

Physio London (Canary Wharf) Clinic during the Covid-19 pandemic										
Details		Impact on the health and safety of staff and patients who have contact with individuals who may be contagious with COVID-19			Name (person completing RA)			Clinical lead MSK NHS. MSK Private Operations Manager. Head of Administration		
Market area		MSK Private			Service/Site			Physio London (Canary Wharf)		
Date		22/06/20			Review date			04/07/20		
Terms		Likelihood (L) x Consequence (C) = Initial risk rating (IR). Following additional controls (L) x (C) = Residual Risk (RR)								
Risk level		Low 1 – 3		Moderate 4 – 6			High 8 - 12		Extreme 15 - 25	
Hazard (what could go wrong?)		Possible causes:	Existing controls	L	C	IR	Additional controls (gap analysis)	Date	RR	Accepted (Y/N)
Occupational exposure to COVID-19 in employees/ contractors/ with NO past medical history that is considered to be moderate or high risk. https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/		Direct exposure – Close proximity working with a patient (less than 2 meters)	Audit Clinical, admin & communal space monthly audits Hand washing monthly audit				Audit Clinical, admin & communal space and hand washing audit to be increased to twice weekly in the first 2 weeks of opening a clinic, moving to weekly if audit results are within appropriate level. Audits to be divided up between designated staff in accordance with area of the clinic and role of staff.	15/06/20		
1. Staff/contractor symptoms lead to isolation and 2 week period away from work		Patient who coughs/ sneezes in the proximity of a staff member who is COVID-19 positive	Full IPC audit - weekly	3	2	6			(2x2) 4	
2. Staff/contractor symptoms lead to hospital admission on general ward				2	3	6			(1x3) 3	
3. Staff symptoms lead to ICU admission				1	4	4			(1x4) 4	
4. Staff symptoms lead to death				1	5	5	Full IPC audit – Twice weekly in the first 2 weeks of opening a clinic, moving to weekly after. Clear feedback loop in place.		(1x5) 5	

<p>Occupational exposure to COVID-19 in employees WITH past medical history that is considered to be moderate risk. This includes pregnancy and ethnicity (BAME).</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/</p> <p>1) Staff/ contractor symptoms lead to isolation and 2 week period away from work</p> <p>2) Staff/ contractor symptoms lead to hospital admission on general ward</p> <p>3) Staff/ contractor symptoms lead to ICU admission</p> <p>4) Staff/contractor symptoms lead to death</p>	<p>In-direct exposure Staff member touches face after not following correct hand washing procedure/PPE use</p> <p>Staff member touches contaminated surface and then face after not following cleaning procedure correctly</p> <p>Staff not wearing PPE</p> <p>Cleaning procedures are not fit for purpose.</p>	<p>Staff learning, training and development</p> <p>Annual mandatory training Infection prevention and control</p> <p>Infection control policy and procedures</p> <p>Staff have access to PPE proportionate to the activity taking place</p> <p>Environmental cleaning in place</p> <p>Training and development:</p> <p>Intranet available with Covid-19 guidance.</p> <p>Wellness hub</p>	<p>3</p> <p>3</p> <p>2</p> <p>1</p>	<p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>6</p> <p>9</p> <p>8</p> <p>5</p>	<p>PPE Audit introduced. (Donning and doffing PPE To ensure correct techniques are used in Practice.) Twice weekly in the first 2 weeks of opening a clinic, moving to weekly after if audits demonstrate good compliance. Clear feedback loop in place for quick Resolution of any audit concerns to feed into GQRG's, GQRC.</p> <p>Training and development: Training to prepare staff for:</p> <p>Donning and doffing PPE (video from WHO). To include reception team for patient advice.</p> <p>Clinical, admin & communal space cleaning / disinfection procedures in line with IPC standards.</p> <p>IPC Policy reinforced to all staff. Refer to Operations Manual and Training checklist.</p> <p>COVID-19 guidance/new procedures reviewed and adopted by staff. Staff to challenge and raise IPC compliance standards consistently.</p> <p>COVID-19 secure poster displayed & adhered to.</p>		<p>(2x2) 4 (2x3) 6 (1x4) 4 (1x5) 5</p>	
<p>Occupational exposure to COVID-19 in employees WITH past medical history that is considered to be high risk.</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/</p> <p>1) Staff/ contractor symptoms lead to isolation and 2 week period away from work</p> <p>2) Staff/ contractor symptoms lead to hospital admission on general ward</p> <p>3) Staff/ contractor symptoms lead to ICU admission</p> <p>4) Staff / contractor symptoms lead to death</p>	<p>Cleaning equipment contaminates other areas of the clinic e.g. a contaminated mop head is re-used</p>	<p>Environmental cleaning in place</p> <p>Training and development:</p> <p>Intranet available with Covid-19 guidance.</p> <p>Wellness hub</p>	<p>3</p> <p>3</p> <p>3</p> <p>2</p>	<p>2</p> <p>3</p> <p>4</p> <p>5</p>	<p>6</p> <p>9</p> <p>12</p> <p>10</p>	<p>IPC Policy reinforced to all staff. Refer to Operations Manual and Training checklist.</p> <p>COVID-19 guidance/new procedures reviewed and adopted by staff. Staff to challenge and raise IPC compliance standards consistently.</p> <p>COVID-19 secure poster displayed & adhered to.</p>		<p>Risk mitigated with working from home or staff remain on Furlough</p>	

