Consequence Score Definitions

Read the definition of each consequence and note the score. Examples are given to help you understand what might fall under each definition / score.

	1 - Negligible	2 - Minor	3 - Moderate	4 - Major / Severe	5 - Catastrophic
Safety (patient, staff or visitor)	Negligible injury requiring no intervention or treatment or where treatment is limited to self-care by the application of a plaster dressing. e.g. • superficial cuts • small bruises • cat 1 pressure ulcer	Minor injury or illness where treatment is limited to self-care, minimal medical intervention or increased hospital stay of 1-3 days or time off work / light duties for 1-7 days (staff only) e.g. • extended period of neurological observations following inpatient fall • cuts • minor sprains, • minor bruises / hematoma • cat 2 pressure ulcer • fracture of a digit • first-degree (superficial) burns	Moderate injury requiring medical intervention and follow-up appointments or increase in length of hospital stay by 4-15 days and from which patient is expected to fully recover from injury within 12 weeks RIDDOR specified injury / over 8+ days absence from work or light duties but which patient is expected to fully recover A fundamental change or prolonged course of critical medication is required An event which impacts on a small number of staff or group of patients e.g. • fractures not requiring surgical intervention • fractured a hip from an inpatient fall which patient is expected to	Major injury (including RIDDOR specified injury / over 8+ days absence from work or light duties) leading to medium to long-term incapacity or disability or recovery beyond 12 weeks e.g. • fracture requiring surgical intervention or loss of full function • fractured a hip from an inpatient fall where patient is unlikely to regain the levels of mobility and independence they had prior to the fall • spinal cord injuries • cat 4 pressure ulcer • chronic pain and loss of function or mobility • ruptured or blunt trauma to internal organ • penetration injury which requires surgical intervention • haematoma requiring surgical intervention to prevent serious	Incident leading to premature death or un-survivable injuries, progressive conditions without curative treatment options Multiple or permanent injuries or irreversible health effects that will limit life expectancy or quality of life, susceptibility to health complications An event which impacts on a large number of patients e.g. • fractured a hip from an inpatient fall where patient is • traumatic brain injury • irreversible organ failure • miscarriage due to failure in care standards • permanent blindness or deafness

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			fully recover • muscle strain that causes more than 7 days absence / light duties • cat 3 pressure ulcer • hospital / occupational acquired infection with increased length of stay / invasive procedure • brief loss of consciousness as result of injury • resuscitation required • significant epileptic seizure • depression / anxiety /psychological harm that can be managed with treatment but impacts on ability to function in daily life for a period of time • second-degree (partial thickness) burns, red, blistered)	illness or loss of life • long periods of intensive treatment • hospital / occupational acquired infection leading to permanent impact on health • severe burns with permanent disfiguring scaring • permanent damage to the internal organs, vessels or nerves • PTSD / mental health issue resulting permanent life limiting psychological damage/ unable to return to work • third-degree (full thickness) burns site may look white or blackened and charred	• severe and permanent spinal cord injuries • fourth-degree burns – nerve endings destroyed, severe scaring or damage to internal organs

