

RISK ASSESSMENT FORM											
Dept Ref No	XR232	Location	Radiology								
Date	06/09/2018	Ward/Dept/Area	Nuclear Medicine								
1 Identify the activity (Task)		Future Supply of Radiopharmaceuticals in the UK									
2 Identify what might cause harm (e.g. electricity) and the risks associated with the hazard (e.g. electrocution, burns, fire) – use A,B,C to identify each separate hazard								Who might be harmed and how S = Staff V = Visitor P = Patient O = Other			
A	Reduced access to or suspension of the Nuclear Medicine service						<p>S – Stress involved managing referrals, role changes and anxiety about career</p> <p>P – delay to diagnosis and treatment delay</p> <p>O – Litigation against trust, negative affect on trust reputation.</p> <p>Financial implications as NM procedures may become more expensive.</p> <p>Increased pressure on other modalities as patients sent for alternative imaging.</p> <p>Increased cost of alternative investigations.</p>				
3 What are you doing now to manage the risk (Existing control measures)							4 Evaluation of risk (Considering what you are doing now assess the risk, using tables 1, 2 and 3 for guidance)				
							Consequence (1 - 5)	X	Likelihood (1 - 5)	=	Level of risk (1-25)
A	Maintain close contact with Christie Radiopharmacy regarding supply issues and contingency measures						4	X	4	=	16
A	Ensure ARSAC licence holders are updated about supply issues						4	X	4	=	16
A	Keep waiting times to a minimum, make best use of radiopharmaceuticals, effective and efficient booking to prevent waste						4	X	4	=	16
A	Consider alternative imaging tests if no access to NM procedures						4	X	4	=	16
5 Do you need to do anything else to control the risk (Additional controls measures required to reduce the risk, see table 4)							6 What would be the risk if all the additional actions were implemented (Residual risk)				
		Responsible Person	Action Date	Consequence (1 - 5)	X	Likelihood (1 - 5)	=	Level of risk (1-25)			
A	Consider rotation of staff to facilitate cross cover	NM Manager	TBC	2	x	3	=	6			
A	Communicate and share information with NM departments in the region, check BNMS website for updates	NM Manager and senior staff	Ongoing	2	X	3	=	6			
A	Annual update of Business Continuity Plan to reflect any changes in practice or facilities (RAD/PLAN/001)	Radiology Directorate Manager	Annual	3	X	1	=	3			
7 Review and Signature (This assessment must be reviewed after significant change in the activity or hazard, or over a defined time period e.g. daily, weekly, monthly quarterly, annual)											
Review Period	Bi-monthly	Signature of Assessor		V Holt							
		Signature of Manager		Vera Mountain							
Action taken by Manager											
8 Review of this assessment (If there is no significant change in the assessment then signing and dating the assessment below after the specified review period)											

Date of Review(s)				
This assessment should be shared with everybody who may be affected by the hazard and stored appropriately				
Guidance - Consequence and Likelihood Risk Assessment Scoring Process (Level of Risk = Consequence x Likelihood) <ol style="list-style-type: none">1. Use Table 1 (below) to determine the Consequence (C) score(s). Choose the most appropriate description for the identified risk from the left hand side. Then work along the columns in the same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.2. Use Table 2 to determine the Likelihood (L) score(s).3. Calculate the Level of Risk by multiplying the Consequence by the Likelihood = Level of Risk.				

