

GENERAL RISK ASSESSMENT RECORD FORM



Risk Management Unit
Healthcare Governance Directorate
Revised November 2009

Section 1: Administrative Details

| | | |
|--|---|-----------------------------------|
| Assessors Name: [REDACTED] | Position: Voluntary Services Coordinator | Date of Assessment: 15.10.2021 |
| Department (<i>being assessed</i>) Voluntary Services | Voluntary Services | Division Corporate |

Section 2: Clinical Activity/Task

Activity / Task to be assessed:

- Ward based volunteer role
- Greeting and speaking with patients
- Taking around teas and coffees
- Tidying up bedside area
- Taking around free papers
- Sitting in day rooms and talking to patients
- Taking around water
- Support discharge and ensuring FFT is complete
- Support during mealtimes (does not include feeding).
- Pick up TTOs
- Befriend
- Take patient out for fresh air
- Shopping
- Responding to call bells on behalf of the staff
- Cigarette breaks
- Activities like playing FIFA games

Background:

This role should not present significant risk but it is good practice to risk assess all volunteer roles. It is important to ensure volunteer safety whilst working in the Trust.

Hazards identified:

Fire, Slips and Trips, Manual handling, physical or verbal abuse, Safeguarding patients from potential high risk volunteers using their position to abuse patients

Potential harm or consequence:

Fire – potential to be hurt in a fire, smoke inhalation, burns
 Slips and trips – could trip and hurt themselves, broken bones etc
 Manual handling – carrying boxes etc potential for hurting their back etc.
 Physical or verbal abuse – injury or psychological damage
 Volunteer could pose a risk to patients if not supervised

Section 3: Current Control Measures

- All volunteers roles are screened and accessed by the volunteer team before commencing role to ensure that relevant checks are in place before volunteer starts their role
- All volunteers are given an enhanced DBS check
- All volunteers must provide at least one reference
- All volunteers are interviewed for their suitability
- All volunteers must give details of their rotas and shifts and this must be agreed by ward staff
- All volunteers must be trained in basic health and safety information and advice relating to the premises, and the activities they are to undertake including: Fire training, manual handling and infection control
- All volunteers must be provided with emergency procedures and details of the first aid arrangements.
- All volunteers must be adequately supervised at all times
- All Trauma Active Response Volunteer should pass statutory and Mandatory Training
- Volunteers undergo Active Response volunteer induction training
- The volunteers must not be permitted to handle equipment unless training has been given and there is adequate supervision.
- There a named person in the department who will be responsible for volunteers.
- If the volunteer is provided with any necessary personal protective equipment. The volunteer must be training in using the equipment and reporting any damage or loss of equipment.
- All volunteers are required to wear an ID badge and appropriate uniform

Section 4: Risk Rating

Consequence Score:

| DOMAINS | 1 | 2 | 3 | 4 | 5 |
|--------------------------------|--|--|--|--|---|
| A Objectives / Projects | Insignificant cost increase schedule slippage | < 5% over budget schedule slippage | 5-10% over budget schedule slippage. | Non-compliance with national 10—25% over project budget Key objectives not met | > 25% over budget schedule slippage. Key objectives not met |
| B Injury | Minimal injury requiring no/minimal intervention/treatment No time off work | Minor injury/illness requiring minor intervention Time off work < 3 days Increase in LOS by 1-3 days | Moderate injury requiring professional intervention Requiring time of work 4-14 days RIDDOR/Agency Reportable An event which impacts on small numbers (3-5) | Major injury leading to long term incapacity/disability Requiring time off work > 14 days Mismanagement of patient care with long term effects An event which impacts on moderate numbers (18-50) | Death Multiple permanent or irreversible health effects An event which impacts on large numbers (50+) |

