

Operational Risk Management Committee

15th February 2007

AGENDA ITEM N°	4.1/February/07
PAPER	Comprehensive Risk Review
AUTHOR	Clinical Governance Support Team
LEAD EXEC	Catherine Mooney, Director of Governance and Corporate Affairs
SUMMARY	This risk assessment has been sent to leads in order that a risk review is undertaken by the end of March 2007.
ACTION	For information.

CONFIDENTIAL

Clinical Area Comprehensive Risk Review
February 2007

Directorate:
Specialty:
Date of Review:
Name(s) and designation of staff undertaking assessment:

CONTENTS

PAGE

Introduction	Page 3
Standard 1 Governance	Page 4
Standard 2 Competent and Capable Workforce	Page 5
Standard 3 Safe Environment	Page 6
Standard 4 Clinical Care	Page 6
Standard 5 Learning from Experience	Page 7
Storage of Human Tissue	Page 8
Health and Safety	Page 9
Training	Page 9
Hazard identification / Risk Assessment	Page 10
Working Environment	Page 10
Electrical Equipment	Page 11
Ventilation	Page 11
Disposal of waste	Page 12
Kitchen and Catering	Page 12
Storage	Page 13
Sluice	Page 13
Specimens	Page 13
Toilets and Bathrooms	Page 14
Medical Gases	Page 14
Moving and handling patients	Page 14
Control of substances Hazardous to health	Page 15
Accidents/ Incidents	Page 15
Fire Safety	Page 16
Security	Page 18
Other risks for the specialty not identified on this assessment	Page 19
Action Plan	Page 20
Risk Assessment / Scoring System	Page 21

INTRODUCTION

It is the policy of the Trust to take all reasonable steps to reduce risk to all persons affected by the activities of the Trust. As an integral part of the Risk Management Strategy for the Trust and in accordance with NHS Litigation authority Risk Management Standards, directorates, departments and clinical areas are asked to undertake a comprehensive review of the risks in their area. Sections 1 to 5 relate to the NHSLA Risk Management standards (formerly known as CNST standards).

The aim of the risk review is for each area to:

- Review all significant risks from previous reviews and consider progress made to mitigate these risks
- Identify any new significant risks
- Identify any other risks which are less serious but occur regularly or affect greater numbers of people
- Devise a detailed action plan for all risks graded orange or red and update the risk matrix
- Consider actions to mitigate risks which are graded orange or red

This review should be undertaken with key personnel in the area and should ideally be agreed at a local ward/departmental meeting. 'Sign off' for the identified risks in the designated area should be given by the area lead. The department or service manager must review and approve the final document.

All risks graded orange or red will be endorsed by General Manager, Clinical Director or Executive Director and if approved, be entered into the Trust Risk Register. Actions must be taken in the area concerned to make progress towards mitigating any risks identified throughout the year. All risks will be monitored through the directorate quarterly governance meetings and updates will be given in the quarterly reports. Risks which score above 12 will be monitored at the Operational Risk Management Committee. These will be escalated to the Trust Executive Team Meeting for Clinical Governance if they have a trust wide or resource implication.

STANDARD 1 GOVERNANCE

Criteria	Governance	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
1.1	Do staff know who the Risk Manager is?					
1.1	Do staff know how to contact the Risk Manager?					
1.1	There is Risk Management information on the Intranet, including risk management policies and reports. Are staff aware of this?					
1.1	Do staff working in this department know where to locate incident reporting forms?					
1.1	Are staff aware of how to access the major incident plan?					
1.1	Do staff know who the executive director is who has responsibility for clinical governance, including risk?					
1.1	Are there risk management policies and processes in place and operational?					
1.1	Are staff aware of the Risk Management process?					
1.9	Is there a unified patient health record, used by the multidisciplinary team in your area? Are they all filed together on discharge of the patient?					
1.9	Are health records bound and stored so that loss of documents and traces are minimised for both in patients and out patients?					
1.9	Are the operation notes and those of other key procedures such as anaesthetic charts and ECT records readily identifiable?					
1.9	Are CTG and other machine produced recordings (i.e. ECG) securely stored and mounted?					
1.9	Are A&E records contained within the main record for patients who are subsequently admitted?					
1.9	Is the GP sent a copy of the A&E record? (A&E only)					
1.9	Does your ward/department undertake any documentation audits?					

