

Quality review outcome report



Local office name:	Yorkshire and the Humber
Organisation:	Health Education England
Placements reviewed:	School of Ophthalmology
Date of Review:	Wednesday 12 th July 2017

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healthcare

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Date of report: 26th July 2017

Author: Kim Mills

Job title: Quality Coordinator

Review context

Background

Reason for review:	Last review was 23 rd June 2014. Poor trainee survey data.
No. of learners met:	41
No. of supervisors / mentors met:	20
Other staff members met:	
Duration of review:	7 hours
Intelligence sources seen prior to review: (e.g. CQC reports; NSS; GMC Survey)	GMC survey, HEE YH Trainee Survey, Previous Programme Review report, School self-assessment, Programme Summary

Panel members

Name	Job title
Sarah Kaufmann	Associate Dean (Chair)
Clare Inkster	External Advisor – Chair of assessment subcommittee (RCOphth)
Usha Appalsawmy	Leadership Fellow
John Chuter	Lay Representative

Executive summary

Representation from the school was excellent with 20 educators and 41 trainees in attendance.

The following areas were highlighted as requiring action and further details of the issues and proposed actions are shown in the Educational Requirements section.

- Induction
- Rotations
- Regional Teaching
- Access to Simulation training for Bradford trainees
- Supervision in clinics
- Cataract Surgery
- Educational Supervision and ARCPs
- Supporting Trainers
- Equality and Diversity

- Educational Governance and Leadership

Based on feedback from the trainees, the South of the region appears to be the more organised of the areas and several initiatives established in the South could be adapted and implemented into the rest of the region in order to add consistency to the region as a whole. These are explored in further detail in the Educational Requirements section. It is also evident that there are a number of dedicated trainers offering support, supervision and valuable teaching experiences to the trainees, throughout the whole of the Yorkshire and the Humber (HEE YH) region. The unit in York was highly praised in terms of educational supervision and quality of training opportunities. The unit in Rotherham was noted to have made significant improvements in training and consultant support and was described as now the “best placement outside Sheffield” on the South rotation.

The Simulation training facilities are excellent with trainers specially trained to deliver this. Simulation training is considered to be innovative and of a high standard across the whole region, although there is an issue with access to simulation training for Bradford trainees; this is covered in the educational requirements section.

The panel noted the impressive 100% exam pass rate in the last diet.

Both North and South trainers and trainees, and School Faculty felt that better use could be made of the School website.

The results of the GMC survey were referred to by the Chair. Trainee experience in Ophthalmology training in HEE YH ranks lowest in the country in nine out of sixteen areas, including overall satisfaction. HEE YH is one of only three regions nationally where the training experience has deteriorated since last year’s GMC training survey. The School are to examine the findings within the GMC survey and to examine ways in which these areas can be improved. Ian Simmons (Head of School) is aware of the challenges within the individual units across the whole programme including the peripheral units and the school have enlisted the help of an educationalist to assist in addressing the issues.

A wide range of serious concerns were uncovered, exposing problems with educational governance and leadership. It is to be acknowledged that not all areas of the HEE domains were covered comprehensively by the visiting team due to the number and complexity of some of the concerns identified. Examples of areas which the Head of School will need to investigate in future meetings with trainees include: access to educational resources, opportunities for audit and research, teaching and quality improvement, pastoral and career support, and multiprofessional learning and patient partnership. Specific supportive measures to be addressed by HEE are detailed in the last requirement.

Despite a number of issues raised, all the trainees would recommend the programme and felt that they would be ready to move into a consultant role on completion of training. The trainees recognised the significant clinical pressures being placed upon their trainers. The trainers were unanimous in corroborating this. In terms of recommending the unit to friends and family for treatment, Sheffield was heartily recommended and NLAG was considered a poor unit for treatment.

