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A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

SUPPLEMENTARY PACK 1

ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) - **BY MICROSOFT TEAMS** on **WEDNESDAY, 25 JANUARY 2023** at **1:00 PM**

I enclose herewith replacement appendix for **item 7 (STRATEGIC RISK REGISTER REVIEW)** which should replace that previously issued with the Agenda for the above meeting.

REPLACEMENT APPENDIX

7. **STRATEGIC RISK REGISTER REVIEW** (Pages 3 - 10)

   Appendix

Argyll and Bute HSCP Integration Joint Board (IJB)

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Strategic Objectives 2019-22

A   We will work to reduce health inequalities

B   We will plan and provide health and social care services in ways that keep people safe and protect them from harm

C   We will ensure children have the best possible start in life and plan services in a person centred way that benefits the person receiving the service, so they have a positive experience - right service, right place, right time.

D   We will plan for and deliver services in person centred ways that enable and support people to look after and improve their own health and well-being

E   We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting

F   We will deliver services that are integrated from the perspective of the person receiving them or represent best value with a strong focus on the well being of unpaid carers

G   We will establish "Locality Planning, Owning, Delivery" operational and management arrangements to respond to local needs

H   We will strengthen and develop our partnership with specialist health services with NHS GG & C and Community Planning Partners as well as with the third and Independent sectors

I   We will sustain, refocus and develop out partnership workforce on anticipatory care and prevention

J   We will put in place a strategic and operational management system that is focused on continuous improvement, with a clear governance and accountability framework

K   We will underpin our arrangements by putting in place a clear, communication and engagement arrangement involving our staff, users, the public and stakeholders

