

NHS Western Isles

Risk Management Strategy

Author: Ellena MacDonald, Risk Manager	Version: 6	Page 1 of 21
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Approval for use within NHSWI: Clinical Policies Group <date>		Review date 2026

Introduction

The Risk Management Strategy sets out the principles and approaches to risk management which are to be followed throughout NHS Western Isles. The purpose is to achieve a consistent and effective application of risk management and enable it to be embedded into all core processes, forming part of the day-to-day management activity of the organisation.

Risk Management, when deployed effectively, should add value by supporting day-to-day activities as opposed to being seen as a separate, self-contained process and this strategy supports this approach.

The key objectives of this Risk Management Strategy are to:-

- Provide proactive organisational leadership of risk management.
- To remove, reduce or tolerate identified risks.
- To ensure an effective, comprehensive, and transparent governance system.
- Create a safety culture by embedding risk management throughout the organisation.
- Provide the tools and training to support risk management in order to promote reporting.
- Ensure lessons are learned and changes in practice are implemented through the identification of risk

Definition of Risk

Risk is the possibility of an event occurring that will have an impact on an individual, groups of individuals, plans and objectives or the wider organisation.

The definition set out in BS ISO 31000 is that risk is the effect of uncertainty on objectives. The effect may be positive, negative or a deviation from the expected, and that risk is often described by an event, a change in circumstances or a consequence.

Risk can also be described as the effect of uncertainty on objectives (The Orange Book). It is essentially any uncertain event which can have an impact upon the achievement of an organisation's objectives – either reducing the likelihood of achievement or stopping it altogether.

Our Risk Management Strategy aims to create a culture that focuses on pro-active risk assessment, management and prevention, rather than reaction and remedy. To support this, an open and honest system for identifying risks and untoward incidents is in place, ensuring that risks can be acted upon in a positive and constructive way.

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As a component of our overall Healthcare Governance agenda, we aim to fully embed risk management within our corporate and clinical/non-clinical processes so that risk is considered as an integral part of patient care service planning and decision making.

To remove, reduce or tolerate identified risks

Performance Management arrangements will be in place at all organisational levels to ensure that the risk management system is working effectively. This is an iterative process to ensure that arrangements are in place and that corrective action is taken where necessary. It also enables those providing services to escalate difficult and or complex issues of concern to a more senior level with the expectation that action will be taken as necessary. The Board of NHS Western Isles, through the Healthcare Governance and Audit Committee will seek assurance on behalf of the public, patients, and staff that risk is being assessed, identified, recorded, removed, reduced or managed.

Risk Architecture

The arrangements for communication, governance, reporting, roles and responsibilities form the organisation’s overarching risk architecture. Defining a consistent approach to how and where risk information is communicated is essential to developing a positive risk culture and to ensuring risk management is appropriately deployed to support NHS Western Isles.

While NHS Western Isles does everything in its power to prevent harm to an individual and wants to limit its exposure to health & safety, environmental, reputational, legal, financial, and regulatory and compliance risks, it recognises that some level of risk is necessary in pursuit of better outcomes for the community and service users.

Risk Management

Risk Management means having in place a systemic and embedded system and process for assessing, identifying, recording, removing, reducing or managing risk.

All activities of organisation involve varying degrees of risk. An organisation needs to proactively manage risk to an acceptable level by embedding processes focused on assessment and prevention, rather than reaction and remedy. Implementation of a comprehensive, effective risk management approach through an organisation is a means of supporting achievement of the strategic objectives, being clear about risk appetite, improving service activity, taking opportunities, supporting, and informing decision making, providing a safe and secure environment and supporting a culture of quality improvement.

The approach to risk management needs to provide assurance to the Board and the Accountable Officer (Chief Executive) that appropriate and reasonable systems are in place

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and working effectively that allows the organisation to ensure that risk management is embedded into the organisations everyday activity.

Risk Management Approach

The organisational approach to the management of risk reflects British Standards (BS ISO 31000).

The approach to the management of risk demonstrates the relationship between the principles for managing risk, the framework in which it occurs and the risk management process.

