

**REPORT TO:** Audit and Governance Committee

**MEETING DATE:** 13 September 2016

**BY:** Chief Executive

**SUBJECT:** Children and Adult Services Risk Register

---

## **1 PURPOSE**

- 1.1 To present to the Audit and Governance Committee the Children and Adult Services Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Children and Adult Services Risk Register has been developed in keeping with the Council's Risk Management Strategy and is a live document which is reviewed and refreshed on a regular basis, led by the Children and Adult Services Local Risk Working Group (LRWG).

## **2 RECOMMENDATIONS**

- 2.1 It is recommended that the Audit and Governance Committee notes the Children and Adult Services Risk Register and in doing so, the Committee is asked to note that:
  - the relevant risks have been identified and that the significance of each risk is appropriate to the current nature of the risk.
  - the total profile of the Children and Adult Services risk can be borne by the Council at this time in relation to the Council's appetite for risk.
  - although the risks presented are those requiring close monitoring and scrutiny over the next year, many are in fact longer term risks for Children and Adult Services and are likely to be a feature of the risk register over a number of years.

## **3 BACKGROUND**

- 3.1 The Risk Register has been compiled by the Children and Adult Services LRWG. All risks have been evaluated using the standard (5x5) risk matrix which involves multiplying the likelihood of occurrence of a risk

(scored 1-5) by its potential impact (scored 1-5). This produces an evaluation of risk as either 'low (1-4)', 'medium' (5-9), 'high' (10-19) or 'very high' (20-25).

3.2 The Council's response in relation to adverse risk or its risk appetite is such that:

- Very High risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position;
- High risk may be tolerable providing the Council is assured that adequate and effective control measures are in place;
- Medium risk is tolerable with control measures that are cost effective;
- Low risk is broadly acceptable without any further action to prevent or mitigate risk.

3.3 The current Children and Adult Services Risk Register includes 7 High risks, 10 Medium risks and 1 Low Risk. As per the Council's Risk Strategy only the Very High and High risks are being reported to the Committee.

3.4 A copy of the risk matrix used to calculate the level of risk is attached as Appendix 2 for information.

#### **4 POLICY IMPLICATIONS**

4.1 In noting this report the Council will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

#### **5 INTEGRATED IMPACT ASSESSMENT**

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

#### **6 RESOURCE IMPLICATIONS**

6.1 Financial - It is the consideration of the Children and Adult Services Local Risk Working Group that the recurring costs associated with the measures in place for each risk are proportionate to the level of risk. The financial requirements to support the Risk Register for the year ahead should be met within the proposed budget allocations. Any unplanned and unbudgeted costs that arise in relation to any of the corporate risks identified will be subject to review by the Corporate Management Team.

6.2 Personnel - There are no immediate implications.

6.3 Other - Effective implementation of this register will require the support and commitment of the Risk Owners identified within the register.

## 7 BACKGROUND PAPERS

7.1 Appendix 1 – Children and Adult Services Risk Register

7.2 Appendix 2 – Risk Matrix

|                      |  |
|----------------------|--|
| <b>AUTHOR'S NAME</b> | Scott Kennedy<br>Paolo Vestri  |
| <b>DESIGNATION</b>   | Emergency Planning and Risk Officer<br>Service Manager - Corporate Policy and Improvement  |
| <b>CONTACT INFO</b>  | <a href="mailto:skennedy@eastlothian.gov.uk">skennedy@eastlothian.gov.uk</a> 01620 827900<br><a href="mailto:pvestri@eastlothian.gov.uk">pvestri@eastlothian.gov.uk</a> 01620 827320 |
| <b>DATE</b>          | 31 August 2016   |