| | | | | | |
|--|---|--|---|---|--|
| C Quality/ Complaints / Audit | Peripheral element of treatment or service suboptimal Locally resolved complaint | Overall treatment or service suboptimal Formal complaint Single failure to meet internal standards Minor implications for patient safety if left unresolved Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on | Non compliance with national standards with significant risk to patients if unresolved Low performance rating Critical report | Total unacceptable level or quality of service Gross failing of patient safety if findings not acted upon Gross failure to meet national standards |
| D Service / Business Interruption/ Environment | Loss / interruption of > 1 hour No or minimal impact on environment | Loss / interruption of > 8 hours Minor impact on environment | Loss / interruption > 1 day Moderate impact on environment | Loss / interruption > 1 week Major impact on environment | Permanent loss of service or facility Catastrophic impact on environment |
| E Human Resources/ Organisational Development/ Staffing/ Competence | Short term low staffing level temporarily reduces service quality (< 1 day) | Low staffing level that reduces the service quality | Late delivery of key objective / service due to lack of staff. Poor attendance at mandatory training. Unsafe staffing level > 1 day | Uncertain delivery of key objective / service due to lack of staff. Loss of key staff. No staff attending mandatory training | Non delivery of key objective / service due to lack of staff. Loss of several key staff. No staff attending mandatory training on an ongoing basis |
| F Finance & Claims | Small loss < £1000 Risk of claim remote | Loss more than 0.1% of budget £1000 - < £10K Claim < £10,000 | Loss more than 0.25% of budget £10K - < £100K Claims between £10-100,000 | Loss more than 0.5% of budget £100K - <£500K Claims between £100,000-£1million | Loss of > 1% of budget Loss of contract/PbR Claim(s) >£1million |
| G Inspection / Audit | No or minimal impact or breach of guidance/statutory duty | Breach of statutory duty Reduced performance rating if unresolved | Single breach in statutory duty Challenging external recommendations/ improvement notice | Enforcement Action. Low performance rating Critical report. Multiple breaches in statutory duty Improvement Notice | Multiple breaches Prosecution Zero performance Rating Severely critical report |
| H Adverse Publicity / Reputation | Rumours Potential for public concern | Local media coverage Short term reduction in public concern Elements of public expectation not being met | Local media coverage Long term reduction in public confidence | National Media coverage < than 3 days Service well below reasonable public expectation | National media coverage > 3 days. MP Concern (Questions in House) Total loss of public confidence |
| Record Domains and Consequences as appropriate e.g. A1, B4, H3 | | | B2 | | |
| Likelihood Score: | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| Descriptor | Rare | Unlikely | Possible | Likely | Almost Certain |
| FREQUENCY Broad descriptors | This will probably never happen/recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |
| FREQUENCY Time Related | Not expected to occur for years | Expected to occur at least annually | Expected to occur monthly | Expected to occur at least weekly | Expected to occur at least daily |
| PROBABILITY Time limited or one off projects | Will only occur in exceptional circumstances | Unlikely | Possible | Likely | Almost certain |
| | <0.1 per cent | 0.1 – 1 per cent | 1 – 10 per cent | 10 – 50 per cent | >50 per cent |

| | |
|---|-----|
| Record the frequency / probability score: | 2 |
| Risk Score: | 4 |
| Risk Grading: | Low |

| | | Impact | | | | |
|--|---|--------|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| L i k e l i h o o d | 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 |

Level at which the Risk will be managed

| Risk Banding | Scores | Remedial Action | Decision to accept risk | Risk Register Level |
|--------------|--------|---------------------|-------------------------|---------------------|
| Red | 15-25 | Director | RMC/TME/Trust Board | Division/Corporate |
| Yellow | 8-12 | Div. Governance Mgr | Divisional Nurse | CAU/Division |
| Green | 1-6 | Ward Manager | Ward/Department Manager | CAU |

| RISK LEVEL | TIMESCALE FOR ACTION | TIMESCALE FOR REVIEW |
|------------------------|------------------------------------|---------------------------------|
| Red (15-25) – High | Action immediately | Review within 1 month |
| Yellow (8-12) – Medium | Action within 1 month | Review within 3 months |
| Green (1-6) – Low | Action within 3 months/accept risk | Review controls within 6 months |

Section 5: Proposed Risk Reduction Action Plan

| Action | Revised Risk Score | Lead Person & Target Date |
|--|--------------------|---|
| 1 Put in place measures to control the risks which will remove them altogether or reduce them to the lowest possible level | | Head of Volunteering |
| 2 The volunteer must inform the Trust of their medical conditions or special needs prior to the placement. | | Volunteer |
| 3 Draw up a role description for Trauma Ward Active Response role in conjunction with the Head of Volunteering and relevant department heads or committees e.g. Safeguarding, Trauma Ward Managers | | Volunteer Co-ordinator/ Head of Volunteering |

Section 6: Action Plan Agreement

Risk Rating**Low**

Amber & Red risks must be escalated to a senior manager who will take responsibility for further escalation.

CAU validation and agreement of proposed action plan

Amber & red risks will require this

Divisional validation and agreement of proposed action plan

Amber and red risks will require this

N/A

N/A

N/A

Further management action required by CAU or Division:

| Action | | Lead | Target Date |
|--------|--|----------------------|-------------|
| 7 | N/A | | |
| 8 | Volunteer identification badges should access only access the ward or area the volunteer is expected to by volunteering | Head of Volunteering | O |

Section 7: Reviews

| | | | |
|-----------------------------------|---------------------------|---------------------------|---------------------------|
| Planned Review Date: | REVIEW 1 October, 2022 | REVIEW 2 October, 2023 | REVIEW 3 October, 2024 |
| Actual Review Date: | | | |
| Reassessed Risk Score: | | | |
| Comments: | | | |
| Name of person reviewing actions: | | | |

Please send a copy of this risk assessment form to your Divisional Governance Team so that it can be added, where necessary, to the Divisional risk register

If further help or guidance is required please contact your Divisional Governance Team or the Patient Safety Team on 18 4180