

CIPHER Medical Consultancy Standard Risk Assessment Form

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|---|----------------------|-----------------------|----------------------------------|-------|------------|
| Person Completing: | Chris Jones | Role/Title: | Head of Education and Governance | Date: | 24/02/2020 |
| Review required on or before: | 23/02/22 | Director Responsible: | Andrew Thomas | | |
| Task/Hazard/Practice being Risk Assessed: | Ambulance Operations | | | | |

1. Consequence Impact Assessment

| 1) Measure Consequence | | | | | |
|--|---|--|--|---|--|
| Choose one of the descriptors below, consider each domain and section and judge what the most realistic scenario would be if the event occurred, The most serious consequence identified determines the score. | | | | | |
| Score | 1 | 2 | 3 | 4 | 5 |
| Domain | Insignificant | Minor | Moderate | Major | Catastrophic |
| Patient Experience | Unsatisfactory patient experience and directly related to patient care. | Unsatisfactory patient experience readily resolvable. | Mismanagement of patient care | Serious Mismanagement of patient care | Totally unsatisfactory patient outcome or experience |
| Injury | No apparent injury. Minor injury not requiring first aid | Minor injury. First aid treatment e.g. laceration/sprain, anxiety with < 3 days off work | Medical treatment required. Temporary incapacity, injury or harm, e.g. short term monitoring Injury requiring > 3 days sickness RIDDOR/Agency reportable | Permanent injury or harm. Injury requiring major clinical intervention long term incapacity/disability Long term staff sickness > 4 weeks | Death or major permanent incapacity |
| Complaints/ Claims | Locally resolved complaint (informal) | Formal complaint possible. Justified complaint peripheral to clinical care | Formal complaint likely - regarding delivery of care. Litigation possible | Serious complaint anticipated with multiple issues. Litigation expected Multiple justified complaints | Multiple claims or single major claim expected |
| Adverse Publicity/ Reputation | Not expected | Local media - interest possible but short term | Local media - potential for long term adverse publicity | Probable national media interest (short term). Public confidence undermined. | National media interest >3days. Public confidence undermined. Extreme adverse publicity for Trust |
| Service/ Business Interruption | Interruption which does not impact on delivery of service | Short term disruption <1hr - minimal impact on delivery of service. | Non permanent loss of ability to provide service >1hr < TBA Some disruption to delivery of service | Sustained loss of service >TBA, with major impact. Major contingency plans invoked | Permanent loss of core service or facility. Disruption to service leading to significant 'knock on' effect across health economy |

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| Finance | Small loss | Loss >0.1% of Trust budget | Loss >0.25% of Trust budget | Loss >0.5% of Trust budget | Loss >1% of Trust budget |
|-------------------------|---|--|--|--|---|
| Inspection/ Audit | Small number of recommendations which focus on minor improvement/non compliance issues - can be addressed by a department | Minor recommendations made which can be addressed by low level of management action | Challenging recommendations made but can be addressed with appropriate action plan. Potential for minor negative impact on Performance Ratings | Enforcement action expected. Critical report. Significant negative impact on performance ratings | Prosecution expected. Severely critical report Will lead to rating of 'Weak' in Quality or Use of Resources |
| Staffing | Short term low staffing level (<= 1 day) where there is no actual disruption to service delivery) | Ongoing low staffing level resulting in minor disruption to service/delivery of care | Ongoing problems with level of staffing leading to delay/moderate disruption to service delivery/patient care. Minor errors resulting | Serious ongoing problems with staffing levels leading to serious disruption in service delivery , Serious errors resulting | Non delivery of service due to lack of staff. Non delivery of key or service objectives due to lack or loss of key staff. |
| Objectives/ Projects | Insignificant cost increase/schedule slippage. Barely noticeable reduction in scope or quality | > 5% over budget, schedule slippage. Minor reduction in quality/scope | 10% over budget, schedule slippage , reduction in scope/quality. Moderate business interruption | 10-25% over budget, schedule slippage. Doesn't meet secondary objectives. Major business interruption | >25% over budge. Schedule slippage. Doesn't meet primary objectives. Reputation of the Trust severely damaged |

2. Qualitative Measure of Likelihood Assessment

| Score | Descriptor | Description |
|-------|------------|--|
| 1 | Rare | Not expected to happen again |
| 2 | Unlikely | May happen but in exceptional or unusual circumstances |
| 3 | Possible | The event may re-occur occasionally |
| 4 | Likely | The event will probably re-occur |
| 5 | Certain | The event is likely to re-occur on many occasions |

3. Likelihood v Consequence Total Risk Rating

| Impact score | Likelihood score | | | | |
|----------------|------------------|------------|------------|----------|------------------|
| | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 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 |

