

Policy Document Control Page

Title

Title: Risk Assessment Policy

Version: 10

Reference Number: CO21

Supersedes

Supersedes: V9

**Description of Amendment(s):
Reviewed – no changes**

Originator

Originated By: Matt Walsh

Designation: Patient Safety Manager

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Chris Phillips

ERA undertaken on: 17/3/14

ERA approved by EIA Work group on: 13/5/14

Where policy deemed relevant to equality- YES

EIA undertaken by: Chris Phillips

EIA undertaken on: 17/3/14

EIA approved by EIA work group on: 13/5/14

Approval and Ratification

Referred for approval by: Matt Walsh

Date of Referral: 16th May 2016

Approved by: Associate Director of Quality Governance

Approval Date: 16th May 2016

Date Ratified by Executive Directors: 22nd December 2014

Executive Director Lead: Director of Nursing

Circulation

Issue Date: 16th May 2016

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: December 2018

Responsibility of: Matt Walsh

Designation: Patient Safety Manager

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 16th May 2016

TABLE OF CONTENTS

SECTION	CONTENT	PAGE
1.0	Introduction	4
2.0	Aim	4
3.0	Scope	4
4.0	Related Policies	4
5.0	Definitions	5
6.0	Responsibilities	5
7.0	Sensible Risk Assessment in Care Settings (HSE Website)	7
8.0	Guidance on Undertaking Risk Assessment	8
9.0	Risk Assessments for Activities	10
10.0	Step 5 – Review and Revision	12
11.0	Implementation and Monitoring	12
Appendix 1	Risk Assessment Form	14
Appendix 2	Trust Risk Register Template	20
Appendix 3	Pre Activity Risk Assessment Procedure	21
Appendix 4	Staff Briefing for Risk Assessment of Activities	23

1.0 INTRODUCTION

Pennine Care NHS Foundation Trust, working in partnership with Local Authorities and other health care partners, is committed to continuously improving quality of care and to providing safe environments and services, for service users, visitors and staff. It is recognised that effective risk management systems are essential to providing appropriate safe and therapeutic services and environments. All employers and employees are required to assess and control risks as stated in the Health and Safety at Work Act, 1974 and the Management of Health and Safety at Work Regulations, 1999. The Trust is therefore committed to identifying and reducing risks by the process of risk assessment.

This policy sets out the Trusts approach to risk assessment. It describes the process to be followed, including documentation which should be used, and individual responsibilities of staff. It also describes how this process will interface with other clinical risk assessment processes. It is important that all staff is involved in the management of risk.

2.0 AIM

The aim of the Risk Assessment Policy is to ensure all risks are appropriately identified, assessed and that action is taken to reduce risks as far as possible.

3.0 SCOPE

- 3.1 This policy applies to all staff employed or managed by Pennine Care NHS Foundation Trust. All staff has a responsibility to contribute to identifying, assessing and managing risk.
- 3.2 The Policy relates to all types of risks concerned with the safety and/or continued effective operation of the Trusts services, environment, equipment, procedures and recreational and therapeutic activities provided by the Trust. It encompasses:
 - Clinical risks in the delivery of effective care and treatment including recreational and therapeutic activities provided for service user's
 - Health and safety risks (e.g. preventing accidents, ensuring the safety and welfare of staff, patients and the people using our premises)
 - Workforce and recruitment risks (e.g. retention, training, skill shortages, etc)
 - Financial risks (e.g. controlling money, remaining within budget, investments, etc.)
 - Estate and environmental risks (e.g. ensuring the Trust's buildings and equipment are operational and well-maintained)
 - Decision making risks (e.g. choosing to act or not, selecting priorities, etc.)
 - Hidden risks (e.g. reputation)
 - IT Management Risks
 - Information Governance Risks
- 3.3 The risks may affect staff, patients, and relatives, members of the public, non-Trust health care professionals, volunteers or contractors and others who may come into the contact with the activities of the Trust.

4. RELATED POLICIES

- 4.1 Related policies and strategies include:

- Risk Management Strategy
- Information Governance Risk Strategy and Policy
- Incident Reporting, Management & Investigation
- Health and Safety Policy,
- Major Incident Plan
- Staff Working Alone Policy

4.2 Clinical Risk Assessment Policies and strategies which govern individual patient risk assessment include (the list is not exhaustive):

- Care Programme Approach Policy,
- Clinical Risk Assessment Policy,
- Observation Policy,
- Rapid Tranquillisation Policy,
- Falls Prevention Strategy
- Safeguarding Adults Policy
- Co morbidity Strategy

The Risk Management Strategy describes the Trusts overall approach to managing all risk.

