Education & Training Risk Assessment

Risk Assessment Process
The requirements for each step within this Risk Assessment Process are detailed in the relevant box.

Steps:

1. *Education & Training Details*
2. *Carry out Risk Analysis*
3. *Consult* with relevant content experts &/or key stakeholders (i.e. N/M Educators, Line Managers) to determine potential risks/actual issues
4. *Determine* Target Audience
5. *Consider* Organisational Capacity to facilitate education/training, e.g.
6. Complete *Risk Evaluation* to determine the significance of risk
7. Escalate proposed ***Education & Training Risk Assessment*** to relevant Service Line/professional lead &/or governance committee for approval to commence planning & implementation of proposed education/training
   - If proposed education/training ***rejected***, then progress consultation to explore requirement for further identification & implementation of Controls &/or relative assessment of *Risk Appetite* & *Risk Tolerance*.
   - If proposed education/training ***approved*** then complete a *MNHHS Clinical Learning Resources (CLR) Request & Training & Education Plan* to determine:
     - Compliance percentage for identified target audience (based on *Response to Risk = Training Compliance Requirement*)
     - Implementation strategy/ies for proposed education/training
     - Resources (physical, human & fiscal) required for implementation
     - Timeframe for implementation & achievement of compliance standard (based on Risk Evaluation)

Step 1: Education & Training Details
Identify the details of the proposed education/training for consideration.

Education & Training Details

Risk Assessment Date	Click or tap to enter a date.
Source nominating the education/ training requirement	QH ☐ MNHHS ☐ Facility/service/ directorate: ☐ Click or tap here to enter text. Service/work unit: ☐ Click or tap here to enter text.
Education/ Training Title	Click or tap here to enter text.

Education/Training Description

Click or tap here to enter text.

Step 2: Carry out *Risk Analysis*
Identify the potential Risk/s & actual Issues if staff do not have the skills/knowledge in the proposed activity.

Legal & Regulatory

- *Legislation* (inclusive of Acts, Regulations, or industry Code of Practice) ☐
- *Mandatory Training*, e.g. Training identified by MNHHS within the *Legislative & Mandatory Training procedure* ☐
- *Requisite Training* requirement determined by the profession, service line/work unit ☐
- Change to policy, procedure, standards and/or best practice guideline ☐

Work Health & Safety
i.e. potential for harm to staff & visitors

- OHS audit data, e.g., Work Cover trends ☐
- Identified *hazard*, e.g., biological, chemical, radiation/laser, etc ☐

Health Service Delivery (Clinical)
i.e. potential for harm to patients/consumers

- Clinical audit data ☐
- Critical incident data ☐
- Workforce audit data ☐

Business operations
i.e. requirement for education/training that may have impact for business functions/ outputs (e.g. delays to service delivery; financial implications; adverse events, etc.)

- Equipment ☐
- IT Systems & Applications ☐
- Recruitment systems ☐
- Other: ☐
  Click or tap here to enter text.

Project/Program Performance

- Impact on objectives requiring changes in:
  - Activities ☐
  - Resource allocations ☐
  - Review/change to project/program plan ☐
- Delay to:
  - Administration processes ☐
  - Workflow ☐
  - Corporate programs/initiatives ☐

Risk Description

Click or tap here to enter text.

Step 3: Consult with relevant content experts &/or key stakeholders

Step 4: Determine Target Audience
Determine the Target Audience for the proposed education/training & skills/knowledge development.

Work area specific	MNHHS-wide	☐
	Facility/service/directorate-wide Click or tap here to enter text.	☐
	Identified/high-risk workunit/s Click or tap here to enter text.	☐
Classification/ role-specific	Nurse/Midwives:	
	– G9 or above	☐
	– G8 Nurse Practitioner	☐
	– G7 Click or tap here to enter text.	☐
	– G6 CN/M or CN/M CF	☐
	– G5 RNs/Midwives	☐
	– G4 ENAS	☐
	– G3 ENs	☐
	– G1, 2 AINs, or Undergraduate Students in Nursing/ Midwifery	☐
	Medical/Dental Officers: Click or tap here to enter text.	☐
	Health Professionals: Click or tap here to enter text.	☐
	Administrative Officers: Click or tap here to enter text.	☐
	Other (state): Click or tap here to enter text.	☐

Step 5: Consider organisational capacity to facilitate education/training
Does the facility/service/directorate/work unit in which the education/training will be performed have the capacity to support the activity e.g.

- *Are there systems & processes in place for ongoing education; monitoring of compliance; & clinical, professional &/or organisational standards?*

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Step 6: *Risk Evaluation*

Complete the below Risk Evaluation to determine the significance of risk.