# Children and Adult Services Risk Register v1

Date reviewed: 31 August 2016

| Risk ID | Risk Description<br>(Threat/Opportunity to achievement of business objective)   | Risk Control Measures<br>(currently in place)  | Assessment of Current Risk |        |             | Planned Risk Control Measures   | Assessment of Residual Risk<br>[With proposed control measures] |        |                      | Risk Owner  | Timescale for Completion / Review Frequency           | Single Outcome Agreement Outcome Number Link | Evidence held of Regular Review   |
|---------|---|--|----------------------------|--------|-------------|---|---|--------|----------------------|---|---|--|---|
|         |   |  | Likelihood                 | Impact | Risk Rating |   | Likelihood  | Impact | Residual Risk Rating |   |   |  |   |
|         |   |  | L                          | I      | L x I       |   | L   | I      | L x I                |   |   |  |   |
| CAS 1   | <p>Care Homes &amp; Domiciliary Care Providers</p> <p>The failure of a major Care Home or Domiciliary Care provider resulting in a loss of capacity and the risk of service users being put at risk as a result of their service withdrawn at short notice.</p> <p>There are other challenges linked to Care at Home providers such as a provider acquisitioning poor quality care or a lack of capacity to deliver care.</p> | <p>Monitoring of care providers to help to identify potential service failures while working with all providers to gain advance information of any potential failure. If monitoring doesn't result in improvement then close monitoring would take place followed by a large scale investigation.</p> <p>Quarterly Multi-Agency quality of care meetings for both Residential and Homecare.</p> <p>Participation in national working groups to maintain national market intelligence.</p> <p>Continuing to work closely with providers to provide support with improvement planning. Ongoing standard practice working with providers.</p> <p>Contingency protocol established to deal with failure of a major care provider.</p> <p>Joint work with NHS Care Home Team and GP Practices to maintain standards and address concerns.</p> <p>Regulated services regular inspection by the Care Inspectorate and effective collaborative working over performance of Regulated services.</p> <p>Working with other Councils to allow information sharing mutual support and contingency planning.</p> <p>Engagement with the Carers Community aids monitoring of performance within care settings.</p> | 4                          | 4      | 16          | <p>Embed proactive monitoring of care providers to establish early alert mechanisms informing of potential service risk.</p> <p>Retendering Help to Live at Home and specialist support to put an emphasis on outcomes for service users and service quality. A Risk Register is available for this project.</p> <p>Establishing short and longer term approaches to maximising capacity within the current contract arrangements and identifying what can be done to alter those arrangements either by amending the current or retendering.</p> | 3   | 4      | 12                   | <p>Director of Health &amp; Social Care</p> <p>Head of Older People Services and Access</p> <p>Head of Children and Adult Services</p> <p>Chief Social Work Officer</p> <p>Service Managers</p> | <p>March 2017</p> <p>March 2017</p> <p>March 2017</p> | 9  | Risk reviewed June 2016 and current score increased from 12 to 16 due to current situation while residual score increased from 6 to 12. |