5. DEFINITIONS

5.1 Hazard

A hazard is anything, which has the potential to cause harm, loss or damage.

5.2 Risk

There are several well-known definitions of risk, including:

“The possibility of incurring misfortune or loss”

“The likelihood of adverse consequences arising from an event”

“The chance of something happening that will have an impact upon objectives - measured in terms of consequences and likelihood.”

NHS Executive Controls Assurance CD ROM Nov 1999

5.3 Risk Assessment

Risk assessment is a careful examination of potential hazards in work practices, the environment and the organisation, evaluating the extent of the risk and taking account existing precautions and controls, and their effectiveness.

5.4 Risk Register

The Risk Register is the system for collating and managing all risks across the organisation.

Risk Register reports, for monitoring and review of risks, will be sent to Borough and Divisional Governance Forums.

6. RESPONSIBILITIES

6.1 Chief Executive

The Chief Executive, for and on behalf of the Trust Board, has overall responsibility for risk assessment within the Trust and for ensuring that effective arrangements are in place to manage identified risks. The Trust Risk Management Strategy describes specific delegated responsibilities to other Trust Board members.

6.2 Executive Director Lead

The identified Executive Leads are responsible for regular scrutiny and escalation of key principal risks.

6.3 Service Directors

Service Directors are responsible for the authorisation of activities that receive a score of 8 and above on completion of the risk assessment following discussion at their respective Integrated Governance Groups.

6.4 Head of Patient Safety

The Head of Patient Safety is responsible for coordinating risk management activity within the Trust. This will incorporate developing, reviewing and updating the risk management strategy and trust risk register.

6.5 Service Managers /Team Leaders

Service Manager's are responsible for the assessments carried out in their area. They should ensure that arrangements are made to:

- Allow sufficient time for adequate assessments to be conducted
- Consult with staff and their safety representatives during the assessment process
- Endorse assessments, with or without alteration
- Agree local action plans to remove or reduce risks identified during the assessment
- Refer risks to the appropriate senior manager or committee when they cannot be managed locally
- Make temporary adjustments and keep staff and their representatives informed of progress in managing risks that cannot be managed locally
- Review assessments according to action plans or if there is reason to suspect that it is no longer valid or there has been a significant change
- Identify any member of staff or group who is considered to be especially at risk

6.6 All staff and employees

Employees have a duty to identify and assess risk in accordance with the Health and Safety at Work Act, 1974 and the Management of Health and Safety Regulations 1999. All staff should manage risks, which are within their level of competence and should communicate and share risk information appropriately. Employees should also contribute to risk assessments with managers and other risk assessors. Staff will also be responsible for implementing any remedial action to reduce the risk, when this is identified. Failure to cooperate is a serious matter as this can place the employee and possibly others at risk.

6.7 Governance Groups

Divisional and borough risk registers will be monitored reviewed and updated monthly through the respective governance groups within mental health and community services.

Quality Governance Assurance Committee (QGAC)

The QCAC is responsible for the review and monitoring of the Trust Risk Register on those risks of 12 and above on a monthly basis and reporting to the Trust Board.

7. Sensible risk assessment in care settings (HSE website)

People who work in health and social care constitute a large and diverse workforce looking after a predominantly vulnerable population. Employees have the right to work in a healthy and safe workplace, and the people using services are entitled to care and support that is safe and takes their needs, freedom and dignity into account.

Managing these different needs can sometimes present unique and complex situations which can, if not effectively managed, result in serious harm to employees, people using care services and others.

The risk assessment process is about identifying and taking sensible and proportionate measures to control the risks. You may already be taking steps to control the risks, but the assessment process will help you decide whether you should be doing more. You may need to consider different elements of risk when producing your assessment.

When considering the individual risks for particular people using a service, you must also bear in mind that health and social care is regulated by other organisations who may expect some form of care assessment. Usually the health and safety risks identified for the individual will be recorded as part of their clinical risk assessment and care plan.

8.0 GUIDANCE ON UNDERTAKING RISK ASSESSMENT

8.1 FIVE STEPS TO RISK ASSESSMENT

The Management of Health and Safety at Work Regulation (MHSWR) reg.3 requires that a risk assessment should be undertaken for all risks to which employees and others are exposed during the Trust' undertakings, significant findings are to be recorded and reviewed should the assessment be deemed to be no longer valid.