Identified Risks (refer to Step 2)	Determine Controls needed to manage Risks identified Consider requirement for development/review/ endorsement of: – education, training & assessment resources – policy, procedure or guideline/s – product information/manufacturer documentation	Calculate the Risk Score (Consequence Table + Likelihood Table + Risk Analysis Matrix = Risk Score)	Identify person/s responsible for ensuring Controls are implemented
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Consequence Table

The Consequence Table below provides generic HHS-wide/facility/service/directorate/work unit descriptors that may be used to determine the area of consequence most affected if staff do not have the skills/knowledge through education/training in the proposed activity, e.g. Basic Life Support.

	Negligible	Minor	Moderate	Major	Extreme
Health Service Delivery (Clinical)	No harm (for example a preventable clinical incident classified as SAC3)	Minimal preventable harm. First aid treatment only (*e.g. a preventable clinical incident classified as SAC3*)	Temporary preventable harm. (*e.g. a preventable clinical incident classified as SAC2*)	Permanent preventable harm/loss of function/ disability (*e.g. a preventable clinical incident classified as SAC1*)	Preventable loss of life (*e.g. a preventable clinical incident classified as SAC1*)
Health Service Delivery (Operations)	Possible disruption to single service delivery (*e.g. inability to deliver a single service for 1 day*)	Disruption to service delivery with workarounds available (*e.g. inability to deliver a single service for 2-3 days*)	Disruption of a service resulting in the inability to meet agreed service KPI's (*e.g. inability to deliver a single service for 4-7days*)	Disruption of a single service across multiple locations or multiple services in a single location (*e.g. inability to deliver a single service for 2-3 weeks*)	Inability to deliver a service across multiple locations or multiple services in a single location (*e.g. inability to deliver ED or ICU (or multiple services) for >1 week*)
Strategic Planning	Adverse occurrence or more significant consequences nearly realised	The consequences have a minor effect on efficiency or effectiveness of some aspects of the MNHHS Strategic Plan possibly including its projects, programs, services & people/stakeholders	The consequences directly impact efficiency or effectiveness of some aspects of the MNHHS Strategic Plan including some projects, programs, services & people/stakeholders	The consequences impact efficiency or effectiveness of major aspects of the objectives of the MNHHS Strategic Plan which are critical to the functioning of MNHHS	The consequences affect MNHHS's ability to deliver on its strategic objectives & MNHHS fails to meet statutory requirements
Work Health & Safety	No injury. First aid treatment only. No time los	Medical treatment injury. A full shift/ workday has not been lost	Lost time injury, serious injury or illness or notifiable event without permanent impairment (as defined by *s36 Work Health & Safety Act (Qld) 2011*)	Serious Injury, illness or notifiable event with permanent impairment (as defined by *s36 Work Health & Safety Act (Qld) 2011*)	Reportable fatality (notifiable event) (as defined by *s35 Work Health & Safety Act (Qld) 2011*)
Business Operations	Potential or actual disruption causing manageable delays to noncritical business functions/outputs e.g. loss of ICT corporate network for <2 hrs	Disruption to business functions/outputs but still within Maximum Acceptable Outage (MAO) times. Workarounds possible thought management coordination e.g. loss of ICT corporate network for 2-8hrs	Disruption to business functions/outputs in one area, exceeding MAO timeframes. Some effective workarounds. Rapid recovery expected e.g. loss of ICT corporate network for 2-3 days	Widespread disruption to business functions/outputs exceeding MAO timeframes. Very limited effective workarounds. Possible prolonged recovery & backlog processing e.g. loss of ICT corporate network for 4-7 days	Widespread & cascading failures of disruptions to business functions/outputs significantly exceeding MAO. No workarounds available. Prolonged recovery. Significant backlog processing e.g. loss of ICT corporate network for >1 week
Financial	Negligible impact on budget/ finances (*e.g. the lower of 0- 0.5% variation of allocated operating budget, or $100,000*).	Minor impact on budget/finances (*e.g. the lower of 0.5- 2% variation of allocated operating budget, or $500,000*)	Moderate impact on budget/ finances (*e.g. the lower of 2-5% variation of allocated operating budget, or $2.5M*). May need adjustment of MNHHS budget	Major impact on budget/ finances (*e.g. the lower of 5-10% variation of allocated operating budget, or $12.5M*). May need DoH/ CBRC submission for funds	Extreme long-term impact on budget/finances (*e.g. >10% variation of allocated operating budget, or $20M*). May need emergency funding by Treasury
Other examples	Net cash flow of <$200,000. Accounting write-down of assets of <$200,000	Net cash flow of <$200,000. Accounting write-down of assets of <$200,000	Net cash flow impact between $2M -$10M. Accounting write-down of assets or increase in Life Cycle costs between $2M-$10M	Net cash flow impact between $10M - $40M. Accounting write-down of assets or increase in Life Cycle costs between $10M - $40M	Net cash flow impact >$40M. Accounting write down of assets of >$40M or increase in Life Cycle costs of >$40M
Legal & Regulatory	Net cash flow impact >$40M. Accounting write down of assets of >$40M or increase in Life Cycle costs of >$40M	No long-term consequences anticipated. Potential for small/moderate claim or litigation	Minimal long-term consequences. Potential for investigation initiated by regulatory authority. May result in claim or litigation	May result in long term consequences & ongoing investigation by regulatory authority. Potential for serious claim, litigation or prosecution. May result in criminal conviction	May result in long term consequences. Potential for significant claim, litigation or prosecution. May result in criminal conviction that carries a penalty of imprisonment
Project/Program Performance	<2% delay to admin, workflow or corporate programs – Negligible impact on achieving objectives	2-5% delay to admin, workflow or corporate programs - Minimal short-term impact on achieving objectives	5-10% delay to admin, workflow or corporate programs - Impact on achieving objectives requiring review or changed project/program plan	10-20% delay to admin, workflow or corporate programs - Major impact on objectives requiring changes in activities & resource allocations	>20% delay to admin, workflow or corporate programs - Objectives cannot be reached
Reputation	Isolated complaints from individuals that can be managed locally	Isolated complaints from individuals that can be managed locally	Negative regional media coverage. May be noted in state-wide media	Sustained negative media coverage. May be noted in national media	Sustained negative national media coverage. May be noted in international media.

