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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 <i>(Using bullet points write down here the potential hazards)</i>					
<p>Sickness Vacancies Low fill rates High acuity/ dependency Increased requirement for enhanced care High demand – volume of attendances (assessment areas) / turnover</p> <p>Poor quality rosters</p> <p>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.</p>					
Source		Category			
Step 2: Decide who might be harmed and how <i>(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)</i>					
<ol style="list-style-type: none"> 1. Sickness/ vacancies/low fill rate/high acuity/dependency/ increased requirement for enhanced care/ poor quality roster: Potential impact on patients in terms of the quality of care they receive due to lower number of staff than planned or an inappropriate skill mix of staff who may be unable to meet the needs of the patient group in a timely manner, or may mean a reduced number of beds which in turn could mean a reduction in patient flow. 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 patients on the ward sending the staff to another ward. 					
Step 3: Evaluate the risk and decide on the existing precautions and decide if there is a need for further precautions. <i>(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.)</i>					
There is a risk that reduced staffing levels will have a negative impact on patient experience of care and outcomes (e.g. patient safety, patient outcomes and patient experience).					

Existing control measures							Risk matrix										
<p>Twice yearly staffing establishment review in place to agree appropriate planned staffing levels based on SafeCare data, professional judgement and review of nursing quality metrics (in line with national guidance)</p> <p>Daily Staffing huddles to review actual v planned staffing against acuity levels on each area, in conjunction with professional judgement.</p> <p>Individual ward areas to amend off duty to cover gaps where possible.</p> <p>Use of temporary staffing (bank / agency) where available to cover gaps in staffing rotas.</p> <p>Consider skill mix, and whether gaps need to be covered like for like or whether they can be covered by another grade of staff.</p> <p>Matron cover evenings and weekends in addition to clinical site team.</p> <p>Redeployment of staff where unable cover with other measures.</p> <p>Consider bed closures where no mitigation can be put in place.</p>							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 rating taking into account existing controls							Risk = Table 2 - Likelihood x Table 3 - Impact										
Likelihood	5	X	Impact	2	=	Risk rating											10
Rationale																	
The current mitigation is comprehensive, but gaps remain in terms of vacancies / sickness and other leave, which means that considerable time is being taken by Sisters/ matrons and clinical site team to ensure staff staffing levels are maintained.							Table 2 – Likelihood / Probability										
Target risk rating																	
Likelihood	5	x	Impact	1	=	Risk rating											6
Rationale																	

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

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	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

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 <i>(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)</i>											
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		
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 refusing to move.								Katie Whitrick (urgent care) and Jo Stedman (General Surgery)	End November 2019		
Ensure rosters are approved and published in a timely manner and are in line with best practice guidance (appropriate skill mix across the week)								Associate Directors of Nursing	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 <i>(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)</i>								Date added to risk register*	Yes		
								Date submitted to Risk.Assessments@bthft.nhs.uk	209.10.2019		
								Date initial review required	23.10.2019		
Likelihood	4	X	Impact	2	=	Residual risk rating	= 8				
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