When implemented and maintained in accordance with this approach, the management of risk enables an organisation to:

- Prevent avoidable harm.
- Increase the likelihood of achieving objectives.
- Deliver proactive management.
- Establish the need to identify and treat risk throughout the organisation.
- Improve the identification of opportunities and threats.
- Comply with relevant legal and regulatory requirements.
- Improve mandatory and voluntary reporting.
- Improve governance.
- Improve stakeholder confidence and trust.
- Establish a reliable basis for decision making and planning.
- Improve controls.
- Effectively allocate and use resources for risk treatment
- Improve operational effectiveness and efficiency.
- Improve loss prevention and incident management.
- Improve organisational learning and improve organisational resilience.

Risk Appetite

Organisations encounter risk every day as they deliver care and treatment and pursue their objectives.

In healthcare risk is omnipresent with managing risk an active, ongoing, and dynamic task in all aspects of our everyday work.

On a regular basis the Board will define the level of risk to which it is prepared to be exposed (risk appetite). The Board will consider its risk appetite against different categories of risk. NHS Western Isles has an agreed statement to clarify its risk appetite.

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NHS Western Isles, as a healthcare provider, operates within a low overall risk range. As an organisation we place patient safety as our highest priority, and will not accept known, unmanaged risks that materially impact negatively on patient safety.

NHS Western Isles Risk Appetite Statement 2023:

Healthcare systems are increasingly complex organisations. Risk is ever present across and throughout our systems, services, and care delivery. Many decisions are underpinned by risk assessment, identifying action, management, mitigation, and reduction. It is important for NHS Western Isles to be explicit about its approach to, and tolerance of risk, i.e., its Risk Appetite.

NHS Western Isles, as a healthcare provider, operates within a low overall risk range. As an organisation we place patient safety as our highest priority, and will not accept known, unmanaged risks that materially impact negatively on patient or staff safety.

This means that our staff are expected to pro-actively consider all current available options and take action(s) to reduce to reasonably acceptable levels, identified risks that originate from or are present within current or planned care and treatment systems, options, equipment, and environment.

NHS Western Isles acknowledges that the chosen option(s) may contain a level of risk that is unable to be mitigated or removed.

We have a marginally higher risk appetite towards delivery of corporate objectives, including service/ clinical strategies, finance and health improvement, the impact(s) of which may be longer term.

Our highest risk appetite relates to the pursuit of innovation in new models of integrated care delivery and the introduction of digital technology, where significant positive gains in terms of patient experience and outcome are established, or can be anticipated, within the constraints of the regulatory environment and authorised limits.

The Board and all employees are required to work within our established risk management, reporting and escalation systems, and are expected at all levels, to proactively identify, assess, manage, mitigate and / or remove risk on an ongoing basis.

During major incidents, or event that arise, that place the service locally and or nationally on an emergency footing the Board accepts the fluid, escalating, and rapidly changing nature of such events, decisions will be taken and recorded in the face of presenting situation, available information, resource availability and real time risk-based prioritisation.

It may not be possible to have comprehensive, live, documented risk assessments in such rapidly moving situations.

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Purpose of the Risk Management Strategy

The purpose of this strategy is to set out the Board’s system wide for NHS Western Isles, with the supporting framework, which will ensure that all the key elements of a risk management system are in place that:

- Improves the safety of and reduces the risk to patients, staff, and the public.
- Increases service reliability.
- Is integral to achieving objectives and defining accountability.
- Has a sense that risk taking can bring both rewards and challenges.
- Is a common systems wide framework for the assessment, identification, management and reduction of risks.
- Will provide assurance that effective systems are in place and are working effectively.
- Delivers continuous learning and action.
- Outlines responsibility and accountability.

Scope of the Risk Management Strategy

This strategy builds on and serves as a replacement to our previous Risk Management Strategy (2018) and incorporates British Standards (BS ISO 31000) Risk Management – principles and guidelines.

The strategy applies to the management of all risks within NHS Western Isles. It applies to everyone employed by NHS Western Isles and includes permanent, temporary, locum, contracted, agency staff and joint appointments.

Duty of Care

NHS Western Isles has a duty of care to patients and staff and will provide high quality services in a safe environment so far as is reasonably practical. The improvement of the health and wellbeing of the population of the Western Isles is a priority for the Board.