Agenda Item 7

ARGYLL & BUTE INTEGRATED JOINT BOARD STRATEGIC RISK REGISTER UPDATED DECEMBER 2022

ID / Links	Risk	Impact	L	I	Rating	Controls	L	I	Rating	Further Actions	Owner	Trend
SSR06 links to E,J	**Infrastructure and Assets** - Assets remain under the ownership of the Council and Health Board, there is a risk that these do not meet the current and future requirements due to underinvestment in property maintenance, equipment and ICT or that these are not being used or managed efficiently and effectively. The IJB does not have full control/flexibility over the assets it uses to deliver services.	May result in assets not being maintained / replaced or being otherwise appropriate to support the IJB's strategic outcomes and do not enable efficient, safe and effective service delivery. Accommodation provided for residential and short episodes of care result in poorer outcomes. Properties will fail to meet standards required by regulators and fail to deliver on carbon reduction commitments. Equipment will become unreliable with additional downtime and ICT infrastructure will not support Digital Transformation ambitions.	4 - Likely	4 - Major	HIGH 16	o Progressing co-location options with Argyll & Bute Council o Represented on Council and NHS Highland Asset Management Boards o Partnership working to reflect joint planning approach with membership of both partner asset groups O Regular joint infrastructure meetings to support digital service delivery	4 - Likely	4 - Major	HIGH 16	oHSCP Digital / IT strategy now complete help enable TEC / remote working oDevelopment of a strategic approach to the combined HSCP estate and the identification of priorities for investment and replacement of infrastructure assets. oNew Strategic Estates & Sustainability Post oDetailed review of care home estate and analysis of old equipment underway oInsufficient confirmed resource available to enable this risk to be reduced and increasing demand for space as services grow and require to relocate due to poor quality accomodation.	Chief Officer, Head of Strategic Planning and Performance, Head of Finance & Transformation ↑
SSR07 links to B,D,E,H	**Sustainability of commissioned service providers** - financial and operational sustainability of care at home and care home commissioned service providers deteriorates as a result of financial and workforce pressures.	Market failure would lead to disruption of service, the implementation of contingency plans, increased costs and an adverse impact on individuals and their families. Would also impact on the ability of the IJB to deliver on the planned shift in the balance of care.	5 - Almost Certain	5 -Extreme	VERY HIGH 25	oCommissioning team supplier relationship and market management, including contract management and review processes and solvency checks as part of contract management oAdditional funding for providers to facilitate the implementation of wage increases and Fair Work Practices oEngagement with national work supporting the National Care Home Contract oContingency planning in localities for care at home during the pandemic. Care Home and Care at Home Assurance Group for Argyll and Bute (recently amended to encompass care at home) which looks at identifying and managing daily risks. oStrategically the Care Home Programme Board will assist planning ahead with forecasting demand. oThere is a Care Home Task Force communicating with Independent Providers. oEngagement with national workforce planning and local training providers around promotion of the caring profession	5 - Almost Certain	4- Major	VERY HIGH 20	o Continuing work with providers in partnership o Ongoing engagement nationally with financial sustainability plans and consideration of need for further local support o Implementation of Strategic Commissioning Plan based on Joint Strategic Needs Assessment o Engagement with key providers and project planning to address issues as they arise. o Regular management escalation where issues arise o Effective use of additional winter planning funding to try and improve sustainability of providers o Positive internal audit review provides assurance risk is being managed appropriately	Heads of Adult Care, Head of Strategic Planning and Performance ↑
SSR08 links to A	**Equalities** - services are not delivered in a way that addresses inequalities.	Service users are put at unnecessary risk of harm and people with poorer life chances may have their health and wellbeing impacted. Groups with protected characteristics may be perceived to be impacted unfairly.	4 - Likely	3- Moderate	HIGH 12	oEqualities Outcomes Framework in place oEqualities impact considered as part of IJB decision making and service change. oCommunication with service users as part of implementation of service change using engagement and communication strategies. oAdjustments to implementation plans are actioned where appropriate to mitigate any potential negative impact. oService changes not implemented where this would constitute unlawful discrimination.	3 -Possible	3 - Moderate	MEDIUM 9	o EQIA process is improving	Chief Officer ↓
