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# RISK ASSESSMENT MANAGEMENT FORM (RA2) MARCH 2021 (ver 2.0)

**NEW** - Newly redesigned risk assessment management form based on user feedback. Please provide comments, recommendations to the feedback section at the bottom of the form. Where possible your recommendations will be acted upon

## 5 Steps to Risk Assessment

Involve your staff in the process, they can help identify the risks, controls and help take ownership of the risks.

**Step 1:** Identify the hazards

**Step 2:** Decide who could be harmed

**Step 3:** Evaluate the risks and decide on precautions (control measures)

**Step 4:** Record your findings and implement them

**Step 5:** Review your assessment and update if necessary

## **Links to information and documents etc.**

[Click here to view the Orange Book can be used as a reference document. It sets out the the principles of risk management. UK Government website.](#)

[Click here to go to the Risk Management Intranet page.](#)

[Click here to view the Risk Assessment and Risk Register Guidance document](#)

[Click here to see the Risk Assessment Matrix Definitions](#)

### **Risk ID**

Risk ID (system) 1542  
Automatically generated by  
Datix

Strategic Risk ID number  
Assigned by Clinical  
Governance & Risk team

### **Risk Description**

**The risk of (hazard) because of (reason) causes/results in (outcome) to who or what e.g. the risk of tripping and falling due to un-even floors can cause injury to legs, arms and head etc. to all staff, patients, visitors etc.**

Risk Title Patient placement  
Max length 40 characters

Background/context  
Describe the issue and  
provide historical background  
and context on how the risk  
emerged prior to identifying  
risk categories

IF...(the cause of the risk)  
Start your statement with  
**'If'**... (see example in '?'  
icon)

Patient placement for individuals with a preferred gender identity

Then... (the event/incident)  
Start your statement with  
**'Then'**...(see example in '?'  
icon)

The risk is that we do not have full single room provision in our medical and surgical units which are mixed sex. This means that a patient with a preferred gender identity (with or without a GRC, which provides a legal status for the persons preferred gender identity) that is different from their biological sex may not be able to access a single sex room.

Resulting in...(the  
consequence)  
Start your statement with  
**'Resulting in'**... (see  
example in '?' icon)

Source of Risk

- COVID management
- COVID - phased recovery plans
- Governance or Assurance group
- Health and Safety Control Book / Risk Assessment
- Health and Safety Inspection
- HEI/HAI Inspection
- Patient Safety Conversations
- Statutory / Mandatory requirement
- Other

**Ownership of the Risk**

Risk Owner  
Overall responsibility for this  
risk.

Carolan, Kathleen - Director of Nursing & Acute Services

Risk Lead  
Responsible for managing  
the risk on a day-to-day  
basis

Carolan, Kathleen - Director of Nursing & Acute Services

Which corporate / strategic  
risk does this relate to  
(if applicable / relevant)

**Risk Register and Objectives**

This risk assessment to be  
included on the ... (which  
risk register)

**Corporate/Strategic  
Risks**

Strategic Risks will be  
managed by a Director .

**Organisational Risks**

Are risks which cross many  
Directorates and will be  
owned by a Director.

- Level 1 - Departmental Risk
- Level 2 - Directorate Risk
- Level 3 - Organisational
- Level 4 - Strategic Risk
- TEST - For Testing Only - TEST

**Directorate Risks**

Are risks which cross many departments/areas/functions within a specific Directorate.

**Departmental Risks**

Risks only applicable to a certain task/function/role within a specific area. It is managed by the departmental head

Risk Subtype	Other - Not Listed (Inform Clinical Governance and Risk Dept. T: 3365)
Risk - Theme	Operational
Objectives (Corporate) More than one can be selected	<input checked="" type="checkbox"/> 1- To continue to improve and protect the health of the people of Shetland. <input checked="" type="checkbox"/> 2- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient . <input checked="" type="checkbox"/> 3- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service. <input type="checkbox"/> 4- To provide best value for resources and deliver financial balance. <input type="checkbox"/> 5- To ensure sufficient organisational capacity and resilience.

**Controls (Pre 2021)**

\*\*\* PLEASE TRANSFER THIS TEXT TO THE CONTROLS SECTION BELOW \*\*\*

Controls / Precautions in place	If the situation arose that we could not offer a single sex room, then the next option for an emergency admission would be to close a single sex bay to enable the placement of the patient in a bay that matches their preferred gender identity. If that was not possible, because of the impact on being able to provide inpatient provision for other patients, then if the patient has a GRC we would consider placing them in a single sex bay that is in line with their legal status as a male or a female. If they did not have a GRC or it was not possible to identify that information because of the nature of the emergency admission, then we may place that patient in the bay which corresponds with their biological sex. Controls include the options for patient placement as outlined and the risk assessment, the staff equality and diversity training and staff guidance from NHS Grampian which provides our equality and diversity advice service.
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**Controls (mitigating the Risk)**

No values
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**Weaknesses or Gaps in Controls**

No values
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**Adequacy of controls and Risk Response**

Do you think the 'Current Controls' identified are sufficient to mitigate the risk to a 'tolerable' level

Adequate  
 Inadequate  
 No controls

How is Risk to be managed

See 'help - ?' for descriptions of 4T's

- Terminate
- Tolerate
- Transfer the risk
- Treat - plan to reduce level of risk

If **Treat** document the required actions to 'treat' and 'mitigate' the risk

**Actions Required to Improve Control**

No actions

**Risk Rating**

[Click here to see the Risk Assessment Matrix Definitions](#)

Initial risk rating  
The rating of the risk when it was initially identified and controls available at that time.