| Risk ID | Risk Description<br>(Threat/Opportunity to achievement of business objective)  | Risk Control Measures<br>(currently in place)   | Assessment of Current Risk |        |             | Planned Risk Control Measures   | Assessment of Residual Risk<br>[With proposed control measures] |        |                      | Risk Owner   | Timescale for Completion / Review Frequency                             | Single Outcome Agreement Outcome Number Link | Evidence held of Regular Review  |
|---------|--|---|----------------------------|--------|-------------|---|---|--------|----------------------|--|---|--|--|
|         |  |   | Likelihood                 | Impact | Risk Rating |   | Likelihood  | Impact | Residual Risk Rating |  |   |  |  |
|         |  |   | L                          | I      | L x I       |   | L   | I      | L x I                |  |   |  |  |
| CAS 2   | <p>National Targets</p> <p>National targets on delayed discharge of “no delays over two weeks” have created additional pressures and increased demand. Limited service capacity could result in increased waiting lists for access to local health and social care services.</p> <p>These targets could impact on the health and wellbeing of individual residents and on the reputation of the Health and Social Care Partnership (HSCP) and put pressure on assessment staff and resources.</p> <p>The proposed revised 72 hours target and ongoing care at home capacity issues continue to challenge performance in this area of work.</p> | <p>A delayed discharge action plan is in place and a weekly task force is chaired by the HSCP Director.</p> <p>New emergency care and hospital to home and hospital at home services implemented and dedicated team approach to reducing delays is working.</p> <p>Pilot new initiatives to assess potential new models in the delivery of care including East Lothian Service for Integrated Care of the Elderly (ELSIE), help to live at home collaborative allocations, hospital to home and step up/step down beds.</p> <p>Close working with NHS to commence discharge planning at the earliest opportunity. Implement Discharge to assess via ELSIE.</p> <p>Increased surveillance of care homes to identify spare capacity.</p> <p>Utilisation of recurrent delayed discharge fund to maximise NHS capacity.</p> <p>Using Integrated Care Fund to extend scope of ELSIE.</p> <p>Re-tendering Help to Live at Home framework to increase capacity.</p> <p>20 step down beds available at Crookston Home.</p> <p>Implementation of living wage and fair work funding for providers. Utilisation of Social Care Fund to purchase additional capacity.</p> |                            |        |             | <p>Closer working and good co-operation with care at home providers to consolidate care support runs and release additional capacity which has seen significant improvements in delays over 4 weeks over the past year.</p> <p>Further development of a reablement approach and review of client pathway to assist in streamlining process, releasing capacity and reducing delays</p>  |   |        |                      | <p>Director of Health &amp; Social Care</p> <p>Head of Older People Services and Access</p> <p>Chief Social Work Officer</p> | <p>October 2016</p> <p>March 2017</p>                                   | <p>9</p>                                     | <p>Risk reviewed June 2016 with current score reduced from 20 to 16 due to implementation of measures while residual score reduced from 16 to 9 due to new planned measure.</p> <p>Risk reviewed and refreshed January 2016 with Residual impact increased from 8 back to 16 due to ongoing capacity issues and the potential implementation of the proposed 72 hour target.</p> |
| CAS 3   | <p>Flexible Technology</p> <p>A lack of investment in flexible technology enabling staff to work in more efficient new ways, outwith traditional office settings, may incur a significant loss of staff time, when service referrals and demand levels are increasing. This in turn could mean that existing resources are “stretched” leading to delays and waiting times for access to service, and/or assessment of risks.</p> <p>Reliance on desk-top access to Framework-i is a vulnerability in Business Continuity planning and response.</p>   | <p>The “social care2 system Framework-i is fully deployed and accessible to staff at desk, on Wyse terminals and in some cases via laptop/mobile devices.</p> <p>Staff have limited access to laptop/mobile devices to enable “hot desking” or appropriate home working, or on-site working, whenever possible.</p> <p>All staff have mobile phone technology.</p>  |                            |        |             | <p>Additional limited investment by services to purchase additional laptop/mobile devices.</p> <p>Improved business Continuity Planning to ensure key workers have access to Wyse terminals, hot desk facilities, and to current supply of laptop/mobile devices.</p> <p>Corporate IT investment in additional laptop/mobile devices for the social care workforce could be planned for.</p> <p>Exploration of New Ways of working transformation programme for targeted staff groups/services within Child and Adult Services.</p> |   |        |                      | <p>Head of Children and Adult Services</p> <p>Head of Older People Services</p> <p>Head of Corporate Resources</p>           | <p>March 2017</p> <p>March 2017</p> <p>March 2017</p> <p>March 2017</p> |  | <p>New risk created by Head of Children and Adult Services August 2016.</p>  |

