General Risk Assessment Form

This form is for use by staff for recording and assessing risks affecting their service. As many fields as possible and applicable should be completed and the form then escalated to their line manager. All risks scoring 9 or above should be considered for inclusion within the service risk register in Datix. Lower scoring risks may also be included. Fields marked with an asterisk are mandatory for completion within the Datix Risk Module – there are additional fields required to be entered in Datix at that point by the Risk Owner.

1. SERVICE AFFECTED & LOCATION

SERVICE GROUP / CORPORATE DIRECTORATE	Primary Community and Therapies Service Group	
DIVISION (optional)	Therapies	
SPECIALTY	Digital	
WARD / DEPARTMENT	Therapies and Audiology	
SITE (if applicable)		

2. RESPONSIBILITIES[i]

RISK OWNER *	Rebecca Kennedy
MANAGER OF SERVICE[ii]	Rebecca Kennedy HOS Physiotherapy

3. RISK TITLE (Just a few words to identify the risk)*****

Temporary Health Board funding for the provision of Attend Anywhere

4. RISK DESCRIPTION*

A brief description of the risk, entering facts not opinions.
Do not enter the names of people. Try to be as concise and clear as possible.
In your description, consider what is the risk, what is its main cause(s) and what is its main consequence(s).

There is a risk that Therapy services will be unable to use the Attend Anywhere (AA), virtual platform from March 2027.

This is because the confirmed All Wales funding ceased from March 2025 along with the TEC Cymru support for the Attend Anywhere system currently in use. SBUHB funded an extension to AA until 31 march 2027. After this Therapies will be left without a designated virtual consultation platform unles SBUHB Digital continue to fund. Therapies do not have funding to support ongoing use of the AA platform.

The consequence of this loss will be

- Decreased accessibility for service users across Therapy Services
- Decreased capacitiy within service
- Poorer patinet accessibility, users may stop engaging and decrease usuage due to the uncertainty of the future of virtul consultations
- Non-compliance with WG Virtual appointment targets
- Waiting list impcats-increased waiting times and increased risk of breaching waiting time targets
- Information Goverance Issues provided by loss of this system.

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7. SUMMARY OF CONTROLS IN PLACE(*)

What are the key measures already in place to manage the risk?

The Microsoft Teams platform has been explored as a replacement/intermim solution, which is likely to be less accessible for patients and does not fully meet the needs for service delivery. Currently the Digital Service Team are unable to offer technical and ongoing support to tranistion teams from Atend Anywhere to Teams.

9. ADDITIONAL SUPPORTING INFORMATION

Please add any further detail that may assist other understand the nature of the risk.

The consequences of this include:

Within PCTSG Therapy Services 100 Vitual Video Conusltations occur within Attend Anywhere each month. With Total Consulations between April 25-26 = 1223 for Therapy Services.

Use of the alternative platform- Microsoft Teams could be used as a replacement/intermim solution, which comes with own risks and requires significant suport initially by Digital Services to tranisition serivces to new way of working on teams. Currently there is no Digital Services provision for this. There are no best practice user guides. Adopting teams without adequate support increases the risk further.

- Information Governance Issues: Teams requires manual appointment invitations rather than use of a link. There is an ability for participants to record MS Teams sessions. Group consultations also pose the risk of disclosing patients' email addresses with other patients.
- Resource Implications :
  Admin:increased administrative burden due to increase in booking complexities and limitations of MS Teams which may also hinder the services ability to use and adopt video consultations.
  Space/Location – Predicted increases in face to face appointments due to decreasing Video consultaions will add pressure to HB sites and space in areas which cannot accommodate these.
- Functionality – No reporting / data analytics functionality, No static URL for patient to join appointment, no virtual lobby area, No SMS functionality in MS Teams, No ability to private message patients in a group environment.
- Accesibility/Digital Exclusion increase with MS Teams - Patient must have an email address to participate in a video consultation. This poses a digital exclusion risk as the patient may not have an email or have the necessary IT skills to set one up.