The risk assessment process should be undertaken by a "competent person" i.e. a person who has knowledge, experience, training or qualifications in understanding the process for completing a "suitable and sufficient" risk assessment. Where the assessor believes the assessment may be far more complex or far ranging than first indicated, advice and guidance should be sought from Line Management. This includes where an activity is outside the sphere or expertise of staff and in such cases staff must involve the expertise of those who are competent to assess the risks.

Although there is no direct guidance as to what is "suitable and sufficient" a risk assessment should consider all factors such as – but not exhaustive:

- Persons at risk: - Physical, mental status, age, gender, initiate or experienced
- Environmental factors: - In door, outdoors, weather, space, terrain, other persons/ animals, hygiene
- Equipment: - Mechanical, non – mechanical, powered, complex, portable, transport
- Policies, Procedures: - Legislation, professional body guidance, Trust policy, risk assessment, local SOP, first aid, emergency actions/ numbers/response
- Supervision: - Staff ratio, skills mix, training, monitoring and review

There are five steps to undertaking a risk assessment. These steps should be followed in order:

8.2 **STEP 1 -Identify Hazard**

Hazards can be identified by:

- Observation and inspection of work practices. (routine or non-routine)
- Reviewing the potential impact of new work practices and activities provided to service users
- Observing trends in incidents, accidents, finance records and absence records
- Listening to feedback from staff, patients, the public and complaints
- Reviewing the findings of risk assessments and audits e.g. environment audits
- Considering the effective continuity of a service
- Threats to the Trust strategic plan
- Risks identified with regards to training and skill mix.
- Risk assessments that may need to be considered from external agencies third party, or other healthcare stakeholders
- Suitability of environment or physical, therapeutic activity to be accessed on risk and health and safety grounds, without suitable and sufficient assessment taking place

8.3 **STEP 2 -Identify what the potential harm is**

Identify who or what might be harmed and how that harm could occur. Employees, services users, visitors, contractors, the organisation and operation of services should all be considered.

There is a general risk assessment form, which will take into account most hazards within the organisation. However a number of specific risk assessment forms are available for specific hazards (see 7.1.4).

8.4 **STEP 3 - Evaluate Risks from Identified Hazard**

Assessors should take any immediate action that is possible to reduce the risk posed by the hazard.

After any immediate action has been taken the risk should be quantified and a risk rating calculated. This is done by assessing the likelihood and the severity of impact. The matrices below should be used to calculate the risk grading.

After reviewing the risk-grading assessors should then consider any other actions or controls that are required or can be planned or implemented to reduce the risk further. An action plan should be developed in consultation with appropriate personnel.

A. Consequence / Impact

Level	Descriptor	Example Detail Description
1	Insignificant/Negligible	No injuries, low financial loss
2	Minor	First aid treatment, low financial loss, interruption of service
3	Moderate	Medical treatment required, high financial loss, interruption of service
4	Major	Extensive injuries, medium term loss of service, major financial loss
5	Catastrophic	Death, serious injury, huge financial loss

B. Likelihood

Level	Descriptor	Example Detail Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur at sometime
3	Possible	More likely to occur
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Is expected to occur in most circumstances

C. Consequence x Likelihood

CONSEQUENCE OR IMPACT	LIKELIHOOD				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

1-3 Negligible	4-6 moderate	8-12 High	15- 25Extreme
----------------	--------------	-----------	---------------

8.5 STEP 4 -Document the Assessment

A risk assessment form should be completed with as much information as possible (see appendix 1). Once completed the document should be signed and faxed over to the Risk department to enable the risk to be entered on the risk register. For risk assessments completed on activities provided for service user's e.g. cooking group, these must be kept in a file in the service area. The form should clearly specify:

- Name of person(s) contributing to the Risk Assessment. This should include the manager of the department or team.
- A description of the risk and the risk rating/risk score, using the likelihood and severity charts above.
- A record of what is already in place to control the risk, or has been put in place immediately.
- The action necessary to further reduce the risk. Actions need to be realistic and achievable.

- The person responsible for the action (the handler) and the accountable officer and an Executive Director (owner) must be recorded on the assessment form. For any action plan a nomination of Lead Accountable Officer should be negotiated and agreed with that person.
- Date when risk & action plan will be reviewed, on the basis that the recommended action is implemented.

A number of risk assessment forms have been developed relating to risks in specific areas. These are available on the Trust intranet site within the Risk / Health & Safety section.