<p>Clinical exposure to COVID-19 in patients/ chaperones with NO past medical history that is considered to be moderate or high risk.</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/</p> <ol style="list-style-type: none"> 1. Patient/ chaperone symptoms lead to isolation and week period away from work 2. Patient/ chaperone symptoms lead to hospital admission on general ward 3. Patient/ carers symptoms lead to ICU admission 4. Patient/ carers symptoms lead to death 	<p>and therefore spreads the infection to other areas of the clinic</p> <p>Poor staff knowledge / awareness of COVID-19, IPC and PPE requirements</p> <p>Inadequate IPC policy and procedures for staff</p>					<p>Hand washing module on The knowledge (L&D platform).</p> <p>All staff must complete training prior to clinic reopening and record evidence in register.</p> <p>Limiting exposure to patients:</p> <p>Patient screening to ensure those at high risk are not invited in for face to face treatment.</p> <p>Patients screened pre-appointment by admin team using standardised screening proforma to stop patients attending with any COVID-19 related symptoms.</p> <p>Any chaperone/ family members required to attend an appointment with patients need to be screened for COVID-19 symptoms prior to attendance in clinic. (see ops manual).</p> <p>Should a high risk patient be deemed clinically appropriate for face to face treatment then the case needs to be discussed with another clinician to agree. This must be with team leader/ senior clinician.</p> <p>Should a shielding patient be advised they need face to face treatment then MSK Governance Lead to be informed to review and agree with clinical reasoning.</p> <p>Website/ appointment reminders reminding patients not to attend should they feel unwell.</p>		<p>2x2) 4 (1x3) 3 (1x4) 4 (1x5) 5</p>	
<p>Clinical exposure to COVID-19 in patients/ chaperones WITH past medical history that is considered to be moderate risk (clinically vulnerable). This includes pregnancy and ethnicity (BAME).</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/)</p> <ol style="list-style-type: none"> 1. Patient/ chaperone symptoms lead to isolation and week period away from work 2. Patient/ chaperone symptoms lead to hospital admission on general ward 	<p>IPC products and PPE unavailable at the point of care</p> <p>Governments social distancing and IPC guidance not followed</p>					<p>Should a high risk patient be deemed clinically appropriate for face to face treatment then the case needs to be discussed with another clinician to agree. This must be with team leader/ senior clinician.</p> <p>Should a shielding patient be advised they need face to face treatment then MSK Governance Lead to be informed to review and agree with clinical reasoning.</p> <p>Website/ appointment reminders reminding patients not to attend should they feel unwell.</p>		<p>(2x2) 4 (2x3) 6 (1x4) 4 (1x5) 5</p>	

