**Operational & Strategic Risk Articulation Tool v4**

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| **Risk Owner** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) |  | |
| Division |  | |
| Specialty |  | |
| Team/Dept. |  | |
| Risk Owner |  | |
| Author (if different) |  | |
|  |  | |
| **Datix ID** | |  |

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| **Risk Title [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** *(hover mouse over ‘?’ for tips)* | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |
| R | | | If patients engage in physical activity sessions led by volunteers, then they may be at risk of medical illness or injury, resulting in harm. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What is the potential event [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** | | | | | |  | | | | | | | | | | | |  | |  | | | | | | | | | |  | | | | | | | | |
| P | | Medical illness, falls | | | | | | | | | | | | | | | | | | | | | | |  |  | | | |  | | | | | | | | | | |  |
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| **What are the Causes / Triggers [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** | | | | | **Controls In Place [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** | | | | | | | | | | | **Controls Adequate?** | **Likelihood** | | | |  | | | | | | | | |  | | | | | | | | | | | | | **What are the Effects [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** | | | **Controls in Place [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1)** | | | | | **Impact Domain** | | **Controls Adequate?** | **Consequence** | |
| T1 | | Participation in exercise causes patient to become medically unwell. | | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients observations will be checked prior to commencing the activity, and during/ after activity if required. * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently * Once the patient has been deemed to be safe independently, the volunteer will support by encouraging and motivating the patient to use the exercises. * Volunteer will be given an induction video to the exercises, and go through a local competency process, to ensure that they are able to recognise medical changes, and complete the programme safely. | | | | | | | | | | | Yes | Possible (3) | | | |  | |  | | | | | | |  | | | | | | | |  | | | | | E1 | Patient becomes systemically unwell | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients observations to be checked prior to the activity, and during and after if indicated.. * Volunteer will be given an induction to the exercises, and go through a local competency process, to ensure that they are able to recognise medical changes, and complete the programme safely. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Minor (1) | | |
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| T2 | | Participation in exercise causes patient to injure or hurt themselves. | | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently * Once the patient has been deemed to be safe independently, the volunteer will support by encouraging and motivating the patient to use the exercises * Anyone who sustains an injury will have an assessment by ward staff, and appropriate action taken * Volunteer will be given an induction video to the exercises, and go through a local competency process, to ensure that they are able to recognise injury or pain, and complete the programme safely. | | | | | | | | | | | Yes | Possible (3) | | | |  | |  | | | | | | |  | | | | | | | |  | | | | | E2 | Patient has a cardiovascular event | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients observations to be checked prior to the activity, and during and after if indicated.. * Volunteer will be given an induction to the exercises, and go through a local competency process, to ensure that they are able to recognise medical changes, and complete the programme safely. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Moderate (2) | | |
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| T3 | | Engagement in exercise causes patient to fall. | | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Exercises will be in bed/ seated * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently * Once the patient has been deemed to be safe independently, the volunteer will support by encouraging and motivating the patient to use the exercises. * Volunteer will be given an induction video to the exercises, and go through a local competency process, to ensure that they are able to complete the programme safely. * Anyone who sustains an injury will have an assessment by ward staff, and appropriate action taken | | | | | | | | | | | Yes | Possible (3) | | | |  | |  | | | | | | |  | | | | | | | |  | | | | | E3 | Patient has a Vasovagal event | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients observations to be checked prior to the activity, and during and after if indicated.. * Volunteer will be given an induction to the exercises, and go through a local competency process, to ensure that they are able to recognise medical changes, and complete the programme safely. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Moderate (2) | | |
