

CLINICAL RISK ASSESSMENT

Clinical risk assessment is necessary by staff that see and treat patients in order to identify any actual or potential risk that could compromise the patient and staff involved.

Risk Assessment Date: 18/02/15								
Area of Risk Assessment: NEONATAL UNIT								
Criteria for Assessment	Comments	Action Taken	Risk Score	Review Date				
Training and Supervision of Staff								
Do you have members of staff, either medical or other who undertake sub-specialist work?	Yes – Nursing staff who have completed the enhancing Neonatal Practice (R23) course are qualified to undertake certain clinical procedures i.e. cannulation, sampling from Arterial lines and venepuncture.	None, training completed	5	Feb 2016				
	Nurses who complete the Neonatal ITU course are able to cannulate & perform venepuncture.							



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How is the training organised?	Nursing staff attend external courses at Manchester Central University for the ENB R23 course.	There is an on-going training programme for all Neonatal staff	8	Feb 2016
	The ITU course, Neonatal Induction course and the NLS are attended at the Liverpool Women's Hospital.			
	Neonatal staff attends in house Mandatory training and annual updates arranged by the Neonatal Practice Facilitator.			
Are all staff training records kept and entered into the ESR data-base?	Yes either by the Trust trainer, Neonatal Practice Facilitator and the Oracle database		5	Feb 2016
Do your staff work in teams and are these teams adequately trained and staffed?	Each shift is staffed by a team of nurses with the appropriate skill mix		8	Feb 2016



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Are there any staff shortages within the area which impact on patient safety?	There are staff shortages due to sickness and vacancies. Also it is recognised that there are staff shortages according to the BAPM guideline for staffing Neonatal Units. This has been inputted on the risk register and highlighted as an outstanding issue. A business proposal was completed and a business case is being prepared.	To book designated staff from the Neonatal Bank to cover sickness and over capacity issues. Try to maintain safe patient to staff ratios where possible by transferring infants in utero or as soon as they have delivered to transfer to other neonatal units. Escalation policy in place. This is also included and has been escalated on the risk register	12	Feb 2016				