| Risk ID | Risk Description<br>(Threat/Opportunity to achievement of business objective)   | Risk Control Measures<br>(currently in place)  | Assessment of Current Risk |        |             | Planned Risk Control Measures  | Assessment of Residual Risk<br>[With proposed control measures] |        |                      | Risk Owner   | Timescale for Completion / Review Frequency  | Single Outcome Agreement Outcome Number Link | Evidence held of Regular Review   |
|---------|---|--|----------------------------|--------|-------------|--|---|--------|----------------------|--|--|--|---|
|         |   |  | Likelihood                 | Impact | Risk Rating |  | Likelihood  | Impact | Residual Risk Rating |  |  |  |   |
|         |   |  | L                          | I      | L x I       |  | L   | I      | L x I                |  |  |  |   |
| CAS 4   | Demographic Pressures<br><br>Demographic pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to client safety and independence.   | Service transformation and strategic commissioning to ensure services are targeted to achieve best value and meet the needs of the vulnerable.<br><br>Resource allocation system established and additional short term capacity to accelerate pace of reviews in place.<br><br>Self Directed Support implemented and audited with action plan in place.<br><br>Working in partnership with Health, third sector and independent sector to shift the balance of care and support more people to stay at home longer.<br><br>Good progress being made in partnership working with third sector including Day Centres Association.<br><br>Ensure Adult Services Integrated Care and Social Care Funds are utilised to address demographic pressures and fund additional capacity.<br><br>Review of resource allocation and to ensure resources are allocated to those with greatest need. QA process in place to ensure that resource use is optimal going forward.<br><br>AW and CW Service Plans are reviewed annually to take account of service priorities and resource allocation. | 5                          | 3      | 15          | IJB is working to apportion the extra Scottish Government investment in Social Care in 2016/17.<br><br>Budget efficiency plans are being developed for full implementation in 2016/17.<br><br>Best value purchasing of external services.<br><br>IJB Strategic Plan directs a number of preventative and early intervention health and wellbeing work programmes and service transformation objectives which should aid reduction in levels of service demand i.e. "Wellbeing Programs"<br><br>Refresh practitioner and partner awareness and deployment of Adult Support & Protection Procedures and Child Protection Procedures. | 4   | 3      | 12                   | Director of Health & Social Care<br><br>Head of Older People Services and Access<br><br>Head of Children and Adult Services<br><br>Chief Social Work Officer<br><br>Service Managers             | March 2017<br><br>March 2017<br><br>April 2017<br><br>March 2017<br><br>March 2017 | 4<br>5                                       | Risk reviewed June 2016 with current score reduced from 20 to 15 due to implemented measures and residual score reduced from 16 to 12 due to new planned measures.<br><br>Risk reviewed January 2016 and both current (12 to 20) and residual risk (6 to 16) increased as a result of the current overspend position. |
| CAS 5   | Children and Young Persons Act 2014<br><br>Failure to deliver the Children and Young Persons Act 2014 could put a child at significant risk.<br><br>This failure could be due to a lack of resources (financial, services or staffing), poor practice, lack of training, a failure to prioritise, non-compliance with procedures/guidance or failing to intervene early enough. This could result in reputational damage and an impact on staff morale while significant case reviews would be required, overseen by the Child Protection Committee.<br><br>The implications of the Health and Social Care Integration agenda are currently being considered. | Specialist staff within East Lothian Council and its partners closely monitor policy changes.<br><br>Kinship Care and Fostering Strategy in place and being reviewed in 2016/17.<br><br>Various inspections and reviews carried out by external regulatory bodies resulting in reports which CW puts improvement plans in place to adhere to.<br><br>Provision of coherent suite of policies and criteria to ensure consistent practices are held on ELNet and NIMBUS databases.<br><br>The Children's Strategic Partnership is responsible for developing and monitoring the recently published Integrated Children's Services Plan.<br><br>Ensure budget is adequate to recruit sufficient social work staff to protect vulnerable children. CW has no efficiency targets for 2016.  | 3                          | 4      | 12          | Developing partnership service and resources to supplement core services.<br><br>Ensure all agencies are fully committed to the principles of Children and Young Persons Act 2014 in East Lothian including taking responsibility for Lead Professional and Named Person roles.<br><br>Fostering and Adoption Recruitment Campaign 2016 will seek to attract new carers and adoptive families.<br><br>Contribution to development of refreshed Staged Assessment & Intervention Policies focussing on inclusion and reduction of external placements.  | 2   | 4      | 8                    | Director of Health & Social Care<br><br>Head of Children and Adult Services<br><br>Group Service Manager, Long Term Care and Support<br><br>Group Service Manager, Protection and Family Support | December 2017<br><br>December 2017<br><br>December 2017<br><br>March 2017          | 4, 5, 6, 7                                   | Further refreshed in August 2016 with no change to scores.<br><br>Risk refreshed in March 2015 with Residual Risk score reduced from 12 to 8.   |

