

REPORT TO: AUDIT AND GOVERNANCE COMMITTEE

MEETING DATE: 14 February 2023

BY: Chief Executive

SUBJECT: Health & Social Care Partnership Risk Register

1 PURPOSE

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

2 RECOMMENDATIONS

- 2.1 It is recommended that the Audit and Governance Committee notes the Health & 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 & Social Care Partnership risks 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 & 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 & 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 & Social Care Partnership Risk Register includes 8 High and 6 Medium risks. As per the Council’s Risk Strategy, only the Very High and High risks are being 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 & 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 & Social Care Partnership Risk Register 2023

7.2 Appendix 2 – Risk Matrix

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DATE	02 February 2023	

ID	Title	Description	Controls in place	Risk level (current)	Rating (current)	Risk level (Target)	Rating (Target)	Date Risk Reviewed	Description	Progress	Due date
5514	Communicable Disease Outbreaks of Public Health Significance	East Lothian Council continue to have the appropriate business continuity plans/contingency in place to ensure continued delivery of business critical services during the COVID19 outbreak.	Processes in place to establish proactive communicating, and encouraging compliance with all government and public health authorities' advice and reducing the impact/spread of misinformation by relying on information from trusted sources.	High	12	Medium	8	19/01/2023	Ongoing deployment of JCVI vaccine and booster programme and monitoring of COVID case prevalence across East Lothian to inform service interventions and timely community information and updates re service delivery and ongoing safety measures.	Spring programme under development	30/06/2023
		The Council will continue to carry out close ongoing monitoring of COVID and continues to be prepared for any future waves of the virus or alternate long term health issues.	Established mechanism to stand up the Council Management Team (Critical Incident Response Team) to oversee and direct the Council's response.								
		While as the situation continues to improve the Council will make itself ready to come out of Response and Business Continuity mode and to move towards Recovery.	COVID19 Recovery and Renewal Coordination Group is deployed overseeing planning for recovery and renewal across East Lothian.								
		The risk will remain at the current level until the end of the 22/23 winter period.	The Council has had to adapt is delivery of services beyond the COVID pandemic and now subsequent concurrent challenges including the cost of living crisis and ensuing economic volatility. The Recovery & Renewal Plan interventions remain valid and under constant review. ELC will continue to lead recovery supported by our partner agencies context of the Civil Contingencies Act 2004.								
			Resilience Direct continues to be available for use to share information on a multi-agency basis.								
			Business Continuity Plans in place in all services leading to staff continuing to work from home unless it is essential for them to be in their place of work.								
			Public Health Scotland has published (September 2022) National Respiratory Surveillance Plan and also Plan for Monitoring and Responding to New SARS-Cov-2 Variants and Mutations. These plans detail how an effective and efficient surveillance service will be delivered in Scotland and sets out how the identification, investigation, risk assessment and response in relation to COVID19 variants and mutations will be carried out.								
			The document recommends local authorities to stand ready to support any operational roll out of a VAM response.						The Council will follow the updated SG Framework to ensure that sick pay and staffing practices are aligned with public health aims, adapting premises to make them safer for customers and staff, and enabling hybrid working where that makes sense and supp	HSCP are following NHS and ELC guidance on staffing. Using JPF to monitor the situation	30/06/2023
			Protective Services continue to have regular engagement with NHS Lothian Health Protection Team and are ready to work in partnership with NHS Lothian in relation to standing up a response where required.								
			HSCP continues to support delivery of the COVID19 vaccination programme.								
			Resilient Communities Groups exist in each Community Council area and Groups are ready to stand-up when required.								
			Volunteer Centre East Lothian collaboration over support for local Third and Voluntary sector organisations able to respond to consequences across communities.								
			The Council provides a prime source of local EL public information, constantly updated, in the Council Website as well as regular updates on Social Media platforms.								
3912	Duty of Care	The Council has a responsibility to provide care and support	Prioritise maintenance of safe staffing levels for all statutory services	High	12	Medium	8	19/01/2023			