Sign off and next steps

Report sign off

Outcome report completed by <i>(name)</i> :	Kim Mills
Chair's signature:	Sarah Kaufmann
Date signed:	August 8, 2017
HEE authorised signature:	Emma Jones
Date signed:	August 10, 2017
Date submitted to organisation:	August 14, 2017

Organisation staff to whom report is to be sent

Job title	Name
Associate Postgraduate Dean	Sarah Kaufmann
Review panel	Clare Inkster, Usha Appalsawmy, John Chuter
Quality Manager	Reviewed by Emma Jones, Head of Quality

Action plan to be completed by School of Ophthalmology

<i>Email to kim.mills@hee.nhs.uk within 3 weeks of receipt of report.</i>	
To be returned to HEE by <i>(date)</i> :	Monday 4 th September 2017
To be completed by <i>(name)</i> :	

Findings and conclusions

Risk scores (1 – 25; see Appendix 2 for breakdown)

Scores prior to review:	
Proposed scores following review:	North, East and West Rotation: Impact 4 – Likelihood 4 = 16 South Rotation: Impact 2 – Likelihood 3 = 6

Patient / learner safety concerns

Any concerns listed will be monitored by the organisation. It is the organisation's responsibility to investigate / resolve.

Were any patient/learner safety concerns raised at this review?	YES
To whom was this fed back at the organisation, and who has undertaken to action?	
The review chair, Sarah Kaufmann fed the following back to Kate McCarthy (MWM), Anita Reynolds and Zanna Currie (TPDs) a small number of trainers were also present.	
Brief summary of concern	
It was reported that in Leeds a Foundation Year 2 trainee is on the 1st on call rota, this is the same rota that ST1s and ST2s are on. For the FY2 their on call is rostered to be early on in their placement. The FY2 has been left unsupervised at St James's when the second on call trainee is at the LGI. They can be left unsupervised for several hours. On one occasion this was raised with the relevant consultant who did not come to the hospital to supervise but identified a more senior trainee to supervise. The FY2 must not be left unsupervised at any time.	

Educational requirements

Requirements are set where HEE have found that standards are not being met; a requirement is an action that is compulsory.

Were any requirements to improve education identified?			YES
Reference no.	Programme / speciality:	Learner / professional group:	
20170712_HEEYH_RQ 1	Ophthalmology	Higher Specialty Doctor	
Related Domain(s) & Standard(s)	HEE Domain 3		
Summary of findings	Induction – It was reported by trainees that NLAG, Leeds and Hull do not have an effective, timely or relevant induction. The Leeds based trainees consistently informed the panel that they have not received an induction. They were given written information which was incorrect and out of date. Induction has been delayed for trainees in Hull for up to six weeks as they have two trainee starting points within six weeks of each other. Some trainees based on the North rotation also reported that they had to establish the identity of their Educational Supervisor (ES) as late as four weeks in to the post, as they had not been informed who their ES was.		