STANDARD 2 COMPETENT AND CAPABLE WORKFORCE

Criteria	Competent and Capable Workforce	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
2.2	What procedures are in place to verify the registration and ongoing monitoring of clinical staff?					
2.2	Do you keep records of locum and agency staff usage?					
2.2	What checks are carried out to ascertain the skills/competencies of locum or agency staff members?					1. 2. 3.
2.3	Do all clinical staff working in this area (including all grades of medical staff) attend mandatory general induction course on joining the trust?					
2.4	Do all staff working in this area receive a specific local induction appropriate to your department or specialty?					
2.4	Are the risk management policies and procedures including incident reporting included in the general induction arrangements for all staff?					
2.5	Are staff monitored annually for updating skills and techniques relevant to their clinical work?					
2.5	Is clinical care and treatment carried out under supervision and leadership (where appropriate)?					
2.7	Do all staff receive information/feedback on patient safety incident reporting?					
2.7	How does newly employed staff demonstrate and evidence that they are technically competent to undertake their duties?					
2.7	Do all temporary staff in your ward/department attend an induction to ensure that all such staff are competent to perform the duties of their post?					
2.8	What systems are in place to identify equipment for which the operator is required to have specialist training?					1. 2. 3.
2.8	What training programs are in place to ensure that staff operating diagnostic or therapeutic equipment can do so in a safe and effective manner?					
2.9	Are staff aware of the Trust's policy on hand hygiene and hand care?					
2.9	Do all staff have an understanding of infection control practices and policies?					
2.9	Are staff aware of the initiatives for reducing rates of MRSA and other infections?					

STANDARD 3 SAFE ENVIRONMENT

Criteria	Safe Environment	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
3.1	Does your clinical area admit emergencies and if so, is the area appropriately staffed at all times?					
3.1	Is emergency surgery out of hours reduced to a minimum?					
3.1	Are your staffing levels adequate i.e. they do not affect the clinical quality of care given?					
3.1	Is continuity of care achieved by appropriate allocation of nurses/staff to patients from shift to shift?					
3.1	How are the current staffing levels being monitored?					
3.1	Is there a strategy for identifying a safe staffing level and how will any shortfall be dealt with?					

STANDARD 4 CLINICAL CARE

Criteria	Clinical Care	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
4.2	List 3 patient information leaflets available in your area.					1. 2. 3.
4.2	Do the patient information leaflets include risks, benefits and alternative treatments?					
4.2	What mechanisms are in place for patients to obtain additional information about their condition, aftercare and length of stay in hospital?					
4.3	In your area, who obtains consent for elective/emergency procedures?					1. 2. 3.
4.3	Does your ward/department undertake any consent audits?					
4.4	Do the health records contain a designated place for recording hyper-sensitivity reactions and other relevant information?					
4.4	Are nursing notes, eg care plans, printed and filed when patients are discharged from this area?					
4.6	Are staff aware of a trust-wide medicine management policy for the storage, prescription and administration of medicines?					

Criteria	Clinical Care	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
4.7	Is there a system in place for the request, safe storage, collection and administration of human blood and blood products?					
4.8	Have 90% of eligible staff attended basic life support training in the last 12 months?					
	Where is evidence of training kept for staff working in this area?					
4.9	Are staff aware of the procedures for decontaminating medical devices?					
4.10	Is there a policy in place to identify and address the needs of the patient prior to, and in preparation for, discharge from the hospital?					
4.10	Are identity wristbands put on patients as soon as they are admitted and worn throughout their hospital stay? (in-patient areas only)					

STANDARD 5 LEARNING FROM EXPERIENCE

Criteria	Learning from Experience	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
5.1	Are patient safety incidents and near misses reported as they occur?					
5.1	Do you receive regular summarised patient safety incident reports?					
5.1	Do you have evidence that patient safety incidents are reported as they occur and before complaints or claims are made?					
5.2	Do patient's relatives/carers have access to information regarding the complaints procedure?					
5.4	Is there evidence of management action arising from patient adverse incident reporting?					Evidence:
5.6	Is there a forum to discuss risk issues in your area?					
5.6	Give 3 examples of changes which reduce risk as a consequence of a incident or complaint in the area.					1. 2. 3.
5.7	Are patient safety notices, alerts and other communication concerning patient safety discussed at team meetings?					