		<p>for the people of East Lothian and East Lothian's environment. Any breach of this duty of care may compromise legislative duties, health, safety and wellbeing, impacting on, for example, the protection of children and adults.</p> <p>Failure to fulfil the duty of care could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>Additional pressure within this area caused by external providers struggling to deliver through staffing issues.</p>	<p>the partnership delivers.</p> <p>Briefing sessions, specialist training and supports are in place.</p> <p>Regular formal supervision in place for all staff including completion of PRD's and e-KSF, focusing on specific and agreed development needs.</p> <p>Clinical & Care Governance Committee 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> <p>Specific oversight groups established for example Care Home, Health & Safety and Risk Management.</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>LSI mechanism in place with reporting structure through PPC.</p> <p>Regular engagement with the Care Inspectorate reviewing services in place</p> <p>Risk assessment documentation shared with providers with client RAG in place to ensure services are prioritised for those most at risk.</p>					<p>Alteration of the workforce model for delivery of care a home services including expansion of internal delivery.</p> <p>Review of oversight and governance arrangements for assessment.</p>	<p>Review ongoing through bi-weekly Care at home meetings chaired by GMs</p> <p>Comprehensive pathway modelling underway lead by Head of Operations</p>	<p>30/09/2023</p> <p>30/06/2023</p>	
5356	ELHSCP Workforce Risk	<p>There is a risk that we will not have sufficient workforce to deliver services.</p> <p>Recruitment & Retention.</p> <ul style="list-style-type: none"> - Challenges in recruiting staff. - Failure to retain current staff within ELHSCP. - Lack of resource to deliver mandatory training. <p>Difficulty attracting nursing staff from acute services to community services.</p> <p>Failure to deliver safe, effective & sustainable health & social care services.</p> <p>Accommodation.</p> <ul style="list-style-type: none"> - Challenge of moving to home working and the closing of office space doesn't support a reactive service or peer support. - Consolidation of building space to increase overall service delivery. <p>Resulting in staff becoming disengaged with the Partnership and services it delivers.</p> <p>IT</p> <ul style="list-style-type: none"> - Continued divide between employers IT systems. <p>Resulting in:</p> <ul style="list-style-type: none"> - Potential for unsafe practice. - Inefficient use of time / duplicate workload. - AHPs in Health experiencing repeated incorrect / late advice from recruitment, especially around overseas candidates. <p>Exacerbates post gapping</p>	<p>-Development of the workforce & action plan.</p> <ul style="list-style-type: none"> -Workforce Steering group have regular meetings to monitor workforce challenges. -Rolling recruitment processes for some posts i.e home care / nursing. -Recruitment initiatives being developed. -Accommodation home working asset review. -Continued work with IT partners. -Further development of the ELHSCP organisation workforce development team. - AHP recruitment issue improving. - Nursing service developing video to be shared on social media to attract new staff and aid recruitment. -Adult SW operating hybrid 50% office based approach model - limited to accommodation. - Implementation of workforce action plan (3 yr plan) reliant on fair working practices. 	High	15	Medium	6	19/01/2023	<p>Recruitment & Retention</p> <p>Implementation of workforce plan</p>	<p>update from IG 15/8/22 - huddles in place for each service and recruitment programs ongoing.</p> <p>JPF used to monitor recruitment with feedback from partner agencies.</p> <p>Sites continue to be closed to support workforce issues</p> <p>Discussion on workforce plan implementation being progressed with all GM. Plans will be reviewed at the workforce planning group</p>	<p>01/10/2023</p> <p>30/09/2023</p>