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Quality	Peripheral element of treatment or service is suboptimal but does not affect safe or effective care Poor responsiveness to the personal (non-clinical) needs for patient who is independent, has capacity / good well-being and is mobile Informal inquiry (PALS)	Singular or minor failures to meet internal standards which is not ongoing or repetitive Minor failure that affects small number of patients Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness or does not meet essential internal standards for quality and may result in unsafe or ineffective care Several upheld serious complaints on same issue Moderate safety implications if quality findings are not acted on Existing medicines, devices, diagnostics and procedures are some way out of date and create an inequality in critical services within our region	Persistent non-compliance with national standards with significant risk to patients, staff or organisation if unresolved (i.e. ED 4 hour wait times, 18 week RTT, 62 day wait for first cancer treatment, 6 week wait for diagnostic procedures) Systematic failures in clinical, operational or safety processes with significant risk to patients, staff or organisation if unresolved	Totally unacceptable level or quality of treatment/service Systematic failure of multiple services or regulated activities Gross failure in safety if findings not acted on resulting in a catastrophic safety risk Gross failure to meet national standards Gross systematic failure of the duty of candour or SI process Removal of directors and governors via formal procedures which results in a catastrophic impact on quality
Workforce (People)	Short-term low staffing level that temporarily reduces service quality (< 1 day) Isolated staff dissatisfaction or limited poor staff experience Isolated issues in relation to opportunities for flexible working patterns	Lower than expected staffing level that reduces the service quality for 1 day or more Localised staff morale problems Increase in turnover leading to repeated recruitment Localised complaints about	Unsafe staffing level or skill mix (2 – 5 days) General low staff moral across whole team / department/ division Multidisciplinary workforce numbers are not evidence-based or safer staffing ratios Poor staff attendance for	Unacceptable failure to deliver a key objective / operational performance / clinical service due to unsafe staffing levels or lack of appropriate skill sets (6 days or more) Senior managers leave, high turnover of experienced staff Not perceived as an employer of choice Healthcare professionals whose fitness to practise may be impaired because of	Non-delivery of key objectives / operational performance / clinical service due to insufficient staff or inappropriate skills mix Multiple senior leaders leave leading to leadership crisis Systematic failure to determining the number of staff and range of skills required to meet patient needs and safety -standards fall

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	Isolated training needs not addressed Low levels staff engagement issues Isolated staff complaint Isolated bullying & harassment issue Isolated case of equal opportunities for career progression / promotion are not being observed	line managers Localised bullying & harassment complaints Seasonal variation in demand or service development leading to minor staffing issues Short term staff supply issues that are expected to be resolved in the near future Temporary staff required above the set planned establishment – short term only Small groups of staff unable to take annual leave due to staffing pressures during peak periods Evidence of 80% or less attainment in mandatory or key training / competencies Staff engagement issues amongst localised group or	mandatory training Evidence of 60% or less attainment in mandatory or key training / competencies / appraisals completed Lack of effective workforce planning whole team / department/ division Critical skills gap that impacts ability of Trust to deliver service according to required quality standards / wait times Failure to deliver against some aspects of the national Education Outcomes Framework (HEI, HEE, Deanery) to ensure the allocation of education and training resources Poor level of flexible working which impacts staff ability to perform safely Medium term staff supply issues that are expected to be resolved in the near future Temporary staff required above the set planned establishment –	poor health, misconduct or poor performance Long term issues with the security of supply of the professionally qualified clinical workforce Long term, widespread use of expensive agency staff Urgent work required to forward plan leave and cover to avoid crisis management Significant evidence that equal opportunities for career progression / promotion are not observed Evidence of 49% or less of attainment in mandatory or key training / competencies / appraisals completed Lack of effective workforce planning for whole division Critical skills gap that impacts ability of Trust to deliver service according to required quality standards / wait times and service falls well below what is expected Failure to deliver against many aspects of the national Education Outcomes	significantly below what is expected Imminent or active workforce unrest / formal widespread union action resulting in inability to deliver services Long term issues with the security of supply of the professionally qualified clinical workforce which have no current resolution Long term, expensive agency staff which has no current resolution and for which funding cannot be sustained Urgent work required to forward plan leave and cover to avoid crisis management Systemic evidence that equal opportunities for career progression / promotion are not observed Evidence of 30% or less of attainment in mandatory or key training / competencies / appraisals completed