- General Risk Assessment Form
- Manual Handling Client
- Display Screen Equipment
- Environment Assessment
- COSHH assessment
- New and expectant mothers at work risk assessment
- Windows
- Annual Risk Assessment
- Young persons Student Assessment
- Managing Violence and Aggression

9. RISK ASSESSMENTS FOR ACTIVITIES.

9.1 Making sensible risk assessment decisions

Often when assessing the care and support needs of an individual, everyday recreational activities are identified that will benefit their wellbeing, but also put them at some level of risk. This requires a balanced decision to be made between the needs, freedom and dignity of the individual, and their safety.

Care assessments should enable people to lead fulfilled lives safely, rather than be a mechanism for restricting their reasonable freedoms. For a multitude of reasons many care providers find it hard not to move towards a risk adverse approach, for example, resources, previous negative experiences, and a fear of the consequences if things 'go wrong'.

The Health & Safety Executive (HSE) will support decisions to allow everyday activities to be undertaken when, a suitable and sufficient risk assessment has been carried out, documented and reviewed as necessary. The risk assessment completed should identify, and implement, any sensible precautions to reduce the risk of significant harm to the individual concerned.

All recreational activity provided to service users should be where possible linked to aiding recovery and being of therapeutic value. Staff must complete a risk assessment for all those prescribed rehabilitative activity of a personal, social and / or therapeutic nature that is organised and supported by the Trust.

Therapeutic activities could be defined as:

'A venture, a pursuit, project or undertaking completed by a person or group, that is, that is usually organised and supervised, and is aimed at achieving a particular purpose.'

If staff are in any doubt of the risks in relation to a specific activity they should contact the Health and Safety team or the Risk Department for advice. The activity will need to be suspended until further expert advice has been sought and provided.

In some cases e.g. when the activity is provided by an external agency, it may be reasonable to request that the agency's current risk assessment of the activity is provided to enable staff to consider any identified risks for the specific service user group.

Activity risk assessments and details of the controls required to reduce any risks identified should be kept within a file in the service area.
In addition all service users must have a completed and up to date clinical risk assessment that should be considered when planning any attendance or involvement in a therapeutic recreational activity.

Low Risk Activities

Activities that score **a risk rating of less than 6** are considered to be low risk activities.

The risk assessment should be kept on the ward or service area and be available at all times to staff. Staff will need to consider any clinical risks of individual service users before they engage in the activity. Staff are **not** required to complete a Pre Activity Service User Risk Assessment for these activities.

Medium Risk Activities

Activities that score **a risk rating of 6** are considered to be medium risk. The activity risk assessment should be kept within the service area and be available at all times to staff. Staff will need to complete a Pre Activity Service User Risk Assessment before the service user engages in any activity and should be reviewed prior to engagement in each activity. **(See appendix 3).**

High Risk Activities

Activities that score a risk rating **between 8 -12** are considered to be high risk and will need to be discussed at the respective Integrated Governance forum for approval and authorisation by a Service Director. Staff will need to complete a Pre Activity Service User Risk Assessment before the service user engages in any activity and should be reviewed prior to engagement in each activity. **(See appendix 3).**

Once approved staff should complete a Pre Activity Service User Risk Assessment before the service user engages in the activity, to gain assurance that risks have been considered.

Any activity that scores a risk rating of 15 and above is prohibited.

Formulation

On completion of the risk assessments a risk formulation should be completed to ensure clear communication of any risks identified in the assessments.

Having concluded what the current risk is, the assessor is asked to document any issues which might further increase the risk, based on the information gathered through the assessment. The assessor should consider how risks might change in the future, and include any known prodromal signs of risk, or relapse signature for the individual if this is known.

The risk formulation should lead to the development of a Risk Management Plan. All risks which are identified should be included within the care plan with details of what actions will be taken to manage or minimise the risk and the method by which the action will be monitored and reviewed.

9.3 Review

All risk assessments on activities provided to service users must be reviewed annually.

In addition the risk assessment should be reviewed following:-

- a significant change to the activity for example such as a change in venue, resources or equipment.
- any serious incident, near miss, or dangerous occurrence relevant to the risk identified
- significant changes in either the plans to mitigate the risks or plans in which the Trust operates”

All significant risks should be effectively communicated to all those affected.

10 STEP 5 -Review and Revision

The nominated accountable officers should review implementation of the action plan and check the control measures are working. This review should be done according to the action plan dates. Any further control measures required should be implemented. The risk rating should be reviewed to determine whether the risk has been reduced (residual risk rating).

The Risk Department should be updated regarding progress with action plans and residual risk score and will contact assessors according to action plan dates. This to ensure the risk register is updated accordingly.

Training on risk assessment will be provided to all new staff via Trust Corporate Induction. The Learning and Development Department will notify the recruiting manager by email of any non attendance at the Trust Induction who will be responsible for ensuring that the staff member attends at a future date.

