

POWYS LOCAL HEALTH BOARD

Risk Assessment Policy

Rev	Date	Purpose of Issue/Description of Change	Planned Review Date
CP 0019	March 2007	Revised issue of existing policy	March 2011
Responsible Officer		Approved by	Date
Corporate Risk Management Clinical Governance Department & Occupational Health & Safety Department		Health and Safety Committee Governance and Risk Management Committee	November 2007 March 2008

CONTENTS:

1.0	Introduction	Page 3
2.0	Purpose	Page 3
3.0	Scope	Page 3
4.0	Responsibilities	Page 3
5.0	Responsibilities of Directors and Managers	Page 4
6.0	Risk Assessment Methodologies	Page 4
7.0	Process	Page 5
8.0	The Steps to Risk Assessment	Page 6
9.0	Identification of Hazard or Threat	Page 7
10.0	Risk Assessment	Page 8
11.0	Risk Control or Treatment	Page 8

APPENDICES:

Appendix A	Legal Requirements	Page 9
Appendix B	Guidelines for Completing Risk Assessment Forms	Page 10
Appendix C	Risk Assessment Tool	Page 12
Appendix D	Risk Assessment Form	Page 13
Appendix E	Risk Action Plan	Page 14
Appendix F	Key Risk Identification Areas	Page 15
Appendix G	Risk Assessment Update Sheet	Page 17

1.0 Introduction

In order to be able to quantify the risk inherent in any process or procedure, it is necessary to undertake a risk assessment. A risk assessment ensures in a demonstrable way that resources are focused on those areas which require them. Risk assessment ensures that threats to the safety and wellbeing of patients, staff and others affected by the LHB's activities can be prioritised within different areas, and from that across the whole LHB.

Risk assessment allows the LHB to judge what it considers to be an "acceptable risk". No process is ever risk-free, but by undertaking a risk assessment, it is possible to quantify the level at which risk is considered acceptable to the majority, and below which it would not be practicable to control or treat the risk further. The "residual" risk can then be communicated to those concerned.

Clinical practice is often an imprecise science; risk can rarely be eliminated, but it can be reduced. Risks which are considered inherent in the process but at an acceptable level can be communicated to the patient by means of the LHB Consent to Treatment policy.

2.0 Purpose

The Local Health Board's policy is to comply with all statutory requirements, to ensure that all risk generated by its activities is assessed, prioritised and treated to reduce the risk to the lowest acceptable level. The statutory requirements are set out at Appendix A.

2.0 Scope

This policy, procedure and associated guidelines will apply to all activities, premises, all employees (including those working on premises controlled by another employer), patients and any other individual or organisation affected by the activities of the LHB.

4.0 Responsibilities

The overall responsibility for Risk Management within the LHB lies with the Chief Executive.

The overall lead for Risk Management within the LHB is delegated to the Support Services Director. Further details of delegation are listed in the Risk Management policy and Strategy.

5.0 Responsibilities of Directors, Clinical Directors, Hospital Managers, Heads of Service and Community Team Leaders

All managers will ensure that risk inherent in the activities over which they have control or inherent in activities undertaken by staff for whom they have a supervisory/line management role is:

- Proactively identified
- Assessed and prioritised
- Identifies risk treatment/control measures and an action plan
- Monitored

Using the guidance and proforma contained within this document, managers will ensure that risk assessments and action plans are undertaken regularly, and the results are inputted and updated onto the Datix Risk Register.

Adverse Incident Reporting will be used as an indicator to trigger risk assessment, and will monitor the efficiency of the action taken. Refer to the LHB Hazard and Adverse Incident Reporting Policy for further information.

Managers are responsible for identifying Risk Assessor and Risk Awareness training within their sphere of responsibility. This will ensure that for Health and Safety risk assessments, Risk Assessors are 'competent persons' as defined under "The Management of Health and Safety at Work Legislation 1999".

The Local Health Safety Committees, Health and Safety Co-ordinators Group and the Health and Safety Policy Group will monitor the outcomes of the health and safety risk assessments. The remit and composition of these groups is fully documented in the Corporate Health and Safety Policy.

6.0 Risk Assessment Methodology

The same system will be used to assess clinical and non-clinical risk.

Definitions:

i. Threat or hazard:

- The potential for something to cause harm, or for harm to occur.

ii. Risk:

- The probability that the harm will be realised and the severity of its consequence

iii. Assessment of the degree of risk:

- Estimated by assessing the potential seriousness and the likelihood of occurrence.

