

SANDWELL AND WEST BIRMINGHAM NHS TRUST

COVID-19 Risk Mitigations: Delivery Status – June 2020

Delivery status key:	B Completed	G Will be delivered by 30/06/2020
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A. **WORKFORCE**

Risk No.	Category	Risk Statement	Current Risk rating <small>(Likelihood v Severity)</small>	Mitigating Actions	Executive Lead	Target Risk Rating <small>(Likelihood v Severity)</small>	Evidence statement to support current position	Delivery status
1. 3971	Workforce	There is a risk of increased psychological trauma (work or home) due to COVID-19 leading to staff harm or prolonged absence.	5 x 5 = 25	<ul style="list-style-type: none"> Absence impact collectively expected to be modest but early intervention model key to mitigation – Trust wellbeing offer 	RG	3 x 5 = 15	Individual contact for those absent by HR team (whether for sickness, WFH or shielding) on a regular basis to facilitate early wellbeing interventions and a planned return to work date and plan. Consistent reiteration of Trust wellbeing offer on a daily basis through electronic and verbal methods.	B

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				<ul style="list-style-type: none"> Tracking of psychological wellbeing at departmental level 	RG		<p>Introduction of Mental Health first aiders in every department and targeted training for managers and all staff.</p> <p>Psychological scorecard developed including mood ratings through Thrive App.</p> <p>Tracking of well-being through Stress Risk Assessments in high risk areas.</p>	G
				<ul style="list-style-type: none"> Rigorous implementation of revised Trust sickness plans 	RG		<p>HR contacting absent staff on a regular basis (at least once a week) to check welfare and facilitate planned work return.</p>	G
2. 3972	Workforce	There is a risk that staff accrue annual leave at scale due to the pressures of COVID-19 leading to an adverse impact on clinical	5 x 4 = 20	<ul style="list-style-type: none"> Manage annual leave across 24 month period and report data for each individual not less than quarterly centrally 	RG	2 x 4 = 8	Reports to be generated quarterly via E-Roster and ESR commencing end of June.	G

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		service delivery during restoration.		<ul style="list-style-type: none"> In surge scenario insist on 70% of year 1 AL in year one 	RG		Reporting will demonstrate whether this is necessary	G
				<ul style="list-style-type: none"> Consider targeted buy out in 20-21 (employer not employee initiated) 	TL		TBC in July	
3. 3973	Workforce	There is a risk that a loss of clinical expertise and leadership through sustained non-availability leads to staff and/or patient harm.	4 x 4 = 16	<ul style="list-style-type: none"> Leadership key personnel map to ensure resilience in key specialties combined with external executive led recruitment to provide greater resilience 	LK	2 x 4 = 8	Being mapped out currently. Operational daily meetings with Groups in place where leadership is discussed	G
				<ul style="list-style-type: none"> Rationalisation of senior nursing roles to permit greater focus on clinical care at ward and matron level 	TL		Did not prove necessary but will be reviewed for winter.	B
4. 3974	Workforce	There is a risk that changes to national shielding guidance would increase absence meaning that not enough staff are available to look after our patients.	4 x 4 = 16	<ul style="list-style-type: none"> Remote support for redeployed staff whilst looking after patients (over prolonged period some CPD support may be needed..) 	RG	1 x 4 = 4	Data regarding staff with Underlying Medical Conditions is captured through individual risk assessments, enabling local managers to make decisions.	B

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							Working closely with NHS employers on impact of changing shielding guidance	
5. 3975	Workforce	There is a risk that the planned staffing ratios and skill mix due to lack of supply leads to staff and/or patient harm.	3 x 5 = 15	<ul style="list-style-type: none"> The Trust can achieve its ratios under current plan and will use Safety Plan controls to track patient harms. This should permit intervention in hotspot areas 	PG	2 x 4 = 8	<p>Wave and wave 2 deployments largely exited. Work ongoing to review staffing requirements and the redeployment should we need to staff ITU during another surge.</p> <p>Redeployment by Workforce cell has taken place at an early stage and has been successful in addressing shortage of staff in key areas.</p>	B
6. 3976	Workforce	There is a risk that more than 30% absence means that we do not have enough staff to look	2 x 5 = 10	<ul style="list-style-type: none"> Centralised approach to absence grip, and related approach to leave in the short term – permitting redeployment. 	RG	1 x 4 = 4	Leave decision required later in July. Q1 data to be circulated.	G