The application of risk management systems and processes through this strategy will help support and develop the achievement of our responsibilities by promoting a culture that actively promotes and supports speaking up, openness and honesty, encouraging staff to report adverse events and near misses, promote and deliver positive learning and change from events that do not go to plan. Strong leadership and support is required from the Board, the Corporate Management Team, and the Operational Service Delivery Team to achieve this as a core aspect of our Governance arrangements.

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Guiding Principles

The following principles describe how Risk Management will be taken forward:

- The process should create value and learning.
- It should be an integral part of the organisational service/care delivery processes.
- It should factor into all decision-making processes.
- It must explicatively and pro- actively address uncertainty.
- It should be systematic, consistent, and structured.
- It should be based on the best available information.
- It should feel safe to speak up.
- It must take into account human factors.
- It should be open, transparent and all inclusive
- It should be dynamic and adaptable to change.
- It should be continuously monitored and improved upon as the organisation moves forward.

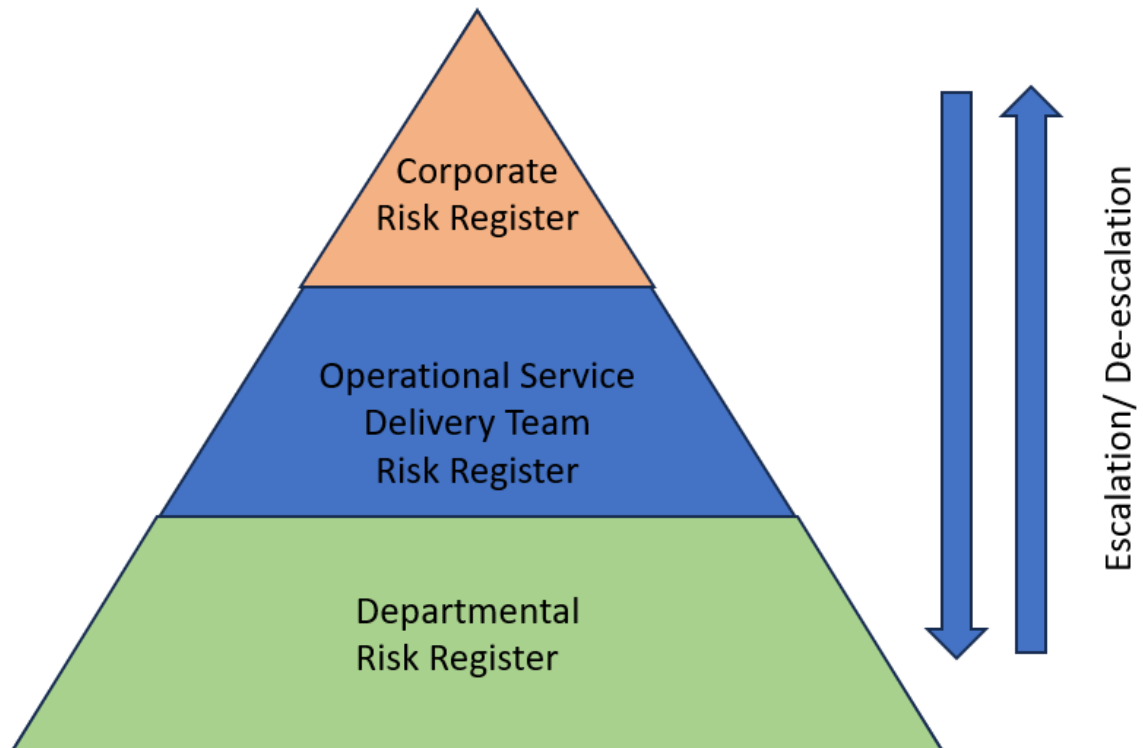
The Risk Management Process

Risk Management is an integrated process, consisting of well-defined steps which, taken in sequence, support better decision making by allowing a greater insight into risks and their impact. Within NHS Western Isles the same approach will be used whether the risk relates to clinical, organisational, health and safety or financial risk.

