



Accessible Information Policy

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Version No.:	Version 6
Approval Date:	22 nd December 2025
Review Date:	22 nd December 2028

Document Control Sheet

Title:	Accessible Information Policy		
Electronic File Name:	Accessible Information Policy Version 1		
Placement in Organisational Structure:	Governance/Corporate Affairs		
Consultation with stakeholders:	Policy Adopted from previous NHS Telford and Wrekin NHS STW Policy		
Equality Impact Assessment:	Positive impact in relation to 2 of the 9 Protected Characteristics. No negative impact.		
Approval Level:	Governance Board		
Dissemination Date:	12/01/2026	Implementation Date:	12/06/2026
Method of Dissemination:	Staff to be notified via newsletter and where it applies directly to patient care, to be disseminated to teams on an individual basis via line Managers.		

Document Amendment History

Version No.	Date	Brief Description
Version 1	July 2022	Policy adopted from NHS Telford and Wrekin NHS STW policy of the same name.
Version 2	December 2025	Policy revised to reflect AIS standard update DAPB1605 June 2025.

The formally approved version of this document is that held on the NHS Telford and Wrekin website (<https://www.shropshiretelfordandwrekin.nhs.uk/>)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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1 Introduction

The Equality Act became law in October 2010. The purpose of this was to improve and strengthen, previous equalities legislation covering all the groups that were protected by this legislation, known as Protected Characteristics, one of which is disability.

The Care Act 2014 also places specific duties on local authorities to provide advice and information in an accessible format meeting the individual's needs.

Despite the existence of legislation and guidance (as outlined above) many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are d/Deaf or have some hearing loss, people who are deafblind, and people with a learning disability¹.

2 Purpose

The Accessible Information Standard DAPB1605 (NHS England, revised June 2025) places a requirement on NHS and Local Authority organisations to develop a standardised approach to identifying, recording, flagging and sharing of information relating to patients and their communication needs, where this need arises from a disability, impairment or sensory loss.

The Accessible Information Standard ('the standard') aims to ensure that people who have a disability, impairment or sensory loss:

- can access and understand information about NHS and adult social care services
- receive the communication support they need to use those services

This guidance applies to all organisations that provide NHS and social care, including where independent contractors have been commissioned to provide this care. The role of the NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW) is to ensure that contracts with organisations they commission set out the requirements of this standard and that performance management arrangements support organisations in implementation. In addition to this where NHS STW provide services, there is a requirement for this standard to be met.

Those who have a communication need should not be put at a disadvantage and this policy sets out a framework for NHS STW staff in meeting individual's communication needs by ensuring that:

- There is a consistent approach to identify people's information and communication needs
- Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g. access to interpreters or easy read documentation).
- Individuals are involved and able to make decisions about their health, care and treatment
- Individuals are enabled to participate in the management of their own care needs.
- make a complaint in a way that is accessible for them

The Accessible Information Standard does not apply to individuals whose communication needs are related to speaking a language other than English, although it is acknowledged that to ensure all patients receive the best experience of healthcare in Shropshire, Telford and Wrekin, it would be best practice to record these needs in line with this policy.

3 Responsibilities

3.1 The Chief Executive Officer

The Chief Executive Officer is responsible for ensuring compliance with the guidance set out in the Accessible Information Specification (NHS England, Revised August 2017). The Accountable Officer may delegate this responsibility to an executive team member.

3.2 The Executive Team

The Executive Team are responsible for:

- Dissemination of this policy to team members and identifying any training needs via feedback from the Directors and Strategic Commissioning Leads.
- The Accessible Information Standard Lead for the ICB is the Chief Nursing Officer

3.3 Directors

The Directors are responsible for:

- Ensuring contracts reflect the Accessible Information Standard (NHS England, Revised August 2017) as set out in the specification.
- Communicating this policy to internal provider teams, so that they are fully aware of the requirements for implementation and deadlines for this.

3.4 Directorate Heads / Quality Leads

The Directorate Heads and Quality Leads are responsible for:

- Ensuring that any internal providers (e.g. Complaints/PALS, Individual Commissioning Team, The Referral Management Service (RMS) & Prescription Ordering Direct (POD) have processes and policies in place to meet the required standard.
- Monitoring external organisations compliance with the Accessible Information Standard.
- ensure all staff can access Accessible Information Standard training and [NHS England's Accessible Information Standard e-learning packages](#).