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		speciality / department Some local but limited evidence that equal opportunities for career progression / promotion are not observed	medium term only Staff engagement issues amongst several local groups or specialties / departments Seasonal variation in demand or service development leading to repeated staffing issues over several months Some evidence that equal opportunities for career progression / promotion are not observed Moderate workforce unrest	Framework (HEI, HEE, Deanery) to ensure the allocation of education and training resources is linked to quantifiable improvements Poor level of flexible working which impacts staff ability to perform safely Long term staff supply issues that are expected to be resolved within an agreed reasonable period Temporary staff required above the set planned establishment – long term only Significant workforce unrest Staff engagement issues across whole divisions Seasonal variation in demand or service development leading to repeated staffing issues which roll from one season to the next	Lack of effective workforce planning across several divisions Failure to deliver against all aspects of the national Education Outcomes Framework to ensure the allocation of education and training resources is linked to quantifiable improvements Urgent need to take action to restrict or remove a healthcare professional's right to practise to protect patient safety Significant ER cases which are unresolved and result in reputation damage and significant costs at an ET due to the failure to follow good employment practice
Statutory	Potential for minor breach at some point in the future, which if materialises will not cause harm No action likely by enforcement authority	Minor breach of statutory legislation resulting in harm that is not material Informal enforcement action e.g. a warning letter, or informal investigation	Single breech in statutory duty or licence which carries risk of moderate harm Potential for formal investigation by an enforcing authority or Court	Multiple breeches in statutory duty or high level of seriousness should risk materialise Breach of more than one licence condition Breach affects, or potentially will affect, a	Repeated known multiple breaches which have a severe actual or potential impact on health care service users / staff Prosecution is imminent

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	Breach is easily resolved Proportionality of the remedy to the nature of the breach is considered disproportionate – so would action is unlikely Breach of non-binding guidance low level guidance – valid and reasonable explanation for divergence from the guidance	The duration of any harmful effects caused by the breach is short-term Minor reduction in performance rating if unresolved Stakeholders have raised relevant low level concerns about the Trust's compliance	Breach will be resolved with moderate investment and within reasonable period of time Breach affects a notable number of service users or staff Challenging external recommendations or required actions received which Trust expects to be able to meet within required period Improvement notice received from an enforcing authority with specific time period for resolution which Trust expects to be able to meet Stakeholders have raised relevant moderate concerns about the Trust's compliance New licence conditions imposed Prospect of limited fine	high number of health care service users / staff whether directly or indirectly Stakeholders have raised relevant serious concerns about the Trust's compliance Breach requires significant investment and resource to resolve and is likely to remain a risk to health care service users / staff for some time Challenging external recommendations or required actions received which Trust does not expect to be able to meet Improvement notice received from an enforcing authority with specific time period for resolution which Trust does not expect to be able to meet Prospect of substantial fine if notice requirements are not meet	Trust has poor history of responding to the breach, has already been the subject of enforcement action on the same or similar breach Unlimited fine Revocation of provider licence Suspension or disqualification of directors/ governors Systemic and catastrophe breach which requires complete / high level system-wide review of compliance Zero performance rating Severely critical report which identifies multiple breaches
Reputational	Minor comments in relation to Trust performance	Local media coverage – short-term reduction in public confidence which can be easily responded to restore confidence Social media coverage by	Local media coverage, mid-term reduction in public confidence which can be responded to restore confidence but may take more than once level of reassurance	National media coverage with more than 3 days adverse press depicting the Trust's performance as well below reasonable public expectation National negative press in relation to discrimination against those with	International media coverage with more than 3 days adverse press depicting the Trust's performance as well below reasonable public expectation Active whistle-blowing in relation

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		member of the public causes minor local community reaction Unfavourable search results which may identify minor adverse media Minor elements of public expectation not being met Whistle-blowing on minor reputational issues	Local negative press in relation to discrimination against those with disabilities or protected characteristics (e.g. racial or sexual discrimination) Social network posts amplify negative press to a wider national audience Adverse publicity relating to significant patient data breach or Regulatory compliance Adverse publicity relating to ethical issues such as environmental damage Whistle-blowing on issues of moderate public interest or political sensitivity	disabilities (safeguarding) or protected characteristics (e.g. racial or sexual discrimination) Unsolicited negative mentions by influential political figures or celebrities which cause national interest in an adverse event Unable to dilute or respond to damaging narrative Whistle-blowing on issues of high level public interest or political sensitivity	to intentional criminal activity, serious fraud, abuse of office, misconduct etc. Calls for resignation of Executive leadership Total loss of public confidence, public protests National information security risk The organisation is involved in a JR process which will impact upon the services delivered
Business (operational issues)	Insignificant cost increase Insignificant schedule slippage Loss / interruption of service for 24 hours or less Real options can easily be deployed to maximize operational flexibility and	<5 per cent over project budget Minor schedule slippage more than 1 month but less than 3 months Loss / interruption of service for 1 – 7 days Robust business continuity management in place	5–10 per cent over project budget Schedule slippage of between 3 – 6 months Loss / interruption of service for more than one week but less than one month Short term supply issues	10–25 per cent over project budget Schedule slippage between 7 – 12 months Loss / interruption of service for more than one month but less than 3 months Critical processes or assets (including clinical equipment, buildings, network and IT equipment) will fail without Warning leading to loss of critical service	>25 per cent over project budget Severe impact of slippage on services and budgets Schedule slippage 13 months or more Loss / interruption of service for more than 3 months or more which has a significant impact on the delivery of services and