4. Action to Be Taken

| | LOW 1-6 | MED 8-12 | HIGH 15-25 |
|---|--|---|--|
| Preventative Measures to be Taken or Planned | Manage by routine procedure. Implement any action that will eliminate the risk of the incident /risk occurring | Senior Management action needed. The responsible Director must be aware and Lead Manager must devise and implement an action plan to control, reduce or eliminate the risk. Risk must be inputted onto the Corporate Risk Register. | Immediate action required. The Risk Managers and Executive Management Team must be made aware and are responsible for ensuring an investigation and action plan is commenced immediately to reduce, control or eliminate the risk. The risk must be entered onto the Corporate Risk Register |

5. Risks Identified

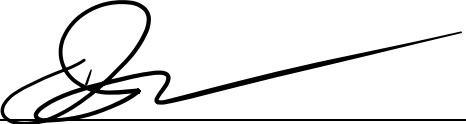

| Nature of Risk Identified | Likelihood Score | Potential Impact | Impact Score | Total Risk Rating | Existing Measures in Place | Action to Take | Owner of Action | Completion by | Complete Y/N Date |
|-------------------------------|------------------|---|--------------|-------------------|---|-----------------|-----------------|---------------|-------------------|
| Carrying Chair to Ambulance | 2 | Risk of staff injury from moving and handling Risk of patient falling. Risk of patient injury from mishandling. | 3 | 6 | New untrained staff to undergo manual handling training on induction. Trained staff to have annual manual handling update. Occupational health declaration on recruitment. Minimise use of carry chair where patient care permits. Use ramp. Staff utilise all straps. Carry chair is 2 person operation. | None at present | CJ | 1/6/18 | Y 25/5/18 |
| Wheelchair to Ambulance | 2 | Risk of staff injury from moving and handling Risk of patient falling. | 3 | 6 | Plan route to avoid kerbs and bumps. Use ramps or dropped kerbs where possible. Staff appropriately trained on induction. Training on ramps of vehicle | None at present | CJ | N/A | |
| Patient transfer to stretcher | 2 | Risk of staff injury from moving and handling Risk of patient falling. Risk of patient injury from mishandling | 2 | 4 | New untrained staff to undergo manual handling training on induction. Trained staff to have annual manual handling update. Utilise lifting belts and transfer boards. | None at present | CJ | N/A | |
| Patient falls while walking | 2 | Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall | 3 | 6 | PTS- Pre-booked patients with HCP assessment of category of patient. Crew to risk assess patient ability to walk prior to commencing. Crew to taught to anticipate falls and assist falling patient with manual handling techniques. Crew to utilise wheelchairs/stretcher/carry chair where appropriate | None at present | CJ | 1/6/18 | |

CIPHER Medical Consultancy Standard Risk Assessment Form

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| Patient fall using step to vehicle | 2 | Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall. | 4 | 8 | Crew to risk assess patient ability to use step prior to boarding. Crew member always behind patient to assist with balance. Crew to utilise tail-lift/ramp where appropriate. | None at present | CJ | N/A | |
| Patient fall using ramp | 2 | Risk of staff injury from reacting to falling patient. Risk of injury to patient from fall. | 3 | 6 | Crew to risk assess patient ability to use ramp prior to boarding. Crew member to walk up ramp with patient. Crew to utilise wheelchair where appropriate. | None at present | CJ | N/A | |
| Verbal/physical abuse- PTS | 3 | Risk to staff of verbal and/or physical abuse from service users or members of the public. | 2 | 6 | PTS- Pre-booked journeys make the work more predictable. Take handover from relevant staff to identify issues. Staff trained in conflict resolution and customer service. Staff work in pairs. Staff issued with radios to remain in contact. Mobile phone issued to vehicle. | None at present | CJ | N/A | |
| Verbal/physical abuse- A&E | 3 | Risk to staff of verbal and/or physical abuse from service users or members of the public. | 3 | 9 | Emergency work unpredictable. Relevant control to undertake risk assessment during call. Relevant control to pass on all information about safety gathered through call. Relevant control to contact police prior to crew attendance where appropriate. Staff trained in conflict resolution and customer service. Staff work in pairs. Staff issued with radios to remain in contact. Mobile phone issued to vehicle. | Enter to risk register Action plan | CJ | 1/6/18 | Y 25/5/18 |
| Needlestick injury- Paramedic/Technician | 1 | Paramedics routinely performing cannulation, IM, SC in pre-hospital environment, including IO. Technicians perform a limited number of procedures of IM injections. No IV procedures but could be at risk due to lack of familiarity. | 4 | 4 | Staff to follow CIPHER IPC and Exposure Prone Procedures Policies. Staff to utilise blunt drawing up needs as provided. | None at present | CJ | N/A | |