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		after our patients.		<ul style="list-style-type: none"> Rationalisation of multi-site locations to fit foreseeable workforce in advance of MMU (see Gold recovery plan). 	LK		Part of the recovery work in place. Update to Gold weekly as part of Tactical recovery pack.	G
7. 3977	Workforce	There is a risk that ancillary support structures do not have enough staff to meet the needs of increased workload which may lead to infection or patient flow harms.		3 x 3 = 9	<ul style="list-style-type: none"> Virtual deployment of staff shielding to assist with clinical admin functions. Additional volunteers from non-clinical / non-patient facing departments to be trained to join brigades to support in such areas as cleaning and portering. Assessment of critical work to release further staff for brigade work. 		TL	2 x 3 = 6
							Work completed. Participant experience merits evaluation.	G
							Not needed	B

B. EQUIPPING

Risk No.	Category	Risk Statement	Current Risk rating <small>(Likelihood v Severity)</small>	Mitigation Actions	Executive Lead	Target Risk Rating <small>(Likelihood v Severity)</small>	Evidence statement to support current position	Delivery Status
8. 3978	Equipping	A lack of appropriate PPE due to shortage in the supply chain or that resources are inadequate for the job lead to staff being put at unnecessary risk of COVID 19.	4 x 5 = 20	<ul style="list-style-type: none"> Increase contract with laundry service for reusable gowns, throughput and/or additional gowns. 	RB	2 x 5 = 10	Additional cover-alls purchased. Laundered via SWBH laundry. Plan meets demand.	B
				<ul style="list-style-type: none"> Locally source bespoke items with firms (innovate) 	DM		Member of the procurement team working full time from home on sourcing new suppliers All speculative enquiries have been investigated, particularly if local	B
				<ul style="list-style-type: none"> Ensure regular supply of critical PPE items is available via external contractors in the event that Supply Chain is unable to deliver or run out. 	DM		As above. Our approach from the start has been to not to have to rely on national arrangements in case of supply disruption	G
				<ul style="list-style-type: none"> Review daily SitRep return and arrange for Mutual Aid when required. 	DM		Underway	B

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				<ul style="list-style-type: none"> Reuse only in extremis after Gold approval 	DM		As above. Our approach from the start has been to not to have to rely on national arrangements in case of supply disruption	G
9. 3979	Equipping	<p>There is a risk that availability of fixed or semi-fixed equipment cannot be scaled up to plan leading to patient harm.</p> <p>[Equipment available for surge plan, and being confirmed for recovery plan. Key risk is either super surge or long term surge, or peer aid.]</p>	4 x 4 = 16	<ul style="list-style-type: none"> Equipment tracking through tactical and reliance on off supply chain suppliers to maintain continuity (risk posed by scaled up Nightingale) 	LK	2 x 4 = 8	Underway	G
				<ul style="list-style-type: none"> In-house medical engineering function geared to up to devise solutions for mis-use or re-use of non-patient facing kit 	LK		Not required as yet	G
				<ul style="list-style-type: none"> Peer aid across BCWB STP system. 	LK		Underway	G
10. 3980	Equipping	There is a risk of shortfall in consumables or single products because they cannot	3 x 5 = 15	<ul style="list-style-type: none"> Review and revise patient pathways to decide on provision of care where equipment is not available. 	LK	2 x 5 = 10	Register visibility to be confirmed.	G

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		be sourced at scale, on time or for duration of plans leading to patient harm.	High	<ul style="list-style-type: none"> Should stock levels fall below a reasonable level, the Procurement Team will request Mutual Aid and/or raise a National Supply Disruption Service request. Those levels are: <ul style="list-style-type: none"> Type IIR masks – 60,000 Alpha masks – 3,000 3M masks - 4,000 Non-sterile gowns – 10,000 Coveralls – 3,000 Face visors – 4,000 	DM	High	PPE stocktake done daily. A minimum of 6 days' supply is the benchmark before seeking assurance on the next delivery via NSDR or Mutual Aid	G
				<ul style="list-style-type: none"> Consumables stock levels centrally reported with base of 20 days' supply required. Key risk remains supply chain stock not local stock. 	DM		Normal consumables have generally been ok from NHSSC, if an item has been out of stock we have always been able to get stock from another ward/dept or find a suitable alternative. The only consumables that we have had problems getting are COVID related items (NIV masks, Ventilator tubing and	B