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	performance	which will effectively mitigate the risk which are well tested Physical assets are deteriorating which are covered by insurance and are within the budget envelope to replace in a timely way should they fail Business continuity management in place but requires improvement Low level political pressure Minor failure of infrastructure	Physical assets are deteriorating which are not covered by insurance and are not within the budget envelope or easy to replace in a timely way should they fail Critical processes fail will over time without intervention Mechanisms in place to reduce, or respond to, major incident are partially redundant or are not regularly tested Contingency and crisis management plans are in place but not rehearsed regularly or requires significant investment or resources to enable Moderate failure of infrastructure Stress testing and sensitivity analysis of scenarios performed are adhoc Material damage theft or loss of stock, equipment or Trust property arising out of an event Some level of political pressure	or loss of life and will need significant investment or time to replace Major failure of infrastructure Long term supply issues which has a major impact on operations No business continuity management in place No process or capabilities to address major operational risk Notable level of political pressure	patient outcomes Permanent loss of critical service, facility or equipment with no ability to prevent or respond to imminent failure Long term supply chain disruption beyond the Trust's control which directly impacts on patient safety or critical services Catastrophic failure of infrastructure Catastrophic damage theft or loss of stock, equipment or Trust property arising out of an event High level of political pressure

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Finance	Small loss	Loss of 0.1–0.25 per cent of budget Claim less than £10,000 Minor financial governance issues, which lead to a one off deviation in financial performance One-off cases of fraud, retrospective waivers or overpayments	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 Moderate financial governance issues, which lead to a repeated deviation in financial performance Moderate number of fraud cases, retrospective waivers or overpayments	Loss of 0.6–1.0 per cent of budget Uncertain delivery of key objective Claim(s) between £100,000 and £1 million Purchasers failing to pay on time Critical financial governance issues, which lead to a repeated and sustained deviation in financial performance High number of fraud cases, retrospective waivers or overpayments	Loss of >1 per cent of budget Non-delivery of key financial objective Loss of contract income >0.5 per cent due to reporting errors Claim(s) >£1 million Catastrophic financial governance issues, which lead to severe deviation in financial performance Institutional or systematic fraud, retrospective waivers or overpayments
Environment	No or immaterial impact on the use of natural resources / raw materials, energy consumption, use of water. No or immaterial impact in relation to carbon emissions, discharge of water, waste output including chemicals, clinical waste, plastic, metals, packaging materials etc.	Low impact on environment on the use of natural resources / raw materials, energy consumption, use of water. Minor impact in relation to carbon emissions, pollutants or any hazardous, toxic or noxious substances Minor impact in relation to discharge of water, waste output including chemicals,	Moderate impact on environment. For example: Moderate level of carbon emissions, pollutants or any hazardous, toxic or noxious substances caused activities Limited options for sustainable travel Moderate increase in discharge of water, waste output including chemicals, clinical waste, plastic, metals, packaging	Major impact on environment Frequent or significantly increased release of carbon, pollutants or any hazardous, toxic or noxious substances in to the air, onto the ground or into surface waters, groundwater, coastal waters or the sea Frequent or significant increase in the use of natural resources / raw materials, energy consumption, use of water i.e. inefficient heating, lighting, cooling, ventilation, and hot water supply	Catastrophic impact on the environment Frequent or significantly increased release of pollutants or any hazardous, toxic or noxious substances in to the air, onto the ground or into surface waters, groundwater, coastal waters or the sea – resulting in catastrophic and irreparable damage Protected areas which are designated or classified for their

