

Risk matrix to support NHS boards to assess risks



Below is the risk matrix to support NHS boards to assess risks

**Table 3: Impact and Likelihood Assessment Matrix**

| **Category** | **Negligible (1)** | **Minor (2)** | **Moderate (3)** | **Major ()** | **Extreme (5)** |
| --- | --- | --- | --- | --- | --- |
| **Injury/Illness** **(Physical and psychological) to patient/visitor/staff** | Adverse event leading to minor injury not requiring first aid. | Minor injury or illness, first aid treatment required. | Injury requiring medical treatment.Injury (RIDDOR reportable) that results in >7 days incapacitation for routine work. Consideration of Organisational Duty of Candour. | Long term incapacity/disability requiring medical treatment.Specified RIDDOR injury; occupational disease or dangerous occurrences with/without a ≥ 7-day incapacitation for routine work. E.g. – Fractures, amputation, crush, serious burns.Consideration of Organisational Duty of Candour. | Any adverse event leading to death(s).Major permanent physical incapacity.RIDDOR reportable work-related fatality.Consideration of Organisational Duty of Candour. |
| Psychological impact with no wellbeing support required. | Psychological impact with signposting to wellbeing support. | Psychological impact requiring short term wellbeing support. | Psychological impact requiring medium-term wellbeing support. | Long-term psychological impact. Critical impact on wellbeing, co-ordinated response, and referral to support services.  |
| **Healthcare Experience****(Impact on how our stakeholders experience our organisation)** | Reduced quality experience. | Unsatisfactory experience – readily resolvable. | Unsatisfactory experience/clinical outcome with potential for short term effects. | Unsatisfactory experience /clinical outcome with potential for long-term effects. | Unsatisfactory experience/clinical outcome continued permanent effects. |
| Locally resolved verbal complaint or observations. | Justified written complaint. | Multiple justified written complaints. | Multiple justified complaints with problem themes emerging, informed from more than one source. | Complex justified complaints with serious problem themes from more than one source. |
| **Transformation & Innovation****(Impact on our ability to deliver change & innovation across our organisation)** | Barely noticeable reduction in scope, quality or schedule of change programme or project. | Minor reduction in scope, quality or schedule of change programme or project. | Moderate reduction in scope, quality or schedule of change programme or project. | Significant change to scope, quality or schedule of change programme or project, resulting in significant changes to projected outcomes. | Inability to meet scope, quality or schedule of change programme or project.  |
| **Service Delivery / Business Interruption****(Impact on our ability to deliver efficient & effective services)** | Interruption to service/process that does not impact on delivery of services. | Short term disruption to service/process with minor impact on services. | Medium term disruption to service/process with unacceptable impact services, impacting on departmental business continuity plans being enacted. | Long-term/sustained loss of service/process which has serious impact on delivery of services, resulting in major service wide continuity plans being enacted. | Permanent loss of core service/facility/process resulting in a significant knock-on effect to other services. Major organisation wide contingency planning enacted. |
| **Workforce****(Impact on our staff wellbeing, competency & levels)** | Temporary reduction in staffing levels/skills mix or any escalations fully mitigated with no impact on service delivery or care quality. | Short-term reduction in staffing levels/skills mix (1 week) or escalations mitigated with no impact on service delivery or care quality due to work prioritisation/delay. | Medium term reduction in staffing levels/skills mix (1 month), or escalations unable to mitigate resulting in missed care.  | Long term reduction in staffing levels/skills mix (>1month) or, multiple escalations unable to mitigate resulting in missed care and patient harm. | Loss of key/high volumes of staff or, system wide escalations unable to mitigate resulting in patient harm and impacting care standards. |
| Staff unable to network with other professionals. | Staff unable to carry out complementary / non-essential training. | Staff unable to carry out training required by the organisation (including training that improves function of the organisation).  | Staff unable to carry out statutory / mandatory/role specific training or maintain competency levels. | Staff are unable to carry out any training / maintain competency levels which impact on the function of the organisation. |
| No use of supplementary staffing. | Increased usage of supplementary staff. | Reliance of supplementary staff in a few areas. | Reliance on supplementary staff in multiple areas. | Unsustainable reliance on supplementary staff across the organisation. |
| Negligible impact on staff wellbeing. | Minor impact on staff wellbeing, requiring peer support. | Moderate impact on staff wellbeing, requiring line manager support in a few areas. | Major impact on staff wellbeing, requiring referral to support services in multiple areas. | Extreme impact on staff wellbeing, requiring co-ordinated response and referral to support service across the organisation. |
| **Financial****(Impact through unplanned cost/reduction of available finances)****\*%’s used may vary depending on size of Board and are to act as a guide.** | Some adverse financial impact but not sufficient to affect the ability of the service /department to operate within its annual budget.Scale of impact experienced is ≤1% of Directorate Impact OR 0.1% of Board Annual Budget. | Adverse financial impact affecting the ability of one or more services/ departments to achieve their annual financial balance.Scale of impact experienced is 2-5% of Directorate Impact and or multiple Directorates OR 0.2 – 0.5% of Board Annual Budget. | Significant adverse financial impact affecting the ability of one or more directorates to achieve financial balance.Scale of impact experienced is 6-10% of Directorate impact and or multiple Directorates OR 0.6 -1% of Board Annual Budget. | Unable to achieve annual financial balance given scale of funding gap and savings requirements across the full Board. Scale of impact experienced is 11 -20% of Directorate Impact and or multiple Directorates OR 1.1 to 2% of Board Annual Budget across Full Board Impact in year.Potential for Scottish Government involvement/escalation. | Significant aggregated financial impact affecting the long-term financial sustainability of the organisation.Scale of impact experienced is >2% of Board Annual BudgetPotential for Scottish Government escalation. |
| **Compliance****(Impact on business controls to comply with industry rules, regulations and sustainability)** | Report/ Audit that identifies minor compliance/quality issues. No change to level of Board Assurance. | Report/Audit that identifies a small number of compliance/quality issues. No change to level of Board Assurance. | Report/Audit that identifies a challenging number of compliance/quality issues. Minimal reduction on Board Assurance. | Report/ Audit that identifies a significant number of compliance/quality issues stating a low compliance rating/critical rating. Reduced level of Board Assurance. | Report/Audit that identifies a Zero/ Severely critical rating in relation to Compliance/Quality. Significant reduction in level of Board Assurance. |
| No compliance/permit impact. No Regulatory involvement. | Minor non-compliance/permit impact (Regulatory advisory letter). | Moderate non-compliance/ permit impact that results in Regulator Involvement. (Notice of Contravention issued) | Major non-compliance/ permit impact that results in Regulator Enforcement action and /or Fines (Improvement Notice) | Extreme non-compliance/ permit impact that results in Regulator Enforcement action and /or Fines (Prohibition Notice/Prosecution/Public Register) |
| **Public Confidence****(Impact on public confidence of the organisation)** | Some concerns from individuals, local community groups and media (including social media)– short-term (< 1 day). | Ongoing concerns raised by individuals, local media, social media, local communities, and their representatives – long-term (≤1 week). | Ongoing concerns raised by individuals, local media, social media, local communities, and their representative – long-term (>1 week). | Significant impact on public confidence in the organisation that either results in a decline in uptake/use of services, or from concerns raised by national organisations / scrutiny bodies and short-term (< 1 week) national media coverage. | Critical impact on staff, public and stakeholder confidence in the organisation resulting from an external investigation/ public enquiry or through prolonged (>1 week) national / international concerns and media coverage or being scrutinised by parliament. |
| **Health Inequalities****(Impact could create/increase Health Inequalities across the Population)** | Negligible impact on health inequalities as measured by patient access and patient outcomes. | Minor impact on health inequalities as measured by patient access and patient outcomes.  | Moderate impact on health inequalities as measured by patient access and patient outcomes. | Serious exacerbation of health inequalities as measured by patient access and patient outcomes.  | Critical exacerbation of health inequalities as measured by patient access and patient outcomes. |
| No issues with access to service or differential/inequitable outcomes across the population. | Some differences in service access and / or outcomes for different population groups identified.  | Restricted access and / or different outcomes for different population groups identified.  | Significant access and / or differential health outcomes for different population groups identified.  | Extensive barriers to services and /or inequity in outcomes for different population groups. |
| Compliance with equalities legislation. | Unlikely to result in inequity of access/ outcomes. | May result in inequity of outcome or legislation non –compliance. | Likely to result in impact on equity of outcome and/or legislation non –compliance. | Will result in failure to comply with equalities legislation. |