Criteria	Learning from Experience	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
5.8	What advice are you aware of from the National Patient Safety Agency that has changed practice within your ward/department?					
5.8	Are staff aware of the child protection or vulnerable adult guidelines relevant to this area?					
5.8	Are the newly published guidelines, eg those published by NICE, Confidential Enquiries or NPSA, discussed at team meetings?					
5.8	Are NICE technology appraisals (where available) taken into account when planning and delivering treatment and care?					
5.8	Are staff aware of specific initiatives and education programs on hand hygiene?					
5.8	Is there a formal forum in which patient safety or risk related issues are discussed within your directorate?					
5.8	Are there specific clinical procedures, pathways or guidelines for your specialty?					
5.8	Is treatment and care based on latest evidence-based practice?					
5.10	Is openness and constructive criticism of clinical care actively encouraged?					

6. STORAGE OF HUMAN TISSUE

	Human Tissue Licensing Authority	NA	Yes	No	Score only if No	
6.1	Does your area store human tissue (e.g. human cells-skin, organs, tissue, blood and blood products)?					
6.2	If yes please identify type of tissue stored?					1. 2. 3.
6.3	If yes, where is this tissue stored?					
6.4	If yes, is this storage in accordance with Human Tissue Authority Licensing requirements?					
6.5	Is consent gained for all uses of human tissue?					

7. GENERAL HEALTH AND SAFETY

	General Health and Safety	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
7.1	Is there a Safety Co-ordinator for your area?					
7.2	Have all personnel been made aware of policies relating to Health and Safety?					
7.3	There is Health and Safety information on the Intranet. Are staff aware of this?					
7.5	Are arrangements made to inform Agency/temporary staff of Health and Safety Procedures?					

8. TRAINING

	Training	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
8.1	Is there local ongoing provision of Health and Safety education/training for staff?					
8.2	Are staff adequately instructed and supervised when undertaking new tasks?					
8.3	Are records of attendance for training kept?					
8.4	Do you undertake a Training Needs Analysis for newly appointed members of staff relating to medical devices and equipment?					
8.5	Do you keep records of staff who have been trained to use the medical devices in your area?					

9. HAZARD IDENTIFICATION/RISK ASSESSMENT

	Have hazards been identified and Risk Assessments carried out for the following:	NA	Yes	No	Score only if No	If 'No' please state the month assessment will be carried out.
9.1	Manual Handling?					
9.2	Control of Substances Hazardous to Health?					
9.3	Work Equipment?					
9.4	Personnel Protective Equipment?					
9.5	Display Screen Equipment?					
9.6	Students and Inexperienced Workers?					
9.7	Stress?					
9.8	Violence and Aggression?					
9.8	Out of Hours Working?					
9.10	Falls risk assessment?					
9.11	Are there any hazards that are not included above?					1. 2. 3.
9.12	If yes, have assessments been completed?					
9.13	Which of the above assessments have been reviewed within the last 12 months?					1. 2. 3. 4. 5.

10. WORKING ENVIRONMENT

	Working Environment	NA	Yes	No	Score only if No	If NO, what action is being taken?
10.1	Are the walls & ceilings in good condition and a good state of repair?					
10.2	Are the doors in good condition and a good state of repair?					
10.3	Are corridors kept clear i.e. free from waste/stored items?					
10.4	Are floors in good state of repair?					
10.5	Are floors cleaned so that there is always a dry patch to walk on?					
10.6	Are appropriate signs displayed during cleaning?					
10.7	Are there adequate provisions for cleaning up spillages?					

11. ELECTRICAL EQUIPMENT

	Electrical Equipment / Lighting	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
11.1	Are there any electrical (block type) adapters in use?					
11.2	Are there sufficient sockets to enable equipment to be used in the required locations?					
11.3	Is there any sign of damage to plugs or leads?					
11.4	Do extension leads present a potential tripping hazard?					
11.5	When was the last time electrical equipment was PAT tested (Portable Appliance Test)?					
11.6	Do you have electrical equipment requiring Uninterrupted Power Supply (UPS)?					
11.7	Do all the staff know the location of UPS and Essential power sockets?					
11.8	Are the UPS and Essential Power sockets labeled?					
11.9	Is the electrical equipment subjected to conditions for which it is not suitable e.g. moisture?					
11.10	Is lighting adequate in all rooms/areas?					
11.11	Are your night lights working?					
11.12	Are light switches installed in appropriate locations?					
11.13	Do faulty lamps get replaced within a satisfactory timescale?					