The training will include reference to the need for risk assessment, explanation of the risk assessment process, description of the risk assessment forms and the use of the Trust Risk Register.

11 IMPLEMENTATION AND MONITORING

The Risk Department on receipt of all completed risk assessments will check that each risk has been completed in accordance with the policy. In addition the Risk Department will send reminders electronically to the identified lead in accordance with the review date for

an update or progress report. The Risk Department will be responsible for ensuring that the Register is updated on receipt of information.

Monitoring of this Policy will include regular review of the Borough, Divisional and Trust Risk Register through the following groups and committees detailed below:

- Borough and Divisional Governance Groups monthly monitoring of Divisional Risk Register that includes Community health services and mental health services
- Quality Governance Assurance Committee monthly monitoring of the Trust Risk Register of risks rated 12 and above.
- Trust Board monitors risks of 20 and above monthly and the full risk register 6 monthly.

These groups and committees will be responsible for monitoring the progress of all identified risks including the process for assessing and evaluation of the risk, the assignment of management responsibility, risk rating and residual risk score, and the completion of any identified actions against the review date.

This policy will be reviewed annually and approved by the Health and Safety Committee

Risk Assessment Form

On completion of this form Fax to: Risk Dept – 0161 716 3070. Risk assessments completed on activities should remain within the service area	Pennine Care NHS Foundation Trust
RISK ASSESSMENT / ANALYSIS & CONTROL	
Dept/Ward	Date
Assessment For	

1) Hazard/Risk Only include a hazard/risk which you could reasonably expect to result in significant harm under the conditions in your workplace. Source of the risk can include Divisional Risks, Risks identified through Environmental Risk assessments and audits, training requirements incidents accidents and complaints. Please include any identified risks associated with the activity. When assessing recreational activities if the activity is outside the skills and experience of clinical staff, please consult with those with the relevant expertise.	2) Who Might be Harmed There is no need to list individuals by name – just think about groups of people doing similar work or who may be affected e.g.: <ul style="list-style-type: none"> • Clinical Staff (by profession) • Non Clinical • Ancillary Staff (Agency / Bank staff) • Patients/Service users • Visitors • Contractors 																											
State the nature and source of the hazard/risk: <i>(continue on a separate form if required)</i>	List groups of people who are especially at risk from significant hazards which you have identified: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 5%; text-align: center;">√</th> <th style="width: 15%; text-align: center;">Num.</th> </tr> </thead> <tbody> <tr><td>Clinical Staff (by profession)</td><td></td><td></td></tr> <tr><td>Non Clinical</td><td></td><td></td></tr> <tr><td>Ancillary Staff (Agency / Bank staff)</td><td></td><td></td></tr> <tr><td>Patients</td><td></td><td></td></tr> <tr><td>Visitors</td><td></td><td></td></tr> <tr><td>Contractors</td><td></td><td></td></tr> <tr><td>Others</td><td></td><td></td></tr> <tr> <td>Total No. Of people Who may be affected</td> <td></td> <td></td> </tr> </tbody> </table>		√	Num.	Clinical Staff (by profession)			Non Clinical			Ancillary Staff (Agency / Bank staff)			Patients			Visitors			Contractors			Others			Total No. Of people Who may be affected		
	√	Num.																										
Clinical Staff (by profession)																												
Non Clinical																												
Ancillary Staff (Agency / Bank staff)																												
Patients																												
Visitors																												
Contractors																												
Others																												
Total No. Of people Who may be affected																												

Following completion of your risk assessment, use the risk matrix to estimate the RISK rating and the risk control.

Risk Grading		1- 25 Rating
RED	Extreme	
AMBER	High	
YELLOW	Moderate	
GREEN	Negligible	

