

REPORT TO: Audit and Governance Committee

MEETING DATE: 19 February 2019

BY: Chief Executive

SUBJECT: Health and Social Care Partnership Risk Register

1 PURPOSE

- 1.1 To present to the Audit and Governance Committee the Health and Social Care Partnership Risk Register (Appendix 1) for discussion, comment and noting.
- 1.2 The Health and Social Care Partnership 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 Health and Social Care Partnership Local Risk Working Group (LRWG).

2 RECOMMENDATIONS

- 2.1 It is recommended that the Audit and Governance Committee notes the Health and Social Care Partnership 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 Health and Social Care Partnership 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 Health and Social Care Partnership 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 Health and Social Care Partnership LRWG. All risks have been evaluated using the standard (5x5) risk matrix (Appendix 2) producing 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 Health and Social Care Partnership Risk Register includes 9 High risks, 11 Medium risks and 2 Low Risks. Per the Council's Risk Strategy only Very High and High risks are reported to the Committee.

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 Health and Social Care Partnership LRWG 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 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 – Health and Social Care Partnership Risk Register 2019
- 7.2 Appendix 2 – Risk Matrix 2018

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DATE	07 February 2019

Health and Social Care Service Risk Register 2019

Date reviewed: 06 February 2019

Risk ID	Risk Title and Description (Threat/Opportunity to achievement of business objective)	Risk Control Measures In Place	Assessment of Current Risk			Planned Risk Control Measures	Assessment of Residual Risk [With proposed control measures] Target Risk Score			Risk Owner	Timescale for Completion / Review Frequency	SOA Outcome Number Link	Evidence held of Regular Review
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			L	I	L x I		L	I	L x I				
H&SC 1	<p>Service Activity Pressures</p> <p>Service Activity pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to client safety and independence, potentially generating reputational risk for the Council as well as failing to meet statutory responsibilities.</p>	<p>A new planning structure has been implemented to deliver on the agreed priorities of the IJB and significant service redesign programmes are underway and planned to commence during 2019.</p> <p>Work is also underway to accurately forecast trajectory of need across all Care Groups to inform service development and financial planning.</p> <p>Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority is currently under review in line with Self Directed Support (SDS) legislation.</p> <p>All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes Integrated Care Fund funding and services.</p>	4	4	16	<p>Refresh further Self Directed Support (SDS) action plan following outcome of the Thematic Review.</p> <p>Collaboration between Corporate Finance service and operational teams to develop new systems and processes to support new management team structure and deliver efficiencies and income recovery.</p> <p>A Community Transformation Programme is underway which will remodel both internal and external community services in order to modernise and better meet need both now and forecast in the future including shared service planning between Education, Children's Social Work Services and other relevant Council Services.</p>	4	3	12	<p>Director of Health & Social Care</p> <p>Heads of Service and Service Managers</p> <p>Chief Social Work Officer</p>	<p>April 2019</p> <p>December 2019</p> <p>April 2020</p>	45	<p>Risk updated by Head of Service and title changed to Service Activity Pressures January 2019.</p> <p>Risk further reviewed December 2018 with no change to assessment of current score.</p> <p>Risk refreshed by H&SC management June 2017 with current risk score increased from 15 to 16.</p> <p>Risk refreshed March 2017 with no change to assessment of current score.</p> <p>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.</p> <p>Risk reviewed January 2016 and both current (12 to 20) and residual risk (6 to 16) altered to high as a result of the current overspend position.</p>
H&SC 2	<p>Access to Primary Medical Services</p> <p>There is a risk that East Lothian Health and Social Care Partnership will be unable to provide a satisfactory level of access to primary care services for its population potentially generating risk to patient care and organisational reputation.</p>	<p>East Lothian's share of NHS Lothian and Scottish Government investment has been prioritised by the IJB.</p> <p>A Primary Care Improvement Plan (PCIP) for East Lothian has been developed and agreed.</p> <p>Development of premises improvement plans at Harbours Practice, Cockenzie and North Berwick Practice to expand and modernise premises and to cope with population growth.</p> <p>Significant investment in training to deliver the workforce required as described above.</p> <p>Support to practices wishing to develop methods of joint working, especially if this</p>	3	4	12	<p>The establishment of multi-disciplinary and enhanced skill mix staffing resources within GP Practices e.g. further roll-out of Advanced Nurse Practitioner / Prescribers / GP Link Workers. Using Scottish Government and NHS Lothian Primary Care Investments 18/19 and onwards.</p>	3	3	9	<p>Director of Health & Social Care</p> <p>Head of Access and Older People</p> <p>Clinical Director</p> <p>Chief Nurse</p>	<p>March 2019</p>		<p>Risk further reviewed December 2018 with current score reduced from 16 to 12.</p> <p>Risk introduced from H&SCP RR August 2017.</p>

