



GIG
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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

RLDatix Web Risk Register User Guide

Applicable to Version 14
August 2019



*The screenshots used represent hypothetical incidents reported on the **Test** database and are not factually accurate*

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Introduction

Swansea Bay University Health Board recognises that all health service activity carries risks, including harm to patients, which need to be managed through a systematic framework. This will ensure that risks to patient safety and the organisations objectives are identified, assessed, eliminated or minimised so far as is reasonably practicable. The aim being to minimise the chance of the risk being realised, although where this has not been possible, to review, learn and share the learning to minimise the likelihood of reoccurrences in an open and fair culture. From 1st December 2014, the management of Risks will be administered via the RLDatix Web system.

A risk register entry is the start of a process in terms of Directorate, Service Delivery Units and corporately being able to manage the risk and escalate in line with the Risk Management Strategy.

The information entered into the RLDatix system is used for reporting and analysis purposes and it is therefore vital that the data is accurate and useful.

Aspects of the Form

-  This icon indicates that a field is mandatory, and you are required to complete it before saving or submitting the form.
-  This icon indicates that the field you are completing is a dropdown list. Clicking this icon will allow you to select on (or more!) option(s).
-  This icon indicates a date field. Clicking the icon will allow you to select a date from a calendar, or you can simply type the date in using the dd/mm/yyyy format.
-  Any field that shows this icon next to it indicates that there is additional information available to help you complete it correctly. Click the icon to view the additional guidance.
-  In a multi-select field, where you can choose more than one option from a dropdown, clicking this icon will remove the currently selected value(s)
-  Clicking this icon will perform a spell check on the current field. Once it has been clicked, an icon will show to indicate all is spelt correctly. You must click the icon to resume editing.

Accessing RLDatix

In order to enter a new risk onto the system you will need to log into the RLDatix Web application via the Health Board Intranet site.

You must log in through the Intranet home page under Quick links – top searches select: Access to Online Incident/Compliment – this will open to the below page: Click on the link to the Online Incident Report Form

Link: <http://7a3b7svmdatixlv/datix/live/index.php?module=INC>

Access to the Online Incident/Compliment Reporting

Welcome to the Online Incident and Compliment Reporting Web Page

Incidents	Compliments	Training	Contact Details	User Guides	Additional Forms	Datix Web Bulletins	Additional Information	Primary Care	EMRTS
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Incidents

To report an Incident or a near miss, please [click on this link for the Incident Report Form](#). Please also use this link to log into DatixWeb (if you have Datix access) using your usual Cymru user name and password.

*****FOR CWM TAF MORGANNWG STAFF** If you have transferred to Cwm Taf Morgannwg Health Board, please click on [this link](#) to report an incident.***

[Back to top](#)

At the top of the screen you will see **Login** (top left of the Incident form); this will take you to the log in screen.

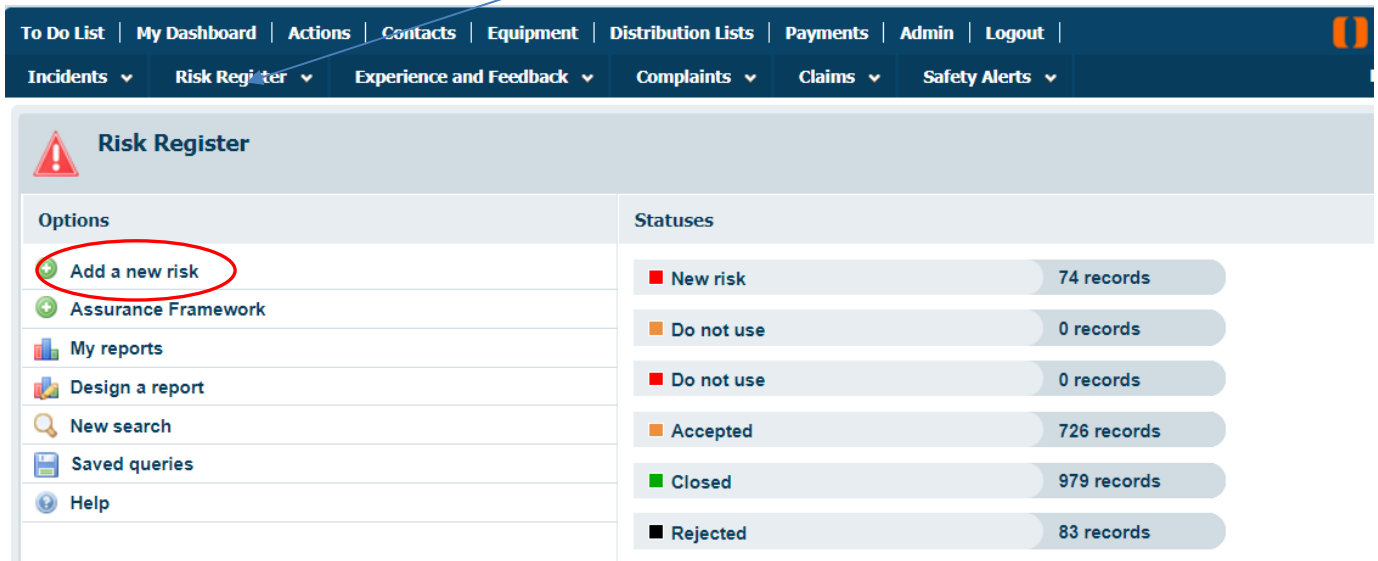
The screenshot shows a web browser window with the URL <http://7a3b7svmdatixlv.cymru...>. The page title is "Swansea Bay University Health Board - Incident Reporting Form (IR1)". The "Login" link is circled in red. The form includes instructions, logos for GIG CYMRU NHS WALES and Swansea Bay University Health Board, and sections for "Important Information for Cwm Taf Morgannwg HB Staff", "Incident Type", "Incident details", and "Action taken".