**Likelihood – What is the likelihood of the risk occurring? \***

\*There is no need to use all sections of each descriptor below, these are for a guide only.

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| --- | --- | --- | --- | --- |
| **Rare****(1)** | **Unlikely****(2)** | **Possible****(3)** | **Likely****(4)** | **Almost Certain****(5)** |
| It is assessed that the risk is **very unlikely** to happen. Will only occur in exceptional circumstances. | It is assessed that the risk is **not likely** to happen. Unlikely to occur but potential exists. | It is assessed that the risk **may** happen. Reasonable chance of occurring - has happened before on occasions. | It is assessed that the risk is **likely** to happen. Likely to occur - strong possibility.  | It is assessed that the risk is **very likely** to happen. The event will occur in most circumstances. |
| ≤10% chance that the risk may occur. | 11-37% chance that the risk may occur. | 38-64% chance that the risk may occur. | 65-89% chance that the risk may occur. | >90% chance that the risk may occur. |
| A potential 5–10-year event. | A potential for a 2–5-year event. | A potential for an annual event. | A potential for a quarterly event. | A potential for frequent occurrence e.g., daily/weekly/monthly. |

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| --- | --- | --- | --- | --- | --- | --- |
| **LIKELIHOOD** | **5** | **Medium****5** | **High****10** | **High****15** | **Very High****20** | **Very High****25** |
| **4** | **Medium****4** | **Medium 8** | **High****12** | **High****16** | **Very High****20** |
| **3** | **Low****3** | **Medium****6** | **Medium****9** | **High****12** | **High****15** |
| **2** | **Low****2** | **Medium****4** | **Medium****6** | **Medium****8** | **High****10** |
| **1** | **Low****1** | **Low****2** | **Low****3** | **Medium****4** | **Medium****5** |
|  | **1** | **2** | **3** | **4** | **5** |
| **IMPACT** |

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