Risk Control ✓	
Hard	
Medium	
Easy	

<p>3) Is the Risk Adequately Controlled?</p> <p>Have you already taken precautions against the risks from the hazard you listed? For example, have you:</p> <ul style="list-style-type: none"> • Informed the relevant manager • Provided adequate information, instruction or training • Ensured adequate systems or procedures? <p>Do the precautions:</p> <ul style="list-style-type: none"> • Meet the standards set by a legal/professional requirement • Comply with recognised guidance/standards • Represent good practice • Reduce the Risk as far as reasonably practicable <p>If so, then the risks may be adequately controlled, but you need to indicate the precautions you have in place. You may refer to procedures, manuals & policies giving this information.</p>	<p>4) What further action is necessary to control the risk?</p> <p>What more could you reasonably do for those risks which you found were not adequately controlled?</p> <p>You will need to give priority to those risks, which could result in serious harm.</p> <p>Apply the principles below when taking further action, if possible in the following order:</p> <ul style="list-style-type: none"> • Remove the risk completely • Try a less risky option/alternative solution • Prevent access to the hazard • Organise work to reduce exposure to the hazard • Issue personal protective equipment • Provide occupational health or welfare facilities • Provide appropriate skill mix and staff ratio • Consider any other risk assessment or risk assessment process that may impact on the final risk rating for acceptance of risk or mitigating action.
<p>(3) List <u>existing controls</u> here or note where the information may be found.</p> <p>1 –</p>	<p>(4) List the risks, which are not adequately controlled and the action you will take where it is reasonably practicable to do more. You are entitled to take cost into account unless the risk is high (15 or above). Provide an indication of resources required – (equip, personnel, timescales, money)</p> <p>1 –</p>
<p>Signature of Risk Assessor</p> <p>Date:</p>	<p>Review Date.....</p> <p>Re-grade the risk if it changes, control measures ineffective?</p>
<p>Signature of Manager</p> <p>Date</p>	
<p>Signature of Service Director Where appropriate</p> <p>Date:</p>	<p>Management Action:</p> <p><input type="checkbox"/> Control Measures. <input type="checkbox"/> Risk Register</p> <p><input type="checkbox"/> Action Plan.</p>

RISK ACTION PLAN

Risk Item	Ref
SUMMARY - Recommended response and impact: Avoid \ Reduce \ Transfer all or part \ Accept	
COST (£): (to be completed by Service Manager or Estates dept)	
ACTION PLAN	
1. PROPOSED ACTION(S):	
2. RESOURCE REQUIREMENTS: Skill mix, staff ratio, equipment	
3. RESPONSIBILITIES:	
4. TIMESCALE:	
5. REPORTING AND MONITORING REQUIREMENTS:	
COMPILED BY: DATE: DATE IMPLEMENTED:	

GUIDANCE FOR IDENTIFYING RISK

SCORE	Descriptor	Objectives / Projects	Injury	Patient Experience	Complaints / Claims	Service / Business Interruption	Staffing and Competence	Financial	Inspection / Audit	Adverse Publicity / Reputation
1	Insignificant	Insignificant cost increase / schedule slippage. Barely noticeable reduction in scope or quality	No harm or near miss	Unsatisfactory patient experience not directly related to patient care	Numbers - Zero to 1 Complaint - unlikely. Litigation - remote	Loss / interruption > 1 hour	Short term low staffing level temporarily reduces service quality (< 1day)	upto £10k	Minor recommendations minor non-compliance with standard	Rumours
2	Minor	Budget / schedule slippage. Minor reduction in quality / scope	Minor temporary harm / injury requiring first aid	Unsatisfactory patient care experience – readily resolvable	Numbers - 1 to 2 Complaints - Possible. Litigation - unlikely	Loss / interruption > 8 hours	On-going low staffing level reduces service quality	£10k to £50k	Recommendations given. Non-compliance with standards	Local media – short term. Minor effect on staff morale
3	Moderate	Over budget / schedule slippage. Reduction in scope or quality	Moderate harm / injury or illness, requiring medical treatment	Mismanagement of patient care	Numbers 3 to 10 Complaints - highly likely. Litigation - possible but not certain	Loss / interruption > 1 day	Late delivery of key objective / service due to lack of staff. Minor error due to poor training. Ongoing unsafe staffing level. Short Term Sickness	£50k to £1m	MDA reportable. Reduced rating. Challenging recommendations Non-compliance with core standards	Local Media – long term. Significant effect on staff morale
4	Major	Over budget / schedule slippage. Doesn't meet secondary objectives	Major harm / excessive injuries (RIDDOR)	Serious mismanagement of patient care	Numbers - Moderate Litigation - expected/ certain	Loss / interruption > 1 week	Uncertain delivery of key objective / service due to lack of staff. Serious error due to poor training. Long Term Sickness	£1m to £2m	Enforcement Action. Low rating. Critical report. Major non-compliance with core standards	National Media < 3 days
5	Catastrophic	Over budget/ schedule slippage. Doesn't meet primary objectives	NHSE Investigation. Any death	Totally unsatisfactory patient outcome or experience	Numbers - Large Emergency Planning instigated Numbers - Litigation - expected/ certain	Permanent loss of service or facility	Non delivery of key objective / service due to lack of key staff. Critical error due to insufficient training.	£2m+	Prosecution. Zero rating. Severely critical report	National Media > 3 days. MP concern (question in house)

Identifying the Risk

Following completion of your risk assessment, use the matrix to determine the RISK rating. The same matrix is used to identify grade of risk and the grade of an incident.