- You will need to login to RLDatix with you Active Directory account. This is the same login name and password you use to login to your PC every day and the domain must always remain as Cymru.

If you have any problems logging in, please contact the RLDatix Team at Baglan HQ on Ext 44341 or 44392 alternatively you can email: SBU.datix@wales.nhs.uk

Once on the main screen, click on the tab which says “Risk Register”

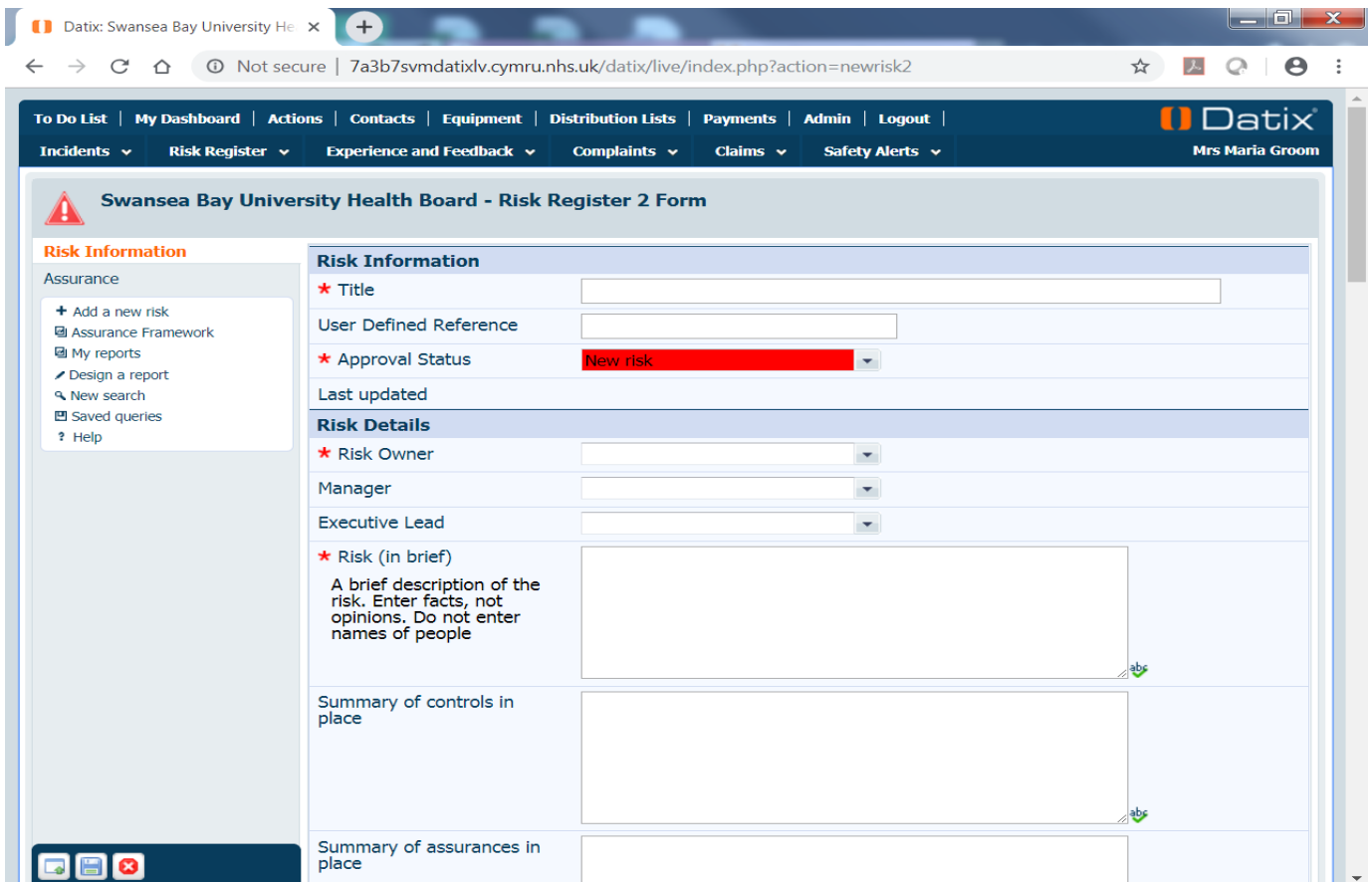
Click on “Add a new risk”.



Risk Register

Options	Statures
Add a new risk	New risk 74 records
Assurance Framework	Do not use 0 records
My reports	Do not use 0 records
Design a report	Accepted 726 records
New search	Closed 979 records
Saved queries	Rejected 83 records
Help	

This will open a new risk form for completion.
Example of a risk form (below)



Swansea Bay University Health Board - Risk Register 2 Form

Risk Information

Assurance

- + Add a new risk
- Assurance Framework
- My reports
- Design a report
- New search
- Saved queries
- Help

Risk Information

* Title

User Defined Reference

* Approval Status **New risk**

Last updated

Risk Details

* Risk Owner

Manager

Executive Lead

* Risk (in brief)
A brief description of the risk. Enter facts, not opinions. Do not enter names of people

Summary of controls in place

Summary of assurances in place

Level of Control

Key Dates

* Opened (dd/MM/yyyy)

* Date of next review (dd/MM/yyyy)

Closed date (dd/MM/yyyy)