4695	Mental Health and Substance Use Services	<p>Due to the impact of Covid-19 on individuals and their mental health, demand on services and staffing, could result in an increase in physical and mental health related issues, which could lead to deaths or serious harm as a result of attempted or completed suicides or drug related incidents.</p> <p>Creates risk in relation to client's safety and ability to manage risk and creates reputational risk for the East Lothian Health and Social Care Partnership, Council and NHS.</p>	<p>Programme of meetings to monitor performance, quality improvement and compliance with national standards.</p> <p>Multi agency working across stakeholders within Police, third sector, housing, Social Work and NHS.</p> <p>Increase in Scottish Government funding to specifically support MH and Substance use services/work streams.</p> <p>Monitoring and learning from Significant adverse events.</p> <p>Review of adult MH services to improve access to services.</p> <p>Implementation of Medication Assisted Treatment Standards (MAT) to improve access and retention in treatment and to enable to make an informed choice about care.</p> <p>Assertive outreach - Primary care substance use nurses are now embed within the majority of GP practices and this service is currently being evaluated. We also have recruited to an assertive outreach post who is progressing non fatal overdose pathway and working with patients to introduce them or re-engage them in to services with the view to reduce drug and alcohol deaths. This role also supports with roll out of take home naloxone to higher risk groups and supports training.</p> <p>Contact centre - Pilot service provided by MELD available five days a week to offer direct support for drug and alcohol issues. Seeing an increase in contacts and following triage, individuals are giving advice/support or signposted to most appropriate service.</p> <p>DRD group members to review current process of analysis of case reviews - August 2022 - all unexpected deaths/DRD's are discussed at the PSAEG group that has been set up following a review of all SAE processes within MH services across Lothian. Backlog has now been cleared and all learning/themes has been collated and shared with teams and relevant services. This meeting provides clear governance and oversees risk and learning. Regular meetings are also held with DRD coordinator and MELDAP . Following publication of NRS DRD figures, presentations to be made to IJB and CSOG.</p> <p>The MH and SU business meetings are well established and themes and learning with local action plans in place. GN update November 2022</p>	High	12	Medium	6	19/01/2023			
Implementation of MAT standards										<p>August 2022 - Requirement to implement standards 1-5 and Implementation Group in place to monitor and to liaise with MIST. Money received from Scottish Govt to implement standards, which was matched by MELDAP and band & now recruited to to support same day prescribing model. Also recruiting band 5, admin and peer support staff to support implementation. MIST to support with workshop to allow us plan and embed standards within day to day practice and to support how we collate data and complete QI methodology. Workshop set for late August.</p> <p>Local action plans in place and updates to Scottish Government are on track for March 2023 - GN November 2022 update</p>	31/03/2023
5478	Partner agency delivery challenges	<p>Each Partner agency has arrangements in place, with challenges with resources subject to ongoing operational issues.</p> <p>East Lothian Council has a range of back office departments which support the HSCP; a number of these departments are declaring business continuity status.</p> <p>NHS Lothian is escalating significant risk regarding hospital flow and occupancy. The HSCP is required to ensure an ongoing response to the crisis. This is diverting resources.</p>	<p>NHS is managing through quarterly performance meetings, CMT bi-weekly meetings and CMT system pressures</p> <p>ELC is managing through CMT and the discussions of of risk registers</p>	High	16	Medium	9	19/01/2023	Influence of risk	<p>Whilst the partnership cannot influence the return to normal business of partner agencies it meets regularly with those in BC mode for updates on the impact on the partnership.</p>	31/03/2023
5479	PCIA	<p>Risk that the primary care infrastructure and real estate wont be developed because of the lack of funding.</p> <p>It impacts on the partnership in 3 ways</p> <ol style="list-style-type: none"> 1- It presents a risk that patients will not receive GMS care 2- It may limit the HSCP to implement the PCIP or provide services accessible across East Lothian 3- It may limit the opportunities to provide primary and community care to respond to a growing and ageing population 	<p>HSCP highlight risks to NHS as capital funding is not delegated to the HSCP.</p> <p>Strategic assessments reviewed and updated annually to inform prioritisation process.</p> <p>We can argue that the risk has fallen slightly because NHS Lothian has now competed the prioritisation exercise for all primary care developments identified across Lothian but the risk still remains because of the significant uncertainty over the capital funding from Scottish Government</p>	High	12	Medium	9		<p>Annual assessment of future population growth by HSCP to re-evaluate impact on General Practice premises</p> <p>Reduce demand for clinical space within practice buildings through development of remote service provision (digital and by telephone) for some elements of PCIP services.</p>	<p>Assessment last reported to IJB in 2020. Assessment against 2021 Housing Land Audit has been completed. Update due to SPG - JM 26/1/23</p> <p>Some PCIP services already provide remote service. Alternative venues to practice buildings used for most of the vaccination programme - JM 26/1/23</p>	<p>01/06/2023</p> <p>01/01/2024</p>

