# APPENDIX A – Risk Assessment Form

**RISK ASSESSMENT AND RISK ESCALATION FORM**

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| **Division**  Nursing & Quality | **Service Line**  Corporate Nursing |

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| **Risk Assessment Completed by** | **Name** | Laura Shalev Greene |
| **Job Title** | Head of Volunteering |

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| **Risk Summary Title** |

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| **Full Risk Description** | **Initial Risk Rating**  Consequence x Likelihood = Score | | |
| C | L | S |
| The Discharge Support Service is delivered through 9 trained volunteers. Once accepted via a staff referral, data about the patient, including their name, DOB, NOK, GP surgery and a brief summary of the reason for referral is communicated via NHS.net to NHS.net accounts in order that the volunteers can access the data securely and deliver the service for a period of 6 weeks. The patient has consented to being called by phone for the purpose of delivering the Discharge Support Service.  The risk is that volunteers may utilize the data for purposes other than the delivery of the Discharge Support Service putting the Trust at risk of a data breach. | **2** | **3** | **6** |

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| **Current Status** | Tolerate | Transfer | Terminate | Treat | Archive |

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| **Risk Subject** | | | | |
| Environment | Infrastructure | Equipment | Patient Experience | Patient Safety |
| Staff Safety | Infection Control & Prevention | Procedural | Data/Information | Performance |
| Staffing – General | Staffing – Medical | Staffing – AHP | Staffing – Nursing & Midwifery |  |

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| **Risk Type** | Finance | Health & Safety | Quality | Strategy |

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| **Responsible Lead** | **Laura Shalev Greene** | | |
| **Start Date** | June 2020 | **Target Date** | December 2020 |

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| **Source** | Audit | Business Case | Change in Service | Claim | Complaint |
|  |  | Incident | Report | Review | Other |

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| --- | --- | --- |
| **Strategic Theme** | **3-5 Year Goals** | **2019-20 Breakthrough Objectives** |
| **Quality** | **No avoidable delays in patient care** | 1. **Making every hospital bed day count: 10% reduction in stranded patients and a 25% reduction in super stranded patients** 2. **0% of patients on a cancer pathway given a cancer diagnosis within 28 days** |
| **Our People** | **To employ a substantive and committed workforce** | 1. **Workforce stability 90% + and temporary workforce less than 5%** |
| **Systems & Partnerships** | **Care that connects** | 1. **Ensure all outpatient contacts progress care** |
| **Sustainability** | **Achieve local system financial balance** | 1. **Deliver the Trust control total** |

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| **Monitoring Body** | Patient Experience Committee |

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| **CQC Outcome affected** | Safety | Effectiveness | Caring | Responsive | Well Led |

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| **Actions**  **Create a risk register for Volunteering to ensure due governance.** | **Target Risk Rating**  **Consequence x Likelihood = Score** | | |
| C  1 | L  2 | S  2 |

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| **Control measures**  (already in place) | Current Risk Rating  Consequence x Likelihood = Score | | |
| C | L | S |
| * Volunteers have full recruitment checks, including an Enhanced DBS check for the Discharge Support Role * Volunteers receive IG training from the Trust IG Lead and further IG training as part of their induction to the Trust, and subsequently to this role as approved by Health Education England. * Volunteers are set up with nhs.net accounts and sensitive information is only transmitted through this account. * Volunteers receive detailed training for their role, which includes verbal and written guidance on protecting data within their home environment. * The Discharge Support Service is part of Trust Strategy as ratified by the Trust Board in September 2020. | **3** | **2** | **6** |

**GUIDANCE SHEET**

**Tools and Methodology used when risk assessing**

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|  | **Name** | **Signature** | | **Date** |
| **Risk Lead** |  |  | |  |
| **Performance Review Meeting or Clinical Governance Meeting** |  | | | |
| **Entered on to the Service Line**  **Risk Register** | By | | Date | |

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| **Five steps to a risk assessment** | |
| **STEP 1** | Identify the hazards (What can go wrong?) |
| **STEP 2** | Decide who might be harmed and how (What can go wrong? Who is exposed to the hazard?) |
| **STEP 3** | Evaluate the risks (How bad? How often?) and decide on the precautions (Is there a need for further action?) |
| **STEP 4** | Record your findings, proposed action and identify who will lead on what action. Record the date of implementation. |
| **STEP 5** | Review your assessment and update if necessary. |

**Cause and Effect example**

*Example risk:* Concern about the Trust’s adherence to the Data Protection Act

*Risk description:* Risk of breaching the DPA

*Causes:*

1. Lack of understanding of the Act by staff
2. Low completion rate by staff of IG and data protection e-learning modules
3. Line managers do not encourage staff to read and be aware of Trust policies

*Effects:*

1. Patient and/or staff data may be incorrectly processed and shared with 3rd parties
2. Trust may incur financial penalties if investigated by the Information Commissioners Office
3. Trust may receive adverse publicity and reputational damage
4. Level of complaints and litigation claims received may increase

Any controls and actions put in place should mitigate each of the causes and this in turn should enable the likelihood score to be reduced. The consequence score is not usually able to be reduced as the outcome is likely to be the same.