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		<p>supports the overall aims of IJB strategy and the PCIP.</p> <p>The four Lothian IJBs are working together to prioritise investment as the elements of the Primary Care Improvement Plans are developed and introduced.</p>											
H&SC 3	<p>Delayed Discharge</p> <p>Additional pressures and increased demands for services could lead to poor outcomes for the population and the inability to access the right services timeously leading to an inability for the Health and Social Care system to respond to wider need leading to potential negative outcomes for patients.</p>	<p>A weekly delayed discharge taskforce is chaired by the Chief Nurse. This is a Health and Social Care action meeting which leads to a Care Planning and Case Management approach to each individual requiring care.</p> <p>Increased surveillance of care homes and care at home providers to identify spare capacity.</p> <p>Closer working and good co-operation "Collaborative Allocation" 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>	3	4	12	<p>Further development of a rehabilitative approach and review of client pathway to assist in streamlining process, releasing capacity and reducing delays.</p> <p>Financial modelling is being undertaken in terms of assessing the affordability of increases to National Minimum Wage and Scottish Living Wage and their effect on both daytime rates as well as night time support rates.</p> <p>Homecare & Hospital to Home Project Board established under the leadership of the Chief Nurse. First meeting took place 24.12.18, second meeting 29.01.19. Four works streams covering Service Development, Communications, HR/Workforce Development and Finance, will take forward agreed work areas.</p> <p>Implement early intervention clinic approach across East Lothian.</p> <p>Embed technology enable care approach as preventative measure</p>	3	3	9	<p>Director of Health & Social Care</p> <p>Head of Access and Older People</p> <p>Chief Social Work Officer</p>	<p>December 2019</p> <p>April 2019</p> <p>December 2019</p> <p>December 2019</p> <p>December 2019</p>	9	<p>Risk reviewed December 2018 with current score reduced from 16 to 12 due to implementation of measures while residual score remains 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>
H&SC 4	<p>Failure of Provider</p> <p>The failure of a major Older Peoples or Specialist Provider e.g. Care Home or Domiciliary Care Service, could result in a loss of capacity and service users being put at risk as a result of their service being withdrawn at short notice.</p> <p>Additional challenges could impact on capacity and service continuity for vulnerable clients such as care home acquisition, poor quality of care or a lack of capacity to deliver care, potentially generating reputational and/or financial risk to the Partnership</p>	<p>Provider performance is monitored using a balanced scorecard approach which rewards good performance through incentives and the use of penalties for material breaches of the contract. There will be a dedicated Planning and Performance Manager and officer to deal with high risk occurrences where a provider ceases to operate or fulfil their contractual obligations.</p> <p>Contingency protocol established to deal with failure of a major care provider.</p> <p>Quarterly Multi-Agency quality of care meetings for both Residential and Homecare to provide support with improvement planning.</p> <p>Participation in national working groups to maintain national market intelligence.</p> <p>Joint work with NHS Care Home Team and GP Practices to maintain standards and address concerns.</p>	4	3	12	<p>Workforce planning & skill mix being developed within Council Care Homes and Home Care Service.</p> <p>Role re-definition e.g. generic support worker being developed in new rehabilitative team.</p> <p>Workforce of the future H&SC Academy/increasing care workforce in EL.</p> <p>Currently providing advice and support to Managers and employees to respond to the requirement of the EU settlement scheme.</p>	3	3	9	<p>Director of Health & Social Care</p> <p>Heads of Service and Service Managers</p> <p>Chief Social Work Officer</p>	<p>December 2019</p> <p>December 2019</p> <p>December 2019</p> <p>December 2019</p>	9	<p>Risk further reviewed December 2018 with no change to assessment of current score.</p> <p>Risk further reviewed August 2017 with no change to assessment of current score.</p> <p>Risk refreshed June 2017 by H&SC management with current score reduced from 16 to 12 and Residual from 12 to 9 due to control measures now in place.</p> <p>Risk refreshed March 2017 with no change to assessment of current score.</p> <p>Risk reviewed June 2016 and current score</p>