Risk Coding

Board/Group

Committee

* Risk Type

* Risk Subtype

* Risk cause

Health Care Standard

Risk Location

* Site Type

* Unit

Locality

* Delivery Unit/Directorate

Specialty

If the risk covers a number of specialities then please add the details to notepad:

Location (type)

Location Exact (New Field)

Risk Grading

* Initial Risk Score

The score of the risk at the time it was identified

Likelihood (initial)	Consequence (initial)				
	Negligible	Minor	Moderate	Major	Critical
Expected - Will occur/reoccur and likely to be frequent.	○	○	○	○	○
Probable - Will probably occur/reoccur but will not be a persistent issue.	○	○	○	○	○
Possible - May occur/reoccur at some time / occasionally.	○	○	○	○	○
Unlikely - Not expected to occur/reoccur but there is some possibility.	○	○	○	○	○
Rare - Would only occur/reoccur in very exceptional circumstances; considered a very remote probability that it could happen / happen again.	○	○	○	○	○

Rating (initial): Risk level (initial):

★ Current Risk Score
Present score of the risk

Likelihood (current)	Consequence (current)				
	Negligible	Minor	Moderate	Major	Critical
Expected - Will occur/reoccur and likely to be frequent.	●	●	●	●	●
Probable - Will probably occur/reoccur but will not be a persistent issue.	●	●	●	●	●
Possible - May occur/reoccur at some time / occasionally.	●	●	●	●	●
Unlikely - Not expected to occur/reoccur but there is some possibility.	●	●	●	●	●
Rare - Would only occur/reoccur in very exceptional circumstances; considered a very remote probability that it could happen / happen again.	●	●	●	●	●

Rating (current): Risk level (current):

★ Target Risk Score
The score that the risk could potentially achieve if every possible remedial action was taken to mitigate its impact.

Likelihood (Target)	Consequence (Target)				
	Negligible	Minor	Moderate	Major	Critical
Expected - Will occur/reoccur and likely to be frequent.	●	●	●	●	●
Probable - Will probably occur/reoccur but will not be a persistent issue.	●	●	●	●	●
Possible - May occur/reoccur at some time / occasionally.	●	●	●	●	●
Unlikely - Not expected to occur/reoccur but there is some possibility.	●	●	●	●	●
Rare - Would only occur/reoccur in very exceptional circumstances; considered a very remote probability that it could happen / happen again.	●	●	●	●	●

Rating (Target): Risk level (Target):

★ Risk Decision

★ Adequacy of Controls

Adding a new risk

When adding a new risk you must complete the following fields:

Risk Information:

Title

You will need to input the title of the risk here (the basic headline of the risk).

User Defined Reference

At input stage please leave this blank – when you save the record an ID number will automatically be generated

Approval Status

At the time of input this will remain as New Risk.

Risk Owner

This is the person responsible for managing the overall control of the Risk. This person needs to ensure that the Risk is regularly reviewed and updated in RLDatix (and set themselves reminders to do this)

Manager

This is the name of the Manager who has overall control of the area

Executive Lead

This will only be completed for corporate and Health Board risks and will identify the Executive Lead

If a risk is escalated to a corporate risk or a Health Board risk, that risk would be owned by the nominated Board Member.

Corporate/HB risks are those risks accepted by the Risk Management Group as such. In RLDatix they are designated as 'HBR' in the 'user defined reference' field.

Risk in brief

Here you will add a brief description of the risk. Enter facts, not opinions. Do not enter names of people.

Summary of controls in place

You will need to add a summary of what controls are in place to date. Controls are anything in place to mitigate the risk (eg. physical, policy, training etc).

Summary of assurances

At this point you will need to state what assures us that we are managing the risk. For example is the risk subject to a policy, managed by a committee etc.

Key Dates:**Opened**

The date you open the record will auto populate into this field.

Date of next review

All Risks MUST be reviewed on a monthly basis, however, if they need review by a committee which only meets bi-monthly for example, this is acceptable.

Closed Date

You must not add a date into this field until the Risk can be closed

Risk Coding:

Risk type and sub risk type fields will need to be completed at this stage. This is the type of risk. These define the Risk and places them into groups that will ensure that there is some consistency across the register and will enable ease of understanding dashboard data and other reports

Risk Cause

This field must be completed to in order to analyse what is causing the risk on a Health Board level.