<p>3. Patient/ chaperone symptoms lead to ICU admission</p> <p>4. Patient/ chaperone symptoms lead to death</p> <p>Clinical exposure to COVID-19 in patients/ chaperones WITH past medical history that is considered to be high risk (extremely clinically vuulnerable)</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/)</p> <p>1. Patient/ chaperone symptoms lead to isloation and week period away from work</p> <p>2. Patient/ chaperone symptoms lead to hospital admission on general ward</p> <p>3. Patient/ chaperone symptoms lead to ICU admission</p> <p>4. Patient/ chaperone symptoms lead to death</p>					<p>External & internal signage to encourage social distancing and hygiene measures.</p> <p>Limited number of patients attending the clinic each day to ensure social distancing, and adequate time for cleaning. (See SW19 site risk assessment).</p> <p>Payment taken over the phone to limit contact at clinic where possible.</p> <p>Screens at reception to protect reception staff</p> <p>PPE: (Policy) To include advice around regular changing of PPE in heat. PPE for all staff (gloves, apron, surgical mask (fluid resistant IIR)) for all patient encounters that are in close proximity (less than 2 meters)</p> <p>Enhanced PPE for procedures that may expose employee to bodily fluids i.e. injections, vomit, blood (gloves, apron, surgical mask, and eye protection such as a visor)</p> <p>Correct waste stream management with dedicated clinical waste storage and disposal with designated contractors.</p> <p>Patient issued face mask on arrival to be worn for the duration of their time in the clinic.</p> <p>Working arrangements</p>		<p>2x2) 4 (2x3) 6 (2x4) 8 (2 x5) 10</p> <p>Add to risk register</p>	
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				<p>Any staff identified as being in the high risk group (https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/) would be required to work from home where possible or remain on Furlough if no working from home alternative is possible.</p> <p>Modify positioning for manual therapy techniques – to avoid/ limit very close proximity to the patients face where possible. (<u>Link to MSK Private Assessment and Treatment where social distancing isn't possible.</u>)</p> <p>Reception area limited to admin staff only.Refer to Operations Manual.</p> <p>Individual desks & equipment (no hot desking) – including clinic keys.Refer to Operations Manual.</p> <p>Softphones installed on PC's with personal headsets.</p> <p>Reduce numbers of staff working together (fixed teams/partnering where able.)</p> <p>Staff Welfare:</p> <p>Limited access to kitchen area as per Operations Manual. 1 staff member per visit</p> <p>Designated staff toilet and shower facilities to be set up so that they are not shared with patients/visitors</p>			
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					<p>Remote working: Home working continued wherever possible.</p> <p>Signpost staff to the health and wellbeing forum on intranet. Refer to operations manual</p> <p>Staff with medical history considered to be moderate or high risk considered last to come back into clinic wherever possible.</p> <p>Any staff members with a shielding letter or with medical history considered high risk continue remote working only.</p> <p>Individual staff risk assessment in line with HR survey.</p>			

Risk Assessment

Risk Assessment Action Plan			
RA Action 1			
Title	Action details		Action description
Implement audit to assess cleanliness of clinical, admin and communal space	Start date	23/6/2020	<ul style="list-style-type: none"> Use operations manual to form audit of cleaning areas (clinical space, touch points, communal areas) to ensure effective cleaning is being actioned. Frequency of audit is twice weekly in the first 2 weeks of opening a clinic, moving to weekly when audit results are at desired level as desired by Health & Safety Officer. Ongoing audits to be divided up between designated staff in accordance with area of the clinic and role of staff. Meta-audit of the audits with Health & Safety Officer to lead and Clear feedback loop in place for quick Resolution of any audit concerns to feed into GQRG's, GQRC
	Due date	6/7/2020	
	Lead	Health and Safety Officer	
RA Action 2			
Title	Action details		Action description
Increased frequency of hand washing audit at clinic.	Start date	23/6/2020	<ul style="list-style-type: none"> Hand washing audit to be implemented twice weekly for weeks 6/7/2020 and 13/7/2020. Moving to weekly when audit results are at desired level as desired by Health & Safety Officer. Ongoing audits to be divided up between designated staff in accordance with area of the clinic and role of staff. Meta-audit of the audits with Health & Safety Officer to lead and Clear feedback loop in place for quick Resolution of any audit concerns to feed into GQRG's, GQRC
	Due date	6/7/2020	
	Lead	Health and Safety Officer	
RA Action 3			
Title	Action details		Action description
Increased frequency of full IPC audit at clinic.	Start date	23/06/2020	<ul style="list-style-type: none"> IPC audit to be implemented twice weekly for weeks 6/7/2020 and 13/7/2020. Moving to weekly when audit results are at desired level as desired by Health & Safety Officer. Ongoing audits to be divided up between designated staff in accordance with area of the clinic and role of staff. Meta-audit of the audits with Health & Safety Officer to lead and Clear feedback loop in place for quick Resolution of any audit concerns to feed into GQRG's, GQRC.
	Due date	6/7/2020	
	Lead	Health and Safety Officer	