SSR09 links to B,C,D,E,F,I,J	**Scottish Government Policies** - risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on the Strategic Plan, examples include Independent Review of Adult Social Care & National Care Service, the Living Wage, the Carers Act, and increased monitoring of performance.	Inability to deliver SG policies alongside the Strategic Plan and IJB's agreed objectives and the impact of additional unfunded cost pressures.	5 - Almost Certain	4 - Major	VERY HIGH 20	oHorizon scanning for policy developments through partners and SMT network groups oRegular liaison with senior officers in the Scottish Government and through Cosla Groups oRespond to Scottish Government information requests on impact of future policies oEarly impact assessment locally for national policies, including any impact on budget outlook oImplement and adopt innovative ways of implementing policies oRole of Elected Members and IJB members to influence Scottish Government decision making through political routes	4- Likely	3 - Moderate	HIGH 12	o Carers Act officer in post and working on plans to implement the provisions of the Carers Act o Engagement in sector developments and networks relating to the implementation of the National Care Service o Engagement continuing through professional networks to respond to IRASC o strengthen relationships with Cosla through using our Board representatives oSpending Review published in May 22 outlines prioritisation for Health and Care sector oEngagement with governement officials including visits to area and meetings to discuss local impacts of NCS oInclusion in the GIRFE pathfinder project with SG	Chief Officer ↔
SSR10 links to B,C,E,H,I,J	**Workforce Recruitment and Retention** - inability to recruit and retain the required workforce because of national workforce challenges and local challenges particularly in remote and rural areas and for clinical specialties. This leads to increased costs from reliance on medical locums and agency staff, not only for the IJB but also for commissioned service providers.	Service users needs for particular disciplines or in particular areas may not be met if workforce is not in place.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	oJoint and integrated Workforce Plan led by NHS Highland oStrategic Workforce Planning Group to ensure overall visibility of recruitment, retention and development challenges across HSCP oabplace2b campaign framework for attracting people into area. abplace2b.com provides information and current vacancies and signposting to housing and business. oContingency plans for clinical posts to reduce reliance on locums oMedical Workforce Productivity work stream led by NHSH assisting with hard to fill vacancies and recruitment oService re-designs to plan for changes to services in line with workforce capacity oTargets for new Modern Apprentices to reduce average age of workforce oSupport commissioned service providers with recruitment and retention, for example supporting implementation of Living Wage and pay rate increases. o Links with Open University assisting recruitment of students for social work and nursing o Programme for delivering SVQs for social care o Development and roll out of community team standards o Detailed data on workforce available to managers	5 - Almost Certain	4 - Major	VERY HIGH 20	oFinalisation of Workforce Plan to support strategic plan oHeads of Service and Managers actively engage in workforce planning oExplore further opportunities for Growing our Own including MAs in NHS oPromote ABC and NHSH as employers of choice and ensure all vacancies promoted using abplace2b.com. oContinue to reduce reliance on locum and agency staff through scrutiny oEnsure on-going support for CPD oUtilisation of new funding to increase staffing oidentification of options within current estate in HSCP to address housing shortages and progress key worker housing in partnership with Housing Associations and potentially Shelter Scotland. oInternal audit review oindustrial action remains a high risk and is likely to impact negatively on workforce retention and recruitment	Head of Customer Support Services / Head of People, Planning and Reward / People Partner ↑
SSR11 links to B,E,F,J,K	**Communications and Engagement with Communities** - risk of inadequate arrangements in place to communicate with wider communities and partners as a result of gaps between the IJB requirements and strategic direction and the expectation of service need from communities.	Could result in failure to gain community support for service changes and ineffective partnership working with communities. Reputational damage from failure to adequately consult and engage. Could result in failure to deliver planned change and transformation projects.	5 - Almost Certain	4- Major	VERY HIGH 20	oCommunication and Engagement Strategies delivered but require to monitor practice through assurance frameworks. oOpenness and transparency of publicly available information oCommunications events and information widely available to engage stakeholders in conversations about service changes and the need for change. oEngagement with politicians to ensure the Argyll and Bute position is shared and understood. oLocality Planning Groups and other forums are used to communicate with communities and explore new ways of getting the IJB message across (including MH advocacy groups, carers centres etc). oCommunication plans developed as part of implementation of service changes	4- Likely	4- Major	HIGH 16	oSupport local ownership of communications and engagement oContinue roll out of social media use at a local level oOngoing review of Communications and Engagement Strategy. o Deliver communication and engagement plans within guidelines. Ensure conforms to SG guidance "Planning with People" and standards for community engagement. oEffective engagement on strategic plan, commissioning strategy and co-production work. oLocality Planning groups meeting regularly	Associate Director Public Health, Communications team ↔