Health Care Standard: This aligns the Risk with the particular HC standard

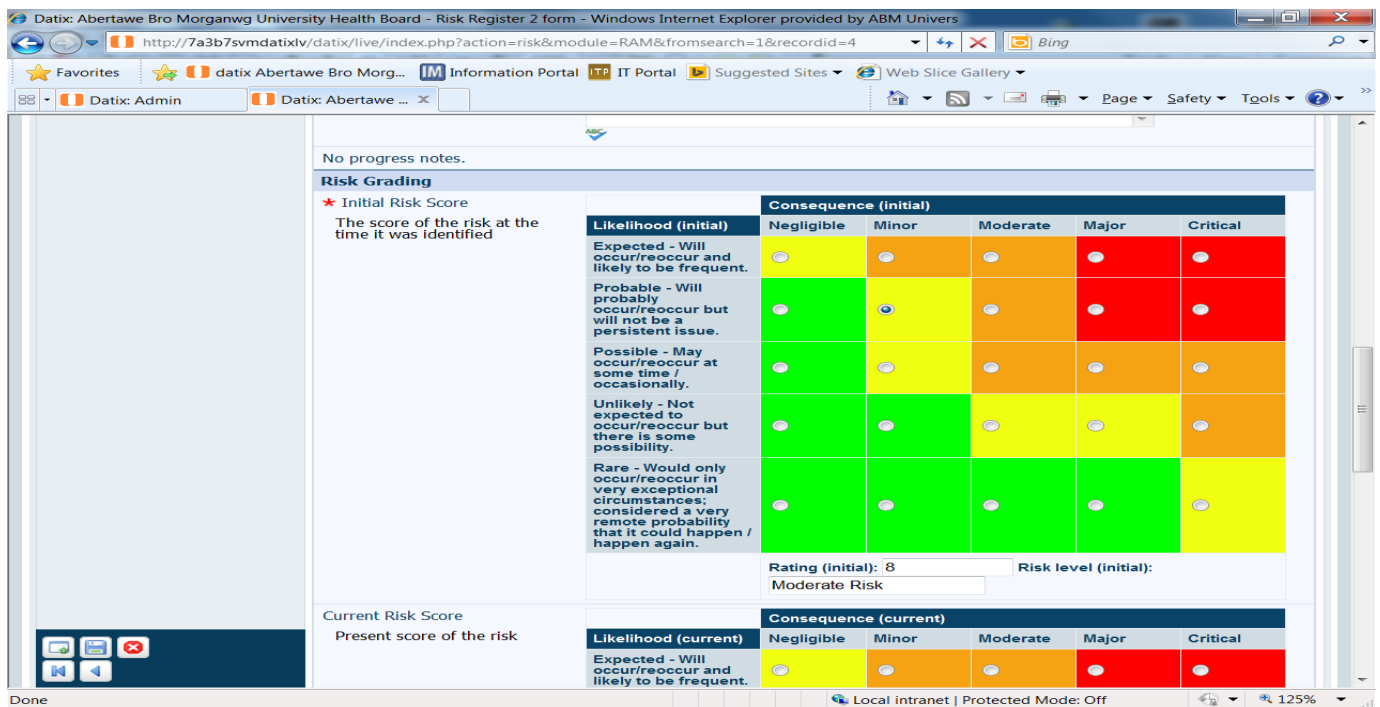
Risk Location:

These fields are linked by a dynamic display– your selection of a Site Type will determine the choices included in the Unit drop down menu. The Delivery Unit is linked to the Speciality and the Location is linked to the Unit fields.

Risk Grading:

There are three 5x5 matrix’s for Risk grading as follows:

- Initial Risk Score - the score of the risk at the time it was identified will need to be recorded here
- Current Risk Score - the present score of the risk
- Target Risk Score - the score that the risk could potentially achieve if every possible remedial action was taken to mitigate its impact.



Please see Appendix 1 for further guidance

Risk Decision:

Initially this can be put on as “treat” and will be changed as the management of the risk progresses.

Adequacy of Controls:

You must select whether the controls in place are Adequate or Inadequate.

And finally you must then save the record.

Managing a Risk

The risk will be given a reference number which has been generated by the system.

The risk can be viewed by accessing the RLDatix Web system as described on Page 3 of this guide – Accessing RLDatix unless you are already logged in.

The risks module by default has 6 different holding areas/approval statuses, only 4 are used. A risk record is progressed through the current holding areas by changing the ‘approval status’ field on your RISK form. A record can be moved backwards as well as forwards. -

1. New risk
2. Do not use
3. Do not use
4. Accepted
5. Closed
6. Rejected

The screenshot shows the RLDatix Risk Register interface. At the top is a navigation bar with links: To Do List, My Dashboard, Actions, Contacts, Distribution Lists, Payments, Admin, Logout. Below this is a secondary menu with dropdowns: Incidents, Risk Register, Experience and Feedback, Complaints, Claims, Safety Alerts. The main content area is titled 'Risk Register' and contains two columns: 'Options' and 'Statuses'. The 'Options' column lists: Add a new risk, Assurance Framework, My reports, Design a report, New search, Saved queries, and Help. The 'Statuses' column shows a summary of records for each status: New risk (46 records), Do not use (0 records), Do not use (0 records), Accepted (648 records), Closed (202 records), and Rejected (79 records).

Options	Statuses
Add a new risk	New risk 46 records
Assurance Framework	Do not use 0 records
My reports	Do not use 0 records
Design a report	Accepted 648 records
New search	Closed 202 records
Saved queries	Rejected 79 records
Help	

Rejecting a risk

Records should only be rejected if it is NOT a risk.

Rejected risks are not lost or deleted. They are simply moved to the ‘Rejected’ status section.

When rejecting a risk you will also be prompted to complete the 'details of rejection' section of the form.

Reviewing a Risk

As risk handlers, you will be required to manage the risk.

Please take the following action:-

- Check all the details have been entered correctly
- Amend the approval status to 'accepted'
- Ensure the review date has been set
- Ensure the relevant risk type and risk subtype have been correctly selected from the risk coding drop down box

Progress Notes

Progress Notes is a free text field and can be used to update any additional information in relation to the Risk. You can amend entries that you make to progress notes but will not be able to change other user's entries.

When you go back into the screen after the record has been saved you will see that the entry has moved underneath showing who added it and the Date and Time.

On the left hand side panel of the risk screen you will notice extra links which can be accessed by clicking on them – these will open further pages for completion

Assurance

The screenshot displays the 'Assurance' section of the 'Risk Register 2 form' in the Datix system. The browser window shows the URL: <http://7a3b7svmdatixlv/datix/live/index.php?action=risk&module=RAM&fromsearch=1&recordid=4>. The page header includes navigation links such as 'To Do List', 'My Dashboard', 'Actions', 'Contacts', 'Equipment', 'Distribution Lists', 'Payments', 'Admin', and 'Logout'. The main content area is titled 'Assurance' and contains several sections:

- Organisational Objectives:** A large text area for entering objectives.
- Detailed objectives:** A section with 'No values' and an 'Edit' button.
- Controls:** A section with 'No values' and an 'Edit' button.
- Gaps in controls:** A section with 'No values' and an 'Edit' button.
- Assurances:** A section with 'No values' and an 'Edit' button.
- Gaps in assurances:** A section with 'No values' and an 'Edit' button.

