Integrated Care System Shropshire, Telford and Wrekin Logo.
NHS Shropshire, Telford and Wrekin Logo.

**Risk Assessment Code of Practice**

|  |  |
| --- | --- |
| **Author(s) (name and post):** | Alison Smith |
| **Version No.:** | 1 |
| **Approval Date:** | Former CCG Policy Adopted by ICB in July 2022 |
| **Review Date:** | July 2025 |

**Document Control Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Risk Assessment Code of Practice | | |
| Electronic File Name: | Risk Assessment Code of Practice | | |
| ICB Reference No: |  | | |
| Placement in Organisational Structure: | Governance and Corporate Affairs: Risk | | |
| Consultation with stakeholders: | Directors  Audit Committee | | |
| Equality Impact Assessment: | Alison Smith, April 2021 | | |
| Approval Level: | Audit Committee | | |
| Dissemination Date: | 01/07/2022 | Implementation Date: | 01/07/2022 |
| Method of Dissemination: | Website:  All staff: via the staff newsletter/Huddle  Board and lead commissioners: by e-mail for information and dissemination | | |

**Document Amendment History**

|  |  |  |
| --- | --- | --- |
| Version No. | Date | Brief Description |
| Version 1 | 01/07/2022 | Adopted from former CCG Policy |
|  |  |  |

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin website:

[www.shropshiretelfordandwrekin.nhs.uk](http://www.shropshiretelfordandwrekin.nhs.uk)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

**Contents**

[1 Introduction & Purpose 3](#_Toc210916243)

[2 Responsibilities 3](#_Toc210916244)

[2.1 The Chief Executive 3](#_Toc210916245)

[2.2 The Chief Business Officer 3](#_Toc210916246)

[2.3 Managers (including Directors) 3](#_Toc210916247)

[2.4 ICB Staff 4](#_Toc210916248)

[2.5 Midlands and Lancashire Commissioning Support Unit (CSU) Health and Safety Manager 4](#_Toc210916249)

[2.6 Staff Undertaking Risk Assessments 4](#_Toc210916250)

[2.7 The Board and Committees 5](#_Toc210916251)

[3 Five Steps to Risk Assessment 5](#_Toc210916252)

[3.1 Topics to be Considered for Risk Assessment 5](#_Toc210916253)

[3.2 Risk Assessment Schedules 6](#_Toc210916254)

[3.3 Risk Grading 7](#_Toc210916255)

[3.4 Risk Management 7](#_Toc210916256)

[4 Related Documents 8](#_Toc210916257)

[5 Dissemination 8](#_Toc210916258)

[6 Advice and Training 8](#_Toc210916259)

[7 Review and Compliance Monitoring 8](#_Toc210916260)

[Appendix 1 – Risk Assessment Schedule – Systems and Processes 9](#_Toc210916261)

[Appendix 2 – Risk Assessment Schedule – Staff 10](#_Toc210916262)

[Appendix 3 – Patient Risk Assessment Schedule 11](#_Toc210916263)

[Appendix 4 –Risk Assessment Schedule – Follow Up 14](#_Toc210916264)

[Appendix 5 –Risk Matrix 15](#_Toc210916265)

[Appendix 6 – Patient/Clinical Risk Assessment Checklist 18](#_Toc210916266)

# Introduction & Purpose

This code of practice addresses the need for formal identification and assessment of risk to ensure compliance with accepted best practice identified in NHS Shropshire, Telford and Wrekin Integrated Care Board (NHS STW) Risk Management Strategy.

Consequently, the methodology, based upon the Risk Management Strategy, and laid out in this document should be used to assess risks to the NHS STW not meeting its objectives or discharging its statutory duties and risks to its client population that relate to those duties.

This risk assessment code of practice should be applied to the assessment of all types of risks; including health and safety risks, which as an employer under the Health and Safety at Work Act 1974 NHS STW is required to address.

# Responsibilities

## The Chief Executive

The Chief Executive Officer has responsibility for ensuring the NHS STW has a programme of risk management.

## The Chief Business Officer

The Chief Business Officer is the senior manager responsible for risk management.

## Managers (including Directors)

Managers are responsible for the effective management of risks in their related areas and should ensure the implementation of NHS STW Risk Management Strategy and Risk Assessment Code of Practice by:

* Demonstrating personal involvement and support for the promotion of risk management.
* Ensuring that staff accountable to them are aware of and understand risk management in their areas of responsibility.
* Ensuring risks in functions for which they are accountable are identified and managed and mitigating actions implemented.
* Ensuring identified risks, where applicable, are reported on either Board Assurance Framework or appropriate Risk Registers and updated as applicable.
* Ensuring action plans for risks relating to their respective areas are prepared and reviewed on a regular basis.
* Ensuring risks are escalated where they are of a strategic nature.
* Ensuring that learning from events, incidents, risk assessments is disseminated throughout the organisation.