3.5 NHS STW Staff

NHS STW Staff are responsible for:

- consistently and routinely recording people's information and communication needs in their records as well as in clinical management and administration systems when they contact the NHS STW, where the NHS STW provides a service directly to patients.
- using electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and to prompt staff to act. The flags may include other actions (such as triggering information in an accessible format to be automatically generated) to ensure needs are met (see DAPB4019: Reasonable Adjustment Digital Flag)
- Sharing people's needs including recorded data about people's information and communication support needs as part of existing data-sharing processes, and as a routine part of treatment, ongoing care, referral, discharge and handover processes (for more information see NHS STW policy regarding Reasonable Adjustment Digital Flag) (In line with the Data Protection Act 1998).
- ensuring people receive information that is accessible to them and receive the communication support they need
- Ensuring consistent and regular reviews of people's information and communication needs in patient or service user records and on clinical management or administration systems
- Staff should be aware of this policy and local processes within their service area to meet the required standards.

3.6 Committees and Groups

NHS STW direct patient interface services will include information relating to the recording of communication needs within quarterly reports to ICS Quality and Performance Committee via the Insight report, including

recording where communication needs have not been determined. The purpose of this will be to identify any gaps in meeting individual needs.

3.7 The NHS STW Governance Board

The Board will receive an annual report as mandated and any variance reports from the Chair of ICS Quality and Performance Committee.

4 Procedures / Processes

4.1 Service User Groups – Who does this Policy Apply to

The policy applies to patients with a disability that affects their communication needs, this includes, but is not limited to:

- Patient or their relatives/carers with a sensory impairment (d/Deaf or have some hearing loss, blind or have some visual loss, deafblind)
- Patient or their relatives/carers who have a learning disability

4.2 Which Services Does this Policy Apply to

This policy applies to those services within the NHS STW who have direct contact with members of the public as detailed below:

- Individual Commissioning Team
- Referral Management Service (RMS)
- Patient Services Team (Complaints & Patient Advice & Liaison Service (PALS), etc)
- Prescription Ordering Direct (POD)

In addition to these teams the policy applies to anyone involved in the commissioning of NHS services, in that contracts can be monitored to ensure compliance with this standard.

4.3 NHS STW Providers

All NHS STW services that have direct contact with patients or their carers/parents **MUST** have processes in place to ensure that they **ASK, RECORD, FLAG, SHARE and MEET** communication needs:

- **Communication needs are identified:** a consistent approach to the identification of patients', service users', carers and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.
- **Where a communication need is identified, needs are recorded and are highly visible:** a consistent and routine recording of patients',

service users', carers and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems.

- **Needs are flagged on electronic and paper-based systems to ensure immediate identification:** Reasonable adjustments are a **legal requirement** to ensure health and social care services are accessible to any person. The NHS must make it as easy as possible for all individuals to use health services. This is called making reasonable adjustments.

The purpose of the reasonable adjustments process (and the Digital Flag) is to support all organisations to meet the legal requirements of the Equality Act 2010 and to reduce inequity of access to care caused by disabilities or substantial impairments.

The Reasonable Adjustment Digital Flag (RADF) has been built by NHS England within the NHS Spine and aims to ensure that health and care professionals can record, share, view and review details of the reasonable adjustments that an individual requires.

- **Where a patient has identified communication needs, where there is a need to share information with other organisations, communication needs are to be shared also:** inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.
- **Where a communication need is identified, steps should be taken to meet those needs:** taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

It is the responsibility of each department to review information they hold and give consideration to what formats this is already available in. Where documentation is not already provided in alternative formats (e.g. braille, easy read, large print) departments will need to request appropriate translation on an as required basis.

Details of translation services can be obtained from the Patient Services Team.

4.4 Commissioned Services

Commissioners **MUST** ensure that their commissioning and procurement processes, including contracts, tariffs, frameworks and performance-management arrangements with providers of health and / or adult social care reflect, enable and support implementation and compliance with this standard.

Commissioners **MUST** seek assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs.