Ref	Risk	Consequence	Likelihood	Impact	Rating	Controls	Likelihood	Impact	Rating	Gaps/Further Actions	Owner
SSR12 links to B,E,F,J,K	**Workforce Shift** - risk that there is not appropriate engagement with staff groups, particularly over the need for service changes and the requirement to work in a different way. There may be professional concerns about inter-disciplinary working and cultural barriers will prevent effective integration.	This would result in poor morale and the failure to gain staff support for the workforce shift and culture change required. Resistance from the staff group would in turn limit the flexibility required to deploy the workforce in line with changed models of care, full integration will not be achieved and teams will be disjointed. Ultimately impacting on the service provided to communities.	4 - Likely	4 - Major	HIGH 16	oJoint Partnership Forum and Staff side Liaison facilitate communications and information flow between management to staff side and Trade Unions OCommunications plan for each service change project, including staff as stakeholders OSupport from staff side partnership to support staff with new ways of working with an integrated partnership approach. OCompliance with terms and conditions of employment for both staff groups OIndividual staff development plans and training programmes OWorkforce Planning OStaff surveys used to inform targeted improvement work with individual teams o Action plan in response to Sturrock and 6 local culture workstreams set up and progressing OStrengthened communication and cascade of information from Chief Officer	4- Likely	4 Major	HIGH 16	oClarity over role and function of teams working in our communities.OD support will be offered to Area Managers to support teams. o ongoing work of the culture and staff wellbeing workstreams o development of workforce strategic plan o increased focus required on progressing with redeployments of staff who are supernumerary o development of plans and engagement with staff in respect of how to invest wellbeing funds in improving staff wellbeing	Chief Officer ↔
SSR13 links to A,B,H,J	**Safety of Services** - inability to maintain the safety of services due to demographic changes, increasing need and complexity and the ability to recruit staff, both for direct employment and for delivery partners	This may result in harm to service users or patients, the failure to provide appropriate care and reputational damage to the IJB and partners.	4-Likely	5 - Extreme	VERY HIGH 20	oClinical and Care Governance Committee and professional leadership ORisk Management Strategy recently updated and operational risk management arrangements oOn-going recruitment, retention and training of staff oTriggers for service re-designs including ensuring clinical safety is not compromised OPrioritisation of need frameworks in place to determine need for access to services ODevelop and implement contingency arrangements for localities and services	4-Likely	4- Major	HIGH 16	o Increased focus on training and development of staff and improved flexibility o Increased engagement with commissioned service providers o New Contingency, Risk and Resilience group	Lead Nurse/Chief Social Worker ↔
SSR14 links to A,B,H,I	**Waiting Times** -failure to meet waiting times targets and treatment times guarantees for treatment in specialities in NHS GG&C and outreach clinics in Argyll and Bute. Waiting times have already increased due to Covid-19 pandemic and disruption and pressures within the Health system continue.	This would result in a poor level of service for patients, the potential to have to travel further for appointments, and is not in line with the anticipatory and preventative approach to care.	4-Likely	4 - Major	HIGH 16	o Continued engagement with NHS GG&C to agree a strategic jointly planned approach to outreach services O Monitoring and reporting of waiting times O Development of new delivery models such as specialist nurses, tele-consultation and direct or follow up referral to primary care or AHP professionals o Offer alternative services to patients o Plans for use of Waiting List and winter planning funding	4- Likely	4- Major	HIGH 16	oInclusion in NHS Highland Remobilisation plan to request additional funding to redesign services and address backlog. Initiatives include increasing virtual clinics/services, digital and appointment modernisation, enhanced role of AHPs and waiting times initiatives additional clinics. Cover mental health, CAMHS, Acute and AHPs oThe development of Near Me and Outreach Clinics needs further scoped across all sites/clinics following the pandemic. oEvidence of continuing disruption to services and staffing shortages throughout local and national healthcare system continuing to make it challenging to address increased waiting times. This is a serious national issue at present	Heads of Service ↑
SSR15 links to A,B,C,D,E,F, G,H,J,I,K	**Support Service**s - risk that support services do not adequately support front line service delivery. Inability to integrate support services which are not fully delegated to the IJB, including IT, HR, Finance, Governance, Communications, Improvement & Performance, Procurement and Commissioning, Legal Services etc. Continued reliance on two systems, processes and approaches may lead to confusion and ongoing inefficiency. Risk that partners will not support changes to current arrangements.	Could adversely affect services experienced by patients and service users if support services cannot fully support front line services. Wasteful duplication and inefficient use of resource.	4-Likely	4- Major	HIGH 16	ORange of system workarounds in place to ensure business as usual oCo-location of staff OSome IT systems integrated and further plans to review this and to facilitate access to joint systems oRollout of MS Teams - IT services and remote working are much improved as a result o Committee support arrangements in place o Continuous improvement in support service provision	4- Likely	4- Major	HIGH 16	OReplacement programmes for new systems Social work, Hospital Telecoms, and portal (link systems) funded and in place. oOffice 365 implementation ODevelopment of corporate services agreement with partners o Need to improve HR support for recruitment processes where lengthy delays are being experienced	Heads of Service ↔
SSR16 links to A,B,C,D,E,F, G,H,J,I,K	**New General Medical Services Contract** - risk that the HSCP are not in a position to appropriately support the implementation of the new GP contract as a result of the availability of funding and capacity for the HSCP to deliver services transferred from GPs. Higher risk of implementation specifically across remote and rural areas.	Could adversely affect services experienced by patients as gaps in service may arise. Potential for negative impact on relationships with Primary Care - who are key to delivery of services within our local hospitals	4-Likely	4 - Major	HIGH 16	oOngoing collaboration between the HSCP and Primary Care to support practices oNationally agreed extension of 1 year for delivery OPrimary Care Modernisation Board with priorities established and Programme Manager in place until Autumn 2021 ORegular updates on progress to Transformation Board and the IJB, constructive progress being made pharmacotherapy, physiotherapy and mental health workstreams	4- Likely	4- Major	HIGH 16	oNew Head of Primary Care in place to add management capacity. oEngagement with Scottish Government in respect of funding to enable permanent workforce structures to be developed and implemented and agreement of some concessions within Argyll and Bute oreduced financial support for primary care improvement increasing this risk	Associate Medical Director ↑
SSR17 links to A,B,C,D,E,F, G,H,J,I,K	**Business Continuity** and resilience risks including responding to Emergencies	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation	4 - Likely	5 - Extreme	VERY HIGH 20	oRegular testing of emergency scenarios oResponse to Covid-19 pandemic	5 - Almost Certain	4- Major	VERY HIGH 20	oDigital / IT & Telecoms infrastructure enhanced 2021/22 - Additional SWAN network and replacement hospital telephone system by June 2021 oContingency, Risk and Resilience Management group established including representation from partners opercieved risk of widespread energy sytem outages during winter 22-23 oon going high demand for services combined with workforce issues and potential winter pressures make this a red risk at present.	All SLT ↑
SSR18 links to A,B,C,D,E,F, G,H,J,I,K	**Covid-19** and other respiratory illnesses- risks of further waves of covid and other infections with more people becoming ill and requiring health care	Adversely affecting service delivery and waiting times performance, and ability to deliver planned transformation. Risk would result on further pressure on available workforce.	5 - Almost Certain	5 - Extreme	VERY HIGH 25	o there is an effective vaccination programme in place and we follow public health guidance and evidence that. o experience and project planning of previous mobilisation from first and second waves	5 - Almost Certain	4-Major	VERY HIGH 20	oContinuing evidence of covid related absence and disruption as cases require careful management resulting in disruption and closure of services	All SLT ↓
SSR19 links to A,B,C,D,E,F, G,H,J,I,K	**Culture** - risks from impact of negative reports around organisational culture following Sturrock report	Adverse impact on reputation and ability to recruit. Also impacts on service delivery if teams are unhappy or short staffed as a consequence	4-Likely	5 - Extreme	VERY HIGH 20	o Culture Oversight Board and local A&B Culture Group in place with 6 workstreams o Whistleblowing process in operation o Guardian Service in operation - independent and confidential o extensive roll out of courageous conversations training	3 - Possible	3 - Moderate	MEDIUM 9	o continued work of A&B Culture Group and associated workstreams o need to ensure that it covers whole of HSCP including social care	Chief Officer ↓