## ICB Staff

Risk management is not simply a corporate function; it is the responsibility of all staff to ensure that, to prevent harm, aid innovation and avoid challenge by the Department of Health/NHS England or by claim or court action, risks to safety and effective working and potential improvements are fully identified and action taken to mitigate wherever possible.

All staff working for NHS STW will:

* Be aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others and to comply with appropriate NHS STW rules, regulations, policies, procedures and guidelines.
* Be familiar with the Risk Management Strategy and Risk Assessment Code of Practice and comply with the requirements stated in each.
* Identify and report risks to their Manager or Director.
* Reporting incidents and complaints as applicable in line with established processes.
* Co-operating with others in the management of risks identified within NHS STW.
* Taking action to protect themselves and others from risk.

## Midlands and Lancashire Commissioning Support Unit (CSU) Health and Safety Manager

The CSU Health and Safety Manager is responsible for:

* + - * providing advice and support to the Governing Body, managers and staff who conduct health and safety risk assessments.
      * ensuring that significant health and safety risks that cannot easily be addressed are escalated through to the appropriate Director or commissioner for further action or consideration for the Board Assurance Framework or Directorate Risk Register.
      * undertaking complex health and safety risk assessments where required, e.g. fire safety risk assessment.

## Staff Undertaking Risk Assessments

Each risk assessment should have a named lead and this person is responsible for ensuring[[1]](#footnote-1):

* appropriate representatives from NHS STW and, where relevant partner organisations, patients and other interested individuals, are asked to participate
* appropriateness and completeness
* all actions resulting from the risk assessment are fully implemented. If leads are not able to implement actions, because they fall outside of their remit, they must ensure that concerns are escalated for consideration by the relevant responsible person.
* disseminating relevant learning within NHS STW and to partner organisations.

Escalating health and safety risks identified by risk assessment to the CSU

## The Board and Committees

**NHS STW Board**

NHS STW Board has ultimate responsibility for approving and monitoring NHS STW’s risk management processes.

**Audit Committee**

NHS STW Audit Committee will focus on the effectiveness of the risk management systems and processes created as part of an effective system of internal control that have been approved by NHS STW Board. It is responsible for assessing the effectiveness of the risk management framework: Board Assurance Framework and Directorate Risk Register, and in particular the adequacy of the implementation of this Strategy and of risk management across NHS STW.

**All Committees**

All committees of NHS STW have a responsibility to actively identify and seek mitigating actions for risks that arise within their area of responsibility as set out in their terms of reference.

# Five Steps to Risk Assessment

As a minimum, all risk assessments must consider the following:

**Step 1: What are the risks?**

**Step 2: Who or what might be harmed and how?**

**Step 3: Are existing processes adequate to manage the risk and if not, what are the actions needed to effectively mitigate the risks?**

**Step 4: Record findings and actions.**

**Step 5: At appropriate intervals, to ensure it remains up to date, review the assessment and progress in implementing actions and revise it if necessary.**

## Topics to be Considered for Risk Assessment

Topics for consideration for risk assessment include, but not limited to:

* New projects, processes and services
* Risks to individual, or groups of, patients
* Scoping for risks being considered for inclusion in the Board Assurance Framework and Directorate Risk Register
* Staff safety risks
* Business continuity risks.

## Risk Assessment Schedules

### General Risk Assessments

This code of practice includes three generic risk assessment schedules;

* one for assessing systems and processes;
* one for assessing staff activities, e.g. visiting a hospital or patient’s home;
* one for assessing risks relating to an individual patient arising from NHS STW commissioning decisions, e.g. activities of a patient who NHS STW staff are assessing,

and are provided in the appendices to this code of practice.

Also attached is a fourth schedule for reviewing assessments completed in the past.

**Appendix 1: Systems and Processes Risk Assessment**

**Appendix 2: Staff Risk Assessment**

**Appendix 3: Patient Risk Assessment**

**Appendix 4: Risk Assessment Follow Up**

### Health and Safety

All health and safety risk assessments must be conducted in accordance with NHS STW Health and Safety Policy and guidance received from the CSU.