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							filters) but even those are gradually coming back into stock now.	
11. 3981	Equipping	Due to unprecedented demand, equipment could fail if used continuously resulting in disruption or delay in patient care.	3 x 5 = 15	<ul style="list-style-type: none"> Consideration, based on a risk assessment, of use of alternative equipment (case by case basis) [DN need revised assessment of unreplaceable kit] 	LK	2 x 5 = 10	All alternative equipment tested with clinical involvement and recommendations are sent to tactical for decision	B
12. 3982	Equipping	Unfamiliarity with equipment by some staff may lead to errors in use resulting in patient harms.	3 x 5 = 15	<ul style="list-style-type: none"> Training provision for deployed staff and adequate support and supervision for redeployed staff. June refresh of key equipment training using video tech 	LK	1 x 5 = 5	In place and personal competency forms require sign off by individual staff which has been completed for Wave 1 and 2 and the brigades and are ongoing	B
13. 3983	Equipping	Risk of local gaps or stretch due to diversion of provisions to other parts of the system leading to shortfalls in fixed or consumable supply.	3 x 4 = 12	<ul style="list-style-type: none"> Participation in STP wide work to support neighbours and develop escalated foresight 	DM	2 x 4 = 8	In place via SitRep, existing BCA relationships, and DoF discussions/	B

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				<ul style="list-style-type: none"> Daily review of stock levels with other BCA Trusts 				B
14. 3984	Equipping	International trade policy barriers lead to short term or long term supply interruption resulting in an inability to deliver the plan	3 x 4 = 12	<ul style="list-style-type: none"> Understanding of supply chain to Trust permits alternative purchasing options to be prioritised Local supply chains established where possible Orders restricted to known and existing reliable suppliers where possible 	DM	2 x 4 = 8	<p>In place and evidenced via daily activity tracker with forward look on all aspects of PPE.</p> <p>Is supply chain source data known - tbc</p>	G
15. 3985	Equipping	Risk that new evidence necessitates changes in product acquisitions resulting in delay to delivery of surge plan.	2 x 5 = 10	<ul style="list-style-type: none"> Continue to use existing equipment until alternatives are available. Procurement Team to establish list of alternate suppliers 	DM	2 x 5 = 10	Daily attendance at Tactical to get early sight of changes. Activity tracker records alternative suppliers to follow up.	B
16. 3986	Equipping	Risk of breakdown or shortfall of fixed and semi-fixed equipment due to intensity of	3 x 3 = 9	<ul style="list-style-type: none"> Review and revise pathways to decide on provision of care where equipment is not available. 	LK	2 x 3 = 6	Managed to date without this difficulty manifesting. Closest was NIV.	B

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		use leading to patient safety compromise.		<ul style="list-style-type: none"> Discuss with Birmingham Nightingale Hospital for short term release of available equipment. 	TL		Proved impossible to identify contact point or distribution, although some EBME bilaterals moving equipment back.	B
17. 3987	Equipping	There is a risk that sourcing or maintaining equipment dependent upon a key person leads to unanticipated weakness in plan delivery.	3 x 3 = 9	<ul style="list-style-type: none"> Changes in allocation of manpower within medical engineering function and purchase of external input as needed 	LK	1 x 3 = 3	Daily attendance at Tactical to get early sight of changes Activity tracker records alternative suppliers to follow up	B

C. **ASSETS**

Risk No.	Category	Risk Statement	Current Risk rating <small>(Likelihood v Severity)</small>	Mitigation Actions	Executive Lead	Target Risk Rating <small>(Likelihood v Severity)</small>	Evidence statement to support current position	Delivery Status
18. 3988	Assets	Risk to supply of Oxygen due to level of use and possible external supply issues may lead to patient harm.	4 x 5 = 20	<ul style="list-style-type: none"> Review and revise patient pathways to decide on provision of care where equipment is not available. 	LK	2 x 5 = 10	This is completed as required in order of patient need	G
				<ul style="list-style-type: none"> Prescribing of Oxygen to be the 'norm'. 	PG		Unity top tips have reinforced this message to clinician 7 th May 2020. CN has discussed the possibility within EPMA re pre- prescription of O2.	G
				<ul style="list-style-type: none"> Adoption of weaning oxygen protocols. (Use of awake proning protocol in wards. Proning for intubated and CPAP patients continue in Critical Care) 	PG		Poor data capture on use. Needs tracking with remaining red ward patients in July?	R
				<ul style="list-style-type: none"> Suppliers to be contacted at earliest opportunities to keep stock levels high or optimum. 	RB		Modelling completed for surge supply and demand – assurance confirmed. Paper via EMPA. Oxygen supply levels in	B