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		<p>Regulated services regularly inspected by the Care Inspectorate and effective collaborative working over performance of Regulated services.</p> <p>Working with other Partnerships to allow information sharing mutual support and contingency planning.</p>										Increased from 12 to 16 due to current situation while residual score increased from 6 to 12.	
H&SC 5	<p>Duty of Care</p> <p>Failure to fulfil our duty of care could result in the death, serious harm or detriment to a person. This could in turn result in prosecution, having to pay compensation and 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, a failure to prioritise or non-compliance with procedures/guidance.</p>	<p>Prioritise maintenance of adequate staffing levels for Adult/Child Protection and other work with vulnerable children and adults.</p> <p>Briefing sessions, specialist training and support are in place.</p> <p>Regular formal supervision in place for all staff including completion of PRD's and ESKF, focusing on specific and agreed development needs.</p> <p>Services comply with required professional registration standards for all staff e.g. SSSC, HCPC, NMC etc.</p> <p>"Safer Recruitment" practices and PVG Checks embedded.</p> <p>Public Protection Office and Committee oversee all aspects of Child Protection and Adult Support and Protection performance and improvement.</p> <p>Regular monitoring and learning from incidents including through Significant Adverse Event investigation outcomes</p> <p>Regular environmental inspections e.g. Patient Quality Indicators (PQI) in Health and Social Care e.g. Care Inspectorate</p> <p>All Regulated Services inspected, improvement plans produced with regular quality assurance review meetings.</p>	3	4	12	<p>Mosaic is being developed to improve the ways cases are recorded and risks identified.</p> <p>Care and Clinical Governance Group established which is to provide strategic oversight within the partnership. Chief Social Work Officer/Chief Nurse/Clinical Director/AHP Lead oversight and review of practice to assess workload allocation and risk management.</p>	3	3	9	<p>Chief Social Work Officer</p> <p>Critical Services Oversight Group</p> <p>Director of Health & Social Care</p> <p>Heads of Service and Service Managers</p> <p>Chief Nurse</p>	<p>December 2019</p> <p>December 2019</p>	4, 5, 6, 7	<p>Risk further reviewed December 2018 with no change to assessment of current score.</p> <p>Risk refreshed by H&SC management June 2017 with current risk score increased from 8 to 12 and residual from 4 to 9.</p> <p>Risk refreshed March 2017 with current score reduced from 12 to 8.</p>