By way of guidance and support for both managers and staff around specific health and safety issues and assessing risk, NHS STW has developed specific risk assessment policies/codes of practice (which can be found on NHS STW website) for:

* pregnant staff - Maternity Risk Assessment Code of Practice
* stress - Managing Mental Wellbeing and Resilience Code of Practice
* display screen equipment – Display Screen Equipment Policy

These risk assessments have been tailored to the specific problems and

based upon Health and Safety Executive guidance.

## Risk Grading

All risks, identified by risk assessments, should be graded using the matrix from the Risk Management Framework and provided as appendix 5 to this code of practice.

Risks should be graded in the context of the risk assessment, i.e. risk to the person or system being assessed.

Staff conducting risk assessments should report risks graded red or purple to the relevant Manager of the service and respective Director to ensure their awareness and enable them to consider such risks in a broader context (see section 2.4).

The level of risk is determined by a measurement of consequence (outcome) against likelihood (probability), by using a risk matrix. More detail can be found in the Risk Management Strategy.

The following definitions of these parameters are used:

**Consequence:** the outcome of an event expressed qualitatively or quantitatively, being a loss, injury, disadvantage or gain. There may be a range of possible outcomes associated with an event.

**Likelihood:** a qualitative description of probability or frequency.

**Appendix 5: Risk Matrix**

## Risk Management

Once a risk is identified it is possible to either identify and implement suitable controls to mitigate the risk or accept the risk and make no changes to current practice. The latter is only acceptable when the risk is graded green or yellow or implementation of further controls is impractical or not cost effective.

The level of responsibility at which risk can be managed will vary depending on the rating of that risk determined from the matrix above. Consequently:

|  |  |
| --- | --- |
| Green (very low) | Largely these should be considered and managed locally by appropriate staff and may be accepted without consideration of mitigation. |
| Yellow (low) |
| Amber (moderate) | These risks should also be managed locally but significant effort should be made to mitigate them in a cost effective manner. Escalation to Director or service manager may be appropriate. |
| Red  (high) | These risks should be reported to the relevant lead director or deputy director/head of service, who should ensure cost effective mitigation and consider whether the risk should be reflected on the Board Assurance Framework or Directorate Risk Register. Where a risk is graded at extreme and may cause imminent danger then this should be escalated to the respective Director and Chief Executive Officer, who will make a decision about whether this will require reporting immediately to Governing Body members. |
| Extreme |

Where actions are required to sufficiently mitigate an identified risk, the lead for the risk assessment, should ensure that an action plan is drawn up and its implementation effectively monitored.

It is acknowledged that risks may be shared with other organisations that NHS STW works with jointly to commission and deliver care to particular groups of patients or through a collaborative project.

As a consequence risk management activity including incident investigation and risk assessment will sometimes involve joint working with other organisations and the resulting action plans will reflect their involvement and responsibilities. In these instances every effort should be made by NHS STW lead for the risk assessment to encourage and participate in the development and implementation of multiagency action plans.

# Related Documents

The following documents contain information that relates to this policy:

* Risk Management Strategy
* Health and Safety Policy
* Display Screen Equipment Policy
* Fire Safety Policy
* Office Safety Policy
* Lone Working Policy
* Managing Violence, Aggression and Vexatious People Policy
* Maternity Risk Assessment Code of Practice
* Managing Mental Wellbeing and Resilience Risk Assessment Code of Practice

# Dissemination

**Website**

**All staff:** via the staff newsletter and Huddle

**Governing Body and lead commissioners**: by e-mail for information and dissemination.

# Advice and Training

The Chief Business Officer will provide relevant advice and support in the use of this code of practice. Advice on health and safety risk assessments is provided by the CSU Health and Safety Manager.

# Review and Compliance Monitoring

This code of practice will be reviewed every three years by the Audit Committee, for approval.

# Appendix 1 – Risk Assessment Schedule – Systems and Processes

|  |  |
| --- | --- |
| **Department:** | **Assessment Conducted by:** |
|  | **Date:** |
|  | **Review Date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | Risks and the people who may be affected | Current controls | Consequence x Likelihood = Risk Factor | Actions | Responsible Officer / Implementation Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Appendix 2 – Risk Assessment Schedule – Staff

|  |  |
| --- | --- |
| **Department:** | **Assessment Conducted by:** |
|  | **Date:** |
|  | **Review Date:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Task / Location | Risks and the people who may be affected | Current controls | Consequence x Likelihood = Risk Factor | Actions | Responsible Officer / Implementation Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Appendix 3 – Patient Risk Assessment Schedule

Please complete this risk assessment for all new patients and patients where there have been significant changes in their condition, circumstances or behaviour.

Patient name and NHS number:…………………………………………………………..

Completed by (name and post):…………………………………………………………..

Date:………………………………………………………………………………………….

