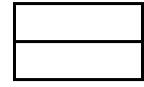


	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	National Stoma Quality Improvement SLWG Risk Register																						
2											Date	16.07.18											
3																							
4	ID	Type	Raised by	Date Raised	Owner	Workstream / Project Area	Risk Description	Impact Description	Primary Category	Impact:1 (1-5)	Likelihood:1 (1-5)	R A G	Secondary Category	Impact:2 (1-5)	Likelihood 2 (1-5)	R A G	Mitigation Strategy	Strategic Objective	Health Impact	Potential Adverse Health Impact	Status	Drop down	
5	NSQIG 01	Risk	A Macleod	16/07/2018	Craig Stewart	Project Programme	There is a risk of slippage to project objectives that may cause failure to deliver on objectives within the project timescale	project objectives will not be achieved with resulting business / reputation risk	Business	4	3	12	Reputation	2	1	2	Reduction	Customer at heart of everything we do	Zero	Nil (no clinical impact)	Open	Workstream	
6	NSQIG 02	Risk	A Macleod	16/07/2018	Craig Stewart	Project Programme	There is a risk that NSQIG is unable to secure resources for analytics and G.P sessional time to support the project	Failure to secure resources for analytics and G.P sessional time will impact on project deliverables	Business	4	3	12	Reputation	2	2	4	Reduction	Improve the way we do things	Zero	Nil (no clinical impact)	Closed	Project Programme	
7	NSQIG 03	Risk	A Macleod	16/07/2018	Craig Stewart	Engagement	There is a risk that NSQIG fails to engage with key stakeholder groups	Potential political or clinical challenge that may impact on delivering project objectives	Business	4	3	12	Reputation	2	3	6	Prevention	Customer at heart of everything we do	5-50K	Nil (no clinical impact)	Open	Engagement	
8	NSQIG 04	Risk	A Macleod	16/07/2018	Craig Stewart	Engagement	There is a risk that the project members are uncertain what is expected of them leading to poor engagement and progress of project plan	delays in delivery of project with concerns from project accountable project body.	Staff	3	3	9	Reputation	2	3	6	Prevention	Customer at heart of everything we do	Zero	Nil (no clinical impact)	Open	Optimal Stoma Prescribing Data	
9	NSQIG 05	Risk	A Macleod	16/07/2018	Craig Stewart	Optimal Stoma Prescribing Data	There is a risk that the metrics developed do not support optimal data reporting	Reduced ability to identify opportunities to deliver clinical benefits	Business	3	2	6	Clinical	2	2	4	Prevention	Improve the way we do things	Zero	Nil (no clinical impact)	Open	National Formulary	
10	NSQIG 06	Risk	A Macleod	16/07/2018	Craig Stewart	National Formulary	There is a risk that Health Boards may not support a national formulary	Reduced ability to deliver Once for Scotland objective	Clinical	3	3	9	Business	2	2	4	Prevention	Improve the way we do things	Zero	Nil (no clinical impact)	Open	Prescribing Models	
11	NSQIG 07	Risk	A Macleod	16/07/2018	Mhairi Hastings	Prescribing Models	There is a risk that process mapping activities fail to identify alternative models of stoma prescribing	Failure to develop prescribing models leading to unreasonable variance	Clinical	3	3	9	Business	2	2	4	Prevention	Improve the way we do things	Zero	Nil (no clinical impact)	Open	PROMs Reporting	
12	NSQIG 08					PROMs Reporting										0						e-health opportunities	
13	NSQIG 09					e-health opportunities										0						Industry Partnership	
14	NSQIG 10					Industry Partnership										0						Clinical & Financial Benefits	
15	NSQIG 11					Clinical & Financial Benefits										0						Primary Category	
16																0						Clinical	
17																0						Business	
18																0						Staff	
19																0						Reputation	
20																0						Secondary Category	
21																0						Clinical	
22																0						Business	
23																0						Staff	
24																0						Reputation	
25																0						Mitigating Strategy	
26																0						Acceptance	
27																0						Contingency	
28																0						Prevention	
29																0						Reduction	
30																0						Transference	
31																0						Strategic Objective (NSS)	
32																0						Customer at heart of everything we do	
33																0						Increase Service Impact	
34																0						Improve the way we do things	
35																0						Health Impact	
36																0						Zero	
37																0						<5K	
38																0						5-50K	
39																0						50K-500K	
40																0						500K-5M	
41																0						>5M	
42																0						Potential Adverse health impact	
43																0						Nil (no clinical impact)	
44																0						Realisation of minor adverse event (clinical impact 2 minor)	
45																0						Disruption to provision of clinical services (clinical impact 3 moderate)	
46																0						Moderate reversible effect on health (clinical impact 3 moderate)	
47																0						Irreversible effect on health status (clinical impact 4 major)	
48																0						Severe adverse event occurs (clinical impact 5 catastrophic)	
49																0						Status	
50																0						Open	
51																0						Closed	



Mitigating Actions

ID	Risk Description	Mitigating Actions	Chair Review Outcome	Change comments
NSQIG 01	There is a risk of slippage to project objectives that may cause failure to deliver on objectives within the project timescale	1. Project chair / co - chair & Pmg to track progress against agreed project plan timescales 2. Progress of quarterly report to SDNDG & PTP 1st report to be completed for July 31 following steering group meeting on 23.07.18	Accept	
NSQIG 02	There is a risk that NSQIG is unable to secure resources for analytics and G.P sessional time to support the project	1. Project chair / PMg have e-mail confirmation of funding via Procurement Transformation Programme (PTP) 2. Chair & PMg to track activity meeting funding agreement	Accept	
NSQIG 03	There is a risk that NSQIG fails to engage with key stakeholder groups	1. Chair approval to send Communication SBAR & ToR to key stakeholder groups : SEND/ SDNDG/ Directors of Pharmacy / SSF 2: NSQIG members to link with key professional / Health Board groups 3: Patient representation discussed : To identify most effective strategies to support patient involvement	Accept	
NSQIG 04	There is a risk that the project members are uncertain what is expected of them leading to poor engagement and progress of project plan	1. Steering group minutes and action plan approved at each meeting. 2. Escalation of any concerns to Chair & Co - Chair	Accept	
NSQIG 05	There is a risk that the metrics developed do not support optimal data reporting	1. Baseline metrics progressed with project analysts :presentation to Steering Group 23.07.18	Accept	
NSQIG 06	There is a risk that Health Boards may not support a national formulary	1. Chair to discuss outcomes from process mapping exercise	Accept	
NSQIG 07	There is a risk that process mapping activities fail to identify alternative models of stoma prescribing	1. Chair to discuss outcomes of process mapping exercise and plan on how we progress prescribing models . 2. G.P representatives keen to progress alternative to G.P prescribing : first G.P attendance at 23.07.18 meeting	Accept	

Mitigation Strategy

Acceptance	Tolerate the risk, perhaps because nothing can be done at a reasonable cost to mitigate it or the likelihood and impact of the risk occurring are at an acceptable level.
Contingency	These are actions planned and organised to come into force after the risk occurs. All actions taken to manage issues are contingency actions.
Prevention	Prevention actions are usually taken to reduce the likelihood of the risk occurring and before the risk is expected to occur (i.e. before the risk date).
Reduction	Reduction actions are taken to reduce the impact on the risk to acceptable levels. Reduction actions are also taken in advance of the risk occurring.
Transference	This is a specialist form of risk reduction where the management of the risk is passed to a third party via, for instance, an insurance policy or penalty clause, such that the impact of the risk is no longer an issue for the health of the programme/work package. Not all risks can be transferred in this way.

The Likelihood and Impact scores are combined by multiplication to give a Risk Rating or RAG score. This indicates how risks should be prioritised.

		Score	Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

KEY

Risk Rating	RAG/ Combined Score	Action/Treatment
HIGH	15 – 25	Poses a serious threat. Requires immediate action to reduce/mitigate the risk.
MEDIUM	9 – 12	Poses a threat and should be pro-actively managed to reduce/mitigate the risk.
LOW	1 - 8	Poses a low threat and should continue to be monitored.

Health Impact

Number of people affected	Extent of potential adverse health impact
Zero	0 = Nil
Less than 5,000	1 = Realisation of minor adverse event. Small adverse impact on health status.
5,000 – 50,000	2 = Disruption to provision of clinical services resulting in minor treatment delays.
50,000 – 500,000 Likely to apply where the focus of our activity is within secondary care	3 = Moderate reversible adverse effect on health status. Disruption to provision of clinical services resulting in unacceptable delays to treatment.
500,000 – 5,000,000 Likely to apply where the focus of our activity encompasses both secondary and primary care.	4 = Irreversible effect on health status through extensive injury or major harm. Sustained loss of service.
More than 5,000,000. Relevant where the focus is on public health or population-wide activity.	5 = Severe adverse event occurs. Death or long term morbidity. Complete loss or permanent discontinuation of services.

Strategic Objectives (NSS)

- 1 Customers at heart of everything we do (customers relate to HB staff or
- 2 Increase our service impact
- 3 Improve the way we do things

Be a great place to work (this is omitted as ?? Not relevant to NSQIG as specific to f

patients)

√SS)