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| T4 | |  | | |  | | | | | | | | | | | Select... | Select... | | | |  | |  | | | | | | |  | | | | | | | |  | | | | | E4 | Patient sustains a musculoskeletal injury from the exercises, or exercise causes or exacerbates pain | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently. * Once the patient has been deemed to be safe independently, the volunteer will support by encouraging and motivating the patient to use the exercises. * Patients will be advised to work within their pain limits- to go to the point just before pain but not beyond it. * Patients reporting pain will be offered analgesia. * Volunteer will have been given an induction to the exercises, and completed a local competency process, to ensure that they are able to recognise pain, and complete the programme safely. * Anyone who sustains an injury or reports pain will have an assessment by ward staff, and appropriate action taken. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Moderate (2) | | |
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| T5 | |  | | |  | | | | | | | | | | | Select... | Select... | | | |  | |  | | | | | |  | | | |  | | | | | E5 | Patient sustains musculoskeletal injury from a fall | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Exercises will be seated/ in bed. * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently. * Volunteer will have had an induction video, and local competency, to advise them to seek support if patient slips in chair or becomes uncomfortable in bed during exercises. * Volunteer will have an induction, and will have been deemed competent, to ensure that obstructions and environmental fall hazards are removed before activity. * Anyone who falls will have an assessment by ward staff, and appropriate action taken. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Moderate (2) | | |
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| T6 | |  | | |  | | | | | | | | | | | Select... | Select... | | | |  | |  | | | | | |  | | | |  | | | | | E6 | Patient suffers head injury from a fall | | * All patients seen by the volunteer will first be assessed by a member of the ward team. * Staff will refer to the inclusion/exclusion criteria (see below) for each patient * Patients will have been previously supervised throughout the exercises by a member of the physiotherapy or ward team, and deemed to be safe to complete them independently. * Exercises will be seated/ in bed. * Volunteer will have an induction, and will have been deemed competent, to ensure that obstructions and environmental fall hazards are removed before activity. * Volunteer will have an induction, and will have been deemed competent, to ensure that obstructions and environmental fall hazards are removed before activity. * Anyone who falls will have an assessment by ward staff, and appropriate action taken. * Volunteer to escalate any issues to ward staff. | | | | | Harm | | Yes | Moderate (2) | | |
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| T7 | |  | | |  | | | | | | | | | | | Select... | Select... | | | |  | |  | | | | | | | | | | | | | | |  | | | | | E7 |  | |  | | | | | Select... | | Select... | Select... | | |
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| T8 | |  | | |  | | | | | | | | | | | Select... | Select... | | | |  | |  | | | | | | | | | | | | | | |  | | | | | E8 |  | |  | | | | | Select... | | Select... | Select... | | |
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|  |  | | | | | |  |  | |  |  |  |  |  | | |  | | | |  | |  | | | | | | | | | | | | | | |  | | | | |  | [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) **Current Risk Score & As Of Date**  **(With all current Controls & Date of last review/Update)** | | | | | | | | | **DD/MM/YYYY** | **Select...** | | |
|  |  | | |  | | |  | |  |  |  |  |  | |  | |  | | | |  | |  | | | | | | | | | | | | | | |  | | | | |  | [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) **Next Review Due** | | | | | | | | | DD/MM/YYYY |  | | |
|  |  | | | |  |  |  |  | | --- | --- | --- | --- | | **Gaps in Controls** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | |  | **Cause / Effect** | | G1 | Training plan for HCAs and volunteers needed | | T1 | | G2 | Competency plan for volunteers needed | | T1 | | G3 |  | | ... | | G4 |  | | ... | | G5 |  | | ... | | G6 |  | | ... | | G7 |  | | ... | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |  | | | | | **Actions** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | | **Lead** | | | **Control Gap Impacted** | | **Status** | | **Due/Done** | | **Revised Score** | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A1 | Gain approval from specialty team |  | | |  | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A2 | Ensure volunteers have received training video |  | | | G1 | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A3 | Ensure volunteers have access to keeping moving sheet |  | | | G1 | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | | |  | | | |  | | | |  | | |  |  | | | | | | | A4 | Ensure volunteers have watched videos of how to complete exercises via QR codes |  | | | G1 | | Select... | | DD/MM/YYYY | | Select... | | |