RA Action 4			
Title	Action details		Action description
Implement audit to assess safe and effective donning and doffing of PPE.	Start date	23/06/2020	<ul style="list-style-type: none"> Use operations manual to form audit of safe and effective donning and doffing of PPE . Frequency of audit is twice weekly in the first 2 weeks of opening a clinic, moving to weekly when audit results are at desired level as desired by Health & Safety Officer. Ongoing audits to be divided up between designated staff in accordance with area of the clinic and role of staff. Meta-audit of the audits with Health & Safety Officer to lead and Clear feedback loop in place for quick Resolution of any audit concerns to feed into GQRG's, GQRC
	Due date	6/7/2020	
	Lead	Health and Safety Officer	
RA Action 5			
Title	Action details		Action description
Training for staff on Donning and doffing PPE.	Start date	23/6/2020	<ul style="list-style-type: none"> Training to include posters and video from World Health Organisation. To include reception team for patient advice. Refer to Operations Manual and Re-implemntation training check list for central resource and proof of completion of training. RA action 4 will provide feedback loop for quick resolution of any audit concerns to feed into GQRG's, GQRC.
	Due date	3/07/2020	
	Lead	Line Manager of site	
RA Action 6			
Title	Action details		Action description
Clinical, admin & communal space cleaning / disinfection procedudres in line with IPC standards.	Start date	23/6/2020	<ul style="list-style-type: none"> Refer to Operations Manual and T Re-implemntation training check list for central resource of requirements and proof of completion of training. RA action 4 will provide feedback loop for quick resolution of any audit concerns to feed into GQRG's, GQRC.
	Due date	3/07/2020	
	Lead	Line Manager of site	
RA Action 7			
Title	Action details		Action description
Covid secure poster displayed & adhered to in clinic.	Start date	23/6/2020	<ul style="list-style-type: none"> Print and display Covid secure poster
	Due date	3/07/2020	
	Lead	Facilities Manager	

RA Action 8			
Title	Action details		Action description
Hand washing module on The knowledge (L&D platform).	Start date	23/6/2020	<ul style="list-style-type: none"> • Sign post staff to knowledge to compete module • Check module completed with Training and Development Manager. • Record completion of module on Re-implemntation training check list
	Due date	3/07/2020	
	Lead	Line Manager of site	
RA Action 9			
Title	Action details		Action description
All staff must complete training prior to clinic reopening and record evidence in register.	Start date	23/6/2020	<ul style="list-style-type: none"> • Record completion of all training in Re-implemntation training check list. • Line manager to collect and sign off prior to return to clinic.
	Due date	30/07/2020	
	Lead	Line Manager of site	
RA Action 10			
Title	Action details		Action description
Patient screening to ensure those at high risk have a full understanding of risk if clinical benefit deemed appropriate for face to face treatment.	Start date	23/6/2020	<ul style="list-style-type: none"> • Patient screening to be completed by clinician in virtual physiotherapy session or in traige call. • Refer to Operations manual for training. • Record completion of all training in Re-implemntation training check list. • Line manager to collect and sign off prior to return to clinic.
	Due date	06/07/2020	
	Lead	Line Manager of site	
RA Action 11			
Title	Action details		Action description
Patients screened pre-appointment by admin team using standardised screening proforma to stop patients attending with any COVID related symptoms.	Start date	23/6/2020	<ul style="list-style-type: none"> • Patient screening for Covid-19 symptoms to be completed by admin team to ensure any symptomatic patients are prevented from attending the clinic. • Proforma created in PPS with screening questions with Yes/No answers. Only fully clear patients will be allowed to keep a booked appointment. • Refer to Operations manual for training. • Record completion of all training in Re-implemntation training check list. • Line manager to collect and sign off prior to return to clinic.
	Due date	06/07/2020	
	Lead	Admin Manager	