At the bottom of the form, there are 'Save' and 'Cancel' buttons. The browser status bar at the bottom indicates 'Local intranet | Protected Mode: Off' and a zoom level of 125%.

Assurance Framework, as an integral aspect of planning and performance management, sets the context within which risks are managed in terms of how they will be identified, analysed, controlled, monitored and reviewed.

The assurance framework section is completed by the manager of the risk and includes the following field:-

Organisation Objectives (these list the Health Board objectives)

When deciding on your objectives for the risk you should ask 'which of your corporate (or other) objectives are jeopardised by the risk'?

Objectives can be selected from a dropdown button. You can select more than one objective if required and then double click on one of the objectives to move them all into the field above.

Detailed Objectives

Now that we have specified our corporate objectives, we can also refer to more specific targets.

Detailed Objectives are related to the Health Board objectives, so, for instance, the Health Board objectives might be 'Securing a Fully Engaged and Skilled Workforce', the detailed objective might be 'train all qualified' in whatever skill it happens to be (these will be your specific corporate, Service Unit needs).

Controls

Systems and procedures in place to mitigate this risk: This can include, policies, training or physical controls.

Gaps in controls

Areas in which systems and procedures do not fully cover to mitigate the risk.

Assurance

What assures you that the current management of the risk is actually suitable? Here you will also be able to indicate the source of the assurance, which can be external or internal.

Gaps in assurances

The cases in which you do not have the evidence/information that you need to determine the value of your mitigation.

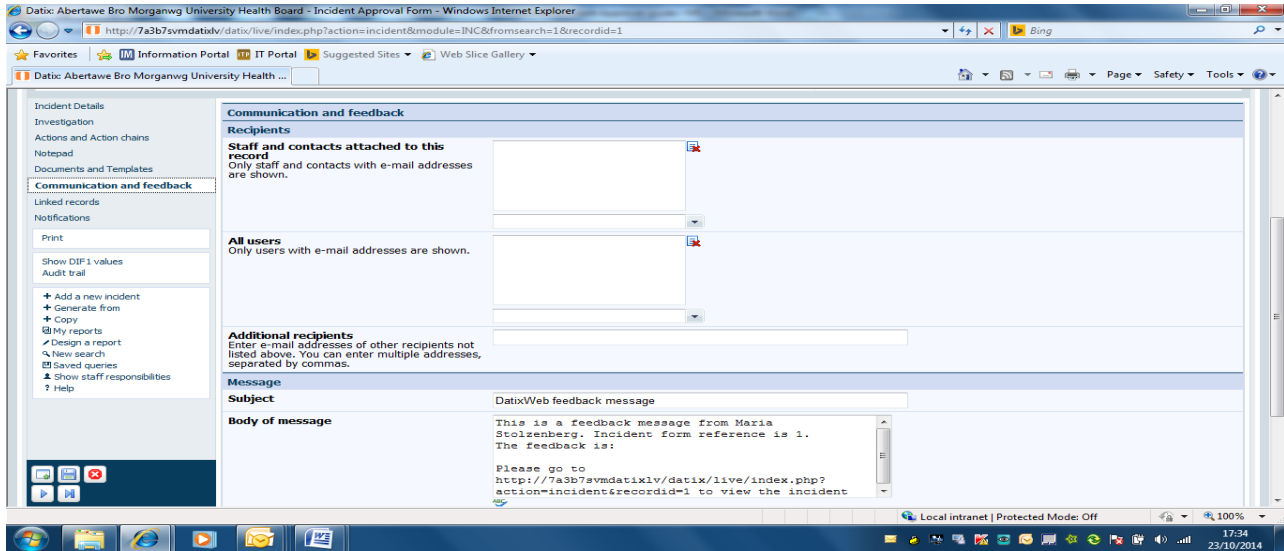
Communication and Feedback

The communication & feedback section on the left hand panel allows you to send e-mails from directly within the RISK module. Simply choose a name from the list of names that are linked to this record or select from the list **all other users**. If the staff member is not in either list you will need type in the email address in the additional recipient field, amend the title and body of message and send. Please ensure the correct email address is used. This will log the email against this record, providing an audit of all out-going e-mail messages that are related to the record in question.

In addition to sending an email, an RLDatix update now allows staff to send an email from the Communication and Feedback screen that can include a document that has already been saved to the record.

To do this, please select a document (or multiple documents if necessary) from the drop down list in the '**Communication & Feedback Document Attachment**' of the Communication and Feedback section, amend the title and body of the email message as appropriate and click send.