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|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A5 | Ensure competency is completed for volunteers |  | | | G2 | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A6 |  |  | | |  | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A7 |  |  | | |  | | Select... | | DD/MM/YYYY | | Select... | | |
|  |  | | |  | |  | | | | | | | | | | | | | | |  | | | | | A8 |  |  | | |  | | Select... | | DD/MM/YYYY | | Select... | | |
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|  |  | | |  | | | | | | | | | | | | |  | | | |  | |  | | | | | | | | | | | | | | |  | | | | |  | **If post action risk score is above the Trusts Risk Appetite, what is the rationale?** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) |  | | | | | | | | | | | |

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| **Supporting Information** *(Provides context to the how it relates to the objective, what/why regarding the activity, and/or supporting evidence/analysis to substantiate the risk)* | | | | |
| **Case of Need**  Physical deconditioning while an inpatient can increase length of hospital stay, and increase risk of pulmonary embolism (Cortes et al, 2019).  Physical activity is recommended every day, for all of us. (PHE, 2014). Those who are the most inactive have the most benefits to gain by engaging in physical activity (DHSC, 2019). The benefits of physical activity outweigh the risks for those with long term conditions (Reid et al, 2022).  Physical activity helps mood, and participation within daily life, and leads to health benefits, such as improved circulation (WHO, 2020).  In order to minimise the risks of physical conditioning, we propose individual exercise sessions, frequency to be agreed individually, which will be supported by simple patient information on the ward. We hope that patients will come to see the benefits of physical activity, and continue to engage in this post discharge.  **Challenges**  The COVID-19 pandemic has left us with a challenging situation in being able to deliver exercise safely. With the actions taken as outlined above, we believe we can substantially reduce the risk that this may pose to patients.  Inclusion Criteria:   * Medically stable: confirmed by observations prior to intervention * Patient’s doctor confirms they are happy for their patient to participate * Negative COVID-19 PCR test or patient that has been stepped down from COVID-19 precautions from infection control * Euthymic mood * Able to follow instruction (including physical demonstration)   Exclusion Criteria:   * Unstable angina * Systolic blood pressure ≥180mmHg or ≤90mmHg and/or diastolic blood pressure ≥100mmHg or ≤60mmHg * Resting tachycardia > 100bpm * Uncontrolled atrial or ventricular arrhythmias * Unstable or acute heart failure * Unstable diabetes * Febrile illness * Other metabolic conditions, such as acute thyroiditis, hypokalaemia, hyperkalaemia or hypovolaemia (until adequately treated) * Severe orthopaedic conditions that would prohibit exercise. * Positive Covid -19 PCR * Patient immune compromised and receiving reversed barrier nursing care   (Adapted from: ACPICR (2015)  Additional Exclusion Criteria:   * Patient unable to follow instructions * Patient agitated * Patient aggressive, verbally or physically, to others * Patient at end of life     What will the class require?   * 1 X Volunteer - Providing motivation, encouragement. * Armchair by bed if sitting out for exercise.   What would the Physical Activity Session Look Like?  Ward and Therapy staff (where open via previous referrals), will complete the sessions with patients, to ensure that patients can follow the sheets safely. Staff will provide the patient information, which details why moving is important, simple exercises to follow independently.  Ward staff will complete pre session checks: to assess safety to participate, and complete patient observations  If the above is satisfactory, the volunteer will complete the following with the patient:  5 minute warm up: gentle activity to increase heart rate  10-15 minutes bed or seated exercises, including body weight movements, stretches, aerobic movement  5 minutes cool down  Patients will be encouraged to continue the programme independently.  **References:**   * Association of Chartered Physiotherapists in Cardiac Rehab (2015) *“ACPICRSTANDARDS*” [ACPICRStandards.pdf](https://www.acpicr.com/data/Page_Downloads/ACPICRStandards.pdf) Accessed 1/4/2022 * Cortes, Delgado, Esparza, ( 2019).*Systematic review and meta-analysis of experimental studies: In-hospital mobilization for patients admitted for medical treatment.* Journal of Advanced Nursing 75:1823–37 * Department of Health and Social Care. (2019). *UK Chief Medical Officers’ Physical Activity Guidelines*. [www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report](http://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers-report). Accessed 03/03/21. * Public Health England. (2014). *Everybody Active, Every Day: An Evidence-Based Approach to Physical Activity*. [www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life](http://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life). Accessed 03/03/21. * Reid H, Ridout AJ, Tomaz SA on behalf of the Physical Activity Risk Consensus group*, et al* (2022) *Benefits outweigh the risks: a consensus statement on the risks of physical activity for people living with long-term conditions* British Journal of Sports Medicine*;* **56:**427-438 * World Health Organisation. (2020). *Physical Activity*. [www.who.int/news-room/fact-sheets/detail/physical-activity](http://www.who.int/news-room/fact-sheets/detail/physical-activity). Accessed 03/03/21. | | | | |