Ref	Risk	Consequences	Likelihood (I)	Impact (I)	Rating (I)	Controls	Likelihood (R)	Impact (R)	Rating (R)	Actions	Owner	Direction
SSR20	**Statutory/Mandatory Training** - risk that patient / service user harm could result directly from, or be attributed to, a failure to comply with statutory and mandatory training requirements. This could result in harm to an individual or group of service users, members of staff and could result in financial claims and reputational damage.	Adverse effect on quality and safety of care and service delivery. -Potential to result in Adverse Events with harm to service users and staff which could result in civil claims being made with a risk of high financial cost. -Potential for enforcement action being taken against the HSCP by the HSE with severe financial and reputational consequence	5-Almost certain	5- Extreme	VERY HIGH 25	- Stat/Man training policy in place. -Training programmes in place via on-line training and face to face -Induction programme	3-Possible	5- Extreme	HIGH 15	•Head of Service/senior managers to compile service improvement plans with local delivery based on individual service position. Specific plans put in place for online training and for face to face training. •Heads of Service to ensure there is a regular forum for reviewing the plan, ensuring implementation and escalating barriers. •All staff to receive a communication from the Chief Officer on responsibilities for undertaking mandatory training. •Managers to ensure that they are up to date with their own training. •Managers to monitor compliance, support staff to access computers and have time to bring their mandatory training up to date. •Managers to support staff who are falling behind with their compliance with mandatory training and follow up until the training has been completed. •The actions outlined above will be progressed and there will be an Argyll and Bute HSCP-wide review to examine the position. An action plan will then be drawn up to support employees to complete. •The Strategic Leadership Team will review compliance performance regularly.	Chief Officer	↓
SSR21	**Vaccine Delivery -** Whilst responsibility for the delivery of the vaccination programme sits with NHS Highland, there is a risk that locally the vaccine programme may not be delivered as quickly as communities and government wish,	-Reputational damage may arise as a result of the local management of the vaccination programme -communities may not benefit from the impact of the vaccination programme to the maximum possible extent	4-Likely	4 - Major	HIGH 16	oEngagement with Highland Health Board to ensure that the vaccination is programme is delivered as quickly and efficiently as possible oRecruitment of vaccination staff on a permanent basis oEffective communication with local communities	3-Possible	4 - Major	HIGH 12	oPermanent recruitment of vaccination staff oGood local performance levels to date Extended messaging on all vaccination programmes for all ages	Chief Officer	↓
SSR 22	**Climate Change -** risk that the HSCP will not achieve the climate change decarbonisation and emissions targets set for it. This is likely to result in reputational damage at both a community and political level as well as a financial cost.	-Perception that the HSCP is not fully committed to delivering on the Scottish Government Climate Change targets as a result of lack of capital and revenue funding or management capacity to prioritise this work.	4-Likely	3- Moderate	HIGH 12	oOn-going engagement and participation with A&B council, NHS Highland and Scottish Government partners in respect of all health and care areas producing CO2 emissions including procurement decisions, estate, travel and transport. Services provided by the HSCP. Access to funding revenue and capital to undertake CO2 reduction projects e.g. zero emission NHS fleet by 2025	4-Likely	3- Moderate	HIGH 12	oParticipation and inclusion in NHS and Council project to address climate crisis. oDevelopment of capital and revenue investment plans in HSCP, Argyll and Bute Council and NHS Highland. oLocal projects underway, climate change report submitted and potential for case study oNew Estates and Sustainability post includes responsibility for aspects of this.	Head of Strategy, Planning, Performance and Technology	↓
SSR 23	**Socio-Economic Situation** - multiple risks relating to the current socio economic situation. Risk is driven by direct and indirect implications of high inflation, expected increase in poverty, increasing interest rates and tightening public funding position.	Consequences may include: -increased staff and non-staff costs reducing real terms values of budget and reserves. -potential for strike action within HSCP, partners and in other services and industries. -additional service demand arising from cost of living crisis, increased poverty levels, increased pressure on mental health services may be a particular pressure. -shortages of supplies and services which could include supplies of drugs and other critical supplies and care provision.	4-Likely	5 - Extreme	VERY HIGH 20	o recognition that this is a national socio-economic issues and local mitigations and influence is limited o resilience and contingency planning o remobilisation of services o involvement in sector discussions in respect of strike exemptions o may need to consider prioritisation of services and resources	4-Likely	5 - Extreme	VERY HIGH 20	o HSCP planning sensitive to issues facing local communities o awareness of pressures and careful financial and service planning to mitigate impact particularly on most vulnerable o largely outwith the control of the HSCP	Chief Officer & SLT	↑

