

Risk Assessment Form

Use this form for any detailed risk assessment unless a specific form is provided. Refer to your Summary of Hazards/Risks and complete forms as required, including those that are adequately controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Name of Assessor:		Post Held:	
Department:		Date:	
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Risk assessment to support person-centred visiting safely and appropriately in all NHSGGC maternity units.			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
<ul style="list-style-type: none"> • Overcrowding • Compromise to staff and patients safety and security • Compromise to privacy and dignity • Breach of Health and Safety and Fire Safety Regulations • Breach of Infection Control Standards • Inaccurate or misinterpreted information 			
Description of Risk			
Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			
<p>The importance of support from family members/carer in hospital cannot be overstated, bringing comfort to patients in hospital and to the people they consider their family or carers. A person-centred approach to visiting is in place across NHSGGC. This means people can have the support of those who matter most to them, without being restricted by set visiting times.</p> <p>This risk assessment provides guiding person-centred, infection prevention and control and health and safety principles for staff to support them to safely manage PCV enable family presence as much as possible whilst taking into account any safety measures required.</p> <p>Conversations with patients and their family member/carer should take place throughout the hospital stay to advise of visiting arrangements and expectations to embed this as part of routine care conversations.</p> <p>A full person-centred approach to family support does not mean an unmanaged approach. It will be necessary to work with patients and their families/carers to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. The main difference is that this needs to be balanced with the risks that present and needs to be cognisant of the safety measures which need to be in place.</p>			

Existing Precautions

Summarise current controls in place	Describe how they might fail to prevent adverse outcomes.
A family member/carer is supported to be present during in-patient stays to provide support to the patient in accordance with the care plan and guidance and as circumstances change and evolve. Recliner chairs are available for people staying overnight in all single rooms and in some of the shared accommodation areas.	<p>Family member/carer may choose not to comply with the guidance offered from the clinical team and the circumstances which are appropriate for them being present to offer support to the patient.</p> <p>In shared accommodation rooms there is often not enough space to safely place a recliner chair for family member/carer staying overnight. When a recliner chair is not available or able to be placed in the room, people on some occasions, will revert to sleeping on the floor or on the patient's bed which compromises their safety and those of the clinical team.</p>
Only two visitors should attend at any given time to maintain a safe environment and prevent overcrowding in clinical areas. However, this should not be inflexible and there may be times when it is appropriate to have more or less visitors.	People may still arrive at the ward to visit in greater numbers than 2 at a time.
Children are supported to visit. Guidance is offered and should be discussed in the first instance with the nurse in charge prior to visiting.	Visitors may present at the ward with accompanying children, in the absence of prior discussion to approve the children visiting with the nursing team.

<p>Guidance, policies and protocols are in place to always ensure the safety and support of vulnerable patients i.e. GBV or sex offences. Each individual case is assessed individually, and a plan agreed with the person and input sought from the senior nursing team when required/appropriate.</p>	<p>Patient does not declare that they have been subjected to GBV or a sex offence and the offender visits without knowledge of the nursing team.</p> <p>The known offender manages to visit despite restriction being in place.</p>
<p>Additional needs of patients with protected characteristics are respected and annotated in the care plan i.e. age, cultural, religious, sexual, gender, and disability etc.</p>	<p>People visiting the ward have limited knowledge and understanding of the needs, preferences and wishes of patients with protected characteristics and unintentionally cause upset.</p>
<p>Security measures are in place at the entrance to all inpatient areas, and to labour wards, to ensure safety of patients and staff. People visiting are required to use the buzzer entry system to access each area and are met by a member of staff at the door and where there is unfamiliarity identification is requested. Hospital main entrances have restricted access from 8pm – 7am – people leaving during this time are escorted by a member of the clinical team to the appropriate exit.</p>	<p>Buzzer entry systems may be faulty/broken and allow free access into the ward.</p> <p>Staff may fail to check or are too busy to check when providing controlled access into the ward.</p> <p>Hospital main entrance may not be locked securely during the times specified allowing people to access the building and security not being in place.</p>
<p>Guidance, policies and protocols are in place to ensure the safety and support of staff when visitors behave in a violent or aggressive nature. Senior support and security can be called whenever appropriate to help manage and deescalate a situation.</p>	<p>Senior support and security may not be able to attend immediately and/or not help to deescalate the situation.</p>
<p>A Fire Safety policy and risk assessment is in place in all areas and staff have a mandatory requirement to complete training annually. Numbers of people present within each area is managed in accordance with fire safety regulations and guidance.</p>	<p>Fire safety policy and risk assessment is not followed, and numbers of people present within an area at a time are not managed appropriately.</p>
<p>All people visiting are advised to use designated facilities for public use which are in general out with the main ward environment and include toilets and wash hand basins only. Facilities at present do not include showering facilities for use of family members/carers staying overnight – where possible they are encouraged to go home to shower if travel distance and transport allows.</p> <p>In single room accommodation at the discretion of the nursing staff, family/members are able to use the ensuite facilities allocated for the personal use of the patient.</p>	<p>Visitors using the facilities out with the ward need to be buzzed back into the ward on each occasion – if staff are busy, particularly overnight, they may be required to wait for extended periods of time to be buzzed back in.</p> <p>Despite guidance from the nursing staff, visitors use the ward toileting facilities compromising the privacy and dignity of patients on the ward and infection control requirements.</p> <p>Travel distance and availability of transport may prohibit family members/carers to go home if staying overnight or due to the clinical circumstance of the patient, they may not want to leave the ward and therefore do not have access to adequate hygiene facilities.</p>
<p>All infection control precautions are in place, in all areas, in accordance with current national guidance, and information is on display at the entrance and throughout the clinical area to promote and invite compliance.</p> <p>All patients and visitors have access to hand hygiene facilities with information on display of how and when to use appropriately.</p> <p>Wards are subject to daily enhanced cleaning to reduce environmental burden.</p> <p>Chairs are provided for the exclusive use of people visiting.</p>	<p>Visitors fail to comply with standard infection control precautions and guidance.</p> <p>Visitors fail to comply with hand hygiene facilities and guidance.</p> <p>The environment becomes contaminated as a consequence of non-compliance with standard infection control standards.</p> <p>Visitors choose not to use the designated chairs and sit on bedside chairs and on the bed compromising infection control measure in place.</p>
<p>Information on visiting has been approved by the SMT, local and corporate governance processes and shared with patients and their families/carers throughout their inpatient stay, verbally and in written format. Where required this is available in other languages and interpreter support to translate is arranged.</p>	<p>Visitors do not follow the information offered.</p> <p>Information on visiting wards in NHSGGC is accessible to the public on non-NHSGGC approved social media pages and platforms which can be misleading and inaccurate.</p>