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| **Trust Strategic Objectives & Enablers Affected** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | |  | **Local Objectives Affected** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | |
| Objectives:  Our Patients  Our People  Our Population Health Outcomes | Enablers:  Our Places  Our Performance  Our Potential |  |  | This exercise session supports the active hospitals agenda and the NHS-long term plan supporting prevention and rehabilitation to ensure healthier lifestyles and recovery from illness. Additionally by improving health and fitness earlier discharge will be supported |
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**Primary Objective / Enabler Affected:** Our Patients

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| **Actions for assurance** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | | **Lead** | **Assurance Gap Impacted** | **Status** | **Due/Done** |
| AA1 | All ward staff and volunteers to be given basic training video on inclusion/ exclusion criteria, managing risk, and how to support patients with exercises. |  | T1 | Select... | DD/MM/YYYY |
| AA2 | All volunteers to be taken through competency process. |  | T1 | Select... | DD/MM/YYYY |
| AA3 |  |  |  | Select... | DD/MM/YYYY |
| AA4 |  |  |  | Select... | DD/MM/YYYY |
| AA5 |  |  |  | Select... | DD/MM/YYYY |
| AA6 |  |  |  | Select... | DD/MM/YYYY |
| AA7 |  |  |  | Select... | DD/MM/YYYY |
| AA8 |  |  |  | Select... | DD/MM/YYYY |

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| **Gaps in Assurance** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | | **Cause / Effect / Event** | |
| AG1 | Training and competency process needed | | T1 |
| AG2 |  | | ... |
| AG3 |  | | ... |
| AG4 |  | | ... |
| AG5 |  | | ... |
| AG6 |  | | ... |
| AG7 |  | | ... |
| AG8 |  | | ... |

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| **Assurances** [C:\Users\gavin.carter\Downloads\icons8-help-48.png](#BKM1) | | **Cause / Effect / Event** | | **Assurance Level** |
| AS1 | All staff and volunteers delivering the sessions trained in how to support patients to complete exercises | | T1 | Fully Confident |
| AS2 | All staff and volunteers trained in the inclusion and exclusion criteria, and how to manage risks | | T1 | Fully Confident |
| AS3 | All staff and volunteers aware of when to stop exercising in the event of an injury or medical event and know to refer to qualified member of staff for an assessment | | T1 | Fully Confident |
| AS4 |  | | ... | Select... |
| AS5 |  | | ... | Select... |
| AS6 |  | | ... | Select... |
| AS7 |  | | ... | Select... |
| AS8 |  | | ... | Select... |
|  |  | |  |  |
|  | **Overall Assurance Level .** | | | **Fully Confident** |

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| **Stage of Risk** |  |
| **Current Stage of Risk** Management | **Risk Under Development** |

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| **Approval** |  |  |  |  | **Governance** |  |
| Approval Level Required | Select... |  |  |  | Monitoring Committee |  |
| Approval Status | **Select...** |  |  |  |  |  |
|  | Approving Committee |  | Date of Approval |  | **Approval / Review Outcome** |  |
| Specialty Level |  |  | DD/MM/YYYY |  | Controls are | Select.. |
| Division Level |  |  | DD/MM/YYYY |  | Action Type | Select... |
| Trust Level |  |  | DD/MM/YYYY |  | Action Type rationale |  |
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| **Consequence** |  | |  |  | |  | |  |  | **Likelihood** | | | |  | **Anatomy** |  | |  |
| *Impact Domain* | 1 Minor | | 2 Moderate | 3 Serious | | 4 Major | | 5 Catastrophic |  | 1 Rare | | Expected to occur no more than once a decade  In fewer than 1% individual pt episodes  May occur in very exceptional circumstances | | cid:image001.png@01D56967.E1939070 |  |  | |  |
| Degree of Harm  *(To Patients, Staff, Visitors, or Public)* | Minor injury not requiring first aid or no apparent injury / adverse outcome, Near Miss. | | Temporary Minor Injury / Illness / Effect. First aid treatment needed, referral to A&E / OH / GP | Semi-permanent Injury, Over 3 day reportable injury. RIDDOR / Agency reportable | | Major injuries, or long term incapacity / disability, Major Specified Injury (RIDDOR) | | Death or major permanent incapacity |  |  |  |  | |  |
|  | 2 Unlikely | | Expected to occur every 5 years  In 1-4% individual pt episodes  May occur in exceptional circumstances | |  |  |  | |  |
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| Service Delivery, Business interruption, Projects | Negligible impact, brief loss / interruption > 1 hour of service.  Insignificant cost increase / schedule slippage. <1%) | | Local only. Some loss / interruption delays in service provision (> 8 hours)  < 5% over budget / schedule slippage. | Critical Service loss / interruption, minor delays > 1 day.  5 -10% over budget / schedule slippage. | | Critical Service loss, major reduction in service > 1 week  10 - 25% over budget / schedule slippage. | | Total loss of Critical Service or facility.  >25% over budget/ schedule slippage. |  | 3 Possible | | Expected to occur annually  In 5-19% individual pt episodes  May occur in unusual circumstances | |  |  |  | |  |