Likelihood Table

The Likelihood Table should be used to rate how likely or how often a particular skill/knowledge is required to deliver a service (which would therefore require education/training in the proposed activity). When assessing likelihood, use either description or probability.

Likelihood	Description	Frequency (non-clinical)	Frequency (clinical)	Frequency (per occasion of service)
Almost Certain (>90%)	The risk/event will likely occur in most circumstances	Daily	Once every week or month	1 or more in 10
Likely (61-90%)	The risk/event will probably occur at least once	On a weekly or quarterly basis	Once every 1 or 2 years	1 in 100
Possible (31-60%)	The risk/event could be expected to occur at some time	Once every 1 or 2 years	Once every 5 years	1 in 1000
Unlikely (5-30%)	The risk/event could occur at some time but is not expected	Once every 5 year	Once every 10 years	1 in 10,000
Rare (<5%)	The risk/event may occur only in exceptional circumstances	Once every 10 years	Once in more than 10 years	1 in 100,000

Risk Analysis Matrix

The Risk Analysis Matrix is used in conjunction with the *Consequence* & the *Likelihood* Tables to determine the level of Risk Rating. The level of Risk Rating consists of a <u>word</u> & <u>numeric</u> value. The numeric value assists with prioritising risks which are rated in the same word category.

		Consequence				
		Negligible	Minor	Moderate	Major	Extreme
Likelihood	Almost Certain	Medium (7)	Medium (11)	High (17)	Very High (23)	Very High (25)
	Likely	Medium (6)	Medium (10)	High (16)	High (20)	Very High (24)
	Possible	Low (3)	Medium (9)	High (15)	High (18)	High (22)
	Unlikely	Low (2)	Medium (8)	Medium (12)	Medium (14)	High (21)
	Rare	Low (1)	Low (4)	Low (5)	Medium (13)	High (19)

Response to Risk = Training Compliance Requirement:

Risk Rating	Minimum Compliance Required	Time frame for Compliance
Not Applicable (N/A) – Education/training is not required for this category of staff e.g. patient handling training is not required of administrative staff	*0% per shift or per roster*	Training is not required for this category of staff
Low (L) – Non-compliance *does not* threaten patient and/or staff welfare, or education/training is required by Queensland Health.	*>25% per shift or per roster*	One off training to be completed within 12–18 months from commencement. Annual training to be completed within 12 months of commencement & annually thereafter.
Medium (M) – Non-compliance *may* impact on patient and/or staff welfare, or education/ training, or education/training is required by Queensland Health.	*>50% per shift or per roster*	One off training to be completed within 2 - 5 months from commencement. Annual training to be completed within 2 - 5 months of commencement & annually thereafter.
High (H) – Non-compliance threatens patient & or staff welfare, potentially leading to staff/patient harm/injury, or education/training is legislated <u>OR</u> is mandated by Queensland Health/HHS/facility/service/directorate.	*>75% per shift or per roster*	One off training to be completed within 3 - 4 months from commencement. Annual training to be completed within 3 - 4 months of commencement & annually thereafter.
Very High – Non-compliance threatens patient & or staff welfare, potentially leading to loss of life, or education/training is legislated OR is mandated by Queensland Health/HHS/facility/service/directorate.	*>90% per shift or per roster*	One off training to be completed within 1 - 2 months from commencement. Annual training to be completed within 1 - 2 months of commencement & annually thereafter.