Required action	<p>All units must have a timely, local induction at the time of starting in post and trainees must be informed of who their Educational Supervisor is by the time they start the post.</p> <p>An induction must be conducted for all new starters when they commence in post, and inductions must not be merged with the next cohort of new starters.</p> <p>The content of induction and the competencies required from induction should be consistent across the region. Guidance should be developed by the School. There is a new RCOphth guidance resource on ST1 induction and this should be used to inform new induction arrangements. The South have recently made some improvements to induction and now run a comprehensive three day induction. All doctors have a list of competencies to achieve before being allowed to be on the first on call rota. This is a resource that the School may wish to consider as they develop their induction guidance.</p> <p>Improvement to induction will be assessed after the August 2017 induction.</p>
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Reference no.	Programme / specialty:	Learner / professional group:
Required action	20170712_HEEYH_RQ 2	Ophthalmology Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 2	
Summary of findings	<p>Rotations - Trainees reported inconsistency with regard to rotations organised in the South and North, East and West rotations. Some areas offer more choice to trainees or the option to swap rotations with other trainees while some areas do not allow alterations to the rotation. All trainees reported being informed by HEE Programme Support of the unit they would be working in, well in advance of the rotation date. It became evident that trainees are being informed of the specific specialty placement within that unit at different times with some not receiving as much notice as others. At the date of the review some trainees had still not been informed of their specific specialty placement starting in three weeks' time.</p> <p>The issues are concentrated on the North, East, West rotation, with the South having a robust and well organised process for rotations. Trainees in the South are asked to complete a matrix of competencies to enable them to declare what they have already covered in their training. Training placements are matched to the trainees' response allowing them to meet all learning needs. This is done three months prior to the rotation. This enables trainees in the South to be informed in good time of where their next rotation will be and receive three months' notice of the specialty they will be in.</p>	
Required action	<p>Rotations require a fair and consistent approach across the whole region, and the School must develop a Standard Operating Procedure (SOP) e.g. if choice is to be offered in one rotation, then it must be offered to all trainees on all rotations. A curriculum mapping exercise should be undertaken so that each unit can describe which competencies it is able to deliver. This should be used to assist the TPDs in providing a fair and responsive rotation. Trainees must all be notified at the same time. This SOP must be compliant with the National Code of Practice.</p> <p>This will be assessed at the end of December 2017.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 3	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 5	
Summary of findings	<p>Regional Teaching - The trainees in the North, East and West reported that regional teaching frequently does not happen and that consultants are not involved. Any regional teaching is trainee led. Instances were relayed of trainees traveling to attend an arranged teaching session only to find that the consultant had not arrived. It was reported that in such instances, the consultant booked to attend had been reminded by a trainee but that they had not responded. The TPD and Head of School are aware that this is happening, however such events continue to occur. The trainees reported that they have been approaching consultants on an ad hoc basis in order to gain training for their exams. Whilst the exam teaching was highly effective, with a 100% pass rate in this diet, the introduction of a formal, structured programme of training would be appreciated.</p> <p>The trainees in the South praised the Regional teaching in their area. They reported a "listening culture" that their suggestions are taken on board by the consultants and successfully incorporated into regional teaching sessions. Regional teaching in the South is Consultant led and very well attended.</p>	
Required action	<p>Regional teaching has to be robust, equitable and consistent across the region. It must have consistently high levels of consultant engagement both in the delivery and organisation. Whilst it is encouraging that the School intends to merge the regional teaching from August 2018 it must develop a plan to improve the teaching in the North, East and West until this happens.</p> <p>This will be assessed at the end of December 2017.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 4	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 3	
Summary of findings	<p>Access to Simulation training for Bradford Trainees - It was reported that in general, simulation training is valued by the trainees and is delivered exceptionally well across the region. However, if Bradford trainees are on call or have other training or service commitments then time to visit the Sim lab during weekday hours is not a possibility. It is proving difficult for Bradford trainees to gain the required 10 hours of simulation experience required for their training. Trainees in Leeds, as Leeds employees, are able to access the Sim lab out of hours when there is no technician support. However, trainees that are not Leeds employees cannot access this area unless it is open ie when there is technician support.</p>	
Required action	<p>Bradford trainees are not given enough protected time to attend simulation training. Bradford trainees must be released in order to fulfil their curricular requirements. Trainees in Leeds must also be given enough protected time to attend simulation training in normal working hours, so that they are not reliant on out of hours access privileges.</p> <p>This will be assessed at the end of December 2017.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 5	Ophthalmology	All doctors in training
Related Domain(s) & Standard(s)	HEE Domain 3	
Summary of findings	<p>Supervision in Clinics - Issues were reported across the region relating to supervision in clinics, both elective and emergency. Largely these are not teaching clinics, but service clinics. The exception was York which is reported to be an excellent centre for learning with the consultant working alongside the trainee at all times, both in the elective and emergency setting.</p> <p>It was confirmed by trainees in Rotherham that since February 2017 there has been a significant improvement in clinical supervision in the elective clinics (this was raised as an issue in trainee feedback in HEE YH survey autumn 2016, and confirmed at this review from trainees who had worked in Rotherham immediately prior to February 2017). It was reported that a consultant is always present now, and that Rotherham is now the “best placement outside Sheffield” on the South rotation.</p> <p>NLAG and Doncaster reportedly have very poor clinic supervision and Leeds and Sheffield ST1s are occasionally running unsupervised clinics.</p> <p>In the case of Leeds, it was reported that clinics will continue to run if a consultant is on annual leave. However, if the trainee is an ST1 or ST2 then the clinic will be cancelled.</p> <p>For emergency clinics in Sheffield, there is no named consultant responsible and trainees have to search for a consultant to discuss emergency cases with.</p>	
Required action	<p>All units must have a specific named consultant, easily accessible and within the clinic area that the trainees can reach for support, both for elective and emergency clinics.</p> <p>Each unit must have provision for the least experienced and least competent trainee to ensure that trainees of all levels are adequately supported and to avoid any potential patient safety issues.</p> <p>Trainees below St3 must have a Consultant in every clinic, and for all trainees in subspecialty clinics, unless supported by another member of staff competent to supervise the case mix</p> <p>This will be assessed in December 2017.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 6	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 5	
Summary of findings	<p>Cataract Surgery - Opportunities for training in cataract surgery have been depleted by AQPs working in competition with the Trusts. Whilst many of the trainers indicated that they undertook these sessions in the AQPs, only one trainer indicated that they had organised access to training for their trainee. This was trainee specific.</p> <p>Less complex cases are being performed in the AQPs, leaving the more complex cases to the Trusts. This has a negative impact on the trainees’ case mix leaving a shortage of standard, straightforward cases for the trainees.</p> <p>Many lists were suffering from “doubling up” with clinical fellows, which also reduced access to surgical training. There was a lack of appropriate graded supervision with senior trainees describing that they were conducting unsupervised lists on straightforward cases and not getting adequate access to training in more complex cases.</p>	

