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| Department/Location/Project: Day assessment unit (DAU) | SOP Document Reference Number: **SOP/POCT/59** |
| Risk Assessor(s): N. Hodges | Highest Risk Rating Identified\*: |
| Date of assessment: 19/10/2021 | Informed QM of any Risk Score >9 (NA): |

**\* Any identified risk which has a rating >9 must be communicated with the Quality Manager**

| **Description of risk** | **Existing control/ safe**  **System of work** | **Initial Risk**  **Rating**  **(S X L= RR)** | **What further action is required** | **Responsible person**  **and target date for completion** | **Final Risk**  **Rating**  **(S X L= RR)** |
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| Meter failure due to damage/technical defect leading to inability to perform test | 24/7 technical phone support available from manufacturer.  Meter replacement via courier as required.  Manufacturer may provide regional back-up meter for shared use –awaiting confirmation.  Senior clinical staff to receive training in QC/set up of new meter in case of out of hours receipt.  If unable to perform test, revert to previous care pathway. | **1** | **2** | **2** | **NA** | **NA** |  |  |  |
| QC fail due to damage/loss of QC liquids/test/supervisor chip/human error, leading to inability to perform test. | 24/7 technical phone support available from manufacturer.  QC liquids replacement via courier as required.  Reciprocal agreement with neighbouring trusts also receiving ITP regarding sharing of QC/test kits in lieu of resupply.  2 iQC chips are supplied allowing for an immediate replacement if one is lost  If unable to perform test, revert to previous care pathway. | **3** | **2** | **6** | **NA** | **NA** |  |  |  |
| Blood/serum spillage during analysis process in clinical area. Patient samples pose a biological hazard | Established protocol in place for management of this risk:  Section 5.6 Universal Standard Infection Control Precautions (RUH 622).  Section 3.4 (COSHH & safety) of the Quidel Triage MeterPro standard operating procedure. | **3** | **2** | **6** | **NA** | **NA** |  |  |  |
| Biological hazard from blood sample spillages or contact. In particular when handling samples from patients with highly infectious diseases ie COVID-19. Patients in the department and staff are exposed | Training is given to all staff who perform the test on how to safely handle the sample and how to pipette correctly.  A rack is available to hold the sample after the lid has been removed.  Centrifuge buckets have lids to contain any spillages.  Samples are disposed of once a result is produced  PPE available and used.  Spillages of samples must be mopped up immediately and the area cleaned with clinel wipes.  Infrequent process one – two samples a week. | **3** | **4** | **8** | Open tubes are handled within DAU patients do pass through in close proximity to the analyser – samples from confirmed or highly suspected COVID patients will not be processed for PlGF.  If a breakage occurs during centrifugation the centrifuge must be immediately stopped and not opened for a further 30 minutes to reduce exposure to aerosols. |  | **3** | **1** | **3** |
| Centrifuge failure/breakdown/altered settings – unable to spin patient samples and therefore unable to analyse plasma sample. | Second centrifuge available within department  Staff trained to use centrifuge | **2** | **2** | **4** | At a last resort the lab could be used to centrifuge samples  Increase the number of staff trained in use of centrifuge within department |  | **2** | **1** | **2** |
| Fridges  If the fridges fail/breakdown/need defrosting – the quality of the cartridges will deteriorate (7 days) | Alarms on fridge if too warm/cold  Temp monitored regularly to spot failing fridge  Cartridges can be put into fridge on BBC/ward area  Fridges are regularly defrosted | **2** | **2** | **4** |  |  |  |  |  |
| Electrocution hazard | New equipment will have a certificate of conformity then yearly PAT testing done on department. | **1** | **2** | **3** |  |  |  |  |  |

**Risk assessment matrix**

**Acceptable Risk**

Risk is tolerable as long as it is well managed and controlled. In addition to identified hazards, all incidents claims and complaints will be risk assessed according to the following process and investigated according to the severity or the consequence and likelihood of (re)occurrence.

**All Risk Assessments within the Trust will identify:**

1. The hazards within the Task/ area being assessed inherent in the work undertaken
2. who and how many people would be affected
3. how often specific events are likely to happen (may be based on frequency of previous occurrence):
4. how severe the effect or consequence would be
5. how controllable the hazards are.

Acceptable risk will be determined using the following traffic light system:

**Severity/consequence**

Given the (in) adequacy of the control measures, how serious the consequences are likely to be for the group, patient or Trust if the risk does occur (using the matrix).

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|  | **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  Reduced performance rating 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  Major patient safety implications if findings are not acted on | 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 |
| **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** | No or minimal impact or breech of guidance/ statutory duty | Breach of statutory legislation  Reduced performance rating if unresolved | Single breech in statutory duty  Challenging external recommendations/ improvement notice | Enforcement action  Multiple breeches in statutory duty  Improvement notices  Low performance rating  Critical report | Multiple breeches 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 <3 days service well below reasonable public expectation | 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  Schedule slippage | 10–25 per cent over project budget  Schedule slippage  Key objectives not met | Incident leading >25 per cent over project budget  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 per cent 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 |
| **Service/business interruption Environmental impact** | Loss/interruption of >1 hour  Minimal or no impact on the environment | Loss/interruption of >8 hours    Minor impact on environment | Loss/interruption of >1 day  Moderate impact on environment | Loss/interruption of >1 week  Major impact on environment | Permanent loss of service or facility  Catastrophic impact on environment |

**Likelihood**

Given the (in) adequacy of the control measures for each risk, decide how likely the risk is to happen according to the following guide. Scores range from 1 for rare to 5 for very likely.

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| **Score** | **Descriptor** | **Description** |
| **1** | **Rare** | Extremely unlikely to happen/recur – may occur only in exceptional circumstances – has never happened before and don’t think it will happen (again) |
| **2** | **Unlikely** | Unlikely to occur/reoccur but possible. Rarely occurred before, less than once per year. Could happen at some time |
| **3** | **Possible** | May occur/reoccur. But not definitely. Happened before but only occasionally - once or twice a year |
| **4** | **Likely** | Will probably occur/reoccur. Has happened before but not regularly – several times a month. Will occur at some time. |
| **5** | **Very Likely** | Continuous exposure to risk. Has happened before regularly and frequently – is expected to happen in most circumstances. Occurs on a daily basis |

**Risk Score is determined by Severity x Likelihood**

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