|  |  |  |  | |  |
|  | 4 Likely | | Expected to occur monthly  In 20-49% individual pt episodes (operations, course of treatment, procedures, IP stay etc)  May occur in usual circumstances | |  | Adequacy of Controls | | | |
| Publicity, Reputation, Inspection, Audit, Enforcement | Local interest, rumours within Trust. Little effect upon staff morale.  Small number of minor recommendations, which focus on minor quality improvement issues.  Minor non-compliance with CQC | | Local adverse publicity, local media coverage, adverse publicity for < 3 days. Minor effect on staff morale/public attitudes.  Internal inquiry reported to local committee structure. Recommendations made which can be addressed by low-level management action.  Non-compliance with the Developmental requirements of the CQC | Local media coverage, adverse publicity for > 3 days. Significant effect on staff morale / public perception of organisation.  Internal inquiry reported to external agency.  Challenging recommendations that can be addressed with appropriate action plan.  Reduced rating.  Non-compliance with core requirements of the CQC | | National media coverage, adverse publicity for < 3 days. Regional inquiry. Severe effect on staff morale, public confidence in organisation undermined.  Enforcement action  Low rating / Critical report  Major non-compliance with core requirements of the CQC | | National/international media coverage with adverse publicity for > 3 days. Loss of key staff.  Public inquiry / MP Concerns raised in Parliament. Court enforcement.  Non-compliance with legal requirement, which may result in Prosecution, Zero rating.  Severely critical report |  |  | Uncontrolled | | There are no controls in place | |
|  | 5 Almost certain | | Expected to occur weekly (or more frequently)  In >50% individual patient episodes  Is typical of usual circumstances (or is the now most-likely outcome or is more likely to happen than not) | |  |
|  |  | Inadequate | | There are controls in place, however they are considered insufficient | |
|  | Use highest cause likelihood and highest effect consequence scores | | | |  |
| Patient Experience, Claims & Complaints, Outcomes | Verbal locally resolved Complaint. Reduced quality of patient experience not directly related to the delivery of patient care Small claims (up to £25,000) | | Justified formal Compliant. Unsatisfactory patient experience directly related to patient care- readily resolvable | Independent review. Mismanagement of patient care, short term effects (<1 week)  Justified complaint involving lack of appropriate care. Significant claim (up to £250,000) | | Ongoing National publicity. Regional inquiry. Ombudsman. Serious mismanagement of patient care, long term effects (>1week)  Multiple justified complaints. Multiple claims or single major claim (over £250,000). | | Full National Inquiry. Select Committee. Public Accounts Committee. Totally unsatisfactory patient outcome or experience |  | Likelihood X Consequence = Risk Score | | | |  | Adequate | | There are controls in place, and they are considered sufficient | |
|  | Score Current Likelihood and Consequence with affect of Controls | | | |  |
|  | **Risk Score** | **Risk Level** | | **Approval Level** |  |  | |  | |
| Objectives, Financial | Minor impact on Trust objective.  AND /OR  Barely noticeable reduction in scope or quality  AND /OR Small loss. | | Temporary non-compliance with Trust Key Tasks\*  AND /OR  Minor reduction in quality / scope  AND /OR  Loss > 0.1% of Trust budget | Temporary non- compliance with Trust Primary Objective\*  AND /OR  Reduction in scope or quality.  AND /OR  Loss > 0.25% of Trust budget | | Non-achievement of Trust’s Key Tasks\*  AND /OR  Loss > 0.5% of Trust budget | | Non -achievement of Trust Primary Objective(s)\*  AND /OR  Loss > 1% of Trust budget |  | 1 - 3 | Very Low Risk | | Local |  | **Action Type** | |  |  |
|  | 4 - 9 | Low Risk | | Specialty |  | Prevent | | To avoid doing the activity | |
|  | 10 - 14 | Moderate Risk | | Division |  | Transfer | | To move the responsibility | |
|  |  | |  |  | |  | |  |  | 15 - 19 | High Risk | | Trust |  | Treat | | To reduce the Risk Level | |
|  | 20 - 25 | Significant Risk | | Trust |  | Accept | | To accept event occurrence | |
| **Definitions** |  | |  |  | |  | |  |  |  |  |  | |  |  | |  |  |
| Cause / Trigger | | What can make the event happen | |  | Controls | | What is in place preventing the cause or lowering the impact | |  | Assurances | | What is in place that gives confidence in the controls effectiveness | |  | **Risk Appetite against the Primary Strategic Objectives / Enablers** | | | |
| Event | | What is the potential event? ‘What could happen’ | |  | Control Gaps | | What is not in place | |  | Gaps in Assurances | | What needs to be in place that gives confidence in the controls effectiveness | |  | Cautious  (4-6) | Our Patients  Our Places  Our Performance | | |
| Effect | | What consequences/impact the event results in | |  |  | |  | |  |  | |  | |  | Moderate  (8-12) | Our People  Our patients  Our Population Health Outcomes | | |