

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.