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	Carbon neutral - no impact on climate	clinical waste, plastic, metals, packaging materials etc. Minor changes to in the topography of the area Minimal restriction on use of local facilities Minor impact on cultural heritage or archaeological value	materials etc. Construction, operation or decommissioning which will cause notable physical changes in the topography of the area, moderately increased flood risk, light pollution etc. Introduction of product on a moderate scale that has limited recycling options Notable impact on features which are protected for their cultural heritage or archaeological value Moderate restrictions or impact on community facilities	Use natural resources above or below ground such as land, soil, water, materials/minerals or energy which are non-renewable or in short supply Frequent or significant increase in discharge of water, waste output including chemicals, clinical waste, plastic, metals, packaging materials etc. Major construction, operation or decommissioning which will cause key, permanent physical changes to, or loss of, the topography of the area or significantly increased flood risk, light pollution etc. Significant impact on protected, important or sensitive species of flora or fauna which use areas on or around the site, e.g. for breeding, nesting, foraging, resting, over-	terrestrial, avian and marine ecological value, or any non-designated / non-classified areas which are important or sensitive for reasons are catastrophically and irreparably damaged Unacceptable use of natural resources / raw materials, energy consumption, use of water Unacceptable release of pollutants or any hazardous, toxic or noxious substances in to the air, onto the ground or into surface waters, groundwater, coastal waters or the sea Permanent and catastrophic loss of the topography of the area or significantly increased flood risk, light pollution etc.

Likelihood Score Definitions

There are different ways of defining likelihood. Read the descriptions below to help you choose.

Level	Descriptor	Description
1	Rare	Don't expect this will ever happen or reoccur but there is a marginal chance it may do so; and / or Very slow onset, occurs over 1 ½ years or more; and / or Unlikely to occur in a 2-5 year period (or longer)
2	Unlikely	Do not expect it to happen or reoccur but there is conceivable that it may do so; and / or There is a 6% to 20% chance of happening in the future where onset may be identified a 4 months or more before it materialises; and / or; The risk may reoccur bi-annually to annually
3	Possible	Just as likely to happen as not: and / or There is a 21% to 50% chance of it happening in the future where onset may be identified a month or more before it materialises; and / or; The risk may reoccur on a quarterly basis
4	Likely	Will probably occur but it is not a currently a highly persistent issue and may reoccur every 1 to 2 weeks or: There is 51% to 79% chance of it happening in the near future where onset may be identified only a matter of days to a few weeks before it materialise; and / or; The risk may reoccur on a fortnightly to monthly basis
5	Almost Certain	Will undoubtedly occur, is a highly persistent issue occurring every few days or more; and / or There is more than 80% chance of it happening in the immediate future, with very rapid onset, little or no warning or will be instantaneous

Overall risk rating *multiply your consequence score with your likelihood score to get a risk rating

Consequence Score	Likelihood Score				
	1	2	3	4	5
5	**5** (5 x 1) Divisional risk	**10** (5 x 2) Trust risk	**15** (5 x 3) Trust risk	**20** (5 x 4) Trust risk	**25** (5 x 5) Trust risk
4	**4** (4 x 1) Specialty risk	**8** (4 x 2) Divisional risk	**12** (4 x 3) Divisional risk (unless safety / environment)	**16** (4 x 4) Trust risk	**20** (4 x 5) Trust risk
3	**3** (3 x 1) Specialty risk	**6** (3 x 2) Specialty risk	**9** (3 x 3) Divisional risk	**12** (3 x 4) - Divisional risk (unless safety / environment)	**15** (3 x 5) Trust risk
2	**2** (2 x 1) Specialty risk	**4** (2 x 2) Specialty risk	**6** (2 x 3) Specialty risk	**8** (2 x 4) Divisional risk	**10** (2 x 5) Divisional risk
1	**1** (1 x 1 = 1) Specialty risk	**2** (1 x 2) Specialty risk	**3** (1 x 3) Specialty risk	**4** (1 x 4) Specialty risk	**5** (1 x 5) Specialty Risk