



See accompanying notes to guide completion

**Administration**

A1 Date of assessment: 8/12	A2 Previous assessment: N/A	A3 Planned Review Date: Open
A4 Sector / Directorate:	A5 Service / Locality:	A6 Ward / Team: Ward

**Description**

B1 Risk Assessment Title: Environment	
B2 Risk Category: Clinical management and practise	B3 Sub-Category:
B4 Significant Hazards (describe the things that have potential to cause loss or harm, including where, when, how and why)	

Due to lack of dedicated single sex accommodation:

1. [REDACTED]
2. [REDACTED]
3. Clients have [REDACTED] illness and have been [REDACTED]

**Context**

<b>C1 Those Directly Affected</b> (e.g. staff, patients, public, volunteers, contractors, other agencies, etc)	Patients and Staff.
<b>C2 Those Especially at Risk</b> (e.g. young, elderly, pregnant, those alone, disabled, night workers, etc)	Male and Female patients.
<b>C3 Situation where Risk may be Particularly Harmful</b> (e.g. night, winter, handover, change, holidays, distraction, etc)	Night time and times of high clinical activity.
<b>C4 Local Evidence Informing or Supporting the Assessment</b> (e.g. local observations, Datix/ Occurrence Recording, investigation, audit, complaints, inspection, claims, legal requirements, previous risk assessment, etc)	Datix Reports [REDACTED] Mental Welfare Commission Incidents. Vulnerable adults meeting

**Controls**

<b>D1 List Control Measures/Contingency Plans already in place:</b>	<b>D2 How effective is each control measure? (Effective – Partially Effective – Not Effective). Are there gaps in control and why?</b>
<ol style="list-style-type: none"> <li>1. Increased Staffing levels</li> <li>2. Male and Female patients have separate sleeping areas.</li> <li>3. Restricted number of patients on the ward.</li> <li>4. Single rooms available</li> <li>5. Explored environmental/structural alterations:             <ol style="list-style-type: none"> <li>5.1 Looked at installation of 2 fire doors to have a segregated female area within the ward.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Partially effective as staff can be busy with other clients and not enough staff to monitor all patients.</li> <li>2. Partially effective as male and female patients can access other patient areas.</li> <li>3. Partially effective because client group have [REDACTED] illness and have limited awareness.</li> <li>4. Partially effective as ward has only got 6 single side rooms. [REDACTED]</li> <li>5. Not effective due to the following reasons:             <ol style="list-style-type: none"> <li>5.1 - the doors couldn't be locked for health and safety reasons; - this would've created seclusion for female patient which is not part of the [REDACTED] remit (least restrictive); and - female patient would continue to have access to male patients.</li> </ol> </li> </ol>

<p>5.2 Looked at building a separate annex attached to [redacted] ward.</p>	<p>5.2 Building a separate annex attached to [redacted] ward - this was informally costed at approximately £60+k based on the costs for the [redacted] Unit so was not considered to be a viable financial option. In addition, this would not address [redacted] needs as member of staff would still have to be observing [redacted] to keep [redacted] safe from [redacted] patients.</p>
<p>5.3 Looked at putting a keypad on [redacted] patient side room door.</p>	<p>5.3 Putting a keypad on [redacted] patient side room door. This was not viable as [redacted] patient would not retain number for entry, due to [redacted] and still would need a member of staff to keep [redacted] safe from fellow patients.</p>

**Analysis (level of risk)**

<p>E1 Foreseeable Consequences: MAJOR</p>	<p>E2 Likelihood of Occurrence: POSSIBLE</p>	<p>E3 Risk Level: HIGH</p>
---	--	--------------------------------

**Action Plan**

F1 Proposed Actions and Resources Required	F2 Responsibility:	F3 Deadline:	F4 Monitoring Arrangements:
<p>1. Further discussion with General Manager &amp; Service Manager</p>	<p>Directorate Nurse Manager/Support Manager</p>		

**Endorsement of the Risk Assessment**

<p>G1 Risk Assessor: [redacted]</p>	<p>G2 Line Manager: [redacted]</p>	<p>G3 Date: 13/8/12</p>	<p>G4 Sensitive? <input checked="" type="checkbox"/></p>
---	--	-----------------------------	--

**Risk Ownership**

***"I accept management responsibility for this risk"***

<p>H1 Name:</p>	<p>H2 Position:</p>	<p>H3 Date:</p>	<p>H4 Date Ref:</p>
-----------------	---------------------	-----------------	---------------------

This form records the assessment of a risk or set of closely related risks with the potential to cause harm. Formally assess only significant risks which are reasonably foreseeable. Risks informally assessed as trivial can be ignored, as can risks associated with the life in general or those which, for all practical purposes, are never going to happen.