5 Related Documents

The following documents contain information that relates to this policy:

- Accessible Information Standard Specification (NHS England)
- Accessible Information Standard implementation guidance (NHS England)
- Equality Act 2010
- Care Act 2014
- Data Protection Act 1998

6 Dissemination

These guidelines will be disseminated by the following methods:

- Executive Leads – to disseminate within their areas
- Staff - via Newsletter / huddles
- Published to the Website
- Awareness raising by the Patient Services Team

7 Advice and Training

7.1 Advice

If any advice is required in relation to this policy, please contact:

Patient Services Team
NHS Shropshire, Telford & Wrekin
Civic Offices
Tan Bank
Wellington
TF1 1HJ

Tel: 01952 580407
Email: stw.patientservices@nhs.net

7.2 Training

Managerial leads for NHS STW services listed in 4.2 are responsible for ensuring that all staff are trained, understand and can meet the requirements of the Accessible Information Standard, in line with their local processes.

8 Review and Compliance Monitoring

Commissioners MUST seek assurance from provider organisations of their compliance with this standard, including evidence of identifying, recording, flagging, sharing and meeting of needs.

8.1 Compliance Monitoring

The NHS STW will assure itself of compliance via reporting within the quarterly ICS Quality and Performance Committee. Head of Commissioning will monitor compliance via contractual arrangements.

9 Glossary

Term / Abbreviation	Explanation / Definition
Accessible Information Standard	NHS England guidance relating to how health and social care should meet the needs of individuals with communication needs.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
Braille	A tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
Carer	Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW)	Organisation responsible for commissioning health services in a specific area. NHS STW commissions services for the Shropshire, Telford & Wrekin area.
Commissioners	Organisation/Individual responsible for commissioning services.
Communication Needs	Needs that have an impact on an individual's ability to communicate effectively, without additional support.
d/Deaf	A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf

	and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.
Deafblind	The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, “The generally accepted definition of Deaf blindness is that persons are regarded as Deafblind “if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss” (Think Dual Sensory, Department of Health, 1995)."
Disability	The Equality Act 2010 defines disability as follows, “A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.” This term also has an existing Data Dictionary definition.
Easy read	Written information in an ‘easy read’ format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.
Impairment	The Equality and Human Rights Commission defines impairment as, “A functional limitation which may lead to a person being defined as disabled...”
Interpreter	A person able to transfer meaning from one spoken or signed language into another signed or spoken language.
Large print	Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.
Learning disability	This term has an existing Data Dictionary definition and is also defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning

	disabilities on an equal basis with others.
Lipreading	A way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people.
PALS	Patient Advice & Liaison Service – Department within NHS and commissioned organisations responsible for providing advice and guidance to individuals in relation to support/health/social care services.
Protected Characteristics	The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. There are 9 in total, age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion or belief, gender/sex, sexual orientation.
RMS	Local referral management service
Sensory Loss	An impairment that affects the senses, e.g. deafness, blindness.
Speech-to-text-reporter (STTR)	A STTR types a verbatim (word for word) account of what is being said, and the information appears on screen in real time for users to read. A transcript may be available, and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf and able to read English.
Translator	A person able to translate the written word into a different signed, spoken or written language. For example, a sign language translator can translate written documents into sign language.

Appendix 1 EQIA

EQUALITY AND QUALITY IMPACT ASSESSMENT			
1-3 Minimal/ No Risk	4-7 Low Risk	8-14 Moderate Risk	15-25 High Risk
Title of service area proposed for development	NHS Shropshire Telford and Wrekin ICB Accessible Information Policy	Organisation:	STW ICB
<p>Provide a brief overview and details of what services are being proposed for development</p> <p>The Equality Act became law in October 2010. The purpose of this was to improve and strengthen, previous equalities legislation covering all of the groups that were protected by this legislation, known as Protected Characteristics, one of which is disability.</p> <p>The Care Act 2014 also places specific duties on local authorities to provide advice and information in an accessible format meeting the individual's needs.</p> <p>Despite the existence of legislation and guidance (as outlined above) in reality, many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are d/Deaf or have some hearing loss, people who are deafblind, and people with a learning disability.</p> <p>The Accessible Information Standard DAPB1605 (NHS England, revised June 2025 August 2017) places a requirement on NHS and Local Authority organisations to develop a standardised approach to identifying, recording, flagging and sharing of information relating to patients and their communication needs, where this need arises from a disability, impairment or sensory loss.</p> <p>The Accessible Information Standard ('the standard') aims to ensure that people who have a disability, impairment or sensory loss:</p> <ul style="list-style-type: none"> can access and understand information about NHS and adult social care services 			