									Develop use of non-general practice buildings to provide PCIP services where possible.	Corn Exchange used for vaccinations with scope for other service provision. Lease due to end April 2024 and cost benefit needs assessment re extending the lease further - JM 26/1/23	01/03/2023
									Consider how existing facilities can be used at evenings and weekends to provide primary care services.	In progress with vaccinations. Further work not started - JM 26/1/23	31/03/2024
3915	Public Protection - Risk of Harm	<p>The Council has a legal responsibility to address concerns that may require a Child or Adult protection response. The Council also has an obligation to manage offenders through the Justice Social Work service and contribute to MAPPAs arrangements.</p> <p>It should be noted that by the very nature of the work involved in Child Protection, Adult Protection, management of offenders and people experiencing domestic abuse this is a high risk business even with all the controls and measures in place.</p> <p>Any failure to adequately respond to concerns may negatively impact on children and adults, who may be at risk of harm. This could also result in serious harm/death to an individual/s, prosecution, having to pay compensation and have a negative impact on the reputation of the Council.</p> <p>A failure to secure efficient and effective Public Protection arrangements, covering Child Protection, Adult Support and Protection, local MAPPAs arrangements, Violence against Women and Girls (VAWG) and Substance Misuse services, may see the Council being unable to fulfil its statutory duties/duty of care which could contribute to a service user suffering harm/death or detriment. This would in turn result in reputational damage to and increased scrutiny of the Social Work services.</p> <p>There are continuing issues with the delivery of Social Care Services within the Care Home and Care at Home sector. There is the potential for a service failure which could place vulnerable adults at risk of harm.</p> <p>There has been a long standing waiting list for an Outreach Service from Women's Aid Mid and East Lothian which is the specialist service provider for Women experiencing or having experienced domestic abuse. There is a funding gap created by non-recurring revenue streams and increased demand.</p> <p>In the context of rising demand for domestic abuse supports in the county, the council's arrangements for delivering Equally Safe, the national strategy to eradicate violence against women and girls require a strategic and</p>	<p>Strategic Structure</p> <p>The East and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of policy and practice in relation to Adult Protection, Child Protection, Offender Management and Violence Against Women and Girls. The primary aim of the Committee is to provide leadership and strategic oversight of Public Protection activity and performance across East Lothian and Midlothian. It discharges its functions through four sub-groups which meet quarterly:</p> <ul style="list-style-type: none"> • Performance and Quality Improvement sub-group maintains overview of work through the door and performance in relation to CP and ASP work • Learning and Practice Development sub-group takes forward our 2021-23 strategy for Multi-agency training, and oversees our training programme. Training needs on aspects of Public Protection are considered by this group and are informed by Training Needs Analyses undertaken by the East Lothian Workforce Development Officers in Children's Services and the HSCP. • VAWG delivery group keeps oversight of services for gender based violence • East and Midlothian MAPPAs Group (EMMG) oversees MAPPAs arrangements. <p>Critical Services Oversight Group (CSOG), Provides governance and leadership of EMPPC on a quarterly basis</p> <p>Marac (Multi-agency risk assessment conferences) continues to operate on a four weekly basis, by Microsoft Teams, with additional meetings scheduled to respond to increase in demand, ensuring that the needs of and supports to highest risk victims of domestic abuse are planned for on a multi-agency basis.</p> <p>East Lothian S&T implementation group will continue to meet to review and maintain oversight of training and embedding S&T in practice in East Lothian. This will also be monitored via EMPPC Learning and Development Sub-group.</p> <p>A Joint Strategic Needs Assessment for Public Protection has been developed and is being reviewed by CSOG. This projects increased demand for services and makes a number of recommendations for the future delivery of Public Protection services.</p>	High	12	Medium	8	19/01/2023			
									A Joint Strategic Needs Assessment for Public Protection is being taken forward by CSOG.	Awaiting outcome though PPC	30/06/2023
									The Council Management Team and EMPPC learning and development sub-group will seek assurance that arrangements are in place for completion of Level 1 training.	HSCP leads linking in with work through PPC	30/06/2023
									The CSWO remains actively engaged in national meetings aimed at achieving a long-term solution to the MAPPAs information sharing / VISOR issue ahead of the implementation of the replacement system MAPPAs. The CSWO will continue to provide regular assurance	Awaiting feedback from SG.	30/06/2023
									Under the new East Lothian Safety and Justice Strategic Partnership, the national strategy Equally Safe will be progressed through its own dedicated sub-group.	Review of CIP function underway.	30/09/2023
3914	Service Activity	There is a risk that demographic pressures see demand for	1. New planning structure established which will support an overall	High	12	Medium	9	19/01/2023			