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|--|---|---|---|----|---|---------------------------------------|----|--------|--------------|
| | | | | | Where possible procedures should not be undertaken in moving vehicle. Staff to wear appropriate PPE Staff to have sharps box within reach when performing procedures. | | | | |
| Vehicle Slow Manoeuvring/Reversing Accident- PTS/A&E | 4 | Damage to vehicle likely bumps and scrapes. Rarely injury to staff and patients. | 1 | 4 | Staff to follow road traffic laws and driving policy at all times. Staff undertake appropriate driver training or assessment on induction. Staff must use a banksperson when manoeuvring. Reversing cameras to be fitted to new fleet. All staff and patients to wear seat belts at all times when in motion. | None at present | CJ | N/A | |
| Parked vehicle rolling away | 1 | An unattended parked vehicle subject to unanticipated movement could cause catastrophic injury to road users or significant damage to other vehicles. | 5 | 5 | Drivers appropriately trained for vehicle and role. Parking should be on a level surface where possible. Handbrake should always be applied when stationary. Vehicles unavoidably parked on an incline should be parked in gear. Vehicles serviced according to schedule to avoid failure. | None at present | CJ | N/A | |
| Normal Road Speed Vehicle Accident- PTS/A&E | 1 | Risk of major or catastrophic injury/death to pedestrian, crew or patient. | 5 | 5 | Staff to follow road traffic laws and driving policy at all times. Driving licence and appropriate certification checked during recruitment. Staff undertake appropriate driver training or assessment on induction. Speed limited on new fleet. All staff and patients to wear seat belts at all times when in motion. | None at present | CJ | N/A | |
| Emergency Vehicle Accident-A&E | 2 | Risk of major or catastrophic injury/death to pedestrian, crew or patient. | 5 | 10 | Staff to follow road traffic laws and driving policy at all times. | Enter to risk register Action plan | CJ | 1/6/18 | Y 15/5/18 |

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|--|---|--|---|---|--|-----------------|----|-----|--|
| | | | | 5 | <p>When driving under emergency conditions audible and visual warnings should be used at all times.</p> <p>Driving licence and appropriate emergency driving certification checked during recruitment.</p> <p>Staff undertake appropriate driver training or assessment on induction.</p> <p>New fleet to be monitored by telematics.</p> <p>All staff and patients to wear seat belts at all times when in motion.</p> | | | | |
| Struck by vehicles | 1 | Risk of injury to staff or patient from access or egress to vehicle, or attendance at incident in live traffic (A&E) | 5 | 5 | <p>Staff to follow road traffic laws and driving policy at all times.</p> <p>Parking appropriately to prevent crossing roads.</p> <p>Driving licence and appropriate certification checked during recruitment.</p> <p>Staff undertake appropriate driver training or assessment on induction.</p> <p>Hazard waring lights to be used where appropriate.</p> <p>Blue lights to be used when appropriate (A&E)</p> <p>Park in fend-off position at incidents (A&E)</p> <p>Hi-Viz PPE provided and to be worn at all times.</p> | | CJ | N/A | |
| Lifting and Carrying Equipment/patient luggage | 2 | Risk of injury to staff from carrying equipment, e.g. oxygen equipment, defibrillator or heavy patient luggage | 2 | 4 | <p>New untrained staff to undergo manual handling training on induction.</p> <p>Trained staff to have annual manual handling update.</p> <p>Occupational health declaration on recruitment. New untrained staff to undergo manual handling training on induction.</p> | None at present | CJ | N/A | |

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| | | | | | <p>Trained staff to have annual manual handling update. Follow good manual handling practice. CIPHER supply light weight O2 cylinders. Make repeat journeys to/from ambulance where required. Ask for assistance where available.</p> | | | | |
| Walking over uneven or slippery surfaces | 2 | Risk of injury from slips, trips and falls due to unpredictable indoor/outdoor environment. | 3 | 6 | <p>Staff to wear appropriate footwear for task. In poor or unlit conditions staff to utilise vehicle torches. Choose another route where practicable. Staff not to run to incidents.</p> | | | | |
| Extremes of weather | 2 | Risk of heat or cold related illness. | 2 | 4 | <p>All staff are provided appropriate uniform for task including caps and beanies. Hot and cold drinks provided. On call manager available. Sun protection available.</p> | | | | |
| Signature of completing manager | | | Date | | Designation | | | | |
|  | | | 24/02/2020 | | Head of Education and Governance | | | | |
| Signature of Responsible Director | | | | | | | | | |
|  | | | 24/2/2020 | | Managing Director | | | | |
| Due for Review | | | 23/2/2022 | | | | | | |