7.0 Process

A multi-disciplinary group will be identified within each Clinical Directorate, hospital or department, who will carry out the assessments themselves. Those who are closest to the risk are best able to identify it, and training will be given to enable this to happen. Individuals will also need to be involved in the specific risk assessment of tasks which they undertake.

Questions that need to be asked when addressing Clinical Risk include:

- What should we be doing?
- Are we doing it in the right place?
- Is it being done by the right people, in terms of competence and numbers?
- Is it being done using the right equipment?

Questions that need to be asked when addressing Corporate and Health & Safety risks include;

- What are the hazards?
- Who might be harmed and how?
- What control measures are in place?
- Are these adequate?
- If not, what needs to be done?

Any deficiency in any of these areas can be described as a hazard or a threat, and the risk from that hazard or threat is assessed and prioritised against all other risks.

9.0 Identification of Hazard or Threat

It is relatively simple to identify hazards or threats; each risk assessment group should:

- **Brainstorm** Those in the group will be aware of many hazards and threats which could pose risk to patients or to staff
- **Use Adverse Incident reports** Adverse incident and near miss reports will be indicative of incidents which are not only foreseeable but will already be manifest
- **Manufacturer's Information** Indications of hazards will be provided in manufacturers' information or containers
- **Health and Safety** Inspections and audits
- **Task analysis** What are we doing?
 - Should we be doing it?
 - Are the people doing it adequately trained?
 - Have we got the right equipment to:
 - Carry out the task?
 - Provide the back-up contingency plans
 - Should things not go as planned

In clinical issues one of the questions which needs to be answered by those carrying out clinical procedures and those supervising them is, whether taking into consideration all factors, the techniques used:

- are recognised as best practice
- are those which evidence shows to have the best outcome/ least risk to the patient
- are recommended by appropriate colleges
- are carried out by persons who can demonstrate competence where specific techniques would require specific training
- have written guidance drawn up for them

10.0 Risk Assessment

An assessment of the risk enables a judgement to be made on whether the risk must be treated, or whether the risk posed is acceptable.

There are many risk assessment systems in use but for the majority of the risks faced in a Local Health Board, a simple system will enable scores to be assigned which will aid in the separation of those risks which are acceptable and the prioritisation of others. Only two factors are considering our system, namely likelihood and consequence (which is a way of considering outcome or severity).

Further details of the system to use are detailed in Appendix C.

11.0 Risk Control or Treatment

The purpose of risk treatment is to reduce risk caused by the activities of the LHB to the lowest practicable level.

It may be that the treatment used to reduce a risk is very obvious, but in looking at risk there is a widely accepted list of effective control methods.

For Clinical Risks, this may include:

1. eliminate the action which caused the risk; this is rarely possible, although it may be possible to suspend a process or procedure for a short time while remedial action is taken
2. substitution; this may involve the substitution of a procedure or material which is known to be safer or more effective than one which has proved problematic
3. the existence of written safe systems of work which set out the requirements for equipment, staffing levels, competence of staff etc. Training should also be provided in these safe systems of work.

For Corporate and Health & Safety risks, this may include:

1. Eliminate the hazard
2. Reduce the hazard
3. Isolate the hazard from people
4. control the extent of exposure / contact with the hazard
5. Personal Protective Equipment (PPE)
6. Discipline

The above steps form a "hierarchy of control" for identified hazards.

APPENDIX A: Legal Requirements

The Management of Health and Safety at Work Legislation 1999

This legislation requires that the LHB undertakes a written assessment of risk, which has to be "suitable and sufficient" and is an assessment of:

- The risks to the health and safety of employees to which they are exposed whilst they are at work
- The risks to the health and safety of persons who are not employees arising out of or in connection with the conduct of the LHB's undertaking.
- Risks to new and expectant mothers
- Risks to young workers (under 18 years of age).

The compilation of a general health and safety risk assessment/clinical risk assessment may identify the need to carry out more detailed risk assessments under specific Health and Safety legislation.

There are other requirements contained within the regulations, and it is essential that employees comply with all parts of the regulation.