What risks, relating to this patient and their home, have you identified?

In making the risk assessment you may wish to consider the patient/clinical risk assessment checklist in appendix 6 to this document:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number | Risk[[2]](#footnote-2) [[3]](#footnote-3) | What actions will you take to reduce the risk?[[4]](#footnote-4) | Do you need to undertake a specific risk assessment?[[5]](#footnote-5) | Completed  Date / initials |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

Are any of the risks you have identified of sufficient concern for you to report it to your line manager?

YES/NO: ………

If Yes, provide details of what you will report:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

# Appendix 4 –Risk Assessment Schedule – Follow Up

|  |  |
| --- | --- |
| **Department:** | **Original Assessment Conducted by:** |
| **Follow up conducted by:** | **Date:** |
|  | **Review Date:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recommendation | Implemented  Yes / No | Further Action | Responsible Officer | Implementation Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Appendix 5 –Risk Matrix

The risk evaluation matrix is a simple approach to quantifying risk by defining qualitative measures of consequence (severity) and likelihood (frequency or probability) using a simple 1 – 5 rating system. This allows the construction of a risk matrix, which can be used as the basis of identifying and analysing risk. The risk score is Consequence x Likelihood.

**Consequence (severity)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Consequence score (severity levels) and examples of descriptors** | | | | |
| **Domains** | **1 Negligible** | **2 Minor** | **3 Moderate** | **4 Major** | **5 Extreme** |
| **Impact on the safety of patients, staff or public (physical/ psychological harm)** | Minimal injury or illness, 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 petients |
| **Quality/ complaints/audit** | Peripheral element of treatment or service suboptimal  Informal complaint/ inquiry | Overall treatment or service suboptimal  Formal complaint  Local resolution  Single failure to meet standards  Minor implications for patient safety unresolved  Reduced performance rating if unresolved | Treatment or service has significantly reduced effectiveness  Formal 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 upon | 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 /services  Gross failure of patient safety if findings not acted upon  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 fo staff  Unsafe staffing level or competence (>5 days)  Loss fo key staff  Very low staff morale  No staff ateending mandatory/key training | Non-delivery of key objective/ services 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 breach of guidance/ statutory duty | Breach of statutory legislation  Reduced performance rating if unresolved | Single breach in statutory duty  Challenging external recommendation/ improvement notice | Enforcement action  Multiple breaches in statutory duty  Improvement notices  Low performance rating  Critical report | Multiple breaches in statutory duty  Prosecution  Complete systems change required  Zero performance rating  Severity critical report |
| **Adverse publicity** | 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 raised 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 | Non-compliance with national 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 |
| **Financial Risk in relation to ICBs** | Insignificant cost increase | 1-2% over plan/target | 2-5% over plan/target | 5-10% over plan/target | >10% over plan/target |
| **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 (frequency or probability)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Likelihood Score** | **1** | **2** | **3** | **4** | **5** |
| **Descriptor** | **Rare** | **Unlikely** | **Possible** | **Likely** | **Almost certain** |
| **Frequency**  How often might it happen/does it happen? | This will probably never happen/ recur | Do not expect it to happen/recur but it is possible it may do so | Might happen or recur occasionally | Will probably happen/recur but it is not a persisting issue | Will undoubtedly happen/recur, possibly frequently |
| **Probability**  Will it happen or not? | <0.1 per cent | 0.1 – 1 per cent | 1 – 10 per cent | 10 – 50 per cent | >50 per cent |

**Risk Score (Consequence x Likelihood)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Likelihood** | | | | |
| **Consequence** | **1 Rare** | **2 Unlikely** | **3 Possible** | **4 Likely** | **5 Almost Certain** |
| **1 Negligible** | **1 VERY LOW** | **2 VERY LOW** | **3 VERY LOW** | **4 LOW** | **5 LOW** |
| **2 Minor** | **2 VERY LOW** | **4 LOW** | **6 LOW** | **8 MODERATE** | **10 MODERATE** |
| **3 Moderate** | **3 VERY LOW** | **6 LOW** | **9 MODERATE** | **12 HIGH** | **15 HIGH** |
| **4 Major** | **4 LOW** | **8 MODERATE** | **12 HIGH** | **16 HIGH** | **20 EXTREME** |
| **5 Catastrophic** | **5 LOW** | **10 MODERATE** | **15 HIGH** | **20 EXTREME** | **25 EXTREME** |

|  |  |  |
| --- | --- | --- |
|  | 1 – 3 | Very Low risk |
|  | 4 – 6 | Low risk |
|  | 8 – 10 | Moderate risk |
|  | 12 – 16 | High risk |
|  | 20 – 25 | Extreme risk |