| Risk ID | Risk Description<br>(Threat/Opportunity to achievement of business objective)  | Risk Control Measures<br>(currently in place)   | Assessment of Current Risk |        |             | Planned Risk Control Measures  | Assessment of Residual Risk<br>[With proposed control measures] |        |                      | Risk Owner   | Timescale for Completion / Review Frequency | Single Outcome Agreement Outcome Number Link | Evidence held of Regular Review  |
|---------|--|---|----------------------------|--------|-------------|--|---|--------|----------------------|--|---|--|--|
|         |  |   | Likelihood                 | Impact | Risk Rating |  | Likelihood  | Impact | Residual Risk Rating |  |   |  |  |
|         |  |   | L                          | I      | L x I       |  | L   | I      | L x I                |  |   |  |  |
| CAS 6   | <p>MELDAP</p> <p>Following a formal notification of a 23% reduction of funding available to MELDAP for the provision of Alcohol and Drugs services in East Lothian, MELDAP is developing a savings plan for implementation in April 2017. The impact of this funding reduction could lead to a reduction in local service provision supporting both recovery and early intervention work leading to potential escalation of drugs and alcohol activity in the community and greater demand on acute and local health services and Police/Social Work supports.</p> | <p>There had been a public consultation with service users and carers held in May 2016 in relation to the expected reductions (then thought to be 20%). Feedback from these sessions was used by the MELDAP East Lothian Core Delivery Group in deliberations in relation to identifying potential savings.</p> <p>A report was submitted to the MELDAP Strategic Group who agreed in principle to a number of savings that met most of the reduction in income and remitted to the MELDAP East Lothian Core Delivery Group to carry out the following:</p> <ol style="list-style-type: none"> <li>1) Identify further savings to ensure a balanced budget for 2017/18.</li> <li>2) Implement the savings by April 2017.</li> </ol> <p>This activity is being undertaken fully in partnership with Council, Health, Police and third sector organisations to plan effective service redesign and/or re-routing of service demand to other existing community resources.</p> | 3                          | 4      | 12          | <p>A number of tasks will be implemented to act as risk control measures:</p> <ol style="list-style-type: none"> <li>1) The Core Delivery group and MELDAP team will discuss and negotiate planned reductions with service providers.</li> <li>2) The Core Delivery Group and MELDAP Team will carry out an Equality Impact Assessment in relation to planned funding reductions.</li> <li>3) The implementation of the final savings programme will be agreed by the MELDAP Strategic Group.</li> <li>4) The Strategic Group will agree a Communications Strategy to share the results of the process with Service Users/Carers, partner agencies, service providers, staff and other stakeholders.</li> <li>5) The Service developments to meet the financial constraints will be undertaken under overview of the Resilient People Partnership to ensure effective Community Planning around drugs and alcohol services in East Lothian.</li> </ol> | 2   | 3      | 6                    | <p>Director of Health &amp; Social Care</p> <p>Head of Children and Adult Services</p> <p>MELDAP Manager</p> <p>Resilient People Partnership</p> | April 2017                                  | 6  | Risk created by MELDAP Manager July 2016.  |
| CAS 7   | <p>Duty of Care</p> <p>Failure to fulfil our duty of care could result in the death, serious harm or detriment of a child or adult. This would in turn result in prosecution, having to pay compensation a negative impact on the reputation of the Council.</p> <p>This failure could be due to a lack of resources (financial, services or staffing), poor practice, poor facility maintenance, a failure to prioritise or non-compliance with procedures/guidance.</p>  | <p>We prioritise maintenance of adequate staffing levels for Adult/Child Protection and other work with vulnerable children and adults.</p> <p>Comprehensive ongoing training programmes, specialist training, briefing sessions and staff supports are in place.</p> <p>Action Plans following on from Adult and Child Protection including Regulated Services inspections in place with relevant partnership structures progressing improvements.</p> <p>Learning from Significant and Initial Case Reviews and embed learning in practice.</p> <p>Staff have Personal Development Plans, focusing on specific and agreed development needs.</p> <p>Regular formal professional supervision in place for all staff.</p> <p>The development of a multi-agency Signs of Safety Model Development of a learning culture.</p>   | 3                          | 4      | 12          | <p>Regarding Duties re-Care and After Care, CW/AW have invested additional staffing to meet requirements of Children &amp; Young Persons Act and continue dialogue with colleagues in housing re-provision of post-care housing provisions for vulnerable young homeless care-experienced people.</p> <p>Framework is being developed to improve the ways cases are recorded and risks identified.</p>   | 1   | 4      | 4                    | <p>Critical Services Oversight Group</p> <p>Head of Children and Adult Services</p>  | <p>December 2016</p> <p>March 2017</p>      | 4, 5, 6, 7                                   | <p>Risk refreshed August 2016 with no change to scores.</p> <p>Risk refreshed in June 2015 with Residual Risk score reduced from 8 to 4.</p> |



