Hywel Dda UHB - Risk Assessment Form

For guidance on completing this document please download our step-by-step guide.

For guidance on completing this form please click on the following link: Risk-Assessment-Guidance-Form sharepoint.com)

Risk Ownership

Executive Director:	Sharon Daniel
Directorate lead:	Ceri Griffiths
Management or service lead:	Louisa Standeven

Directorate:	Nursing, Quality and Patient Experience (NQPE)	**Service or Department:**	Nursing, Quality and Patient Experience (NQPE)

Risk Details

Title of risk: **Maximum characters: 128**	Risk of harm to patients through inappropriate bed surging	due to extreme hospital pressures.
Date risk identified:	05/01/2015	
Domains of Quality (select all that are applicable):	Safe Effective	Equitable Person Centred

Other risks you would like to link to on Datix:	N/A

Risk Statement

Please describe your risk clearly and concisely - who/what is at risk?

There is a risk of harm to patients through inappropriate bed surging. (Surging being where additional beds are added to a ward space, over and above the allotted bed spaces i.e. 5 or 6 beds in a 4-bedded space for example).

Maximum characters: 200

List all the causes of this risk

This is caused by extreme hospital pressures – the need to accommodate patient numbers over and above those for which the hospital is designed.

Maximum characters: 400

List all potential consequences of the risk

This will lead to an impact/effect on…

- Patients at risk of requiring a MET Team response, as surged beds will restrict access to the patient for the crash trolley and additional personnel required in an emergency situation.
- Patients that require hoisting or other manual handling aids as access is restricted by surge beds. This means that patients cannot be mobilised and therapy sessions cannot be completed.
- Note: The surging of beds also introduces other risks including increased infection control risks, increased fire risks, and a lack of call-bells and piped oxygen for patients in surged beds.

Maximum characters: 450

Location of the risk:	GGH
Select the DOMAIN of the risk:	Safety - Patient, Staff or Public (Tolerance Score = 6) **This should be based on the Impact of the risk**

Inherent Risk Score (Impact x Likelihood = Risk Score)

Using the risk scoring matrix, evaluate the **inherent** risk rating. This is the risk score **WITHOUT** control measures in place.

Inherent impact score	5	**Inherent** likelihood score	4	**Inherent** risk score	20

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Control Measures

List all completed actions and ongoing activities that are in place to successfully mitigate the risk
Where possible, additional beds are surged into appropriate areas, however there is no formal process in place for this at present. A recent incident highlighted via Datix (see 66416) and raised by a Trade Union Representative have shown that there are weaknesses in the system that need to be addressed. An interim arrangement is required until the formal 1256 HDdUHB Patient Boarding Policy is approved.

Gap in Controls

List any shortfalls in your control measures and unsuccessful actions (these should be addressed in your Action Plan)
A formal process for the surging of additional beds is required (Note: 1256 HDdUHB Patient Boarding Policy is currently in draft).

Current Risk Score (Impact x Likelihood = Risk Score)

Using the risk scoring matrix, identify the **current** risk rating. This is the risk score **WITH** control measures in place.

Current impact score	5	**Current** likelihood score	3	**Current** risk score	15

Rationale of Current Risk Score

Please provide the reason/justification for the **current** risk score chosen above, taking into account the control measures in place and actions yet to be completed. **This section should be updated at each risk review and include any performance metrics that show progress to date that will inform the relevant committee/sub-committee on the current position of the risk.**
Where possible, additional beds are surged into appropriate areas, however there is no formal process in place for this and there have been documented incidences where this has not occurred. The likelihood of the MET Team not being able to safely access a patient in an emergency situation is reduced, however it is still possible (reduced likelihood score from 4 to 3).

Risk Decision

Tolerate, Treat, Transfer or Terminate (Full definitions available here)	Treat

Target Risk Score (Impact x Likelihood = Risk Score)

Using the risk scoring matrix, identify the **target** risk rating. This is the risk score you are trying to achieve when **all actions are complete**.

Target Impact score	5	**Target likelihood score**	2	**Target risk score**	10

Risk themes (select all that are applicable): For theme definitions click here.	Patient Safety Health and Safety Select theme.	Select theme. Select theme. Select theme.

Risk Review & Monitoring

Identify the Lead Assurance Committee or Sub-Committee this risk should be reported to:	Quality, Safety and Experience Committee
Identify the local management group this risk should be monitored at:	ADD?

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Is this risk to be entered onto your service risk register in Datix?	Yes	**Frequency of review (based on Current Risk Score):**	Extreme Risk (15-25) = Monthly

Risk Action Plan - **Please note, this section is not visible until your risk has been saved to Datix.**

<table>
<tr><th>Please specify actions that address the cause of the risk. Actions must be SMART: Specific, Measurable, Achievable, Relevant/Realistic and Time-bound.
Add as many actions as necessary to achieve your target risk score.</th><th>By whom
Name 1 owner per action</th><th>By when
Future dates only</th></tr>
<tr><td>ACTION 1:

<u>Process to be followed each time a surge bed is introduced to a ward space:</u>

Assess the individual on the surge bed and the beds that will be compromised with the introduction of the surge bed for their likelihood of requiring MET assistance and the patient’s mobility/dependency. Beds should not be introduced where MET likelihood is high or the patient requires mobility aids.
• When introducing one bed to a 4-bedder*, the patients in the room can be rearranged to have three low risk patients in the compromised bed spaces and higher risk patients / those with mobility requirements in the two uncompromised spaces.
• When introducing two beds to a 4-bedder*, all patients must be low risk as all bed spaces will be compromised.
• The rearrangement of patients intra-ward and inter-ward may be required to facilitate these requirements.
* These are example bed figures – please adjust to the actual ward size when calculating compromised bed spaces.

Other considerations:
• All necessary infection prevention precautions must still apply without compromise, regardless of room configuration.
• Fire exits must not be blocked and escape routes should be kept as clear as reasonably practicable.

<u>This needs to be communicated to all staff / management involved in the siting of patients.</u></td><td rowspan="2">Louisa Standeven (For GGH)</td><td rowspan="2">January 2025</td></tr>
<tr><td>PROGRESS UPDATE:</td></tr>
<tr><td>ACTION 2:

<u>Share the process Health Board wide.</u></td><td rowspan="2">Sharon? Ceri?</td><td rowspan="2">January 2025</td></tr>
<tr><td>PROGRESS UPDATE:</td></tr>
</table>

Status of Risk

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All risks are automatically added at **Service Level**. **Directorate Level** risks must be approved by your Directorate lead. If you would like to add/escalate a risk to **Corporate Level** please contact the Head of Assurance & Risk.	Directorate Level