Deleted Risk

Ref	Risk	Consequences	Likelihood (I)	Impact (I)	Rating (I)	Controls	Likelihood (R)	Impact (R)	Rating (R)	Actions	Owner	Direction
	Service Delivery - ineffective leadership and management of services and resources	Patients and service users receive poor service. Fail to meet agreed performance levels.	4-Likely	4 - Major	HIGH 16	o Clinical and Care Governance Framework and Committee in place to hold to account the quality of existing services o Professional representation at SMT and the IJB o Role of Chief Social Work Officer o Performance management framework and service delivery plans ensure a focus on performance and achievement of strategic objectives with regular reporting to IJB.	3 - Possible	3 -Moderate	MEDIUM 9	o New Integrated Performance Management regime in process of delivery oPerformance reporting maintained	Chief Officer	↔

Risk Matrix

IMPACT	LIKELIHOOD				
	Risk	**Rare (1)**	**Unlikely (2)**	**Possible (3)**	**Likely (4)**	**Almost Certain (5)**
	Extreme (5)	MEDIUM 5	HIGH 10	HIGH 15	VERY HIGH 20	VERY HIGH 25
	Major (4)	MEDIUM 4	MEDIUM 8	HIGH 12	HIGH 16	VERY HIGH 20
	Moderate (3)	LOW 3	MEDIUM 6	MEDIUM 9	HIGH 12	HIGH 15
	Minor (2)	LOW 2	LOW 4	MEDIUM 6	MEDIUM 8	HIGH 10
	Insignificant (1)	LOW 1	LOW 2	LOW 3	MEDIUM 4	MEDIUM 5

Table 1 Assessment of likelihood

Score	Description	Chance of Occurrence
1	Rare	Can't believe this event would happen again – will only happen in exceptional circumstances
2	Unlikely	Not expected to happen again, but definite potential exists
3	Possible	Has happened before on occasions – reasonable chance of re-occurring
4	Likely	Strong possibility that this could happen again
5	Almost Certain	This is expected to frequently happen again – more likely to re-occur than not

Table 2 Assessment of Impact

Descriptor	Insignificant	Minor	Moderate	Major	Extreme
Score	1	2	3	4	5
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome: long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome: continued ongoing long term effects.
Injury (physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts) Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints/ Claims	Locally resolved verbal complaint	Justified written 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. Complex justified complaint.

Staffing and Competence	Short term low staffing level temporarily reduces service quality (< than 1 day). Short term low staffing level (> 1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. **Minor error** due to ineffective training/ implementation of training.	Late delivery of key objective / service due to lack of staff. **Moderate error** due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. **Major error** due to ineffective training/implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training/implementation of training.
Financial (including damage/ loss/ fraud)	Negligible organisational/ personal financial loss (< £1k) (NB. Please adjust for context)	Minor organisational/personal financial loss (£1-10k).	Significant organisational /personal financial loss (£10-100k).	Major organisational/ personal financial loss (£100k - £1m).	Severe organisational/ personal financial loss (>£1m).
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement. Public Enquiry/ FAI.

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