Table 1 - Consequence Definitions					
Score	1	2	3	4	5
Descriptor	Insignificant	Minor	Moderate	Major	Catastrophic
Injury to staff or patient	Minor injury not requiring first aid	Short-term, minor injury or illness, first aid treatment needed. Resolved within one month.	Semi-permanent injury/damage, takes up to one year to resolve	RIDDOR reportable, Major injuries, or long term incapacity / permanent disability	Death
Patient Experience/ Complaint	Unsatisfactory patient experience not directly related to patient care	Unsatisfactory patient experience – readily resolvable	Mismanagement of patient care – minor effects	Mismanagement of patient care – major effects	Totally unsatisfactory patient experience Including unnecessary death Safeguarding issue
	Informal - locally resolved complaint	Informal - justified complaint peripheral to clinical care	25 day resolution Formal or Informal - Justified complaint involving lack of appropriate care	25 day resolution Formal - Multiple justified complaints	35 day resolution Formal - Multiple claims or single major claim
Claim Potential	Formal Complaint but no physical injury or damage caused	Minor injury claim with complete recovery with no residual disability	Moderately severe injury with minimal on-going symptoms but ultimate recovery	Serious significant injury resulting in long standing disability both physical and psychological	Severe significant injury resulting in significant permanent disability affecting all areas of family and social life
Quality	Informal complaint / inquiry	Non-compliance with standards. e.g. local department procedures/practices	Non-compliance with standards. e.g. service procedures/practices	Non-compliance with standards. e.g. Trust wide policy or procedure	Non-compliance with national standards. e.g. NICE guidance
Interruption	Loss / interruption > 1 hour	Loss / interruption > 8 hours	Loss / interruption > 1 day	Loss / interruption > 1 week	Permanent loss of service or facility
Objectives / Projects	Minor cost increase/ schedule slippage. Barely noticeable reduction in scope / quality	< 5% over budget / schedule slippage. Minor reduction in quality / scope	5 – 10% over budget / schedule slippage. Reduction in scope or quality requiring client approval	10 – 25% over budget / schedule slippage. Doesn't meet secondary objectives	> 25% over budget / schedule slippage. Doesn't meet primary objectives
Recruitment/ Sickness	Short-term low staffing levels (less than 1 day)	On-going short-term low staffing levels (1 day repeatedly)	Medium-term low staffing levels (1-3 days)	On-going medium -term low staffing levels (up to 5 days) National Day of Strike Action	Long-term low staffing levels, such as pandemic influenza (over 5 days)
Safe Establishment Levels	Unsafe staffing level based on national guidance (less than 1 day)	Unsafe staffing level based on national guidance (1 day repeatedly)	Unsafe staffing level based on national guidance (1-3 days)	Unsafe staffing level based on national guidance (up to 5 days)	Unsafe staffing level based on national guidance (over 5 days)
Training/ Competence	E.g. Insufficient patient details written on a form/document due to lack of record keeping training.	E.g. An injury from a violent patient/visitor following a mismanaged conflict situation due to lack of Conflict Resolution Training.	E.g. Minor error due to insufficient training around health and safety issues such as tripping over misplaced objects.	E.g. Serious error due to insufficient training such as Basic Life Support training for a lone worker or handling injury for staff or patient	E.g. Critical error due to insufficient training such as the death of a baby due to an out of date midwife
Financial	Loss < £1,500	Loss £1,500 - £7,500	Loss £7,500 - £50,000	Loss £50,000 - £500,000	Loss > £500,000
External Audit	Minor recommendations. Minor non-compliance with standards	Moderate recommendations given. Non-compliance with standards	Reduced rating. Challenging recommendations. Non-compliance with core standards	Enforcement Action. Low rating. Critical report. Multiple challenging recommendations. Major non-compliance with core standards	Prosecution. Zero rating. Severely critical report.
Adverse Publicity / Reputation	Rumours	Local Media – letter or one off concern/comment	Local Media – short term Social Media – short term	Local Media/Social Media–long term National Media < 3 days Whistle blowing with evidence Critical reporting (Dr Foster/CQC)	National Media > 3 Days. (Special measures) MP Concern (Questions in House)
Information Governance - loss, misuse or failure to protect person identifiable information.	Basic person identifiable information only – e.g. name and address (equivalent to telephone directory), no further information relating to healthcare.	Person identifiable plus limited health information – e.g. clinic appointment date/time details.	Person identifiable plus e.g. Health information such as ward handover sheet including Investigations, treatment or diagnosis or Individuals affected may suffer significant detriment e.g. financial loss	Person identifiable information plus detailed health information e.g. patient health record.	Person identifiable information plus; Particularly sensitive health information e.g. patient health record holds information relating to HIV, STD, Mental Health, Children. Individuals affected have been placed at risk of physical harm.
Staffing and Competence regarding Equality and Diversity	100% of staff have received training in Equality and Human Rights and feel competent to deliver EDHR in relation to their job role	75% of staff have received training in Equality and Human Rights and feel competent to deliver EDHR in relation to their job role	50% of staff have received training in Equality and Human Rights and feel competent to deliver EDHR in relation to their job role	25% of staff have received training in Equality and Human Rights and feel competent to deliver EDHR in relation to their job role	Non-delivery of key objective/service due to lack of staff. Loss of key staff. Critical error due to insufficient training Staff not had any training in Equality and Human Rights