Glossary

Term	Definition
Clinical Incident	Any event or circumstance which has actually or could potentially lead to unintended and/or unnecessary mental or physical harm to a patient of a Queensland Health Service facility [i].
Consequence	A *consequence* is the outcome of an event & has an effect on objectives[ii].
Control	A control is any measure or action that modifies or regulates risk. Controls include any policy/procedure/standards, practice/process, infrastructure, technology, or device that modifies or regulates risk. Risk treatments become controls, or modify existing controls, once they are implemented [ii].
Education/Training Risk Management Assessment	The assessment & identification of risk relevant to role & responsibilities, work area & professional requirements. Relevant training & assessment (as required) is undertaken in response to the identified risk.
Hazard	A hazard is an agent which has the potential to cause harm to a vulnerable target [iii]
Issue	A present problem requiring immediate resolution and/or action. Consequences have already occurred [iv] [v].
Legislative Training	Training required to comply with legislation or acts (e.g., fire safety training) [vi].
Likelihood	Likelihood is the chance that something might happen. Likelihood can be defined, determined, or measured objectively or subjectively & can be expressed either qualitatively or quantitatively (using mathematics) [ii].
Mandatory Training	Training which has been identified by MNHHS as mandatory / compulsory for staff in alignment with policy or required by relevant directive [vi].
Requisite Training	Training required for specific groups of staff to enable them to perform their role to meet professional & local service requirements [vi].
SAC (Severity Assessment Code)	The measurement of consequences associated with a clinical incident. The SAC score (1, 2 or 3) is used to determine the appropriate level of analysis, action & escalation for clinical incidents. **SAC 1** – **Death** or **likely permanent harm** which is not reasonably expected as an outcome of healthcare. Includes but not limited to the events listed above ('Reportable Events'). **SAC 2** – **Temporary harm** which is not reasonably expected as an outcome of healthcare. **SAC 3** – **Minimal** or **no harm** which is not reasonable expected as an outcome of health care [i].

Term	Definition
Risk	The chance of something happening that will have an impact on the achievement of MNHHS/facility/service/directorate/work unit objectives (including but not limited to: MNHHS Strategic Plan, MNHHS/facility/service/directorate Operational Plan, Service Delivery Plans, Action Plans, Project Plans, etc.) [iv] [v]. Risk is measured in terms of consequences & likelihood & covers threats & opportunities. Risk Types include: • *Strategic Risk* - high level risks that relate to the fundamental strategic objectives defined in the Strategic Plan. Strategic risks may affect the organisation's ability to meet strategic objectives & requires oversight by the Chief Executive. • *Organisational Risk* - relate to the delivery of the strategic plan and/or require cross facility/service/directorate moderation. Organisational risk may affect strategic objectives & operational plan delivery. Organisational risk is typically identified by the Senior Executive Team (SET), functional working groups or executive committees/boards & governing bodies. • *Operational Risks* - relate to risks that impact specific facilities/directorates, this can include both clinical & non-clinical risks, i.e. impacts to achievements of operational plans. • *Project Risks* – relate to any associated risks that impact a MNHHS approved project. These are managed on separate project risk registers, except for those project risks which may impact the operational, organisational or strategic objectives of the organisation. **Note:** Project risks have a separate management process. Risks which may impact operationally, organisationally or strategically are registered & managed in RiskMan to support Executive visibility of all project risks [iv] [v].
Risk Analysis	The process of identifying & analysing potential issues that could negatively impact key business initiatives or critical projects in order to help the organisation avoid or mitigate those risks [vii].
Risk Appetite	The amount & type of risk that an organisation is willing to pursue or retain [iv] [v].
Risk Evaluation	The evaluation of the risk based on the probability that a risk event will occur & the potential loss/impact associated with the risk event. Consequence & likelihood are used to determine Risk Ratings [viii]
Risk Tolerance	The variation from the pre-determined risk appetite the governance committee is prepared to accept [iv] [v].

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