<p>Pressures</p>	<p>services outstrip available budgetary and staffing resources leading to unmet client need and risk to client safety and independence, potentially generating reputational risk for East Lothian Council.</p> <p>Service Activity pressures see demand for services outstrip available budgetary and staffing resources leading to unmet client need and risk to clients safety and independence, potentially generating reputational risk for the Council as well as failing to meet statutory responsibilities.</p> <p>COVID impacting service capacity by causing significant ongoing staffing pressures.</p> <p>This risk is managed by the IJB</p> <p>Care at home external provision remain static at significantly lower levels which impacts on risks and hospital discharges.</p>	<p>programme of change and include a number of change boards to which all projects will report. Changes boards reflect agreed priorities of the IJB and include Primary Care, Shifting the Balance of Care, Adults with Complex Needs, Mental Health, Carers and Rehousing.</p> <p>2. New planning structure includes Reference Groups as well as Change Boards. Reference groups are multi-stakeholder and include service users, carers, voluntary sector organisations, practitioners, community planning partners, housing colleagues and other groups.</p> <p>3. Resource Allocation System (RAS) established with additional short term practitioner capacity to accelerate pace of reviews to ensure resources are allocated according to need within financial constraints.</p> <p>4. Application of the Eligibility criteria has been reviewed and delegated authority implemented. Scrutiny of budget authorisations and analysis of trends through delegated authority.</p> <p>5. Self Directed Support (SDS) implemented and audited with action plan in place.</p> <p>6. Currently commission a range of services which fulfil an early intervention and prevention role. As part of continual planning and service redesign. Mandatory "Golden Threads" have been established which all change programmes and projects must evidence as having achieved as part of the proposed change. These include early intervention and prevention.</p> <p>7. Strong relations with third sector organisations etc.</p> <p>8. A three year increased investment plan was agreed at the IJB in early 2017. April 2019 will see the third year of this agreement start where day centres will be operating to a new Service Level Agreement.</p> <p>9. All funding of commissioned provision has undergone a Strategic Fit and Best Value review. This includes integrated Care Fund funding and services.</p> <p>10. Three year budget efficiency plans developed for implementation from 2019 - 2022.</p> <p>11. Services forecast trajectory of need across all Care Groups to inform service development and financial planning.</p> <p>12. Recovery Plan is in place.</p> <p>13. Financial overview regularly considered short, medium and long term measures for resourcing.</p> <p>14. Resource allocation system - delegated authority is in place.</p> <p>15. Community transformation approved at IJB summer 2021 - adults of carers change board overseeing.</p> <p>16. iCAT forum continues to ensure resources are deployed effectively as possible.</p> <p>Care home placements for older people restricted by thirs sector recruitment and retention.</p>				<p>SDS Action Plan</p>	<p>02/07/19: Report feedback 4/7/19. Action plan implemented and to be reviewed 6 monthly.</p> <p>8/1/20: Will be reviewed by end January 20 and updates communicated.</p> <p>22/09/21: Review of SDS - met some level of need. Progress of SDS put on hold to mitigate risk - not completed due to Covid & agreement of realistic resources.</p> <p>10/8/22 - SDS Action plan requires re-visiting to identify outstanding and new actions. MK</p>	<p>31/03/2023</p>
						<p>Community Transformation Programme</p>	<p>August 2022 - papers presented to IJB in June 2021 and a set of principles were agreed. Update on progress to be presented to SPG in August 2022 and then to IJB.</p> <p>Update on progress presented to SPG in September 2022 - IG 1/11/22</p>	<p>31/03/2023</p>
						<p>IRIS programme is developing a new assessment document and process which should be implemented by August 2022 and will factor in SDS an an immediate option.</p>	<p>10/8/22 - IRISS will provide report covering summary of activity with the service over past 12 months. Revisions to process and paperwork are at an advanced stage. The intention is that a 'test' phase will commence in October 2022. MK</p> <p>Test phase commence in line with new MOSAIC developments - IG 1/11/22</p>	<p>31/03/2023</p>