The risk registers are central to this process. All risks including significant or frequently occurring adverse events will be added to the appropriate risk register once they have been assessed using the organisational risk assessment (appendix 2) form and risk matrix (appendix 3). Risks which cannot be controlled locally, or which are considered High or Very High Risk must be escalated to the responsible Director.

NHS Western Isles has 3 recorded levels of risk registers:

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The Corporate Risk Register is reviewed monthly at the Corporate Management Team meeting and each risk is reviewed and updated every three months.

The Operational Service Delivery Team Risk Register is reviewed monthly at the Operational Service Delivery Team meeting and each risk is reviewed and updated every three months. Departmental Risk Registers once established will be reviewed and updated every three months.

Accountability

The Board: Corporately responsible for owning NHSWI risk management strategy and to ensure that significant risks are adequately controlled. The Board must ensure that the systems of internal control are effective in managing those risks in the manner which it has described and approved.

Healthcare Governance and Audit Committee: The role of the Healthcare Governance and Audit Committee is to apply scrutiny and achieve systems assurance that Healthcare Governance mechanisms including those relating to clinical risk management are in place and effective throughout NHS Western Isles.

Staff Governance Committee: The role of the Staff Governance Committee is to ensure consistency of policy and equity of treatment of staff across the board, including the Staff Governance Standards, remuneration and health and safety issues, where they are not

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already covered at national level. The committee must be reassured that risk management systems are in place to deliver the objective of the committee.

The Chief Executive: has ultimate accountability for maintaining an explicit and effective system of internal control that supports the achievement of the Board’s policies, aims and objectives, whilst safeguarding the public funds and assets. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve the Board’s policies, aims and objective.

Medical, Nursing, AHP, Human Resources, Finance and Public Health Directors: Provide leadership, clear direction and compliance with the corporate governance, staff governance, financial governance, information governance and healthcare governance risk system as part of the wider Risk Management Strategy. Who are responsible for identification and management of their component parts of Departmental, Operational Service Delivery Team (OSDT) and Corporate Risk Registers.

Ward/Department and/ Operational Managers: have day to day implementation of risk management, including responsibility for risk assessment identification, management and reduction to enable operational decision making, incident/accident recording, root cause analysis of adverse events, dissemination of risk information and lessons learned with promotion of learning.

A key aspect of successful implementation of this strategy will be to ensure that there is clarity of what risks are within our control, and which risks can only be addressed in conjunction with other partner organisations or independent practitioners. This will develop over time as the management of risks becomes embedded in our day-to-day operational services.

Organisational Culture

Inevitably errors and accidents will occur in the processes of any activity, and a key element of this Risk Management Strategy is to encourage the development of an open culture which supports staff to speak up about risk and to learn from experience. A continued promotion of this culture will positively encourage the reporting of adverse events, errors, incidents and accidents.

NHS Western Isles will work to bring about the necessary cultural changes by putting into place a system that is designed around identifying and implementing the learning from incidents. This will consist of two key elements: a system for dealing with internal events and a system for cascading external learning.

The electronic Datix Risk Adverse Event Form (DIF1 and DIF2) is currently used across NHS Western Isles as the means for reporting and investigating, adverse events and near misses as per NHS Western Isles Framework for the Reporting, Management and Learning from Adverse Events (NHS Western Isles 2022).

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Reporting Cyber Risks

An Incident reporting flowchart is available on the NHSWI staff intranet - [information-governance \(scot.nhs.uk\)](#). Any perceived or actual cyber risk is reported through the Datix Incident Management System, selecting the relevant breach category from the notification form. This will, in turn, alert the Data Protection Officer and relevant department head who will initiate remedial actions, investigation and communications as appropriate. These incidents are reported in the same way as personal data breaches, and where they meet the threshold, are reported to the Information Commissioners Office (ICO), the Competent Authority, the National Cyber Security Centre (NCSC) and other services, as required. Regular high-level reports are prepared for IGSG and Board, and the Senior Information Risk Owner will be made aware of any serious breaches.

A distribution system for cascading and recording Medical Device Alert, Drug Alerts and Rapid Response Reports and any other external notifications is in place and will form part of the overall risk management system operating procedures.

The Head of Department will identify staff training needs in the management of risks. These will be agreed with line managers and will form the basis of a risk management training programme. Staff will incorporate these training needs in their personal development plans and service objectives.