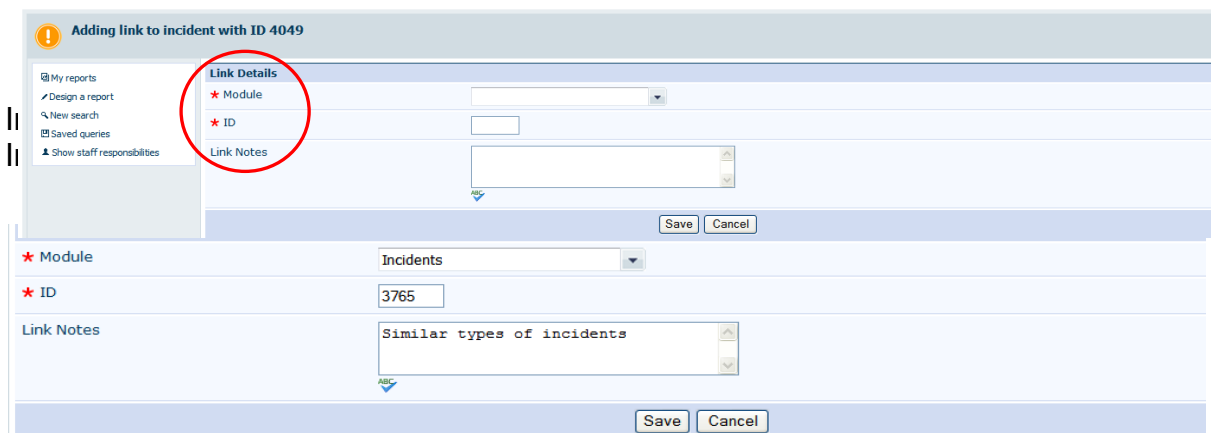
Please note that you cannot send a new Communication and Feedback message with an attachment from your desktop. The document has to already have been saved to the record.



Use email feedback to send a message to the any other contact's that may be linked to the risk and to communicate within and outside of your teams to gather information etc.

Linked Records

This gives you the ability to link risk records together. Click on link record



“Link Notes” – add details to show why you are linking the records, then click save.

Documents

If you have a document that is related to the risk, you will need to attach it to the record. This is done by clicking on the tab “attach a new document”:

- Link as - the type of document it is e.g. Witness Form, Email, letter etc.
- Description – Name the Document e.g. Witness Statement by Mr Brown... **Please add as much detail to the description as possible this will make it easier to locate for other members of staff this may need to access this information.**
- Insert this file - Insert the document from the file you have saved it to on your computer.
- Click on save and this document will be saved to the record. You can add as many documents to the record as required.

Documents can be viewed by anyone who has access to the record.

Actions and Action Plans

Actions can be created for a Risk to form part of an action plan to mitigate the risk.

Action Plans can be created by clicking on the 'Actions' panel in the left hand side menu and then selecting 'Create a new action' .

All actions must be added to the record separately.

Actions can be assigned to any RLDatix user, they will then receive an email notification to advise them that an action has been assigned to them.

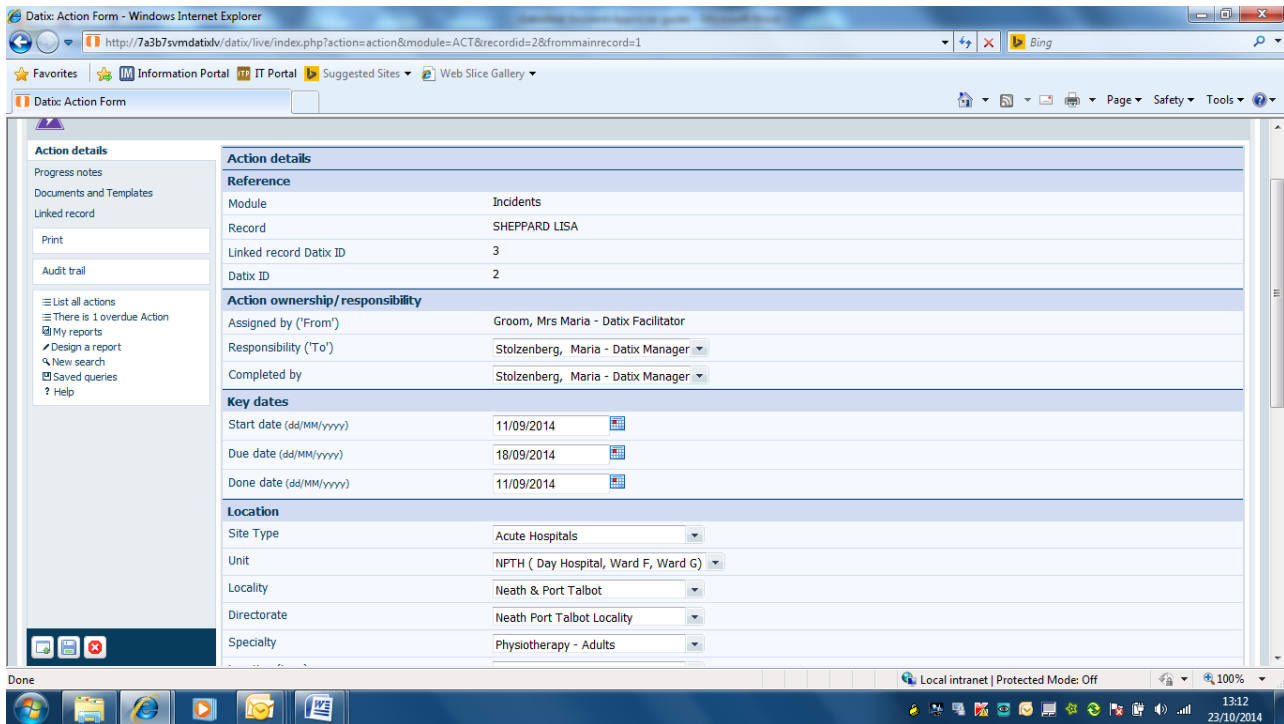
When a person is assigned to an action they will receive an e-mail reminder 2 days prior to the deadline date and will receive e-mail notifications on a daily basis after the due date has passed, until the action is complete.

Action plans can be created by one user of the system and assigned to any other user of the system, regardless of whether they have access to that particular risk. This is extremely useful for distributing tasks to people without revealing the full detail of the risk. Actions work well with the To Do List module which allows a user to view all their actions in a single list.