First, select the **Most Likely Consequence** of the risk.

Q1. What are the actual impact / consequence of the risk?

Is it catastrophic, major, moderate, minor or insignificant?

Use the table below to identify the **MOST LIKELY CONSEQUENCE** box. If in doubt, grade up not down.

	Most Likely Consequence	Actual or potential impact on individual(s)	Actual or potential impact on Trust	No. Of people affected at one time	Potential for claims/complaint	Potential Cost
1	Insignificant	No injury or adverse outcome	No risk to the organisation	One- none	Complaint – unlikely Litigation – remote	Up to £10,000
2	Minor	First aid treatment/short term injury/damage (e.g. injury resolved within a month)	Minimal risk to the organisation	One	Complaint– possible Litigation – unlikely	£10,000 - £25,000
3	Moderate	Medical treatment required, semi permanent injury/damage (e.g. injury that takes up to 1 year to resolve)	RIDDOR reportable MDA reportable Needs PR management Short term sickness	Small numbers 3- 10	Complaint– highly likely Litigation – possible but not certain	£0.25 m - £0.5m
4	Major	Extensive injuries/permanent injury (loss of body part, Mis-diagnosis – poor prognosis RIDDOR reportable injury)	Service Closure RIDDOR reportable Long term sickness	Moderate numbers	Litigation – expected/certain	£0.5 m - £1.m
5	Catastrophic	Death	National adverse publicity NHSE investigation	Many (e.g. cervical screening disaster)	Litigation expected/certain	£1m +

Secondly, identify the likelihood of the recurrence of the risk.

Q2 What is the **LIKELIHOOD of the RECURRENCE** of the risk?

Is it Rare – Unlikely – Possible – Likely or almost certain?

Use the table below to identify the **MOST LIKELY CONSEQUENCE** box.

If in doubt, grade up not down.

	Likelihood of a recurrence	Description
1	Rare	A “One Off” Extremely unlikely this will happen again
2	Unlikely	Do not expect it to happen again but may be possible
3	Possible	May recur occasionally
4	Likely	Will probably recur, but is not a persistent issue
5	Almost certain	Will undoubtedly recur, possibly frequently

Guidance: Determine the Risk Rating

Having identified the **MOST LIKELY CONSEQUENCE**, look across at the **LIKELIHOOD OF RECURRENCE**.

Where the boxes, meet, this is the rating of the RISK

Examples: Staff could sustain injury by incorrect manual handling of patients.

The potential consequence could be **(3)** and the likelihood of recurrence may be assessed as Possible **(3)** therefore **3x3 = 9**.

The risk grading on this occasion would be **High 9** (amber) the risk should then be analysed more carefully.

CONSEQUENCE OR IMPACT	LIKELIHOOD				
	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	25

- Risks falling into the RED boxes; “Extreme Risk” will require immediate action. They must be communicated to the local Service Director and Risk Management Department as soon as possible but within 24 hours in any event. These will be considered by the Operational Managers Group, and where appropriate, principal risks will be considered through the executive level Risk Register Group, and escalated to the Trust Board. Normal reporting systems will continue to monitor all risks contained in the Risk Register through the appropriate Governance forums.
- Risks falling into the AMBER boxes will represent High Risk and require immediate action. They must be communicated to the local service director and Risk management department as soon as possible
- Risks falling into the YELLOW boxes – “Moderate Risk” will require management attention; they must be reviewed by managers and an action plan drawn up to address them.
- Risks falling into the GREEN boxes represent “negligible low” risks, which may be defined as ‘acceptable risk’ but must be investigated and followed up locally by departmental managers.

Inherent in these arrangements is the expectation that the managers with responsibility for the affected area will take the necessary steps to address the associated risk (and the “fall out” of any event which may have occurred), supported by senior managers, Executive Directors.

NB Acceptable risk is defined as those risks/events that occur infrequently and have minimal impact on people, resources or reputation. Such risk can never be entirely removed but should be dealt with and managed locally within existing resources.