# Appendix 6 – Patient/Clinical Risk Assessment Checklist

The following is a non-exhaustive checklist of factors that should be considered when considering risk:

* Moving and handling
* Violence, aggression or challenging behaviours from patient/family or visitors
* Falls from windows and balconies
* Scalding and burning
* Bedrail entrapment
* Equipment/safety/training
* Medicines and Healthcare products
* Electrical safety
* Slips, trips and falls on the level
* Hazardous substances, infections, infestations or person and property
* Medicines and drugs
* Hot water and surfaces
* Physical healthcare needs of the patient, including choking, skin, breathing, Altered States of Consciousness.
* Psychological and emotional needs of the patient, including risk of suicide
* Known risk to others including domestic violence, children, staff,
* Pets
* Safe working environment including access to floor space (free of clutter), working in a smoking environment, or environment with illicit drugs being taken.
* Access and egress issues, distance from car to place of work, security such as key codes.
* Areas of Social deprivation and associated perceived risks
* Temperature of working environment
* Lighting
* Risk of care being cancelled or failure of care to be given
* Weather
* Other, please specify

EQUALITY IMPACT ASSESSMENT

**Stage 1 Initial screening**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the proposed policy/service/function:** Risk Assessment Code of Practice | | | |
| **Author(s) of the policy/service/function: Alison Smith, Chief Business Officer**  **Directorate**: **Governance & Corporate Affairs** **Date** **created: July 2021 Date for review: July 2025** | | | |
| **The main aims of the policy or proposed policy/service/function:**  This code of practice outlines the procedure for carrying out a risk assessment for inclusion in the Board Assurance Framework and Directorate/Primary Care Commissioning Risk Registers. | | | |
| **The intended objectives and outcomes of the policy/service/function:**  The code of practice will ensure that risks are assessed using the same methodology and risks identified in a wide range of, largely external sources, are considered for inclusion in NHS STW risk registers. | | | |
| **Does the policy/service/function affect any of the following groups of people? (Y or N)** | | | |
| **Group** | **Positive impact** | **Negative impact** | **Why? (Please explain your reasons. This section must be completed)** |
| Race | √ |  | This code of practice is inclusive for all minority groups – it offers no areas for exclusion. By undertaking risk assessments some groups of patients/staff may be at more risk because of particular characteristics and therefore undertaking risk assessments can ensure that the NHS STW mitigates these risks for their particular circumstances. |
| Gender | √ |  | See above. |
| Disability | √ |  | See above. |
| Sexual orientation | √ |  | See above. |
| Age | √ |  | See above. |
| Religion or belief | √ |  | See above. |
| Gender reassignment | √ |  | See above. |
| Pregnancy and Maternity | √ |  | See above. |
| Marriage and Civil Partnership | √ |  | See above. |

**NOTE**:

Positive impact – there may be a positive impact on any of the groups above in relation to promoting equal opportunities and equality. For example, a targeted programme for black and minority ethnic women would have a positive effect on that group compared to white women and all men. It is not, however, necessarily an adverse impact on white women and men.

Negative impact – there may be a negative impact on any of the groups (i.e. disadvantage them in any way). An example of this would be that if an event were to be held in a building with no loop facilities a negative and adverse impact would affect attendees with a hearing impairment

|  |
| --- |
| **What evidence has been used to screen the policy? (e.g. monitoring data, consultation, focus groups, local population data):**  The code of practice is all inclusive; all matters will be treated equally using the risk assessment methodology outlined. |
| **What monitoring arrangements are in place for the future?**  Compliance with this code of practice will be monitored by the Corporate Affairs Manager and reported within the annual risk management report to Audit Committee. |

If no negative or adverse impact has been identified please sign off and the process ends here.

|  |
| --- |
| **Signature** Alison Smith………………………………………….……. **Date:** 01 July 2022 |

If a negative or adverse impact has been identified please proceed to stage 2.

1. With, where necessary, appropriate support from the CSU Health and Safety Manager. [↑](#footnote-ref-1)
2. Support this with other documents, which provide evidence of the risk, where appropriate, e.g. incident reports, clinical notes. [↑](#footnote-ref-2)
3. Refer to the Patient Risk Assessment Checklist in appendix 6. [↑](#footnote-ref-3)
4. Support this with an action plan where appropriate. [↑](#footnote-ref-4)
5. 5 E.g. lone working, manual handling, risk of falls, infection control, equipment, violence and aggression.

   Ensure copies of these are placed on file. CONTINUED OVER [↑](#footnote-ref-5)