Table 2 - Likelihood Definitions					
Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Definitions	Situation well managed Can't believe it can happen with the identified controls in place	Generally well managed	Insufficient controls in place	Serious failures in Management Control	Absence of management control
		Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
		don't expect it to happen but it is possible	May occur occasionally	Will probably occur but is not a persisting issue	Likely to occur on many occasions

Table 3 - Risk Level Estimator						
Likelihood Rating		Consequence Rating				
		Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Catastrophic	5	25	20	15	10	5
Major	4	20	16	12	8	4
Moderate	3	15	12	9	6	3
Minor	2	10	8	6	4	2
Insignificant	1	5	4	3	2	1

Key:
High Risk
Significant risk
Moderate risk
Low risk

Table 4 - Action Table	
Risk Colour	Action
GREEN	<ul style="list-style-type: none"> Accept the Risk No further action is required. Supervision is required to ensure that all the controls are actually used ensure the risk remains within this colour band. Assessment form should be kept in local risk folder which demonstrates an awareness of a potential hazard and assessment of risk.
YELLOW	<ul style="list-style-type: none"> Retaining the risk at department level, if the controls identified cannot be implemented. If the risk can be reduced further consideration may be given to a more cost effective solution or improvement that imposes no or limited additional cost burden. If no additional controls can be implemented or the risk cannot be reduced further, supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour band. Assessment form should be kept in local risk folder which demonstrates an awareness of a potential hazard and assessment of risk.
AMBER	<ul style="list-style-type: none"> Immediately escalate to Divisional Quality Manager, Divisional Director or Deputy/Assistant Director level for escalation to the Divisions Senior Management Team Escalate on to the appropriate department or divisional risk register via the Divisional Governance Committee or equivalent, as the departments controls identified cannot be implemented. Risk reduction measures should be implemented within a defined time period. If the risk can be reduced further efforts should be made to reduce the risk, but the costs, time and effort necessary for prevention should be measured and be in proportion to the risk. If no additional controls can be implemented or the risk cannot be reduced further, appropriate levels of supervision must be in place to ensure that the controls are used and remain effective to ensure that the risk remains within this colour banding. If necessary the Risk Management Department should be contacted for further advice on risk reduction measures.
RED	<ul style="list-style-type: none"> Immediately escalate to the Divisional Quality Manager, Divisional Director or Deputy/Assistant Director level and the Risk Management Department (Emergency Planning Manager) for escalation to the Executive Directors Meeting. Escalate to the Risk Committee for inclusion on the Corporate Risk Register via the Divisional Governance Committee or equivalent, as the departments controls identified cannot be implemented. Where the risk involves work in progress, urgent remedial action to avoid or reduce the risks should be taken. Work should not be started until the risk has been reduced. Considerable resources may have to be allocated to reduce the risk to an acceptable level. Contact the Risk Management Department for further advice.



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Dear colleagues

We held a BNMS council meeting yesterday in which the supply of radiopharmaceuticals post our leaving the European Union was discussed. Whatever happens concerning a transitional arrangement or a no-deal "Brexit" there may well be disruption to the supply of radiopharmaceuticals. Unlike other medicines we cannot stockpile radiopharmaceuticals so any delays at new border arrangements may impact the time a delivery can be made and the activity delivered

Due to changes in the exchange rate of the pound and increased costs of importation and customs clearance it is also likely to be an increased cost for the radiopharmaceuticals and delivery costs

The council believe it would be prudent to ensure that these possible delivery issues and costs changes are flagged to your hospital/NHS Trust by adding these issues to your local risk register. It is our belief these should be added at the highest priority e.g. a "red risk"

It is always our hope that we have no problems after March 29th but feel we should all be prepared

With kind regards

Yours Sincerely

John Buscombe, President

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