Other pieces of legislation implementing EC Directives

(otherwise known as the "six -pack"). The following may be relevant in carrying out a risk assessment:

- Assessment of all factors relevant to safe working (lighting, ventilation, space factors and the development of preventative maintenance and testing schemes) – Workplace (Health, Safety and Welfare) Regulations 1992
- Assessment under the Provision and Use of Work Equipment Regulations 1992 which covers the suitability for the purpose and its subsequent maintenance
- Assessment of the need for and provision and maintenance of personal protective equipment – Personal Protective Equipment Regulations 1992
- The safe use of substances (C.O.S.H.H., control of Asbestos at work, Control of lead at work)
- Manual Handling (Manual Handling Operations Regulations 1992)
- Display screen equipment/workstation (Display Screen Equipment Regulations 1992)
- Fire Precautions

The risk assessment process described may also be used to assess risks associated with any of the above. It may need to be supported by specialist assessment tools, e.g. Patient Handling assessment forms for manual handling, Sypol assessment for Control of Substances Hazardous to Health.

Further guidance can be found in specific LHB policies, Health and Safety regulations, Approved Codes of Practice and other guidance. Guidance on Health and Safety assessments is also available from the Health and Safety Adviser.

APPENDIX B: Guidelines for completing the risk assessment form

Employers must assess the risks to their employees while at work or on LHB premises, and also to persons not in their employment, but arising as a result of work being carried out by the LHB. The attached form is intended to complement existing assessments, such as Lone Working, Security, COSHH, Asbestos or Noise at Work Regulations, Manual Handling, Display Screen Equipment etc.

The Risk Assessment form should be used initially to undertake the risk assessment, which should be carried out by a senior person, who has sufficient experience of the working procedures. The form can be found under Appendix D.

B.1 GENERAL

Initial Assessment

Carry out an initial assessment for all tasks and activities in your department which have not already been assessed as a result of other legislation.

B.2 RISK ASSESSMENT

The purpose of the risk assessment is to:

- identify occurrences which may cause harm to patients, staff or others
- consider the chance of harm actually happening to anyone as a result of the above
- enable the employer to plan, introduce and monitor preventative measures to ensure that risks are adequately controlled.

An aide-memoir to help identify likely risks can be found under Appendix F.

1. Hazard Definition

Hazard is the potential of a work or task process to cause harm, including ill health and injury.

2. Risk Definition

Risk is the likelihood that a specified event will occur due to the realisation of a hazard by, or during, work activities, or by the products created by work activities.

B.3 RISK REGISTER

The risks identified will form the Risk Register for that particular locality or service area. Those risks which cannot be dealt with locally, either for resource reasons or because they have LHB wide implications, will form the Corporate Risk Register.

[illegible]

On completion of the risk assessment, Action Plans will be drawn up to deal with the identified risks. The form to use is found under Appendix E.

All risks that have been highlighted in Powys tLHB should be inputted onto the Datix Risk Management System. Datix is an electronic database that allows the communication of all risks between departments and provides a complete history for any inputted risk. Key staff groups within the organisation are responsible for monitoring the risks that have been inputted onto Datix. A number of groups and Committees are responsible for the monitoring of risks.

1. Health and Safety Adviser
2. Corporate Risk Manager
3. Clinical Governance Department

APPENDIX C: Risk Assessment Tool

C.1 CONSEQUENCE MATRIX

		Risk Type					
		Actual or Potential Impact on the individual	Statutory duty	Business Operational	Buildings Engineering / Environmental	Quality	Finance
Consequence	Catastrophic	Death	Multiple breach of statutory legislation & prosecution	Litigation > £1m expected National Media Interest Severe loss of confidence	Critical Impact Service Closure	Gross failure to meet professional standards	Significant financial loss (over 5% of total budget) Theft/Loss >£500k
	Major	Major Injury / Ill Health (Reportable) Major Clinical Intervention Permanent incapacity	Multiple breach of statutory legislation & improvement notice issued	Litigation > £500k - £1m expected Adverse publicity Impact on reputation	Major / significant impact Severe disruption to service (s) Major impact on environment	Failure to meet national standards	Major financial loss (between 2-5% of total budget) Theft/Loss between £200k - £500k
	Moderate	Temporary incapacity Short term monitoring Additional medical Treatment required up to 1 year Extended Hospital Stay	Single breach of statutory legislation & improvement notice issued	Complaint expected Litigation >£50k - £500k possible Potential for adverse publicity, avoidable with careful handling Potential for impact on reputation	Moderate impact Moderate disruption to services Moderate impact on environment	Repeated failure to meet internal standard	Moderate financial loss (between 1-2% of total budget) Theft/Loss between £50k - £200k
	Minor	First Aid / self treatment Minor Injury Minor ill health up to 1 month	Breach of statutory legislation	Possible complaint Litigation unlikely Impact on reputation (widespread internal awareness)	Localised Impact Disruption to service(s)	Single failure to meet internal standards	Minor financial loss (up to 1% of total budget) Theft / loss between £1k - £50k
	Insignificant	No injury or ill health No adverse outcome Near Miss	No or minimal impact breach of guidance / statutory legislation	Complaint unlikely Litigation risk remote	Minimal or no impact on service or the environment Minimal or no disruption	Minor non compliance	Theft or loss up to £1k