READ ONLY after risk has initially been entered

	Consequence (initial)				
Likelihood (initial)	Negligible	Minor	Moderate	Major	Extreme
Almost certain - Expected to occur frequently, more likely to occur than not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likely - Strong possibility that this could occur, likely to occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Possible - May occur occasionally, has happened before on occasions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unlikely - Not expected to happen, but definite potential exists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rare - Can't believe this event would happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rating (initial): 3			Risk level (initial):	
	Low risk				

Current risk rating  
Rating of the risk as it applies to the current documented controls

[Click here to see the Risk Assessment Matrix Definitions](#)

	Consequence (current)				
Likelihood (current)	Negligible	Minor	Moderate	Major	Extreme
Almost certain - Expected to occur	<input type="radio"/>				

<b>frequently, more likely to occur than not</b>					
<b>Likely - Strong possibility that this could occur, likely to occur</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Possible - May occur occasionally, has happened before on occasions</b>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Unlikely - Not expected to happen, but definite potential exists</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Rare - Can't believe this event would happen</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Rating (current):</b> <input type="text" value="9"/> <b>Risk level</b> <b>(current):</b> <input type="text" value="Medium Risk"/>					

Rationale for Current Score  
 Enter new updated rationale.  
 Each update will be added to the history and audit trail below

Target risk rating  
 Rating of the risk when 'Actions required to improve control' have been completed and embedded

[Click here to see the Risk Assessment Matrix Definitions](#)

	<b>Consequence (Target)</b>				
<b>Likelihood (Target)</b>	<b>Negligible</b>	<b>Minor</b>	<b>Moderate</b>	<b>Major</b>	<b>Extreme</b>
<b>Almost certain - Expected to occur frequently, more likely to occur than not</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Likely - Strong possibility that this could occur, likely to occur</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Possible - May occur occasionally, has happened before on occasions</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Unlikely - Not expected to happen, but</b>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>definite potential exists</b>					
<b>Rare - Can't believe this event would happen</b>	○	○	○	○	○
	<b>Rating (Target):</b> 6		<b>Risk level (Target):</b> Medium Risk		

**Risk Appetite**

- Risk Appetite
- None
  - 0 - Avoid
  - 1 - Minimal
  - 2 - Cautious
  - 3 - Open
  - 4 - Seek
  - 5 - Mature

[Click here to open NHS Shetland's Risk Appetite Matrix](#)

Risk Appetite Rationale

**The location, department and service where risk is owned and / or managed**

Department Not Applicable  
 Select if the risk applies to a single department or is to be owned and managed by a single department

Directorate  
 Selected automatically if a 'Department' is selected above, otherwise select the appropriate Directorate if the risk is to be included on the Directorate risk register

Site Gilbert Bain Hospital  
 Select if the risk concerns a physical premise

Does this risk apply to all departments All clinical areas

**Key Dates**

**Determines whether risk is to remain open and active or to be closed from risk register**

**[Click here to view the Risk Assessment and Risk Register Guidance document. Go to section "Review your assessment and update if necessary"](#)**

When should this risk be reviewed again (dd/MM/yyyy) 01/02/2023

Risk register review guidance  
(to be attached)

**Very High** - review monthly  
**High** - review every 3 months  
**Medium** - review every 6 months  
**Low** - review yearly

When was this risk last reviewed  
Delete existing date and update when risk has been reviewed again

Is this risk to be closed and removed from the active risk registers  Yes  No

Date risk was accessed and saved Kathleen Carolan 23/02/2022 11:12:38  
This field shows the date when the risk was last saved and by whom

**Risk to be Presented to Department, Groups and / or Committees**

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Is this risk to be presented at departmental meeting and / or other groups and committees  
Select all that will be presented this risk

**Escalation / De-escalation / Remain on or to another risk register**

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Is this to be escalated, de-escalated or remain in current risk register  Remain in current risk register  
If this risk is to be escalated to either a Directorate or Strategic risk, contact your Director to discuss.  De-escalate to another risk register  Escalate to another risk register

**Reason for Change (including reasons for closing a risk)**

**All updates will be recorded with the staff members name as well as the date and time added. These updates will be used for reports for various groups, committees and the Board.**

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No progress notes.

**Feedback on the format and usability of the risk form**

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Was the Risk Management form easy to complete (1-Easy...6-Hard)

Please feedback how to improve this risk management form  
All feedback is reviewed and if possible your

recommendations will be implemented. We will inform you of the outcome.

**Is this risk linked to another record held in Datix**  
**For instance, does it feed into a strategic or directorate risk; or developed from an adverse event, complaint or concern?**

**No Linked Records.**

**Documents and Templates**

**No documents.**

**Communication and feedback**

**Recipients**

**Message**

Message history				
Date/Time	Sender	Recipient	Body of Message	Attachments
No messages				

**Contacts**

**No Contacts**

**Notifications (Automatic)**

Recipient Name	Recipient E-mail	Date/Time	Contact ID	Telephone Number	Job title
Dashboard,		23/02/2022 11:03:21	12537		Dashboard Admin
Hall, Malcolm	shet.datix@nhs.scot	23/02/2022 11:03:21	12300	3082	Clinical Governance & Risk Assistant
Watson, Edna Mary Miss	edna.watson@nhs.scot	23/02/2022 11:03:21	442	3377	Chief Nurse (Corporate)
Garside, Emma	Emma.Garside@nhs.scot	23/02/2022 11:03:21	9944		Clinical Governance and Risk Lead
Humphrey2, Andrew	andrew.humphrey@nhs.scot	23/02/2022 11:03:21	10208		DO NOT SELECT
Green, Lawrence	lawrence.green@nhs.scot	23/02/2022 11:03:21	18146		Health & Safety Lead
Carolan, Kathleen	Kathleen.Carolan@nhs.scot	23/02/2022 11:03:20	222	3188	Director of Nursing & Acute Services

**Reasons for Rejection - History**

**No records to display.**