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H&SC 6	<p>Public Protection</p> <p>A service user dies by murder, culpable homicide, reckless conduct, violence, suicide or accident, or sustains significant harm as a result of abuse or neglect or detriment and becomes subject to Public Protection (Child Protection or Adult Support and Protection) measures due to a lack of appropriate operational processes and resources.</p> <p>This would result in potential human tragedy and reputational damage to and increased scrutiny of the Health and Social Care Partnership.</p> <p>This may be due to processes not being followed, risk-taking behaviours or, omission / commission on the part of parents/carers. Some types of harm or death cannot be predicted or necessarily prevented by agency interventions.</p>	<p>All public protection policy, protocol, procedure and guidance documents will continue to be reviewed and updated at least annually.</p> <p>The scrutiny and improvement planning for regulated services through Care Inspectorate Inspections are fully embedded in service performance improvement.</p> <p>The East and Midlothian Public Protection Committee (EMPPC), incorporates Child Protection, Adult Support and Protection, Offender Management and Violence Against Women and Girls and ensures links with other strategic partnerships. The Committee is supported by a range of sub-groups to deliver its duties as set out in national guidance.</p> <p>The East Lothian Public Protection Improvement Plan is monitored and updated on a quarterly basis.</p> <p>Public Protection training and awareness raising is in place for social care and health staff and is updated regularly.</p> <p>The Public Protection Committee and Critical Services Oversight Group undertake regular self-evaluation of Public Protection arrangements.</p> <p>The Communications sub group of the Public Protection Committee has been reinstated. This group will have oversight of inter-agency communications activity for public protection.</p>	3	4	12	<p>Focus on raising Public awareness of Public Protection issues through the Public Protection improvement plan and communication strategy.</p> <p>Embed case file audit and practice compliance standards within performance framework.</p>	2	4	8	<p>Heads of Service and Service Managers</p> <p>Chief Social Work Officer</p> <p>CSOG/Public Protection Committee</p>	<p>December 2019</p> <p>December 2019</p>	5	<p>Risk further reviewed December 2018 with current score increased from 8 to 12 and residual score increased from 6 to 8 due to learning from local and national case reviews.</p> <p>Risk further reviewed August 2017 with no change to assessment of current score.</p> <p>Risk refreshed March 2017 with no change to assessment of current score.</p> <p>Risk refreshed June 2016 with current score reduced from 15 to 8 and residual risk reduced from 8 to 6.</p>
H&SC 7	<p>Staff Resource</p> <p>Lack of a skilled, sufficiently qualified and experienced staff resource or the unexpected loss of a key employee or employees would result in an inability to provide high quality assessment and support and increased pressure on existing staff as well as reducing the quality and scope of the service resulting in lives and safety being put at risk. This may also result in some statutory duties not being met.</p> <ul style="list-style-type: none"> Difficulties in recruiting to vacancies within the psychiatric workforce have a direct detrimental impact on the ability of East Lothian HSCP Mental Health services to provide robust and 	<p>Competitive salaries and working conditions in place in some areas, recruitment and selection procedures adhered to, with regular professional salary benchmarking taking place.</p> <p>High professional standards, reputation and innovation are maintained while the service has an excellent record among professional workers which all helps attract high calibre staff.</p> <p>Professional Development Programme and commitment to ongoing Social Work practice of "Development of Growing our Own" (promoting staff from within).</p> <ul style="list-style-type: none"> Temporary enhancement of Psychiatric Nursing teams to provide additional capacity for 	4	3	12	<p>All Children and Adult Services Policy and Guidance documents to be checked and updated and then regularly reviewed and refreshed.</p> <p>The first joint workforce plan for the ELH7SCP has been developed in draft form and will be ready by April 2019.</p> <p>Service developments and redesign leading to opportunities to review current job families and redesign roles and responsibilities.</p> <p>Integrated Education Framework being developed in conjunction with regulatory bodies e.g. Social Work Scotland, Care Inspectorate and Health Improvement Scotland initially for Care Home, Mental</p>	3	2	6	<p>Director of Health & Social Care</p> <p>Heads of Service and Service Managers</p> <p>Chief Social Work Officer</p>	<p>December 2019</p> <p>April 2019</p> <p>December 2019</p> <p>December 2019</p>	6, 9 & 10	<p>Risk further reviewed January 2019 by Head of Service and Current Score increased from 9 to 12 and Residual Score from 4 to 6.</p> <p>Risk further reviewed August 2017 with no change to assessment of current score.</p> <p>Risk refreshed March 2017 with residual score reduced from 6 to 4.</p> <p>Risk reviewed in June 2016 with current risk score reduced from 12 to 9 and residual score reduced from 9 to 6.</p>