**Sections A1-E3 should be completed by the Risk Assessor**

- A1** Date the risk assessment was carried out.
- A2** If this risk assessment is a revision of a previous risk assessment, record the date of the last assessment.
- A3** Record the date by which the risk assessment will be reviewed. Notwithstanding this date, the assessment should be reviewed when there is a reason to suspect it is no longer valid (e.g. new equipment, new staff, incident data etc) including following the implementation of any new risk control measures.
- A4-6** Details of the part of the organisation to which this risk assessment relates.
- B1** Self-explanatory short-hand title describing what the Risk Assessment is about.
- B2-3** To pick up the themes and enable senior managers to take an overview, choose the category and sub-category which best describes the risk area (see Risk Assessment Guidance for further details). Categories include:-
  - Clinical Management and Practice
  - Infrastructure and Technology
  - Organisational Processes and Capacity
  - Working with Other Organisations
  - Politics and the Public
  - Workforce
  - Safety
  - Finance
  - Information
  - Other
- B4** Describe what could happen to cause loss or harm and where, when, how and why this might come about, e.g. "illegible name band leads to patient misidentification causing patient to receive wrong medication resulting in serious harm"
- C1** Identify all those who might be directly affected by the risk or the risk assessment. Aim to involve them or their representatives in the assessment and ensure they are informed of the findings.
- C2** Are there any individuals, groups of people, facilities or organisations who may be especially vulnerable to the risk?
- C3** Are there any conditions which make the risk more significant? For example, a trip hazard is more risky in the dark than the daylight; medication errors are more likely at times of distraction.
- C4** Summarise any relevant local evidence or observations that might inform and support the risk assessment, e.g. incident data and investigations, complaints, audits or inspections, personal and professional judgement, etc.
- D1** Describe the existing controls and/or contingency plans that are in place to minimise the risk or mitigate its effect should it occur (e.g. preventative controls such as written procedures; detective controls to enable recovery such as surveillance, or protective controls such as barriers and safeguards)
- D2** Evaluate how effective each control measure is (i.e. "Effective", "Partially Effective" or "Not Effective" and describe why). This identifies the gaps in your controls.
- E1-3** Use the NHS Scotland Universal Risk Criterion to determine:- the foreseeable consequence (E1), likelihood of occurrence in the next twelve months given the prevailing context and current controls (E2), and the level of risk, i.e. Low, Medium, High or Very High, (E3)

**Sections F1-G4 should be completed jointly by the Risk Assessor and the Line Manager**

- F1** Control measures proportionate to the risk should be proposed to reduce the risk as low as is reasonably practicable according to the risk level described in E3. The gaps in control described in D2 will guide the actions to be taken. Specify the resources required to support implementation.
- F2** Name(s) of those responsible for implementation of the proposed action.
- F3** Deadline for implementation. This should reflect the seriousness of the risk.
- F4** Specify how the effectiveness of the risk controls will be monitored in future.
- G1-3** Endorsement by the Risk Assessor and Line Manager that the assessment is, as best they can tell, suitable and sufficient, based on available evidence with control measures proportionate to the risk. This should be signed, not typed.
- G4** It is good practice to share risk assessments. However, tick this box if the risk assessment contains personal, sensitive or security information and therefore should not be shared with unauthorised staff or published following a Freedom of Information request.

**Sections H1-H4 should be completed by the Risk Owner**

- H1-3** The risk owner is normally the Line Manager. However, if risks have been identified that are deemed impossible or impractical to manage at this level, then responsibility for their management should be delegated upwards to a more senior manager and their details documented here. This should be signed, not typed.
- H4** If this risk assessment has been added to the Sector or Directorate Risk Control Plan, enter the Datix reference number to enable cross-referencing.