An e-mail is sent to the person who created/assigned the action if the action is **updated** or **completed**.

Completion of actions when the Risk is Health Board wide:

For Health Board wide risks, the actions have to be coded to an area within the Health Board and a note put into the 'progress notes' to say that 'this is health board wide risk but we have to code to an area because the fields are mandatory' .



Reference field:

The module, record, linked record and RLDatic ID will be automatically populated when the action is saved.

Action ownership/responsibility:

As you are logged into the system, your name will automatically be inserted into the Assigned By field once you have saved the Action.

You will then need to add the name of the person you are assigning the Action to (when the Action is saved they will be sent an email notification). If the staff member is not an RLDatic user you will need to add your name in and use alternative methods of communication. If this is the case you will need to record the name of the responsible person in the progress notes field. When the action is complete you can close it down, or you will need to add their manager's name into the field, providing they are an RLDatic user. If this method is used please ensure you inform the manager.

The Completed by field will not be filled in until the action is complete.

Key Dates:

Start Date – this will auto populate to the date the action is created

Due Date – you will need to add the date that the action is due to be completed (emails will be sent to the person assigned to the action when it becomes two days before it is overdue, and day after until it is completed)

Done Date – this field can only be completed when the action has been fully completed.

Location:

These fields are automatically populated taking the data from the main Incident screen. These fields can be amended to suit the individual Action.

Action details:

Action Type – this is what action is required - you will need to select an action from the drop down list. If you cannot find the action you need to contact the RLDatix team for guidance.

Description, Synopsis, Resource requirement, Reporting monitoring requirements, progress are all fields that will need to be completed throughout the life of the action and must be updated prior to the action being closed down.

There are not always cost implications therefore you will not be required to complete the **cost and cost type** fields unless specifically required.

Then click submit action.

If you need to add one or more actions, click on create a new action and repeat the above.

The screenshot shows the Datix Incident Approval Form interface. The main content area is titled 'Abertawe Bro Morgannwg University Health Board - Incident Approval Form'. It features a navigation menu on the left with options like 'Incidents', 'Risk Register', 'Experience and Feedback', 'Complaints', 'Claims', and 'Safety Alerts'. The main content area is divided into sections: 'Incident Details', 'Investigation', 'Actions and Action chains', 'Notepad', 'Documents and Templates', 'Communication and feedback', 'Linked records', and 'Notifications'. The 'Actions and Action chains' section contains a table of actions:

ID	Responsibility (*To)	Assigned by (*From)	Module	Description	Due date	Done date	Priority
2	Maria Stolzenberg	Mrs Maria Groom	Incidents	Create new guidelines for all receptionist staff regarding waiting time updates.	18/09/2014	11/09/2014	Medium priority
5	Maria Stolzenberg	Mrs Maria Groom	Incidents	Replace broken fire extinguisher	25/09/2014	11/09/2014	Low priority

Below the table, there is a section for 'Action chains' which currently shows 'No action chains' and a button to 'Add a new action chain'. The 'Add a new action chain' button is circled in red in the screenshot.

PLEASE NOTE: Action plans can be created from the actions attached to your risk. If you require help with any reports please refer to the searching and reporting guide.

Whilst in an Action, you have an additional side panel where you can add notes, attach any documents and link Actions together if applicable.

Contacts

Contacts can be added if they are related to the risk.

If you need to add a contact, the contact screen can be accessed by clicking on 'contacts' on the left hand panel and clicking on the 'create link' button and searching for the relevant person to link.

Click on the name and then the 'Check for matching contacts' button at the bottom of the screen. A new window will open, and at this stage there are 2 possibilities:

1. The name is known to the system; you now just need to select the correct name from the list. After choosing the name you will need to click on 'create new link' at the bottom of the persons details screen

The screenshot shows a web browser window with the URL http://7a3b7svmdatixlv/datix/live/index.php?action=linkcontactgeneral&main_recordid=1&formtype=&lin. The browser title is "Datix: Link new contact - Windows Internet Explorer provided by ABM University Health Board". The form contains the following sections:

- Linked details**
 - Contact role: CLAIMN
- Linked details (Person injured/affected)**
 - Occupation: [text input]
 - Legal aid?: [dropdown menu]
 - Litigant in person?: [dropdown menu]
 - Number of dependants: [text input]
 - Age of dependants: [text input]
 - Marital status: [dropdown menu]
 - Injuries: [dropdown menu]
- Approval status**
 - Current approval status: Approved
 - Approval status: Approved (highlighted in green)

At the bottom of the form, there are three buttons: "Check for matching contacts", "Create new link" (circled in red), and "Back to claim".

2. The name is new to the system; in this case the system will say 'no matching contacts found'. You must close down the new window, and change the status of the contact to 'approved' and then save.

To add a new contact (perhaps a name that has only come up during the investigation) you can create a new person/contact link. Once you've clicked on that option, enter the surname/family name and search as above. Here again you will have options A and B as above, and you'll need to follow the appropriate steps for each.

It is really important that you **do** not add duplicate contacts to the system - please ensure you undertake a sufficient search prior to adding new contacts.

Approving a Risk

Once a new risk has been fully reviewed it must be moved into the accepted approval status.

You can change the status of the record at the 'approval status' section on the form (see below).