12. VENTILATION

	Ventilation	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
10.1	Are temperature levels acceptable to staff?					
12.2	Is there a thermometer available for measuring air temperatures?					
12.3	Are there abnormal fluctuations in temperatures?					
12.4	Are windows easily openable?					
12.5	Are there visible signs of dirt around ventilation extract grilles?					
12.6	Do windows have safety locks to prevent them from opening beyond 10cm? (Patient areas only)					

13. DISPOSAL OF WASTE

	Disposal of Waste	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
13.1	Are all staff aware of the arrangements for the segregation, handling, transport and disposal of the different types of waste?					
13.2	Is there segregation of clinical/non-clinical waste?					
13.3	Are there sufficient clinical waste bins in each area?					
13.4	Is there a method of disposing confidential waste?					
13.5	Is there a bin for glass waste?					
13.6	Are sharps containers available in appropriate areas?					
13.7	Do the general waste/paper/clinical and sharps bins get changed before they become full?					
13.8	Are there arrangements for cleaning up spillages e.g. body fluids?					

14. KITCHEN/CATERING

	Kitchen / Catering	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
14.1	Is the fridge checked weekly for temperature, storage and cleanliness?					
14.2	Is all food stored in the fridge labeled with a date?					
14.3	Are non-culinary items stored in the kitchen?					
14.4	Do you have a toaster? If so what type					
14.5	Are staff or patients at risk of burns?					
14.6	Do patients/visitors enter the kitchen?					
14.7	Are kitchen surfaces kept clean and tidy?					
14.8	Are the kitchen floor surfaces kept clean and tidy?					
14.9	Is there room to manoeuvre a food trolley in the kitchen?					
14.10	Are drinking water taps labeled?					
14.11	Are the dietary requirements of patients met?					
14.12	Are patient menu options provided?					
14.13	Are the portions of the correct amount?					
14.14	Are patients provided with a choice of meals that are safely prepared and provide a balanced diet?					
14.15	Are patients individual, nutritional, personal and clinical dietary requirements met?					
14.16	Do patients have access to food 24 hours a day?					

15. STORAGE

	Storage	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
15.1	Are there adequate arrangements for storage?					
15.2	Is there heavy storage above head height?					
15.3	Is the stock stored securely?					
15.4	Are portable steps firm, safe and checked for stability before use?					

16. SLUICE

	Sluice	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
16.1	Is the temperature of the bedpan washer adequate i.e. either rises to 90°C or rises to 80°C and remains at this temperature for 1 minute?					
16.2	Are patients restricted from entering the sluice area?					
16.3	Is the sluice kept clean and tidy?					

17. SPECIMENS

	Specimens	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
17.1	Are specimens labeled and bagged in accordance with the Infection Control Policy?					
17.2	Do specimens get sent via pneumatic tube system?					
17.3	Are specimens collected by staff?					

18. TOILETS AND BATHROOMS

	Toilets and Bathrooms	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
18.1	Is access to these facilities adequate?					
18.2	Are there disability facilities available?					
18.3	Are there disabled handrails in the toilets and bathrooms?					
18.4	Can patient lifting equipment e.g. hoist be used in these areas?					
18.5	Are these areas clean and well ventilated?					
18.6	Are hot water outlets labelled?					

19. MEDICAL GASES

	Medical Gases	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
19.1	Are staff aware there is a Medical Gas Policy and Procedure?					
19.2	What gases are available or stored in your area?					
19.3	Are medical gases stored appropriately i.e. in trolleys or secured against falling in some other way?					
19.4	Are flammable liquids being stored in these areas? If so state what type they are, the quantities and the arrangements for storage.					

20. MOVING AND HANDLING OF PATIENTS

	Moving and Handling	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
20.1	Has risk assessment been carried out for all moving and handling activities?					
20.2	Are aids available for lifting/transporting patients e.g. PAT slides, hoists etc.?					
20.3	Do all staff know how to use/operate lifting aids?					
20.4	Have staff received training in moving and handling techniques within the last 2 years?					

21. CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

	COSHH	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
21.1	Have COSHH assessments of all activities involving hazardous substances been brought to the attention of all staff?					
21.2	Is Occupational Health aware of COSHH in your area?					
21.3	Can hazard data sheets be accessed by staff?					
21.4	Do staff adhere to storage arrangements for hazardous substances e.g. replacing chemicals in their designated storage cupboards?					
21.5	Are staff aware of any personnel protective equipment necessary for use with hazardous substances e.g. gloves?					
21.6	Is the equipment being used / stored correctly?					

22. ACCIDENTS / INCIDENTS

	Accidents / Incidents	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
22.1	Are staff aware of who to notify of accidents or incidents to ensure that there is managerial follow-up? (Eg Risk Lead for the area)					
22.2	Are staff aware that ad-hoc risk assessment forms are held on the intranet?					
22.3	Have staff been trained in how to deal with aggressive or violent patients/visitors?					
22.4	Are incidents of violence, aggression or abuse reported to security?					
22.5	Are staff aware of the services offered by Occupational Health?					

FIRE SAFETY

23. FIRE SAFETY AWARENESS

	Fire Safety Awareness	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
23.1	Are the arrangements for dealing with fires & fire alarms brought to the attention of all personnel?					
23.2	Are tours of areas indicating exits, extinguishers and break glass points made with new personnel?					
23.3	Are all personnel familiar with evacuation procedures?					
23.4	Have all staff received fire training in the last 2 years? If not, why not?					
23.5	Are attendance records for fire training kept?					

FIRE DETECTION / WARNING SYSTEMS

	Fire Detection	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
23.6	Can fire alarms be heard in all areas?					
23.7	Do the staff know the difference between a full fire alarm and an intermittent fire alarm?					
23.8	When was the last time that the fire alarm was activated in this area other than the normal testing?					
23.9	Are staff aware of the location of fire alarm call points in this area?					

FIRE FIGHTING EQUIPMENT

	Fire Fighting Equipment	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
23.10	Are extinguishers wall mounted on their brackets?					
23.11	Are the fire extinguishers easily visible?					
23.12	Are they free from obstructions?					
23.13	Have they been inspected within the last year? (See service label on extinguisher).					

FIRE ESCAPES AND EXITS

	Fire Evacuation	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
23.14	Do the staff know where the fire exits are in the immediate area?					
23.15	Are fire exits signposted clearly?					
23.16	Is fire escape signage secure and unobstructed?					
23.17	Are escape routes free from obstruction?					

FIRE DOORS

	Fire Doors	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
23.18	Do fire doors open and close easily?					
23.19	Are there gaps between the fire doors when they are closed?					
23.20	Are fire doors kept closed?					

24. SECURITY

	Security	NA	Yes	No	Score only if No	If answer yes please detail evidence and location of the evidence. If no please provide detailed comments
24.1	Do the staff know the security non - emergency telephone number?					
24.2	Do the staff know the security emergency telephone number?					
24.3	Are the staff aware of the procedure to be followed if a patient, visitor or another member of staff physically assaults them?					
24.3	Are the staff aware of the procedure to be followed if a patient, visitor or another member of staff verbally abuses them?					
24.4	Are the staff aware of the procedure to be followed if a patient is missing?					
24.5	Are the missing person forms completed?					
24.6	Are the staff aware of the procedure to be followed if they see anything suspicious?					
24.7	Are the staff aware of the procedure to be followed if an intruder is suspected?					
24.8	Do all staff members and visiting contractors wear their identification (Photo ID) badges? Are all Identification badges in date?					
24.9	Does the ward / department have lockable locks?					
24.10	Are they locked at all times?					
24.11	Do the staff changing rooms contain lockable locks and are they secure?					
24.12	Is the area safe and secure?					
24.13	Is confidential information supportive of patient privacy and confidentiality?					
24.14	Are staff aware of the security policy on the intranet?					

OTHER IDENTIFIED RISKS IN YOUR SPECIALTY NOT COVERED BY THIS ASSESSMENT

REF	RISK TYPE / DESCRIPTION	SCORE	DETAILS OF RISK REDUCTION CONTROLS IN PLACE
25			
26			
27			
28			
29			
30			
31			
32			
33			

ACTION PLAN

Directorate / Ward / Department _____

Reference Number	Risk Description	Controls in place / To be developed	Assurance	Review date	Risk Grade	Lead

RISK ASSESSMENT SCORING SYSTEM

Potential Future Risk to Patients and the Organisation

Each risk should be assessed for its potential to occur again and the possible consequences. In practice this is subjective and will depend on the knowledge and expertise of the person completing the risk assessment.