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	<p>appropriate assessment, care and treatment services, including emergency psychiatric care, to the population of East Lothian.</p> <p>Competing with private sector and adjacent Partnerships to recruit staff and Carers e.g. Foster Carers.</p> <p>Application of Council pay and grading structures to Social Work services staff may lead to difficulty in recruiting and retaining suitably qualified and experienced staff, in a nationally competitive market place.</p> <p>The European Union Settlement may also have an impact on our employees.</p>	<p>the routine monitoring and review of follow up patients.</p> <ul style="list-style-type: none"> Rapid run down process implemented to review IHTT patients/ urgent patient issues every morning to manage/ mitigate patient safety risk. Protection of job plans for the remaining Consultant Psychiatric team to enable targeted focus on new patients/ urgent assessment. Active partnership with Medical Staff bank, to seek/ identify/ recruit locum Consultants whilst proceeding with permanent recruitment. <p>Mandatory training compliance. Compliance levels improving following audit which has resulted in an action plan being put in place.</p> <p>Development of an overall learning culture, use of Action Learning Sets and promotion and development of skills such as "Giving and Receiving Feedback" and "Coaching".</p> <p>The Council regularly publicise the need for Foster Carers and celebrate Foster Carers Community achievements annually.</p> <p>Feedback from Employee Engagement Survey, Investors in People, iMatters and Inspections Regimes see development of annual HGIOC improvement plan and service workforce development plan.</p> <p>Promote and embed PRD, staff learning opportunities and high levels of supervision.</p> <p>Review of Mental Health Officer capacity to meet demand for statutory duties and the Adults with Incapacity Act.</p>				<p>Health, Resource Centre and Homecare Staff (both Health & Council).</p> <p>Continued partnership approach with Medical Leadership team in NHS Lothian to provide appropriate short term cover and identify longer term solutions.</p>					May 2019		
H&SC 8	<p>Specific Non-Compliance with GDPR</p> <p>Non-compliance with GDPR requirements due to handling of personal data by third-party U.S.-based Processor which could lead to data breaches and potential fines from the Information Commissioners Office.</p>	<p>Third-party U.S.-based Processor is a member of the Privacy Shield framework.</p>	3	4	12	<p>Verification of contractual clauses between the Supplier and the third-party U.S.-based Processor ensuring GDPR-level data protection practices, in particular regarding the limitation of data processing and data retention.</p>	2	3	6	Director of Health & Social Care	March 2020		New Risk created January 2019.

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5		August 2017	S Kennedy			Updated Version 4 reviewed by D Small, S Saunders & A McDonald							
6		August 30 2017	S Kennedy			New risk added on Substance Misuse							
7		December/January 2018-19	S Kennedy			Several updated made by all Managers with specific updates made by the Group Service Manager - Planning and Performance.							
8		January 2019	S Kennedy			New risk added on Specific Non-Compliance with GDPR and Risk on "Demographic Pressures" changed to "Service Activity Pressures". All High and Very High Risks checked by Director of Health & Social Care and Head of Children and Adult Services.							

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	Legal
Catastrophic	5	Unable to function, inability to fulfill obligations.	Severe impacts on budgets (emergency Corporate measures to be taken to stabilise Council Finances)	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.	Significant disruption to building, facilities or equipment (Loss of building, rebuilding required, temporary accommodation required).	Complete inability to provide service/system, prolonged downtime with no back-up in place.	Catastrophic legal, regulatory, or contractual breach likely to result in substantial fines or other sanctions.
Major	4	Significant impact on service provision.	Major impact on budgets (need for Corporate solution to be identified to resolve funding difficulty)	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.	Major disruption to building, facilities or equipment (Significant part of building unusable for prolonged period of time, alternative accommodation required).	Significant impact on service provision or loss of service.	Legal, regulatory, or contractual breach, severe impact to Council.
Moderate	3	Service objectives partially achievable.	Significant impact on budgets (can be contained within overall directorate 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.	Moderate disruption to building, facilities or equipment (loss of use of building for medium period).	Security support and performance of service/system borderline.	Legal, regulatory, or contractual breach, moderate impact to Council.
Minor	2	Minor impact on service objectives.	Moderate impact on budgets (can be contained within service head's 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.	Minor disruption to building, facilities or equipment (alternative arrangements in place and covered by insurance).	Reasonable back-up arrangements, minor downtime of service/system.	Legal, regulatory, or contractual breach, minor impact to Council.
Minimal	1	Minimal impact, no service disruption.	Minimal impact on budgets (can be contained within unit's 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 media (Internal).	Minimal disruption to building, facilities or equipment (alternative arrangements in place).	No operational difficulties, back-up support in place and security level acceptable.	Legal, regulatory, or contractual breach, negligible impact to Council.

Risk	Impact				
Likelihood	Minimal (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
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