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Risk assessment number		**Conducted by**	Deputy Chief Nurse	**Date**	23.10.19
Brief description of job/activity/objective being assessed	Nurse staffing levels				
Site	All	**Location**	Trust wide		

Step 1: Identify the hazards ***(Using bullet points write down here the potential hazards)***

Sickness
Vacancies
Low fill rates
High acuity/ dependency
Increased requirement for enhanced care
High demand – volume of attendances (assessment areas) / turnover

Poor quality rosters

Lack of understanding of how to complete of acuity tool (misrepresenting the actual acuity / dependency position)
Inaccurate completion of daily staffing tool, regarding not inputting correct numbers of staff.

Source		**Category**	

Step 2: Decide who might be harmed and how (*For each hazard you need to be clear about who might be harmed; it doesn't mean listing everyone by name, but rather identifying groups of people e.g. patients, nursing staff, porters, secretaries etc. and how they may be harmed)*

1. **Sickness/ vacancies/low fill rate/high acuity/dependency/ increased requirement for enhanced care/ poor quality rosters: all have an impact on staff due to the potential to be moved, as well as working on wards where staffing is less than the planned number, resulting in dissatisfaction, poor morale, decreased staff wellbeing.**
2. **Lack of understanding of how to complete tool/ inaccurate completion of staffing tool meaning that decisions may be made based on flawed information: this could mean that staff are moved from an area inappropriately which could result in increased pressure and stress on the ward sending the staff to another area.**

Step 3: Evaluate the risk and decide on the existing precautions and decide if there is a need for further precautions. ***(Having spotted the hazards, you then have to decide what to do about them. Listing existing control measures here or note where the information can be found e.g. existing policies, procedures, work etc.)***

There is a risk that staff will have a poor experience (leading to reduced health and wellbeing, reduced retention rates, reduced performance and increased risk of errors) due to reduced staffing levels and the need to move staff.

Existing control measures	**Risk matrix**

Daily staffing huddles to review actual v planned staffing against acuity levels on each area. **Use of professional judgement to supplement the information from SafeCare.** **Use of temporary staffing (bank / agency) where available to cover gaps in staffing rotas.** **Newsletter for staff to provide an update on all measures being taken to improved staffing, which included an "etiquette for staff being moved"** **Recruitment and retention plan in place and the Trust is now a member of the NHSI cohort 5 recruitment and retention collaborative.**

Risk rating taking into account existing controls							
Likelihood	**3**	**X**	**Impact**	**3**	**=**	**Risk rating**	**9**
Rationale							
Staff movement occurs on a daily basis. We have anecdotal evidence that staffing moves are having an impact on morale, evidenced by increased sickness and staff refusing to move, or expressing concern about being moved. Datix being completed by ward staff in relation to this.							
Target risk rating							
Likelihood	**2**	**x**	**Impact**	**2**	**=**	**Risk rating**	**4**
Rationale							

Table 3 – Impact / Severity							
	Catastrophic	5	**5**	**10**	**15**	**20**	**25**
	Major	4	**4**	**8**	**12**	**16**	**20**
	Moderate	3	**3**	**6**	**9**	**12**	**15**
	Low	2	**2**	**4**	**6**	**8**	**10**
	Negligible	1	**1**	**2**	**3**	**4**	**5**
Risk = Table 2 - Likelihood x Table 3 - Impact			1	2	3	4	5
			Extremely Unlikely	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
			Table 2 – Likelihood / Probability				

Table 2 – Likelihood / Probability				
1	Extremely Unlikely	Less than 20%	Once every two years or more	Rare / Low
2	Unlikely	20% to 39%	Once a year	Unlikely / Low to Medium
3	Possible	40% to 59%	Once a Month	Possible / Medium
4	Likely	60% to 79%	Once a Week	Likely / Medium to High
5	Almost Certain	80% or more	Once a Day or more	Almost Certain / High

Table 3 – Impact / Severity			
1	Negligible	No / Minor Injury / Minimal loss / No time off work	Low
2	Low	Minor Injury / Some loss / 7 or Less days off / Some Damage	Low to Medium
3	Moderate	Injury / 7 or more days off / Damage / Loss / RIDDOR Incident	Medium
4	Major	Long term injury / irreversible injury / serious damage or loss / RIDDOR Incident	Medium to High
5	Catastrophic	One or more fatalities / irreversible injury / substantial damage or loss / RIDDOR Incident	High

Step 5: Risk reduction action plan *(Please list here what additional control measures are needed to reduce the risk to an acceptable level. You only need to complete this section when additional control measures are required)*

Risk assessment number		**Brief description**		**Date**	
Additional control measures required to reduce the risk to the lowest possible level:			**Action owner/designation**	**Timescale**	
Additional training for managers on management of sickness/ absence.			Karen Dawber	End November 2019	
Additional training for ward staff on how to complete the SafeCare tool			Jo Hilton	End November 2019	
Review the mechanisms for praising staff who do move			Tracy Campbell	End November 2019	
Promote confidence of staff being asked to move to be empowered to say to the receiving ward when there are skills/aspects of care that they are not confident / competent to perform.			Matrons	End of October 2019	
Further work to promote the “etiquette for staff moves” to ensure that staff are made to feel welcome and valued by the receiving ward/department when they move.			Matrons	End of October 2019	
Undertake survey of staff who have been moved to identify any further issues that need to be addressed to make this process a better experience for staff.			Matron Sam Dawe	December 2019	
Consider alternate approach to booking agency staff, i.e. for a CBU rather than a specific ward, to reduce the problem caused when agency staff refuse to move.			Katie Whitrick (urgent care) and Jo Stedman (General Surgery)	End November 2019	
Implement any additional measures identified as part of the NHSI improvement collaborative.			Jo Hilton	End January 2020	

Residual risk

Anticipated residual risk rating ***(Re-score your assessment based on the proposed additional control measures being implemented. This proposed / anticipated residual risk score will provide an indication of the potential / anticipated risk reduction that is likely)***								**Date added to risk register***	**Yes**
								Date submitted to Risk.Assessments@bthft.nhs.uk	**29.10.19**
								Date initial review required	**24.10.2019**
Likelihood	**2**	**X**	**Impact**	**2**	**=**	**Residual risk rating**	**4**		

Decision to accept residual risk

Designation	**Deputy Chief Nurse**	**Name**	**Sally Scales**

Risk reduction action guide							
Risk Rating			Action Level	*Risk register	Action time scale	Remedial Action Owner	Decision to Accept Risk
Green	Low	1 to 3	Observations	No	12 months or more	Ward / Department Manager	Ward / Departmental Management
Yellow	Moderate	4 to 6	Recommendations / Continuous Improvement	Yes	6 to 12 months	Care Group / Department Manager	Departmental Management
Orange	High	8 to 12	Further Additional Controls / Process, Task, Activity Review / **Escalation**	Yes	2 weeks to 6 months	Divisional Manager	Divisional Management
Red	Extreme	15 to 25	Major Review / **Escalation** / Prohibit	Yes	Immediate to 2 weeks	Executive Director	Executive Director via IG&R /Board