Level of Risk - Is the control of this risk adequate?

Give more than one risk level if the assessment covers a range of circumstances. You can use the 'matrix' to show how 'likelihood' and 'consequences' combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium

Very High
 High
 Medium
 Low

Current risk level

Given the current precautions, and how effective and reliable they are, what is the current level of risk? **Green** is the target – you have thought it through critically and you have no serious worries. Devise ways of making the risk green wherever you can. **Yellow** is acceptable but with some reservations. You can achieve these levels by reducing the inherent risk and or by effective and reliable precautions.

High (Orange) or Very High (Red) risks are unacceptable and must be acted on: use the Action Plan section to summarise and communicate the problems and actions required.

Action Plan (if risk level is High (Orange) or Very High (Red))

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

Proposed actions to control the problem List the actions required. If action by others is required, you must send them a copy	By Whom	Start date	Action due date
Visitors may choose not to comply with the guidance offered from the clinical team and the circumstances which are appropriate for them being present to offer support to their family member PROPOSED ACTION: Guidance on visiting and overnight stays require to be discussed with patients and their family/carer at the earliest convenience during the admission period by their named nurse and proposed approach documented. Any changes to circumstance should be discussed at the earliest opportunity and reasonable options discussed and agreed.	Named Nurse		
In shared accommodation rooms there is often not enough space to safely place a recliner chair for family member/carer staying overnight. When a recliner chair is not available or able to be placed in the room, people on some occasions, will revert to sleeping on the floor or on the patient's bed which compromises their safety and those of the clinical team. PROPOSED ACTION: Scoping to be undertaken to ensure there are recliner chairs available in all single accommodation rooms and adequate numbers of recliner chairs in shared accommodation rooms when appropriate for use. Scoping of all shared accommodation rooms to assess if current furniture and equipment can be modified in these rooms to ensure maximum space is available to safely accommodate patients and their family member/carer	Senior Charge Nurse / Senior Management Team		
People may still arrive at the ward to visit in greater numbers than 2 at a time. Visitors may present at the ward with accompanying children in the absence of prior discussion to approve the children visiting with the nursing team.	Named Nurse/ Senior Charge Nurse / Senior Management Team		