Required action	<p>Some of the trainees reported that they were not confident that they could meet the requirements of training due to these limitations.</p> <p>There is a risk that cataract surgery training could collapse. Waiting lists have reduced, and trainees cannot fill lists.</p> <p>It was noted that reorganisation of cataract training is planned for 2018. Further information regarding the intended process for this would be useful to HEE.</p>
	<p>The school must look at the equity of access, volume, supervision and graded exposure of cataract training across the region and develop a plan to mitigate this. This is not a unique local issue and the School should consult with colleagues outside the region</p>

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 7	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 5	
Summary of findings	<p>Educational Supervision and ARCPs - There were reports of trainees feeling that the ARCP 'goalposts' have been unexpectedly moved. Trainees should not receive new or unexpected requests/outcomes at ARCP.</p> <p>Trainees reported that in some instances Educational supervisors were unaware of the curricular objectives for their stage of training so that they had been reassured that they were making satisfactory progress, until they attended their ARCP. Trainers confirmed some lack of understanding of the requirements (see requirement reference 20170712_HEEYH_RQ8 on supporting trainers.)</p> <p>Trainees reported that HEEYH ARCP requirements appeared to differ to the standards used in other regions.</p>	
Required action	<p>ARCP competency requirements for each stage of training are pre-set for a specialty to ensure national equity and consistency in training. They should not be altered locally. RCOphth ARCP checklists already exist and where HEE YH has a specific way of delivering a certain competency, and thus a specific way of assessing competency progression this should be clarified. These should be posted on the School website.</p> <p>This will be assessed at the end of October 2017.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ 8	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 4	
Summary of findings	<p>Supporting trainers – Trainers reported that there were training days to fulfil the ES/CS training requirements, but these had no link to the curriculum or the college. They stated they would not be made aware of any college curricular changes that were required for the ARCP. Trainees confirmed that ESs appeared to have a lack of understanding of curricular requirements (see requirement reference 20170712_HEEYH_RQ7).</p> <p>RCOphth College Tutors are not involved in training or the dissemination of information to trainers. Trainers felt that it would be beneficial if they were involved and updated them on relevant College issues.</p>	
Required action	<p>Trainers must be supported in their role by the School. Trainers should all be familiar with the curricular requirements for the trainees they are supervising, and their training should include all information relating to training, including curricular and college requirements. The School must develop a plan to deliver training for</p>	

	<p>trainers that is comprehensive, fit for purpose and consistent across the whole region.</p> <p>It would be beneficial for ESs to attend ARCPs and receive feedback from both trainees and ARCP panels on the quality of their supervisor reports. Feedback documents are available from the College.</p> <p>See 20170712_HEEYH_RQ9</p> <p>This will be assessed in February 2018.</p>
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Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ9	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 1 and 3	
Summary of findings	<p>Equality and Diversity – Communications skills training is not taking place for any of the trainees. International graduates are more likely to struggle with training because of this.</p> <p>There does not appear to be understanding from the trainers on equality and diversity issues. There was an unprecedented number of trainees that stayed behind (15%) to discuss specific examples of poor practice. In some areas the culture is not conducive to certain trainees with regards to maternity leave. The use of inappropriate language, lack of support and understanding has resulted in trainees losing confidence.</p> <p>An issue regarding attitudes towards LTFT trainees, pregnant trainees and those returning from maternity leave is evident with some trainees reporting that they have been sworn at and undermined by consultants in front of patients. Leeds and Grimsby were two sites where bullying and undermining behaviour has been experienced.</p>	
Required action	<p>Communications Skills training should be made available to trainees and incorporated into the Regional Training programme.</p> <p>HEE Quality Intervention are here to support the trainers to improve training and quality. The Head of School should raise these issues with the Director of Medical Education in NLAG and LTHT so that they can investigate and take appropriate action.</p> <p>There are also significant trainer development needs in this area. It would be beneficial for trainees with protected characteristics to be involved in the development of an appropriate learning package to support trainers in this area.</p>	

Reference no.	Programme / specialty:	Learner / professional group:
20170712_HEEYH_RQ10	Ophthalmology	Higher Specialty Doctor
Related Domain(s) & Standard(s)	HEE Domain 2	
Summary of findings	<p>Educational governance and leadership – There is unacceptable variation across the programme with pockets of excellence and pockets of unacceptable practice. The programme is not forward looking and has become somewhat static. As other regions have changed and improved, the programme in Yorkshire and the Humber has fallen behind. In many ways the School still functions as two independent Schools, with a lack of communication and missed opportunities for sharing best practice. There are enthusiastic trainers and trainees throughout HEE YH, and they feel that the School does not engage with them. It is encouraging that the most recently appointed TPD has a functional (St1 and St2) remit, rather than a geographical one. It is the panel's view that changes in this domain will facilitate most of the other requirements outlined in this report.</p>	

Required action	<p>HEE recognises that these changes are not easy, that some of the School Faculty are relatively new in post (approximately eighteen months or less) and that Programme Support arrangements have changed recently. To support the School, HEE will support a regional Trainees' committee, which will facilitate regional trainee engagement and strengthen trainee representation on the School Board.</p> <p>HEE will support the Head of School by increasing the frequency of their meetings with the Deputy Dean and Programme Support Manager to 4-6 weekly.</p> <p>The School will develop a SMART Action plan on how to address the GMC trainee survey. This will be assessed at the September 2017 meeting with the Deputy Dean.</p>
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Educational recommendations

Recommendations are a proposal as to the best course of action.

Reference no.	Programme / specialty:	Learner / professional group:
YYYYMMDD_org_RC1	<i>e.g. Pharmacy, Surgery, Midwifery</i>	<i>e.g. Higher Specialty Doctor, Medical Student etc.</i>
Related Domain(s) & Standard(s)	<i>Either Regulatory or HEE</i>	
Summary of findings		

Good practice

Good practice is used as a phrase to incorporate educational or patient care initiatives that are worthy of wider dissemination, deliver the very highest standards of education and training or are innovative solutions to previously identified issues worthy of wider consideration.

Learning environment / Prof. group / Dept. / Team	Good practice	Related Domain(s) & Standard(s)
Ophthalmology South	In Sheffield trainees must complete a list of competencies prior to starting out of hours on call. This helps to ensure that trainees are competent in their role.	Domain 1

Appendix 1: HEE Quality Framework Domains & Standards

Domain 1 - Learning environment and culture

- 1.1. Learners are in an environment that delivers safe, effective, compassionate care that provides a positive experience for service users.
- 1.2. The learning environment is one in which education and training is valued and learners are treated fairly, with dignity and respect, and are not subject to negative attitudes or behaviours.
- 1.3. There are opportunities for learners to be involved in activities that facilitate quality improvement (QI), evidence based practice (EBP) and research and innovation (R&I).
- 1.4. There are opportunities for learners to engage in reflective practice with service users, applying learning from both positive and negative experiences and outcomes.
- 1.5. The learning environment provides suitable educational facilities for both learners and educators, including space, IT facilities and access to quality assured library and knowledge services.
- 1.6. The learning environment maximises inter-professional learning opportunities.