Communication and Consultation

Communication and consultation are important considerations at each step of the risk management process, as involvement allows the ownership of risk by Managers and the engagement of all staff and stakeholders. Departmental Communication Plans must ensure that all employees and key stakeholders are fully informed and engaged with the requirements of the strategy.

Risk Management System

NHS Western Isles will continue to develop and implement a single Datix system for collating risk registers and for collecting, analysing, and appropriately sharing information on adverse events and near misses. The system will attract accountability for risk, controls, and action plans. It will track progress and trigger monitoring and assurance activity.

Education and Mandatory Training

- Effective risk management depends on all staff having a clear understanding of the subject and the contribution they can make to risk control.
- Performance Management and Personal Development process will support the identification of risk management related learning needs.

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- Individual members of staff also have a responsibility, through their personal development, to identify learning needs and participate in risk management training.
- Managers are responsible for ensuring that staff can participate in appropriate Risk Management related learning activities.

Monitoring, Reviewing and Providing Assurance

The Healthcare Governance and Audit Committee will seek to assure the NHS Board that appropriate systems are in place for controls assurance and the management of risk. The existence, integration, reporting and evaluation of the elements identified will provide a basis for the committee to endorse an annual statement on the effectiveness of internal control and corporate governance as part of the statutory accounts cycle.

To do this, the Healthcare Governance and Audit Committee will ensure a mechanism is in place to review the organisation’s risk management arrangements in depth, on an agreed basis. A Risk Management Strategy Implementation Plan will accompany the Risk Management Strategy and an updated progress report will be submitted to Healthcare Governance and Audit Committee quarterly.

Risk Management Key Performance Indicators have been reviewed and updated along with the Risk Management Strategy and will be reported on quarterly to the Learning Review Group.

Internal audit will undertake review of overall risk arrangements as part of its agreed annual audit cycle.

Risk Management is a standing item on all departmental Chief Executive led performance review meetings.

We will continuously develop an overall controls assurance framework for the NHS Board and its committees, based on the scheme of delegation as approved by the NHS Board. This will provide confidence that all aspects of risk management activity are effectively delivered within our existing strategic management and control processes.

This will be supplemented by a single annual report from the Healthcare Governance and Audit Committee on the management of risks for consideration by the NHS Board as part of the annual accounts cycle.

The operation of this process will allow the Healthcare Governance and Audit Committee to present an annual assurance statement to the NHS Board to support the Directors Statement on Internal Control.

Glossary of Terms

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Adverse Event: Any incident / near miss, event or circumstance arising during NHS service provision that could have or did lead to unexpected harm, loss or damage.

Assurance: Stakeholder confidence in our service gained from evidence showing that risk is well managed.

Consequence: Most predictable consequence to the individual or organisation if the circumstances in question were to occur.

Eliminate Risk: Do things differently & thus remove the risk where it is feasible to do so.

Adverse Event: Any event or circumstance arising during NHS care or service provision that could have or did lead to unintended or unexpected harm, loss or damage.

Internal Control: Corporate governance arrangements designed to manage the risk of failure to meet NHS Western Isles' objectives.

Likelihood: Probability of an event occurring, wherever possible based upon the frequency of previous occurrences.

Near Miss: Where no harm, loss or damage is caused but could have resulted in harm, loss or damage in other circumstances.

Partnership: Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives.

Reduce risk: Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.

Risk: The chance of something happening that will impact on the organisation's ability to achieve its objectives.

Risk Appetite: The amount of risk that an organisation is prepared to accept, tolerate or be exposed to at any point in time.

Risk Assessment: An overall process to identify risk and evaluate whether acceptable or not taking into account new/best practice.

Risk Control Measure: An action undertaken to minimize risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both.

Risk Escalation: The process of delegating upward, ultimately to the Board, responsibility for the management of a risk deemed to be impractical or not reasonably practicable to manage locally.

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Risk Evaluation: This involves an estimate of the probability of the risk occurring, the frequency of the risk occurring and the impact or severity if it does.

Risk Level: The classification of a risk expressed as a combination of its likelihood and severity of consequence.