<p>PROPOSED ACTION: Guidance on visiting and safety requirements require to be discussed with patient and their family member/carer at the earliest convenience during the admission period by their named nurse and the safety implications if numbers visiting is not restricted/controlled appropriately. Patients and their family member/carer should be encouraged to share visiting information with all potential visitors they may have when they are in hospital. The NHSGGC webpage and social media pages for PCV should be reviewed quarterly to ensure all information is accurate and current.</p>			
<p>Patients do not declare that they have been subjected to GBV or a sex offence and the offender visits without knowledge of the nursing team.</p> <p>The known offender manages to visit despite restriction being in place.</p> <p>PROPOSED ACTION: Ensure all nursing staff have read and follow the NHSGGC GBV Policy. Ensure all staff are aware of the policy and process of escalation when a security breach is identified.</p>	Senior Charge Nurse / Senior Management Team		
<p>People visiting the ward have limited knowledge and understanding of the needs, preferences and wishes of patients with protected characteristics and unintentionally cause upset.</p> <p>PROPOSED ACTION: Consider privacy notices as an option to attach to curtain around patients who have asked for privacy to be respected. Ensure notices are on display in areas of the ward which are restricted for the use of patients only.</p>	Senior Charge Nurse / Senior Management Team		
<p>Buzzer entry systems may be faulty/broken and allow free access into the ward.</p> <p>Staff may fail to check or are too busy to check when providing controlled access into the ward.</p> <p>PROPOSED ACTION: A check of all security doors and the entry system should be undertaken in accordance with maintenance guidance. When a fault occurs this should be reported immediately and action taken to ensure the repair is taken forward within 24 hours. A risk assessment should be in place to guide mitigations to be taken whilst the repair is awaited. All staff are provided with instruction and guidance on checking who they allow into the ward at all times even during busy periods.</p>	Senior Charge Nurse / Senior Management Team		
<p>Hospital main entrance may not be locked securely during the times specified allowing people to access the building and security not being in place.</p> <p>Senior support and security may not be able to attend immediately and/or not help to deescalate the situation.</p> <p>PROPOSED ACTION: Discuss security arrangements on all sites with facilities management to ensure correct procedures are in place and the approach in place for security breaches. Discussion to take place with hospital coordinators who would respond to security breaches at ward level to ensure consistency of approach and support for staff on duty. Ensure all staff are aware of the policy and process of escalation when a security breach is identified.</p>	Senior Charge Nurse / Senior Management Team		
<p>Fire safety policy and risk assessment is not followed and numbers of people present within an area at a time are not managed appropriately.</p> <p>PROPOSED ACTION: Ensure fire safety risk assessments are current and include instruction on safe numbers of people within individual environments/wards at any one time. Ensure all staff are currently compliant with fire safety training.</p>	Senior Charge Nurse		
<p>Visitors using the facilities out with the ward need to be buzzed back into the ward on each occasion – if staff are busy particularly overnight they may require to wait for extended periods of time to be buzzed back in.</p> <p>Despite guidance from the nursing staff, visitors and birthing partners use the ward toileting facilities compromising the privacy and dignity of patients on the ward and infection control requirements.</p> <p>Travel distance and availability of transport may prohibit family members/carer to go home if staying overnight or due to the clinical circumstance of the patient they may not want to leave the ward and therefore do not have access to adequate hygiene facilities.</p> <p>PROPOSED ACTION: Scoping to be undertaken by the SMT on alternative entry/exit process for family member/carer staying in the ward i.e. finger recognition system. Scoping of current accommodation to be undertaken to assess if toileting/bathing facilities within the ward can be repurposed for</p>	Senior Charge Nurse / Senior Management Team		

<p>visitors. Where family member/carer have a distance to travel and/or clinical circumstance present where they need to remain on the ward discretion should be extended to accommodate their personal needs.</p>			
<p>Visitors fail to comply with standard infection control precautions and guidance.</p> <p>Visitors fail to comply with hand hygiene facilities and guidance.</p> <p>The environment becomes contaminated as a consequence of non-compliance with standard infection control standards.</p> <p>Visitors choose not to use the designated chairs and sit on bedside chairs and on the bed compromising infection control measure in place.</p> <p>PROPOSED ACTION: Scoping of all infection control information on display should be undertaken to ensure it is current and displayed in the appropriate places. Ensure information provided throughout the inpatient pathway is inclusive of infection control guidance. Ensure the NHSGGC PCV Visiting Webpage is inclusive of infection control guidance and on the social medial platforms.</p>	<p>Senior Charge Nurse / Senior Management Team</p>		
<p>Visitors do not follow the information offered.</p> <p>Information on visiting wards in NHSGGC is accessible to the public on non-NHSGGC approved social media pages and platforms which can be misleading and inaccurate.</p> <p>PROPOSED ACTION: Ensure all information is current and offered throughout the inpatient pathway by the named nurse and other nursing staff in verbal and written format and when required communicating support of an interpreter is organised and information offered in an appropriate language. Discuss with the Corporate Communication Team appropriate actions to take when inaccurate and misleading information is found on non-NHSGGC platforms.</p>	<p>Senior Charge Nurse / Senior Management Team</p>		

Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

<p>Report up management chain for action</p>	
<p>Report to Estates for action</p>	
<p>Contact advisers/specialists</p>	
<p>Alert your staff to problem, new working practice, interim solutions, etc</p>	

Reply

If you receive this form as a manager from someone in your department, you must decide how the risk is to be managed. Update the action plan and reply with a copy to others who need to know. If appropriate, you should note additions to the Directorate / Service Risk Register.

If you receive this as an adviser or other specialist, reply to the sender and investigate further as required.

Assessment completed - date:

Review date: