AGENCY NURSING

RISK ASSESSMENT TOOL
To be completed for all requests for Agency both contract & non contract.

SITUATION
Clinical Board
Department/Ward
Speciality
Date

Funded establishment	-	Number of Registered and Non registered

Nurses Rosters on Duty   -   Monday – Friday   R......   NR ....
                                          Saturday – Sunday   R......   NR ....

Experience required   -   RGN Generic Skills/Specialist Skills
                                          eg.   Theatres/Midwifery

BACKGROUND
Shift Date   ....

Start Time   ....

Finish Time   ....

Gap identified   eg. RGN 12 hour shift.......................................

Reason for Gap   ....

AL	-	Annual Leave	PD	-	Patient Dependency
SL	-	Sick Leave	O	-	Observation
CL	-	Carers Leave	AP/CP	-	Adult/Child Protection Issues
ML	-	Maternity Leave	S	-	Suicidal
Comp	-	Compassionate Leave	A	-	Absconding Risk
TD	-	Training	NF	-	Nurse Bank Unable to Fill
S	-	Short/Long Term Sickness			

Bank and Agency should not routinely be used for Annual Leave and Study Leave .

When did gap come to light………………………………….. Date and Time

Nurse Bank approached unable to fill ……………………….. Date and Time

Unit Informed   Yes/No

Specialist Skills not available   Yes/No

ASSESSMENT
Risk Assessment Tool – requesting Agency Nurse

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Inability to monitor and respond to patients needs adequately				
Increased likelihood of fundamental core and dignity compromised				
Ability to meet complex health care needs compromised				
No registered nurse on duty				

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Possible delays and in treatment likely				
Inappropriate skill mix				
Inadequate staff with the required knowledge and skills within speciality				
Increased likelihood of errors drugs/other please specify…………				

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Mis-reading of results. Inadequate time to effectively communicate with patient, relatives and staff				
Reduced capacity to respond when resuscitation required				
Reduced capacity/appropriate skills to restraint, apply Holding Power (RMN) only				
Risk of wording and/or Falls				

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Increased numbers with memory and cognitive impairment				
Risk of Others (aggression, violence, abuse, exploitation – Adult Protection Guidelines)				
Risk to Children (Child Protection Guidelines)				

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Risk of Neglect – failing to eat or drink properly – Difficulties maintaining hygiene – Difficulties communicating needs – Denial of problems perceived by others				
Requirement to readjust staffing levels skill mix				
Requirement to readjust admission criteria, close beds				

Identified Risks	Actions taken within area to mitigate	Actions taken by Service/ Operational Manager	Level of Risk	Signed
Unable to maintain safe effective service				

Remedial action taken at ward level – including review of skill mix, workload, additional hours offered to all PT staff, including those off duty, moved staff from later in the week, swap or TB

Summary of actions taken and remaining risk level

Remedial action taken at Operational/Service Manager level, including review of staffing across Clinical Boards and beyond.   Review of occupied beds and dependency across hospital, including resources deployed in other departments.

Describe Actions taken and Risk Level

Remedial action taken at Operational/Service Manager level, including review of staffing across Clinical Boards and beyond. Review of occupied beds and dependency across hospital, including resources deployed in other departments.

Describe Actions taken and Risk Level

Remedial actions taken by General Manager, Associate Director of Nursing, including a full review of perceived risks, what is the actual level of risk, what further actions can be taken

Describe Actions taken and Risk Level

If the risk level cannot be further mitigated against, tolerated or accepted escalation to Director on Call for Consultation or agency.

Short Summary

Recommendation with rationale in particular likely impact on Patient Safety and Business Continuity – waiting times, specialist services incur ECR costs, adverse publicity, reputations.

Level of Risk	High/Medium/Low

Can the risk level by tolerated   - Yes/No

Can the risk be accepted   - Yes/No

If this is no……

Escalation Process – Chief Operating Officer/ Director on Call
(Record Decision)

If the risk level cannot be further mitigated against, tolerated or accepted escalation to Director on Call for discussion and /or agreement to go to Agency.

Completed by   Signed   Date

…………………………..   …………………………..   …………………………..

Authorisation :   Chief Operating Officer (in hours)/
                                     Director on call (out of hours)

Risk to be tolerated   Yes/No

Non Contract Agency   Yes/No

Agency   Yes/No

Signed   …………………………..

Date   …………………………..

Time   …………………………..