	<ul style="list-style-type: none"> receive the communication support they need to use those services <p>This guidance applies to all organisations that provide NHS and social care, including where independent contractors have been commissioned to provide this care. The role of the NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW) is to ensure that contracts with organisations they commission set out the requirements of this standard and that performance management arrangements support organisations in implementation. In addition to this where NHS STW provide services, there is a requirement for this standard to be met.</p>
Detail any relevant directives/ guidance /standards to support proposal	<p>The Equality Act 2010 The Care Act 2014 The Accessible Information Standard DAPB1605 (NHS England, revised June 2025)</p>
Detail any quality metrics and monitoring systems or processes	<p>Midlands Regional Operations Centre SPOC are encouraging ICBs to</p> <ul style="list-style-type: none"> Identify ICB's AIS Lead to oversee implementation and compliance Review the refreshed standard and implementation guidance to ensure alignment with current expectations Complete the Self-Assessment Framework to evaluate current practice and identify improvement areas Develop an action plan to address any compliance gaps and enhance accessibility for service users. This would then be audited to demonstrate compliance or to generate further actions.
Summary of Outcome of this EQIA	<p>Policy has been updated in line with revised Accessible Information Standard DAPB1605. The aim is to provide guidance to ICB staff to ensure patients are able to access information effectively.</p>
	<p>Jane Sullivan, Heather Collett</p> <p>DATE:</p> <p>15/10/2025</p>

Quality Domain	Impact question		P	N		P	N		P	N
Equality	9 Protected characteristics – indicate if positive or negative impact	Race			Sexual orientation			Gender reassignment		
		Sex			Age	x		Marriage and civil partnership		
		Disability	x		Religion, belief and non-belief			Pregnancy and maternity		
		Comments on 9 protected characteristics	<p>This is positive for anyone with a protected characteristic who has a communication need, however it is particularly relevant for the characteristics of disability and age</p> <p>Those who have a communication need should not be put at a disadvantage and this policy sets out a framework for NHS STW staff in meeting individual's communication needs by ensuring that: -</p> <ul style="list-style-type: none"> • Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g. access to interpreters or easy read documentation); • Individuals are involved and able to make decisions about their health, care and treatment; • Individuals are enabled to participate in the management of their 							

		own care needs.								
		Positive Negative Neutral			Risk scoring matrix (pre mitigations)			Comments / Risks	Mitigations and Actions	
		P	N _e	N _u	C	L	T			
Duty of Quality		To what extent would successful implementation of this programme impact positively or negatively on any of the following:		<input checked="" type="checkbox"/>				Positive Ensuring staff are aware of responsibilities to make adjustments to allow every person with a communication need the right support to allow them to access services ICB role to monitor that this also occurs within Provider organisations Ensures equality of access to services		Proposal for ICB to complete self assessment and using RASCI tool identify leads within the ICB for each area. This is awaiting agreement from ICB AIS SRO. Identify opportunities to raise awareness of AIS policy with ICB staff.
Patient Experience		To what extent would successful implementation of this programme impact positively or negatively on any of the following:		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>				Positive The policy provides guidance to ensure that those who have a communication need should not be put at a disadvantage and includes the framework for NHS STW staff in meeting individual's		

	<ul style="list-style-type: none"> • waiting times for appointments • patient outcomes • number of complaints 	X				<p>communication needs ensure that: -</p> <p>Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g. access to interpreters or easy read documentation);</p> <p>Individuals are involved and able to make decisions / consent about their health, care and treatment;</p> <p>Individuals are enabled to participate in the management of their own care needs.</p> <p>make a complaint in a way that is accessible for them</p>	
Patient Safety	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • systems to safeguard patients to prevent harm, • systems and process for ensuring that the risk of healthcare acquired infections to patients is reduced 	X	X			<p>Positive</p> <p>Through ensuring people have access to information in a format they can understand and does not put them at a disadvantage reduces risk to patient harm due to misinterpretation of required actions.</p> <p>Staff would have greater confidence that patients fully</p>	<p>This policy can be seen in conjunction with the Reasonable Adjustment Digital Flag policy which advocates for communication needs to be identified and flagged.</p>