Trust Risk Register Template

No. & Version	Borough & Site and Source	Start Date	Review Date	Risk Rate Score	Description	Progress	Risk Rate Score	Owner - Executive Director	Handler - Senior Manager	RAG Progress Rating
				(Initial)			(Residual)			<div style="background-color: #00FF00; height: 10px; width: 100%;"></div> <div style="background-color: #FFD700; height: 10px; width: 100%;"></div> <div style="background-color: #FFA500; height: 10px; width: 100%;"></div> <div style="background-color: #FF0000; height: 10px; width: 100%;"></div>

Appendix 3

PRE-ACTIVITY SERVICE USER RISK ASSESSMENT PROCEDURE

Please complete for activities scoring 6 and above and file in the service users notes on completion

Patient Name: _____
NHS/RT2 Number: _____
Ward/Service/Dept: _____
Type of Activity/ies: _____

1. Has a Risk Assessment been completed on the activity you are considering for the service user? Yes No
2. Has a Clinical Risk Assessment been completed on the service user and is up to date. Consider any historical and current risks before deciding to proceed with engaging the service user in the activity. Yes No
3. Have you considered the required staff skill mix required for the activity? Yes No
4. Have you considered the staff ratio required for the service user to undertake the activity safely? Yes No
5. Does the environment where the activity is taking place increase the risk for the service user Yes No

If any of the answers are No for questions 1-4 the activity must not take place until they have been completed.

Having considered the activity risk assessment and the service user’s current clinical risks is the service user deemed safe to engage in this activity. Please provide a rationale for your decision. **Staff must be able to demonstrate a clinical formulation that sets out the risks and mitigation of the individual service user undertaking the prescribed activity.**

Rationale:

.....

Signature of Registered Practitioner completing the assessment:

..... **Date**

STAFF BRIEFING ON RISK ASSESSMENT FOR ACTIVITIES

The Health & Safety Executive (HSE) will support decisions to allow everyday activities to be undertaken when, a suitable and sufficient risk assessment has been carried out, documented and reviewed as necessary. The risk assessment completed should identify, and implement, any sensible precautions to reduce the risk of significant harm to the individual concerned.

All recreational activity provided to service users should be where possible linked to aiding recovery and being of therapeutic value. Staff must complete a risk assessment for all those prescribed rehabilitative activity of a personal, social and or therapeutic nature that is organised and supported by the Trust.

Therapeutic activities could be defined as:

'A venture, a pursuit, project or undertaking completed by a person or group, that is, that is usually organised and supervised, and is aimed at achieving a particular purpose.'

In some cases e.g. when the activity is provided by an external agency, it may be reasonable to request that the agency's current risk assessment of the activity is provided to enable staff to consider any identified risks for specific service user groups.

Activity risk assessments and details of the controls required to reduce any risks identified should be kept within a file in the service area.

In addition all service users must have a completed and up to date clinical risk assessment that should be considered when planning any attendance or involvement in a therapeutic recreational activity.

Low Risk Activities

Activities that score a **risk rating of less than 6** are considered to be low risk activities.

The risk assessment should be kept on the ward or service area and be available at all times to staff. Staff will need to consider any clinical risks of individual service users before they engage in the activity. Staff are **not** required to complete a Pre Activity Service User Risk Assessment for these activities.

Medium Risk Activities

Activities that score a **risk rating of 6** are considered to be medium risk. The activity risk assessment should be kept within the service area and be available at all times to staff. Staff will need to complete a Pre Activity Service User Risk Assessment before the service user engages in any activity and should be reviewed prior to engagement in each activity. **(See appendix 3 of policy CO21).**

High Risk Activities

Activities that score a risk rating **between 8 -12** are considered to be high risk and will need to be discussed at the respective Integrated Governance forum for approval and authorisation by a Service Director. Staff will need to complete a Pre Activity Service User Risk Assessment before the service user engages in any activity and should be reviewed prior to engagement in each activity.

Any activity that scores a risk rating of 15 and above is prohibited.

On completion of the risk assessments a risk formulation should be completed to ensure clear communication of any risks identified in the assessments.

Having concluded what the current risk is, the assessor is asked to document any issues which might further increase the risk, based on the information gathered through the assessment. The assessor should consider how risks might change in the future, and include any known prodromal signs of risk, or relapse signature for the individual if this is known.

The risk formulation should lead to the development of a Risk Management Plan.

All risks which are identified should be included within the care plan with details of what actions will be taken to manage or minimise the risk and the method by which the action will be monitored and reviewed.

Review

All risk assessments on activities provided to service users must be reviewed annually.

In addition the risk assessment should be reviewed following:-

- a significant change to the activity for example such as a change in venue, resources or equipment.
- any serious incident, near miss, or dangerous occurrence relevant to the risk identified
- significant changes in either the plans to mitigate the risks or plans in which the Trust operates”

All significant risks should be effectively communicated to all those affected.