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							excess of demand. Monitoring in place for escalation.	
19. 3989	Assets	Risk to estate due to supply chain issues leading to areas of the Trust being unfit for purpose.	3 x 4 = 12	• Internal Estates team to make remedial repairs	RB	2 x 4 = 8	Business as usual - in place.	B
				• Use of video instruction from supply chain for Estates staff to use.	RB		In place as required.	B
				• Use of closed departments to facilitate suppliers.	LK		As yet this has not been required.	B
				• Closure of departments	LK		To date this has not been required.	B
20. 3990	Assets	There is a risk of overload of our IT infrastructure due to multiple teams working off site leading to reduced performance.	3 x 3 = 9	• Reduce homeworking, some staff to return to site.	TL	1 x 3 = 3	To be covered in delayed June long term guidance	G
				• Move to 7-day working across teams to disperse activity and overload to IT infrastructure.	TL		To be covered in delayed June long term guidance	G
				• Spread log on activity to a wider working	TL		To be covered in delayed	G

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				day.			June long term guidance	
21. 3991	Assets	There is a risk of some of our suppliers being unable to provide support because of a reluctance to come on site or their staff being furloughed.	3 x 3 = 9	<ul style="list-style-type: none"> Offer support, escorting and appropriate PPE to any suppliers visiting site. 	DM	2 x 4 = 8	PPE stations across the Trust	B
				<ul style="list-style-type: none"> Check suppliers availability and ensure viability of service with cash flows. 	DM		Reviewed suppliers with CMG and Rachel Barlow. DHSC list of suppliers reviewed and action plan in place	B
22. 3992	Assets	There is a risk that the rapid rollout of new technology to wards and to people at home and the movement of equipment around wards may result in asset registers becoming out of date and equipment being lost.	3 x 2 = 6	<ul style="list-style-type: none"> Ensure that all rollouts of equipment go through the asset team 	LK	1 x 2 = 2	In place with the operational/corporate teams	B
				<ul style="list-style-type: none"> Perform updates of equipment checks and stock takes on a monthly basis 	LK		To be discussed with operational Groups to ensure this is in place	G
				<ul style="list-style-type: none"> Ensure that equipment is given to named people in communal areas 	LK		Named person is a senior member of staff	B
23.	Assets	There is a risk that lack of storage due to an increase in infected	2 x 3 = 6	<ul style="list-style-type: none"> Review capacity against demand 	RB	1 x 3 = 3	TBC	

Risk No.	Category	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Executive Lead	Target Risk Rating (Likelihood v Severity)	Evidence statement to support current position	Delivery Status
3993		waste could result in staff illness and infestation.		<ul style="list-style-type: none"> Identify safe storage facilities on site 	RB		TBC	
				<ul style="list-style-type: none"> Increase offsite removal contract 	RB		TBC	

D. CLINICAL CARE

Risk No.	Category	Risk Statement	Current Risk rating (Likelihood v Severity)	Mitigation Actions	Executive Lead	Target Risk Rating (Likelihood v Severity)	Evidence statement to support current position	Delivery Status
24. 3995	Clinical Care	There is a risk that services will be overwhelmed due to a surge of patients requiring follow up and new appointments, which will be difficult to deliver and may lead to poorer outcomes.	5 x 5 = 25	<ul style="list-style-type: none"> Phased approach to resumption of services to prevent a surge. 	LK	2x 5 = 10	In place as part of the recovery meetings twice weekly.	G
				<ul style="list-style-type: none"> 7-day working and longer day working for all specialities to ensure ability to meet demand over 6 month period 	LK		In place as part of the recovery meetings twice per week. Process being	G

Risk No.	Category	Risk Statement	Current Risk rating <small>(Likelihood v Severity)</small>	Mitigation Actions	Executive Lead	Target Risk Rating <small>(Likelihood v Severity)</small>	Evidence statement to support current position	Delivery Status
				<ul style="list-style-type: none"> Peer aid with colleagues in BSol and BCWB 	LK		discussed. <u>Not yet agreed.</u>	G
25. 3996	Clinical Care	Risk to patient health deteriorating due to scaling back of services for COVID-19 leading to poorer outcomes, functionality and diagnosis.	4 x 5 = 20	<ul style="list-style-type: none"> Scale up shielding offer to work alongside general practice 	TL	2 x 5 = 10	Off-track. No agreed approach yet in place with shielding expected to 'end' in early July.	R
				<ul style="list-style-type: none"> Overt publicity campaign in local community media 	TL		Off-track. But question if needed depending on agreed gold demand thresholds.	R
				<ul style="list-style-type: none"> Development of more integrated offer with community pharmacies on the back of self-care plans 	TL		Will be developed within ICP plan between Trust and CCG pharmacy teams	G
26. 3997	Clinical Care	Risk of delayed presentation of patients as patients are not attending healthcare premises	5 x 3 = 15	<ul style="list-style-type: none"> Provision of 'safe' GP services to allow 'safe' consultations. 	TL	3 x 4 = 12	CCG decision to move to one C-19 centre, location to be determined	B

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		due to COVID-19 leading to poor outcomes, functionality and diagnosis.		<ul style="list-style-type: none"> Straight to test options at scale to allow rapid access diagnostics 	LK		Audit required to finalise all options for this; register being compiled	G
27. 3999	Clinical Care	Risk of lack optimum medications due to supply shortage or supply diversion leading to suboptimal patient care.	3 x 3 = 9	<ul style="list-style-type: none"> Review and revise patient pathways to decide on provision of care where supply is unavailable. 	LK	3 x 3 = 9	TBC	
				<ul style="list-style-type: none"> Source and stock alternative medications. 	DC		To be advised in light of the above.	