RA Action 12			
Title	Action details		Action description
Website/ appointment reminders reminding patients not to attend should they feel unwell.	Start date	23/6/2020	<ul style="list-style-type: none"> PPS appointment reminders to include information about not attending clinic if feeling unwell or develop Covid-19 symptoms. Website to display advice on not attending appointments in feeling unwell or displaying Covid-19 symptoms. Admin Manager to liaise with Marketing Manager to ensure website details are incorporated.
	Due date	06/07/2020	
	Lead	Admin Manager	
RA Action 13			
Title	Action details		Action description
External & internal signage to encourage social distancing and hygiene measures	Start date	23/6/2020	<ul style="list-style-type: none"> Appropriate signage resourced and identified by Governance team. Facilitates manager to implement signage into clinic in appropriate areas to facilitate staff and patient social distancing and hygiene.
	Due date	06/07/2020	
	Lead	Facilities Manager	
RA Action 14			
Title	Action details		Action description
Payment taken over the phone to limit contact at clinic where possible	Start date	23/6/2020	<ul style="list-style-type: none"> Refer to Operations manual for training. Record completion of all training in Re-implementation training check list. Line manager to collect and sign off prior to return to clinic.
	Due date	06/07/2020	
	Lead	Admin Manager	
RA Action 15			
Title	Action details		Action description
Screens at reception to protect reception staff	Start date	23/6/2020	<ul style="list-style-type: none"> Perspex screens to be installed at the clinic at reception to comply with social distancing measures. Facilities manager to source, order and install prior to clinic opening.
	Due date	03/07/2020	
	Lead	Facilities Manager	
RA Action 16			
Title	Action details		Action description
PPE Policy to be added to IPC	Start date	23/6/2020	<ul style="list-style-type: none"> PPE policy to be reviewed and added to IPC
	Due date	03/07/2020	

	Lead	IPC Lead	<ul style="list-style-type: none"> To instruct that PPE is required for all staff (gloves, apron, surgical mask (fluid resistant IIR)) for all patient encounters that are in close proximity (less than 2 meters). Enhanced PPE for procedures that may expose employee to bodily fluids i.e. injections, vomit, blood (gloves, apron, surgical mask, and eye protection such as a visor). Patient issued face mask on arrival to be worn for the duration of their time in the clinic. Link in with actions RA4 and RA5.
RA Action 17			
Title	Action details		Action description
Correct waste stream management with dedicated clinical waste storage and disposal with designated contractors.	Start date	23/6/2020	<ul style="list-style-type: none"> Clinical waste bins procured and installed in clinic. To include clinical rooms, toilet and reception area. Facilities manager to oversee safe storage of clinical waste at clinic Contract company to implement regular collection rota
	Due date	03/07/2020	
	Lead	Facilities Manager	
RA Action 18			
Title	Action details		Action description
Softphones installed on PC's with personal headsets.	Start date	23/6/2020	<ul style="list-style-type: none"> IT to ensure soft phones are installed on clinic PCs to allow outgoing calls to be made for any remote treatment sessions. Personal headsets required to reduce risk of contamination
	Due date	03/07/2020	
	Lead	IT Manager	
RA Action 19			
Title	Action details		Action description
Reduce numbers of staff working together (fixed teams/partnering where able.)	Start date	23/6/2020	<ul style="list-style-type: none"> Operations manager to work rota to keep teams on same shifts to add resilience to work force with threat of Covid-19 infection resulting in self isolation of staff.
	Due date	03/07/2020	
	Lead	Operations Manager	
RA Action 20			
Title	Action details		Action description
Designated staff toilet and shower facilities to be set up so that they are not shared with patients/visitors	Start date	23/6/2020	<ul style="list-style-type: none"> Facilities manager to install lock on toilet, place signage up to inform patients. Procedure sent to patients in clinic FAQs Refer to Operatins manual.
	Due date	03/07/2020	
	Lead	Facilities Manager	