C.2 LIKELIHOOD DEFINITIONS:

Likelihood Phrase					
	Almost Certain	Likely to occur	Possible	Unlikely to occur	Rare
Detail	Will undoubtedly recur, possibly frequently	Will probably recur but is not a persistent issue	May recur occasionally	Do not expect it to happen again but it is possible	Cannot believe that this will ever happen again

C.3 RISK RATING MATRIX:

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	Rare	Low	Low	Low	Medium	High
	Unlikely to Occur	Low	Low	Medium	High	High
	Possible	Low	Medium	Medium	High	High
	Likely to Occur	Low	Medium	Medium	High	High
	Almost Certain	Low	Medium	High	High	High

APPENDIX D: Risk Assessment Form

POWYS LOCAL HEALTH BOARD: RISK ASSESSMENT FORM																			
LOCALITY/DEPARTMENT:					DATE OF ASSESSMENT:					DATE FOR REVIEW:									
ASSESSOR(S):					LOCATION/TASK/JOB PROCESS:														
NO.	HAZARDS IDENTIFIED	PERSONS AT RISK:					CONSEQUENCE:					LIKELIHOOD:					RATING:		
		Employee	Young Person	Public	Expectant Mother	Patient	Catastrophic	Major	Moderate	Minor	Insignificant	Almost Certain	Likely to Occur	Possible	Unlikely to Occur	Rare	Low	Medium	High

APPENDIX E: Risk Action Plan

POWYS LOCAL HEALTH BOARD: RISK ACTION PLAN

NAME OF WARD / DEPARTMENT:	DATE:	INPUTTED ONTO DATIX: Yes ☐ No ☐
PREPARED BY:	AGREED BY:	

NUMBER OF RISKS ON FORM	EXISTING CONTROLS	ACCEPTABLE		PROPOSED FURTHER CONTROL MEASURES	TIMESCALE	ACTION TO BE CARRIED OUT BY:	RESPONSIBLE SENIOR MANAGER
		YES	NO				

APPENDIX F: Key Risk Identification Areas

This list is not exhaustive but may be used as an aide-memoir. There may be overlap between sections; use the framework to ensure that as many important risks as possible are highlighted. Err on the side of duplication rather than omission.

KEY RISK AREAS	ISSUES	COMMENTS
ORGANISATION	e.g. Are the lines of responsibility/accountability clear?	
COMPLIANCE WITH STANDARDS	e.g. What standards or legislation applies? Is accountability for compliance with the standard clear?	
COMMUNICATIONS	e.g. How do communications work: • within the department? • with other departments? • with non-LHB staff? • with patients and families? • outside the organisation?	
POLICIES AND PROTOCOLS	e.g. Is accountability for policies and protocols clear? What are the arrangements for review?	
DOCUMENTATION	e.g. What are the arrangements for secure storage of records? Are there adequate guidelines on medication errors? What are the arrangements for ensuring patient confidentiality?	

APPENDIX F: Key Risk Identification Areas

KEY RISK AREAS	ISSUES	COMMENTS
PROFESSIONAL ISSUES	<i>This will depend on the area under review but the issues below should be considered.</i> • What standards of care apply? • What are the arrangements for supervision? • How is medication managed? • What are the arrangements for taking and recording consent? • What are the arrangements for the management of aggression and constraint? • How is patient / client dignity respected? • What are the arrangements for control of infection (responsibility, policy, training, monitoring)? • How are the above documented?	
STAFFING	e.g. What are the arrangements for recruitment? What is the system for setting and monitoring safe staffing levels?	
ENVIRONMENTAL	e.g. What Health and Safety risks are there?	
FINANCIAL	e.g. Has there been an unexpected loss or fraud suspected? Could there be a negligence claim as a result of an incident?	
OTHER	Are there risks identified that have not been listed elsewhere?	

APPENDIX G: Risk Assessment Update Sheet

DATE OF REVIEW	REVIEWED BY	CHANGES NOTED TO ASSESSMENTS	COMMENTS	SIGNATURE & DESIGNATION