| Risk ID                                   | Risk Description<br>(Threat/Opportunity to achievement of business objective) | Risk Control Measures<br>(currently in place)   | Assessment of Current Risk |  |             | Planned Risk Control Measures | Assessment of Residual Risk<br>[With proposed control measures] |        |                      | Risk Owner | Timescale for Completion / Review Frequency | Single Outcome Agreement Outcome Number Link | Evidence held of Regular Review |
|---|---|---|----------------------------|--|-------------|-------------------------------|---|--------|----------------------|------------|---|--|---------------------------------|
|   |   |   | Likelihood                 | Impact   | Risk Rating |                               | Likelihood  | Impact | Residual Risk Rating |            |   |  |                                 |
|   |   |   | L                          | I  | L x I       |                               | L   | I      | L x I                |            |   |  |                                 |
|   |   | <p>CW/AW adhere to the SSSC Code of Practice for Employers of Social Service and the HCPC for allied health professionals.</p> <p>PVG Checks carried out.</p> <p>The duty of care is reinforced through support and supervision arrangements as well as professional development case management.</p> <p>Frameworkki used to identify/record risk.</p> <p>Follow up of service user feedback.</p> <p>The Public Protection Office is now established with an active performance overview and improvement function.</p> <p>Active programmed building maintenance regime and health and safety inspections undertaken.</p> |                            |  |             |                               |   |        |                      |            |   |  |                                 |
| <b>Original date produced (Version 1)</b> |   | 29 <sup>th</sup> August 2016  |                            |  |             |                               |   |        |                      |            |   |  |                                 |
| <b>File Name</b>                          |   | Children and Adult Services Risk Register   |                            |  |             |                               |   |        |                      |            |   |  |                                 |
| <b>Original Author(s)</b>                 |   | S Kennedy   |                            |  |             |                               |   |        |                      |            |   |  |                                 |
| <b>Current Revision Author(s)</b>         |   | S Kennedy   |                            |  |             |                               |   |        |                      |            |   |  |                                 |
| <b>Version</b>                            |   | <b>Date</b>   | <b>Author(s)</b>           | <b>Notes on Revisions</b>  |             |                               |   |        |                      |            |   | <b>Risk Score</b>                            | <b>Overall Rating</b>           |
| Original                                  |   | August 2016   | S Kennedy                  | Full Adult Wellbeing and Children's Wellbeing Risk Registers reviewed by Managers and then brought together to form the new Children and Adult Services Risk Register. |             |                               |   |        |                      |            |   |  |                                 |
|   |   |   |                            |  |             |                               |   |        |                      |            |   | 20-25  | Very High                       |
|   |   |   |                            |  |             |                               |   |        |                      |            |   | 10-19  | High                            |
|   |   |   |                            |  |             |                               |   |        |                      |            |   | 5-9  | Medium                          |



