

**Risk assessment for a work process or task analysis**

<b>Site: Royal Stoke University Hospital</b> <b>Division: Medicine</b> <b>Ward/ Department: Wards AMU, FEAU, 76A, 76B, 78, 79, 80, 81, 113,117, 120, 121, 122, 126, 230, 233</b>	<b>Work activities:</b> Risk assessment to describe the activation of the “Your Next Patient” (YNP) SOP when Trust at times of heightened escalation  <b>Date: 23rd September 2022</b>
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What is the hazard?	Who is at risk?	What are the existing control measures?	Severity	Likelihood	Rating	Risk Rating	What additional controls are required?	Severity	Likelihood	Rating	Risk Rating
<p>When the Emergency Department (ED) is over capacity and have no capacity in both the Ambulance Assessment area and Majors Cubicles with no immediate ability to create capacity, the decision to trigger the YNP SOP will be made.</p> <p>Effective flow of emergency care patients is critical to ensuring our patients, and those members of the public awaiting an emergency response, receive safe care. This SOP distributes risk which essential to ensure that no one group of patients or staff are</p>	<p>Increasing the nurse to patient ratio via YNP is likely to increase occurrence of missed or delayed aspect of care delivery for patients in those areas</p> <p>The Trust itself may be harmed during activation of YNP due to damage to its reputation, litigation and failure to meet quality related targets.</p> <p>Staff are at</p>	<p>Following a walkabout and reassessment with Deputy Chief Operating Officer, Lead Nurse for Quality &amp; Safety, Lead Nurse – Infection Prevention and Deputy Chief Nurses for Medicine in collaboration with Ward Managers, appropriate additional patient spaces were identified in 12 medical ward areas.</p> <p>Where possible, a definite or potential discharge patient will be sat in the identified appropriate area to free a bedspace for YNP.</p> <p>Where Wards are unable to identify an appropriate definite or potential discharge patient suitable to sit out, Portals will assess and identify a patient (Appendix 1) suitable to move out to an identified appropriate area on a Ward.</p> <p>Where identified additional spaces do not have access to piped oxygen and</p>	4	4	16		<p>The YNP SOP can be enacted during the hours of 08:00 to 16:00, 7 days a week</p> <p>The decision to trigger the YNP SOP can only be made by by COO, Deputy COO, or their nominated deputies, in conjunction with the CSM based on the agreed criteria. Triggering of the YNP SOP will repeat where there is capacity to do so to ensure management of risk throughout the Trust</p> <p>All moves will be co-ordinated by the SMT.</p> <p>Where Wards have no definite or potential discharges or are concerned that patient acuity/staffing resources prevent safe transfer in of “Your next patient”, they should escalate</p>	4	4	16	

<p>adversely affected. Patients held in the back of ambulances or waiting in the Emergency Department are at increased risk of harm.</p> <p>It may be appropriate in this situation to transfer 1 additional patient to each Medical Ward assessed to have an identified appropriate area.</p> <p>The specific hazards of this are:</p> <p>Moving patients into the additional Ward spaces may pose a greater risk of hospital acquired infection due to limited bed spacing in between each bed space and increased ratio of patients per toilet/shower (recommended 4 or 6 patients per 1 toilet/shower depending upon time of ward build).</p> <p>Potential harm to patients moved onto wards as well as pre-existing ward patients due to increased</p>	<p>increased risk of work associated fatigue and stress.</p> <p>Medical teams may have to discharge some patients earlier than initially planned to facilitate YNP activity</p>	<p>suction, cylinder oxygen and portable suction will be identified for use, in case it is required.</p> <p>Portable screens need to be made available to increase privacy and dignity</p> <p>Staff will receive further information about the conditions of the SOP at the relevant Divisional meeting. The aim will be to improve wider understanding of the need to balance risk throughout the organisation during periods of extreme pressure.</p>					<p>concerns to Divisional Leadership Team in hours, CSM out of hours so an assessment of risk can be undertaken and support can be offered as able</p> <p>During standard working hours individual matrons and above will optimise nursing resources using the safe staffing dashboard. Out of hours this role will need to be completed by the site team in conjunction with the OMOD and Divisional Band 7's.</p> <p>Any patients remaining in additional ward space by 17:30 require a plan to be agreed, as a priority, at the 17:30 bed meeting for them to be in a bed space by 20:30 with risk of failure to adhere to be escalated to Divisional Leadership Team in hours or CSM out of hours</p> <p>The duration that patients remain in additional ward space will be digitally monitored via WIS and should not exceed 6 hours with relevant Ward Managers/NICs to escalate patients in additional spaces to their Matron at 4 hours, and Divisional Leadership Team at 5 hours.</p>				
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patient to nurse ratio. This could result in an inability to deliver basic care and also reduce patient safety leading to avoidable falls and pressure damage. The highest risk is during the out of hours period due to a reduced number available to staff from individual divisions and the wider senior team to support.

Increased time on a chair/trolley rather than a bed could increase the risk of pressure damage for patients moved onto wards

Moving additional patients into Ward Bays places these patients in an area where it is more difficult to deliver direct personal patient care which places these patients at an additional level of risk of poor patient experience.

Additional spaces do not all have call bells, increasing the risk of harm.

Additional Spaces do not

The CSM on Duty is responsible for logging each enactment of the YNP SOP and to ensure that one Datix Incident is reported each day that the SOP is enacted, which lists the patients moved and to which area.

Monthly walkabout with Deputy Chief Operating Officer, Lead Nurse for Quality & Safety, Lead Nurse – Infection Prevention and Deputy Chief Nurses for Medicine in collaboration with Ward Managers to seek assurance on compliance.

Divisional Governance Manager and Lead Nurse – Infection Prevention to monitor any increases in Patient Harm and Nosocomial Infection.

all have piped oxygen and suction.

Additional spaces are not all spacious enough for a patient in a trolley or bed to be nursed there.

Lack of privacy/dignity for the patients due to the lack of curtains/screens.

Potential harm to the reputation of the Trust due to increased risk of patient harms on individual wards as described above.

Potential harm to the reputation of the Trust due to patient experience of receiving care in a substandard environment.

Potential increase in complaints from patients or their families if patients not able to be admitted into a bed space in a timely manner

YNP Initiative has potential to have a detrimental effect upon the well-being of ward staff.

<p>Potential increase in readmissions if patients are discharged earlier than initially planned to facilitate YNP</p> <p>Risk of increased regulatory inspection and enforcement notices if assurance regarding safe care delivery cannot be provided; including full adherence to the YNP SOP</p>											
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**Action Plan:**

Action Required	Action Agreed / Alternative Action	Person responsible	Target date	Date completed	Manager sign off
Ward Sisters/Charge Nurses to consider privacy & dignity of patients in additional spaces	Portable screens to be identified/purchased	Ward Sisters/Charge Nurses			
Risk assessment to be shared with senior sisters, matrons and consultants	Action plan to be emailed out to all senior sisters, matrons and consultants				
Risk assessment to be shared with Chief Nurse, Deputy Chief Nurse, Associate Chief Nurse / Deputy Director (Infection Prevention & Sepsis), Divisional teams and Site team.	Action plan to be been emailed out to Chief Nurse, Deputy Chief Nurse, Associate Chief Nurse / Deputy Director (Infection Prevention & Sepsis), Divisional teams and Site team.				
<b>Assessor Print:</b>		<b>Assessor Sign:</b>		<b>Date:</b>	
<b>Manager Print:</b>		<b>Manager Sign:</b>		<b>Date:</b>	
<b>Review date:</b>					