INSTRUCTIONS FOR USE

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Table 1 to determine the Consequence score(s) C, for the potential adverse outcome(s) relevant to the risk being evaluated. Record the score or state if not applicable in the end column. Use highest score to determine the consequence.
3. Use Table 2 to determine the Likelihood score(s) L, for those adverse outcomes.
4. Multiply the Consequence Score C with the likelihood score L to obtain the risk rating which should be a score between 1 and 25.
5. Use the risk matrix shown below to determine the risk rating.

RISK MATRIX (RISK [R] = CONSEQUENCE [C] * LIKELIHOOD [L])

		CONSEQUENCE				
		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
LIKELIHOOD	1 Rare	1	2	3	4	5
	2 Unlikely	2	4	6	8	10
	3 Possible	3	6	9	12	15
	4 Likely	4	8	12	16	20
	5 Almost Certain	5	10	15	20	25

6. The risk rating helps to identify the level at which the risk will be managed in the organisation, to assign priorities for remedial action and to include the risk in the organisation risk register at the appropriate level.

TABLE 1: Consequence score [C] v1

DESCRIPTOR	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic	Score or n/a
Achievement of objectives	No effect.	Minor impact on achieving one or more objectives.	Moderate impact on achieving one or more objectives.	Major adverse effect on delivery of one or more key objectives.	Will not meet one or more key objectives.	
Patient harm	No obvious harm or minor harm.	Non-permanent harm. Increased length of stay up to 5 days.	Semi-permanent harm. Increased length of stay 5-15 days.	Major permanent harm. Increased length of stay >15 days or death.	Multiple deaths.	
Injury (not patient)	Minor injury not requiring first aid.	Minor injury or illness, first aid treatment needed.	Lost time injury or RIDDOR /Agency reportable > 3 days absence.	Extensive injury or long-term incapacity/ RIDDOR reportable.	Death or major permanent incapacity.	
Service/ business interruption	Loss/interruption more than 1 hour.	Loss/interruption more than 8 hours.	Loss/interruption more than 1 day.	Loss/interruption more than 1 week.	Permanent loss of service or facility.	
Financial	Local management tolerance level.	Loss less than £0.5M.	Loss between £0.5m and £0.999m.	Loss between £1m and £4.9m.	Loss of more than £5m.	

DESCRIPTOR	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic	Score or n/a
Quality	Minor non-compliance with internal standards.	Single failure to meet internal standards or follow protocol.	Repeated failures to meet internal standards or follow protocols. Potential to affect external standards (e.g CNST, Health Care Standards).	Failure to meet one or more external standards. Failure to comply with IR(ME)R.	Affects achievement of a significant amount of external standards.	
Reputation	Rumours.	Local media—short term. Minor effect on staff morale.	Local media—long term. Significant effect on staff morale.	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP concern (questions in House). Severe loss of public confidence.	

TABLE 2: Likelihood score [L]

DESCRIPTOR	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Likelihood descriptors	This is likely to occur in 1% of occasions.	This is likely to occur in 20% of occasions.	This is likely to occur in 50% of occasions.	This is likely to occur in 80% of occasions.	This is likely to occur in 100% of occasions.
Frequency	Not expected to occur for years.	Expected to occur at least annually.	Expected to occur at least monthly.	Expected to occur at least weekly.	Expected to occur at least daily.

The final column description may be extreme or catastrophic depending on the circumstances. The definitions are:

EXTREME

High/highest degree of intensity, exceptionally severe or unusual and beyond acceptable limits.

CATASTROPHIC

Great/sudden disaster or misfortune.

LEVEL OF RISK: (from Matrix above)	
VLOW	ACTIONS PLANNED TO MITIGATE THE RISK. ANNUAL REVIEW BY DIRECTORATE.
MOD	ACTIONS PLANNED TO MITIGATE THE RISK. 6 MONTH REVIEW BY DIRECTORATE AND RISK MANAGER.
LOW	ACTIONS PLANNED TO MITIGATE THE RISK. 9 MONTH REVIEW BY DIRECTORATE.
HIGH	ACTIONS PLANNED TO MITIGATE THE RISK. 3 MONTH REVIEW BY DIRECTORATE AND RISK MANAGER.