Risk Management: Incorporates all the activities required to identify and control the exposure to risk which may have an impact on the achievement of an organisations objectives.

Risk Register: A database of risks always changing to reflect the dynamic nature of the risk and our management of them. Its purpose is to help managers prioritise available resources to minimise risk to best effect and provide assurances that progress is being made.

Root Cause Analysis: A systematic investigation technique that looks beyond the individuals concerned and seeks to understand the underlying causes and the environmental context in which the incident occurred (NPSA, 2004).

Significant Risk: Broadly, any risk that could adversely affect achievement of NHS Western Isles' objectives or present a large loss. A 'significant' risk could be defined as one with a risk grading of 'moderate' (orange) or 'high' (red) determined using the Risk Grading Matrix.

Statement on Internal Control: A statement by the Accountable Officer within the published Annual Accounts, required by HDL (2002)11, on the effectiveness of NHS Western Isles' systems of internal control, of which risk management is a key component.

System Failure: The most likely cause of an adverse event. Typically due to a flaw or flaws in the design or operation of a system of work rather than an individual's actions or inaction.

Tolerable Risk: A risk that is allowed to exist so that certain benefits can be gained, whilst there is an acceptable level of confidence that the risk is under control.

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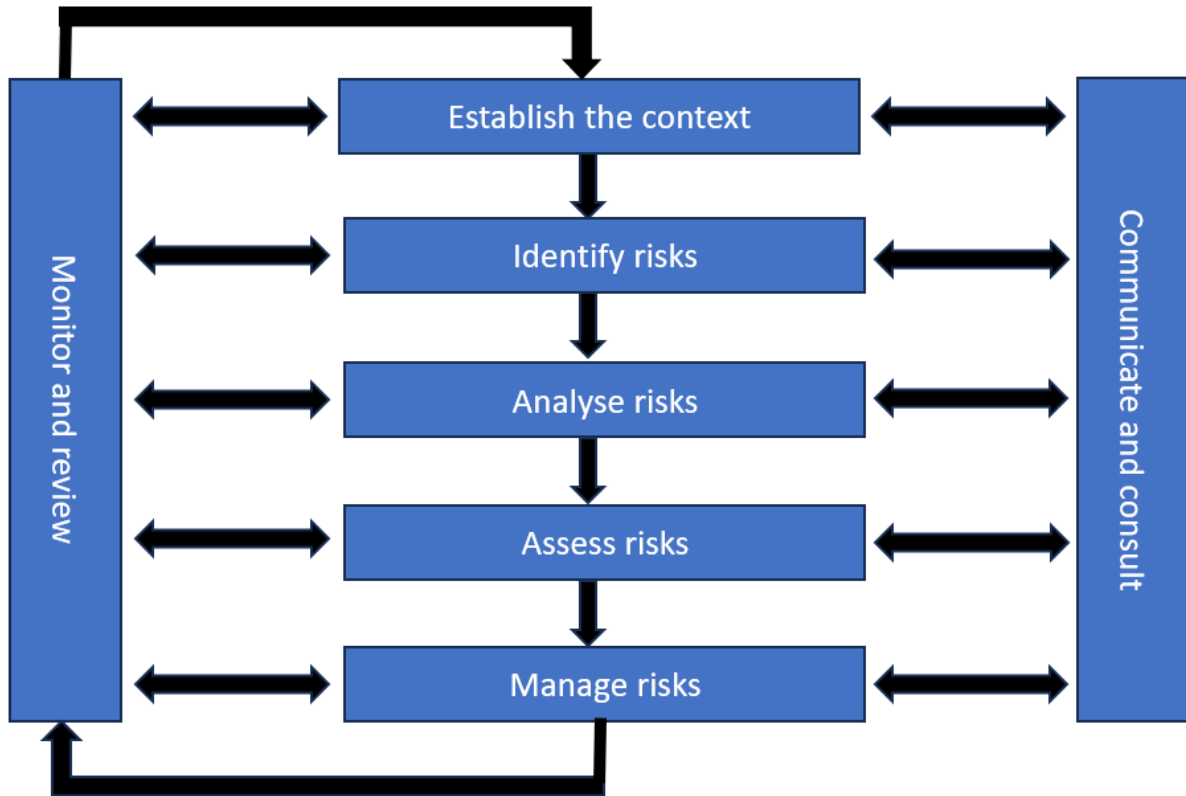
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Appendix 1