E. OTHER EVENTS

Risk No.	Category	Risk Statement	Current Risk rating <small>(Likelihood v Severity)</small>	Mitigation Actions	Executive Lead	Target Risk Rating <small>(Likelihood v Severity)</small>	Evidence statement to support current position	Delivery Status
28. 4000	Sustainability	There is a risk that another simultaneous Major Incident would not be managed as effectively as possible because of stretch from COVID-19 response leading to slower or inadequate service recovery	4 x 5 = 20	<ul style="list-style-type: none"> Resilience in key IT/estate/operation/EP functions to run split team response. 	LK	3 x 5 = 15	Position reviewed and, in line with national guidance, agreed to run with one Major Incident team but with clear role and activity distinctions should the simultaneous MI situation arise.	G
				<ul style="list-style-type: none"> Peer aid considerations with expertise arranged from neighbouring organisations. 	LK		Needs further work in light of 'capacity gaps – e.g. around IT, estate etc.	G
29. 4001	Sustainability	There is an increased risk of a cyber-attack due to the current criticality of the NHS caused by COVID-19 which could result in a prolonged IT outage and severe service disruption.	3 x 5 = 15	<ul style="list-style-type: none"> Considered in paper to the private Board 	TL	2 x 5 = 10	Cannot be delivered by end of June. Board agreed end of September timetable to comply with 'five tests' after W10 deployment Trust-wide	R

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30. 4002	Strategic	There is a risk that premature NHS reorganisation locally or nationally results in diffused effort during 2020	2 x 4 = 8	<ul style="list-style-type: none"> Clear local leadership ensures time spent on importance not urgent, with good liaison with STP chair 	TL	2 x 4 = 8	Known unknown is outcome of 'Deloitte work' on system OD. Needs careful management. Letters ¾ awaited from NHSE.	G
				<ul style="list-style-type: none"> Well-developed Place relationships at ICP level result in cohesion to approach to care integration 	TL		TOR agreed and plans being developed by new CCG place team	G

19-06-2020

RISK ASSESSMENT MATRIX

1. LIKELIHOOD: What is the likelihood of the harm/damage/loss occurring?

LEVEL	DESCRIPTOR	DESCRIPTION
1	Rare	The event may only occur in exceptional circumstances
2	Unlikely	The event is not expected to happen but may occur in some circumstances
3	Possible	The event may occur occasionally
4	Likely	The event is likely to occur, but is not a persistent issue
5	Almost Certain	The event will probably occur on many occasions and is a persistent issue

2. SEVERITY: What is the highest potential consequence of this risk? (If there is more than one, choose the higher)

Descriptor	Potential Impact on Individual (s)	Potential Impact on Organisation	Cost of control / litigation	Potential for complaint / litigation
Insignificant 1	No injury or adverse outcome	No risk at all to organisation	£0 - £50k	Unlikely to cause complaint / litigation
Minor 2	Short term injury / damage e.g. injury that is likely to be resolved within one month	Minimal risk to organisation	£50k - £500k	Complaint possible Litigation unlikely
Moderate 3	Semi-permanent injury / damage e.g. injury that may take up to 1 year to resolve.	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient Short term sickness 	£500k - £2m	High potential for complaint Litigation possible
Major 4	Permanent Injury <ul style="list-style-type: none"> Loss of body part(s) Loss of sight Admission to specialist intensive care unit 	<ul style="list-style-type: none"> Long term sickness Service closure Service / department external accreditation at risk 	£2m - £4m	Litigation expected/certain Multiple justified complaints
Catastrophic 5	Death and/or multiple injuries (20+)	<ul style="list-style-type: none"> National adverse publicity External enforcement body investigation Trust external accreditation at risk 	£4m+	Multiple claims / single major claim

3. RISK RATING: Use matrix below to rate the risk (e.g. 2 x 4 = 8 = Yellow, 5 x 5 = 25 = Red)

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

Green = LOW risk

Yellow = MODERATE risk

Amber = MEDIUM risk

Red = HIGH risk