Domain 2 – Educational governance and leadership

- 2.1 The educational governance arrangements measure performance against the quality standards and actively respond's when standards are not being met.
- 2.2 The educational leadership uses the educational governance arrangements to continuously improve the quality of education and training.
- 2.3 The educational leadership promotes team-working and a multi-professional approach to education and training, where appropriate.
- 2.4 Education and training opportunities are based on principles of equality and diversity.
- 2.5 There are processes in place to inform the appropriate stakeholders when performance issues with learners are identified or learners are involved in patient safety incidents.

Domain 3 – Supporting and empowering learners

- 3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
- 3.2 Learners are supported to complete appropriate summative and formative assessments to evidence that they are meeting their curriculum, professional standards and / or learning outcomes.
- 3.3 Learners feel they are valued members of the healthcare team within which they are placed.
- 3.4 Learners receive an appropriate and timely induction into the learning environment.
- 3.5 Learners understand their role and the context of their placement in relation to care pathways and patient journeys.

Domain 4 – Supporting and empowering educators

- 4.1 Those undertaking formal education and training roles are appropriately trained as defined by the relevant regulator or professional body.
- 4.2 Educators are familiar with the curricula of the learners they are educating.
- 4.3 Educator performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for role development and progression.
- 4.4 Formally recognised educators are appropriately supported to undertake their roles.
- 4.5 Educators are supported to undertake formative and summative assessments of learners as required.

Domain 5 – Developing and implementing curricula and assessments

- 5.1 The planning and delivery of curricula, assessments and programmes enable learners to meet the learning outcomes required by their curriculum or required professional standards.
- 5.2 Placement providers shape the delivery of curricula, assessments and programmes to ensure the content is responsive to changes in treatments, technologies and care delivery models.
- 5.3 Providers proactively engage patients, service users and learners in the development and delivery of education and training to embed the ethos of patient partnership within the learning environment.

Domain 6 – Developing a sustainable workforce

- 6.1 Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
- 6.2 There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
- 6.3 The organisation engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
- 6.4 Transition from a healthcare education programme to employment is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendix 2: HEE Risk matrix

Likelihood	RAG RATING MATRIX				
5. Almost Certain	G	A	A/R	R	R
4. Likely	G	A	A/R	R	R
3. Possible	G	G/A	A	A/R	R
2. Unlikely	G	G/A	A	A	A/R
1. Rare	G	G	G/A	G/A	A
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant

Likelihood	RAG RATING MATRIX				
5. Almost Certain	5	10	15	20	25
4. Likely	4	8	12	16	20
3. Possible	3	6	9	12	15
2. Unlikely	2	4	6	8	10
1. Rare	1	2	3	4	5
Impact	1. Negligible	2. Minor	3. Moderate	4. Major	5. Significant

Score	Likelihood	Impact
1	Rare: <ul style="list-style-type: none"> Will probably never happen Could only imagine it happening in rare circumstances 	Negligible: <ul style="list-style-type: none"> Very low effect on service/project/ business area No impact on patients/trainees/public/staff No reputational impact, i.e. no press interest No financial loss
2	Unlikely: <ul style="list-style-type: none"> Do not expect it to happen It is possible that it may occur 	Minor: <ul style="list-style-type: none"> Minimal disruption to service/project/business area Limited impact on patients/trainees/public/staff Minimal reputational impact Limited financial loss
3	Possible: <ul style="list-style-type: none"> Might occur Could happen occasionally 	Moderate: <ul style="list-style-type: none"> Moderate impact on service/project/business area Moderate level of impact on patients/trainees/public/staff Medium level of reputational impact Medium financial loss
4	Likely: <ul style="list-style-type: none"> Will probably happen in most circumstances Not a continuing occurrence 	Major: <ul style="list-style-type: none"> Major effect to service/project/business area Major level of impact to patients/trainees/public/staff Major impact on reputation, i.e. Major press interest Major financial loss
5	Almost certain: <ul style="list-style-type: none"> Expected to happen Likely to occur in most circumstances 	Significant: <ul style="list-style-type: none"> Loss of service/project/business area Detrimental effect on patients/trainees/public/staff National press coverage Significant financial loss