East Lothian Council Risk Matrix

Likelihood Description

Likelihood of Occurrence	Score	Description
Almost Certain	5	>90% chance of occurring
Probable	4	70%-90% chance of occurrence
Possible	3	30-70% chance of occurring
Unlikely	2	10-30% chance of occurring
Rare	1	<10% chance of occurring

Impact Description

Impact of Occurrence	Score	Description							
		Impact on Service Objectives	Financial Impact	Physical and/or Psychological Impact on People	Impact on Time	Impact on Reputation	Impact on Assets	Business Continuity	Legal & Regulatory
Catastrophic	5	Catastrophic failure in service delivery and key service standards are not met, long-term catastrophic interruption to operations, several major partnerships are affected	Severe impacts on budgets (emergency Corporate measures to be taken to stabilise Council Finances. Consideration should be given as to whether this is an insured or uninsured risk and whether there may be reliance on reserves. The Council is expected to hold a reserve to budget ratio of 2%.	Single or Multiple fatality and or physiological impact, within council control, leading to 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. Prolonged regional and national condemnation.	Significant disruption to building, facilities, vehicles or equipment (Loss of building, vehicles, rebuilding required, temporary accommodation required, vital equipment lost without replacement capability available resulting in services being unable to be delivered).	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, including substantial involvement from regulators.
Major	4	Major impact to service quality, multiple service standards are not met, long-term disruption to operations, multiple partnerships affected.	Major impact on budgets (need for Corporate solution to be identified to resolve funding difficulty). Consideration should be given as to whether this is an insured or uninsured risk and whether there may be reliance on reserves.	Number of extensive injuries (major permanent harm) or major physiological impact to employees, service users or public.	Major - between 1 & 2 years to recover pre-event position.	Serious negative national or regional criticism and publicity.	Major disruption to building, facilities, vehicles or equipment (Significant part of building unusable for prolonged period of time, alternative accommodation required, equipment or vehicles unavailable to provide significant elements of service delivery and no appropriate contingency arrangements in place).	Significant impact on service provision or loss of service.	Legal, regulatory, or contractual breach, severe impact to Council, fines and regulatory action publicly enforced.
Moderate	3	Significant fall in service quality, major partnership relationships strained, serious disruption in service standards.	Moderate impact on budgets (can be contained within overall directorate budget).	Serious injury requiring medical treatment or moderate physiological impact 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.	Adverse national media public attention with elected members becoming involved.	Moderate disruption to building, facilities, vehicles or equipment (loss of use of building for medium period, loss of equipment or vehicles requires contingency arrangements to be employed and has moderate impact on overall service delivery).	Security support and performance of service/system borderline.	Legal, regulatory, or contractual breach, moderate impact to Council, regulator action and or improvement required of the Council .
Minor	2	Minor impact to service quality, minor service standards are not met, short-term disruption to operations, minor impact on a partnerships	Minor impact on budgets (can be contained within service head's budget).	Non life changing injury or physiological impact to staff or member of the public requiring treatment.	Some - between 2 and 6 months to recover.	Minor adverse local, public or media attention and complaints.	Minor disruption to building, facilities, vehicles or equipment (alternative arrangements in place and covered by insurance, equipment or vehicles unavailable for small period of time minor impact on service).	Reasonable back-up arrangements, minor downtime of service/system.	Legal, regulatory, or contractual breach, minor impact to Council, regulator advice and improvement requested of the Council.
Minimal	1	No impact to service quality, limited disruption to operations.	Minimal impact on budgets (can be contained within unit's budget).	Minor injury or minor physiological impact to employee, service user or public.	Minimal - Up to 2 months to recover.	Public concern restricted to local complaints and of no interest to the media.	Minimal disruption to building, facilities, vehicles or equipment (alternative arrangements in place, equipment or vehicles alternative quickly available to replace or substitute).	No operational difficulties, back-up support in place and security level acceptable.	Legal, regulatory, or contractual breach, negligible impact to Council, regulator suggested improvements requested.

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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