Abertawe Bro Morgana University Health Board - Risk Register 2 form

Risk Information

Assurance

- + Add a new risk
- Assurance Framework
- My reports
- Design a report
- New search
- Saved queries
- Help

Risk Information

* Title

User Defined Reference

* Approval Status **New risk** ▼

Last updated

Risk Details

* Handler

Manager

Executive Lead

Do not use

Do not use

Accepted

Closed

Closing a risk

Once a risk is mitigated to an acceptable level (ie. you have reached your target risk rating) it can then be closed by entering a closed date and move to the approval status of closed

APPENDIX 1

How to calculate the Risk score?

For each risk identified, the LIKELIHOOD & CONSEQUENCE mechanism will be utilised. Essentially this examines each of the risks and attempts to assess the likelihood of the event occurring (PROBABILITY) and the effect it could have on the Health Board (IMPACT). This process ensures that the Health Board will be focusing on those risks which, require immediate attention, rather than spending time on areas which are, relatively, a lower priority.

LIKELIHOOD					
LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	RARE	UNLIKELY	POSSIBLE	PROBABLE	EXPECTED
Frequency: How often might it/ does it happen?	Not expected to occur for 10 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
Probability: Will it happen or not?	Less than 0.1% chance	0.1 - 1% chance	1 - 10% chance	10 - 50% chance	Greater than 50% chance

CONSEQUENCE – Severity of Harm					
LIKELIHOOD SCORE	1	2	3	4	5
DOMAINS	NEGLIGIBLE	MINOR	MODERATE	MAJOR	CATASTROPHIC
Patient Safety	Minimal injury requiring no/minimal intervention or treatment. Category 1 pressure ulcer	Minor injury or illness, requiring minor intervention. Increase in length of hospital stay for 1-3 days. Category 2 pressure ulcer.	Moderate injury requiring professional intervention. Increase in length of stay by 4-15 days. Category 3 pressure ulcer. An event which impacts on a small number of patients.	Major injury leading to longterm incapacity/ disability. Fall requiring surgical intervention. Category 4 pressure ulcer. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of people.
Health and Safety	No obvious injury. No time off work.	An injury sustained at work requiring time off or reduced duties up to 7 days.	RIDDOR Reportable 7 Days or more off due to work related injury or reduced duties. Any Reportable Occupational Disease.	RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. (Formally classified as major injuries).	RIDDOR Reportable. Incident leading to death. An event which impacts on a large number of staff.

CONSEQUENCE – Severity of Harm					
Governance and Assurance	Peripheral element of treatment or service suboptimal. Informal inquiry.	Overall treatment or service suboptimal. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/independent review. Low performance rating. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Inquest/ombudsman/inquiry. Gross failure to meet national standards.
Workforce and Organisational Development	Lower than expected staffing level that temporarily reduces service quality for 1 day or less.	Lower than expected staffing level that temporarily reduces service quality for 1 day or more.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level or skill mix (1 - 5 days). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or skill mix (5 days or more). Loss of key staff. Very low staff morale.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or skill mix. Loss of several key staff. No staff attending mandatory training/ key training on an ongoing basis
Compliance with Legislation and Statutory/ Regulatory Inspections	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices/Critical Report. Low performance rating.	Multiple breaches in statutory duty or prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Information Governance	There is absolute certainty that no adverse effect can arise from the breach.	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering. It may also include possible inconvenience to those who need the data to do their job.	An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job such as a cancelled procedure that has the potential of prolonging suffering but does not lead to a decline in health.	There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred. Loss of bank details leading to loss of funds. There is a loss of employment.	A person dies or suffers a catastrophic occurrence.

CONSEQUENCE – Severity of Harm					
Sustainable Services	Insignificant cost increase/ schedule slippage. Loss/ interruption of service >1 hour.	<5% over project budget. Minor schedule slippage <1 month. Loss/ interruption of service >8 hours.	5-10 % over project budget. Schedule slippage <2 months Loss/ interruption of service >1 day	10-25% over project budget. Schedule slippage <3 months. Loss/ interruption of service >1 week.	>25% over project budget. Schedule slippage >3 months. Key objectives not met. Permanent loss of service or facility.
Financial Management	Small loss.	Loss of 0.1 - 0.25 % of budget	Loss of 0.25 - 0.5 % of budget	Loss of 0.5-1.0 per cent of budget Uncertain delivery of key	Loss of >1 % of budget Non-delivery of key objective.
Environment, Estates and Infrastructure	Minimal or no impact.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.
Medical Devices, Equipment and Supplies	Minimal injury requiring no/minimal intervention or treatment. Negligible disruption to a clinical service.	Minor injury or illness, requiring minor intervention. Minor short term disruption to a clinical service.	Moderate injury requiring professional intervention. Re-scheduling of a clinical service.	Major injury leading to long term incapacity/ disability. Cancellation of a clinical service.	Incident leading to death or permanent irreversible health effects. Cessation or closure of a clinical service.

Multiply the consequence and likelihood together to provide the Risk Rating which determines the overall risk ranking and priority of the risk for action (risk treatments), in accordance with the Risk Matrix:

Risk Matrix	LIKELIHOOD				
CONSEQUENCE	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

1 - 4 LOW	This level of risk is considered acceptable and no additional action is required over and above existing management measures.
5 - 8 Manageable	This level of risk is marginally acceptable and efforts should be made to reduce the risk although the costs of reduction must be carefully considered. Risk reduction actions should be completed within 12 months.
9 - 15 Amber Moderate	This level of risk should have Risk Management Steering Group consideration. Action to reduce the risk should be completed in 6 months.

**16 - 25
HIGH**

Board level notification/attention of this level of risk is required, via the Risk Management Steering Group. Urgent attention to the risk is required with actions to reduce the risk commencing within 1 month. Close monitoring required. Immediate action may be required, including halting the process although before doing so the risk must be assessed to ensure it is safe to do so..