Risk Management Process – ISO31000



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Appendix 2

Risk Assessment Form

Site		Risk Category <i>(See list)</i>	Financial Clinical Population Health Physical Organisation Project Human Resources
Dept/Ward		Assessors name (person who documents the risk)	
Risk Ref No.		Risk status <i>(active-being reduced, inactive-tolerated, active-escalated)</i>	
Date risk raised		Register for Escalation	
Operation/Activity			<i>Describe the setting and the work being undertaken</i>
Hazard/s			All hazards associated with the activity should be entered here. e.g. physical hazards, machinery, electricity, working at heights, substances, access, adverse clinical event, equipment, vehicles, etc.
People at Risk			Highlight the people at risk i.e. nursing staff, Domestic, Estates, Visitors, the likely numbers exposed

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Risk Identified	<i>What is the risk? What might happen? Start with "there is a risk that..."</i>
Current Control Measures	<i>List current and interim control measures, including physical controls but do not forget to include other controls including safe working, policies, procedures, information, instruction and training</i>

a) CURRENT STATE

QUANTIFICATION OF RISK RATING WITH CURRENT CONTROL MEASURES IN PLACE

Likelihood	a	x	Severity	b	=	Risk Rating	c	<i>Estimate of likelihood and severity Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b , multiply them together and record the resultant risk rating at c.</i>
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RISK QUANTIFICATION - KEY

LIKELIHOOD (a)		SEVERITY (b)		RISK RATING (c)	RISK COLOUR	SEE RISK QUANTIFICATION CRITERIA
1	Rare	1	Negligible			 C:\Risk Quantification Criteria
2	Unlikely	2	Minor	1 to 3 = Low	(Green)	
3	Possible	3	Moderate	4 to 9 = Medium	(Yellow)	
4	Likely	4	Major	10 to 16 = High	(Orange)	
5	Almost certain	5	Extreme	17 to 25 = Very High	(Red)	

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Current Control Measures <i>(Please mark appropriate box with an X)</i>	Wholly Inadequate	Weak/Require Strengthening	Satisfactory
With these controls, are the risks at a level that is as low as reasonably practicable? (Yes or No)			

If the answer to the above question is NO, please continue to b) and complete a Risk Control Action Plan

b) FUTURE STATE

Risk Control Action Plan <i>(Complete if further control measures required. Use one row per action)</i>	Who will do it <i>(name)</i>	When will action be completed by <i>(estimate date)</i>	Dependencies <i>(give details e.g.</i> * Financial – amount * Resources – people or equipment * Commitment/priority

Risk Control Action Plan Costs <i>(Please mark appropriate box with an X and specify total estimated cost)</i>	Under £5000		<u>Amount £</u>	Over £5000		<u>Amount £</u>

Can the Risk Control Action Plan be implemented locally? Yes or No, or Partially	
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QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED

Likelihood	a	x	Severity	b	=	Risk Rating	c	<i>Estimate of likelihood and severity</i> <i>Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b, multiply them together and record the resultant risk rating at c.</i>
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Risk Assessor: <i>(Print Name)</i>		Signature:		Date:	
Service Head / Nominated: Deputy <i>(Print Name)</i>		Signature:		Date:	

c) PERIODIC REVIEW

REVIEW THE RISK EVERY THREE MONTHS. UPDATE TO REFLECT CURRENT STATUS

Review Date					
Reviewer					
Action					

Send copy of completed Risk Assessment to Line Manager for inclusion on the Ward/Department/Unit Risk Register

Date Sent:		Line Manager Name:	
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Appendix 3
Risk Matrix



RISK QUANTIFICATION CRITERIA

Likelihood Definitions

Descriptor	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Likelihood	Can't believe this event would happen – will only happen in exceptional <u>circumstances</u> (<u>likely</u> to occur every 5-10 years)	Not expected to happen, but definite potential exists – unlikely to <u>occur</u> (<u>likely</u> to occur every 2 to 5 years)	May occur occasionally, has happened before on occasions – reasonable chance of <u>occurring</u> (<u>likely</u> to occur annually)	Strong possibility that this could occur – likely to <u>occur</u> (<u>likely</u> to occur quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than <u>not</u> (<u>likely</u> to occur daily/weekly/monthly)

