reduction in scope or quality.	10-25% over budget/schedule slippage. Doesn't meet secondary objectives.	>25% over budget/schedule slippage. Doesn't meet primary objectives.
Clinical Service/ Business Interruption	Local interruption with back up.	Local interruption.	Loss/interruption > 1 hour.	Loss/interruption > 8 hours.	Loss/interruption > 24 hours.
Staffing & Competence	Short term low staff level temporarily reduces service quality (<1 day).	On-going low staffing level reduces service quality.	Late delivery of key objective/ service due to lack of staff. Minor error due to poor training. On-going unsafe staffing level.	Uncertain delivery of key objective /service due to lack of staff. Serious error due to poor training.	Non-delivery of key objective/ service due to lack of staff. Loss of key staff. Critical error due to insufficient training.
Financial	Less than £100.	<£1000 but >£100.	<£10,000 but >£1000.	<£100,000 but >£10,000.	<£100,000 to reduce the risk.
Inspection/Audit	Minor recommendations. Minor non-compliance with standards.	Recommendations given. Non-compliance with standards.	Reduced rating. Challenging recommendations. Non-compliance with core standards.	Enforcement Action. Low rating. Critical report. Major non-compliance with core standards.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity/ Reputation	Rumours.	Local media – short term. Minor effect on staff morale.	Local media – long term. Significant effect on staff morale.	National media < 3 days.	National media >3 day. MP concern (Questions in the House).
Counter Fraud	Interception of non-recurring fraud with no losses.	Small losses incurred from fraud/error but no evidence to support sanctions.	Investigation leading to minor disciplinary sanction only.	Criminal investigation and possible dismissal. Local press coverage.	Criminal investigation. National press coverage. Poor systems exposed.

RISK GRADING MATRIX	IMPACT				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
LIKELIHOOD					
1 Rare: This will probably never happen	1	2	3	4	5
2 Unlikely: Do not expect it to happen	2	4	6	8	10
3 Possible: Might happen occasionally	3	6	9	12	15
4 Likely: Will probably happen	4	8	12	16	20
5 Almost certain: Will undoubtedly happen	5	10	15	20	25

#### KEY

- - High risks
- - Significant risks
- - Moderate risks
- - Low risks

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