**Appendix 2**  
**East Lothian Council**  
**Risk Matrix**

Likelihood Description

| Likelihood of Occurrence | Score | Description  |
|--------------------------|-------|--|
| Almost Certain           | 5     | Will undoubtedly happen, possibly frequently >90% chance |
| Likely                   | 4     | Will probably happen, but not a persistent issue >70%    |
| Possible                 | 3     | May happen occasionally 30-70%                           |
| Unlikely                 | 2     | Not expected to happen but is possible <30%              |
| Remote                   | 1     | Very unlikely this will ever happen <10%                 |

Impact Description

| Impact of Occurrence | Score | Description  |  |   |   |  |   |  |
|----------------------|-------|--|--|---|---|--|---|--|
|                      |       | Impact on Service Objectives                         | Financial Impact                         | Impact on People  | Impact on Time  | Impact on Reputation   | Impact on Property  | Business Continuity  |
| Catastrophic         | 5     | Unable to function, inability to fulfil obligations. | Severe financial loss (>5% budget)       | Single or Multiple fatality within council control, fatal accident enquiry.   | Serious - in excess of 2 years to recover pre-event position.             | Highly damaging, severe loss of public confidence, Scottish Government or Audit Scotland involved.     | Loss of building, rebuilding required, temporary accommodation required.                                | Complete inability to provide service/system, prolonged downtime with no back-up in place. |
| Major                | 4     | Significant impact on service provision.             | Major financial loss (3-5% budget)       | Number of extensive injuries (major permanent harm) to employees, service users or public.                                      | Major - between 1 & 2 years to recover pre-event position.                | Major adverse publicity (regional/national), major loss of confidence.                                 | Significant part of building unusable for prolonged period of time, alternative accommodation required. | Significant impact on service provision or loss of service.                                |
| Moderate             | 3     | Service objectives partially achievable.             | Significant financial loss (2-3% budget) | Serious injury requiring medical treatment to employee, service user or public (semi-permanent harm up to 1yr), council liable. | Considerable - between 6 months and 1 year to recover pre-event position. | Some adverse local publicity, limited damage with legal implications, elected members become involved. | Loss of use of building for medium period, no alternative in place.                                     | Security support and performance of service/system borderline.                             |
| Minor                | 2     | Minor impact on service objectives.                  | Moderate financial loss (0.5-2% budget)  | Lost time due to employee injury or small compensation claim from service user or public (First aid treatment required).        | Some - between 2 and 6 months to recover.                                 | Some public embarrassment, no damage to reputation or service users.                                   | Marginal damage covered by insurance.   | Reasonable back-up arrangements, minor downtime of service/system.                         |
| None                 | 1     | Minimal impact, no service disruption.               | Minimal loss (0.5% budget)               | Minor injury to employee, service user or public.   | Minimal - Up to 2 months to recover.                                      | Minor impact to council reputation of no interest to the press (Internal).                             | Minor disruption to building, alternative arrangements in place.  | No operational difficulties, back-up support in place and security level acceptable.       |

| Risk               | Impact   |           |              |           |                  |
|--------------------|----------|-----------|--------------|-----------|------------------|
|                    | None (1) | Minor (2) | Moderate (3) | Major (4) | Catastrophic (5) |
| Almost Certain (5) | 5        | 10        | 15           | 20        | 25               |
| Likely (4)         | 4        | 8         | 12           | 16        | 20               |
| Possible (3)       | 3        | 6         | 9            | 12        | 15               |
| Unlikely (2)       | 2        | 4         | 6            | 8         | 10               |
| Remote (1)         | 1        | 2         | 3            | 4         | 5                |

Key

|      |     |        |      |           |
|------|-----|--------|------|-----------|
| Risk | Low | Medium | High | Very High |
|------|-----|--------|------|-----------|