See next page for Severity Impact consequence [Definitions](#)

Risk Matrix

Likelihood	Severity of Consequences				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium	High	High	V High	V High
Likely (4)	Medium	Medium	High	High	V High
Possible (3)	Low	Medium	Medium	High	High
Unlikely (2)	Low	Medium	Medium	Medium	High
Rare (1)	Low	Low	Low	Medium	Medium

- **Very High:** Senior Management Action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **High:** Service Head Action to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **Medium:** Ward/Dept Head to confirm the level of risk identified and produce an action plan to eliminate/reduce or transfer the risk
- **Low:** Ward/Dept Head to confirm the level of risk identified and manage using routine procedures

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Severity of Consequence Definitions

Descriptor	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Patient Experience	-Reduced quality 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 less than 1wk -Increased level of care/stay less than 7 days	-Unsatisfactory patient experience /clinical outcome, long term effects - expect recovery over more than 1week - Increased level of care/stay more than 7 -15 days	-Unsatisfactory patient experience/clinical outcome, continued ongoing <u>long term</u> effects
Objectives/ Project	-Barely noticeable reduction in scope/quality/schedule	- Minor reduction in scope/quality/ schedule	- Reduction in scope/quality/project objectives or schedule	-Significant project over-run	-Inability to meet project/corporate objectives, reputation of the organisation seriously damaged
Injury /illness (<u>physical</u> and <u>psychological</u>) to patient/visitor/staff	-Adverse event leading to minor injury not requiring first aid -No staff absence	- Minor injury or illness, first aid treatment required - Up to 3 days staff absence	- Agency reportable, <u>e.g.</u> Police (violent and aggressive acts) -Significant injury requiring medical treatment and/or counselling -RIDDOR over 7-day absence due to injury/dangerous occurrences	-Major injuries/long term incapacity /disability (<u>e.g.</u> loss of limb), requiring, medical treatment and/or counselling -RIDDOR over 7-day absence due to major injury/dangerous occurrences	-Incident leading to death(s) 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 <u>claim</u> -Complex Justified complaint
Service/ Business Interruption	- Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	- Short term disruption to service with minor impact on patient care/service provision	- Some disruption in service with unacceptable impact on patient care -Temporary loss of ability to provide service - Resources stretched - Potentially impaired operating capability -Pressure on service provision	-Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked -Potentially impaired operating capability -Temp service closure	- Permanent loss of core service/ facility - Disruption to facility leading to significant "knock on" effect -- -Inability to function
Staffing and Competence	- Short term low staffing level temporarily reduces service quality (less 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 lack of/ ineffective training/ implementation of training	-Late delivery of key objective/service / <u>care</u> due to lack of staff - Moderate error due to lack of/ <u>ineffective</u> training/implementation of training - Ongoing problems with staffing levels	- Uncertain delivery of key objective/service/care due to lack of staff - Major error due to lack of/ <u>ineffective</u> training/implementation of training	- Non-delivery of key objective/ service/care due to lack of staff. - Loss of key staff -Critical error due to lack of/ <u>ineffective</u> training/ implementation of training
Financial (including Damage/Loss/Theft/ Fraud)	- Negligible organisational/ personal financial loss up to £100k	- Minor organisational/ personal financial loss of £100k - £250K	- Significant organisational/personal financial loss of £250k - £500k	- Major organisational/personal financial loss of £500k - £1m	-Severe organisational financial loss of more than £1m
Inspection/ Audit	- Small number of recommendations which focus on minor quality improvement issues	-Recommendations made which can be addressed by low level of management action	-Challenging recommendations that can be addressed with appropriate action <u>plan</u> -Improvement Notice	-Enforcement/prohibition action -Low Rating - Critical report	-Prosecution -Zero rating - Severely critical report
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/public perception of the organisation Local MSP/SEHD interest	- 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/SEHD concern (Questions in Parliament) - Court Enforcement/Public Enquiry/FAI

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