RA Action 21			
Title	Action details		Action description
Remote working: Home working continued wherever possible.	Start date	23/6/2020	<ul style="list-style-type: none"> Operations manager to work rota to comply with government policy of reducing travel on public transport. Team members to work from home where possible and the operational performance of the business is not compromised.
	Due date	03/07/2020	
	Lead	Operations Manager	
RA Action 22			
Title	Action details		Action description
Staff with medical history considered to be moderate or high risk considered last to come back into clinic wherever possible.	Start date	23/6/2020	<ul style="list-style-type: none"> Operations manager to link in with HR around survey sent to staff facilitating return to face to face work. Any staff members in the moderate risk category would be considered for remote delivery of the service where possible. A risk assessment would be completed to for any return to face to face work for such individual.
	Due date	06/07/2020	
	Lead	Operations Manager	
RA Action 23			
Title	Action details		Action description
Any staff members with a shielding letter or with medical history considered high risk, to continue remote working as long as possible.	Start date	23/6/2020	<ul style="list-style-type: none"> Operations manager to link in with HR around survey sent to staff facilitating return to face to face work. Any staff members in the high risk category would be considered for remote delivery of the service where possible or remain on Furlough. A risk assessment would be completed to for any return to face to face work for such individual.
	Due date	6/07/2020	
	Lead	Operations Manager	
RA Action 24			
Title	Action details		Action description
	Start date	23/6/2020	
	Due date	03/07/2020	
	Lead		

Consequence score (table 1)

Choose the most appropriate domain for the identified risk from the left hand side of the table, then work through the columns in the same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for <3 days Increase in length of hospital stay by 1–3 days	Moderate injury requiring professional intervention Requiring time off work for 4–14 days Increase in length of hospital stay by 4–15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards

		Reduced performance rating if unresolved	Major patient safety implications if findings are not acted on		
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that 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 Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections		Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Critical report	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget	Non-compliance with national 10–25 per cent over project budget	Incident leading >25 per cent over project budget

			Schedule slippage	Schedule slippage Key objectives not met	Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 percent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million Finance including claims
Service/business interruption	Loss/interruption of >1 hour	Loss/interruption of >8 hours	Loss/interruption of >1 day	Loss/interruption of >1 week	Permanent loss of service or facility
Environmental impact	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

Likelihood score (table 2)

What is the likelihood of the consequence occurring? The frequency score is appropriate in most circumstances and is easier to identify. It should be used whenever possible to identify a frequency.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	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/circumstances	Will undoubtedly happen/recur, possibly frequently

Risk scoring (table 3) = consequence x likelihood (C x L) matrix

Consequence	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risk grading (table 4) - when grading risk, the scores obtained from the risk matrix are assigned the following grades:

1-3	Low risk	
4-6	Moderate risk	Ensure your line manager is aware of any moderate risks
8-12	High risk	EMT must be made aware of risks graded 8 or above via the designated market director for the service in which you work.
15-25	Extreme risk	

- Ensure that all risks are included within the appropriate risk register and escalated where applicable. The EMT must have sight of any risk that is graded high or extreme (graded above 8 up to 25).
- All risk assessments should be available in the area(s) that they were intended and accessible to all staff. A copy should also be sent to governance: clinicalgovernance@vhg.co.uk to be reviewed by the Governance, Quality and Risk Committee (GQRC) each month.

Instructions for use

- Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
- Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
- Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the

lifetime of a project or a patient care episode. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.

4. Calculate the risk score (table 3) by multiplying the consequence by the likelihood: C (consequence) \times L (likelihood) = R (risk score)
5. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation’s risk management system. Include the risk in the organisation risk register at the appropriate level.
6. For calculating the risk colours on the risk analysis scores you can use these RGB codes:

	R	G	B
	175	175	25
	255	225	25
	245	145	25
	235	55	45

References

A risk matrix for risk managers – NHS NPSA: <https://www.neas.nhs.uk/media/118673/foi.16.170 - risk matrix for risk managers v91.pdf>