	<ul style="list-style-type: none"> • clinical workforce capability, skills and capacity • number of incidents reported 	x		x			understand the associated risks and are equipped to make informed decisions about their care	
Clinical Effectiveness	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • clinical leadership • delivery of evidence based practice • clinical engagement of staff and patients • consistent delivery of high quality standards • improved patient outcomes 	x	x	x			<p>Positive</p> <p>Through ensuring people have access to information in a format they can understand and does not put them at a disadvantage reduces risk to patient harm due to misinterpretation of required actions.</p> <p>Clinical staff would be better supported in delivering information appropriately, ensuring patients are empowered to engage fully with their treatment options.</p>	
Health Inequalities	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • prevention of ill health • promotion of self-care • equality of access to services for vulnerable groups 	x	x	x			<p>Positive</p> <p>The policy provides guidance to ensure that those who have a communication need should not be put at a disadvantage and includes the framework for NHS STW staff in meeting individual's communication needs ensure that: -</p>	

	<ul style="list-style-type: none"> ability to identify/ engage/ inform vulnerable groups. For example: <ol style="list-style-type: none"> mental health learning disability homeless frail elderly disadvantaged families domestic abuse alcohol/ substance misuse Looked After Children Care Leavers Travelling communities Other groups (e.g Ex-offenders) will this programme impact on/support partner organisations to reduce inequalities 	X								<p>Individuals have appropriate access to support, so that they understand information that is being shared with them (e.g. access to interpreters or easy read documentation);</p> <p>Individuals are involved and able to make decisions about their health, care and treatment.</p> <p>Individuals are empowered to actively participate in managing their own care needs</p> <p>Enable individuals to make a complaint in a format that is accessible and appropriate to their communication needs</p> <p>Under this policy, ICBs are responsible for monitoring and assuring that Provider organisations are implementing the standard effectively</p>	
Productivity and Innovation	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> the best setting to deliver best 			X					<p>No impact</p> <p>Improved understanding of treatment options can lead to more informed decision-making and may reduce missed appointments caused</p>		

	<p>clinical and cost effective care</p> <ul style="list-style-type: none"> • elimination of any resource inefficiencies • low carbon pathway • improved care pathway for patients • focusing resources where they are needed most 		X X X X			by ineffective communication.	
Workforce	<p>To what extent would successful implementation of this programme impact positively or negatively on any of the following:</p> <ul style="list-style-type: none"> • staffing levels • skill mix • competencies of staff • sickness • retention • turnover 		X X X X X			<p>No impact</p> <p>Enhanced communication will contribute to smoother patient flow and help alleviate pressures on staff workload</p>	

Resource Impact	To what extent would successful implementation of this programme impact positively or negatively on any of the following: <ul style="list-style-type: none">• Estates• IT resource• Equipment• Other agencies e.g. Social care/safeguarding/ voluntary sector			X			No impact Although consideration for potential costs of providing information in alternative formats. Also need to have options for communication such as braille or sound loops.	
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EQIA Summary:

AREA OF QUALITY	RISK RATING	RISK RATING
	Current level	Post Mitigation
	Low/ Mod/ High/ Extreme	Low/ Mod/ High/ Extreme
Duty of Quality		
Patient Safety		
Patient Experience		
Clinical Effectiveness		
Health Inequalities		
Productivity and Innovation		
Workforce		
Resource Impact		

Risk Matrix Scoring

A total score is achieved by assessing the likelihood and the consequences of the risks occurring as a combined consideration for each category. The following tables define the likelihood and consequences scoring options and the resulting score

The risk scores for this EQIA is based on consideration of the risks, the timing and the system's ability to mitigate the risks.

Risk Matrix		Likelihood				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

Overall Risk Grading		
1-3	Negligible Risk	
4-7	Low Risk	
8-14	Moderate Risk	
15-25	High Risk	