10. RISK ASSESSMENT

Risks are scored according to their potential consequences and likelihood of occurring[iii]. Insert a cross "X" in the tables below to indicate your assessment of the current risk:

Doamine: Governance and assurance

	1 Negligible	2 Minor	3 Moderate	4 Major	5 Critical
CURRENT RISK CONSEQUENCE		**2**			

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	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Expected
CURRENT RISK LIKELIHOOD				4	

Calculate the total current risk score by multiplying: Consequence x Likelihood, in the table below. Then do the same for the risk level you want to achieve – the target risk score:

	CONSEQUENCE (C) (1-5)[iv]	LIKELIHOOD (L) (1-5)[v]	TOTAL RISK SCORE (CxL) (1-25)
CURRENT SCORE[vi]	2	4	8
TARGET SCORE[vii]	0	0	0

11. RISK DECISION

What do you intend doing about the risk?[viii]

Tolerate

12. ADEQUACY OF CONTROLS

Are the current measures in place to manage the risks designed appropriately and operating effectively to address the risk?

Adequate

13. ACTIONS PLANNED

Please indicate any further actions you intend to take to address the risk:

Action	Lead Officer Responsible	Target Date for implementation
Inform Digital Ops board of Risk score		

14. TARGET SCORE DATE

By when do you expect to achieve the target risk score?

15. ASSESSMENT ESCALATED TO:

Name	Title	Date

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16. ASSESSMENT COMPLETED BY:

Name	Title	Date
[redacted]	Allied Health Professional and Health Sciences Informatics Officer.	3/6/26

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NOTES

[i] The **Risk Owner or Handler** is the person responsible for managing the overall control of the risk such as updating it and ensuring that the risk record is regularly reviewed and updated in Datix.

[ii] The **Manager** is the person accountable for ensuring that risks within the service affected are managed and controlled. The Risk Owner and Manager may be the same person.

[iii] Please refer to the **Simple Guide to Risk Assessment & Management** on the Intranet for guidance on how to assess consequence and likelihood.

[iv] Consequence is graded as follows:

1	2	3	4	5
Negligible	Minor	Moderate	Major	Critical

[v] Likelihood is graded as follows:

1	2	3	4	5
Rare	Unlikely	Possible	Probable	Expected

[vi] **Current Risk Score** is the score of the risk taking into account the effect of all the controls currently in operation (but not including those planned or not yet fully implemented).

[vii] **Target Risk Score** is the score you aim to achieve. If the current risk score is higher than the target risk score then additional action would need to be identified if you wished to reduce it towards the target.

[viii] Options for **Risk Decision** are:
Tolerate = accept the risk at its current level with no further action
Treat = take action to reduce the likelihood of the risk occurring or to mitigate is consequences
Terminate = stop undertaking the activity or service that is exposed to the risk
Transfer = take out insurance / share the risk with partners
Tolerate and Treat are the most common options.

SCORING GUIDANCE

Please See Risk Management Policy and Simple Guide to Risk Assessment & Management for further guidfenac on how to apply this guidance:

RISK MATRIX	LIKELIHOOD (*)				
CONSEQUENCE (**)	1 - Rare	2 - Unlikely	3 - Possible	4 - Probable	5 - Expected
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

LIKELIHOOD (*)					
LIKELIHOOD SCORE	1	2	3	4	5
DESCRIPTOR	RARE	UNLIKELY	POSSIBLE	PROBABLE	EXPECTED
Frequency: How often might it / does it happen?	Not expected to occur for 10 years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability: Will it happen or not?	Less than 0.1% chance	0.1% - 1% chance	1% - 10% chance	10% - 50% chance	Greater than 50% chance

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CONSEQUENCE (*)					
CONSEQUENCE SCORE	1	2	3	4	5
DOMAINS	NEGLIGIBLE	MINOR	MODERATE	MAJOR	CATASTROPHIC
Patient Safety	Minimal injury requiring No / minimal intervention or treatment. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Increase in length of hospital stay for 1-3 days. Category 2 pressure ulcer.	Moderate injury requiring professional intervention. Increase in length of stay by 4-15 days. Category 3 pressure ulcer. An event which impacts on a small number Of patients.	Major injury leading to long-term incapacity / disability. Fall requiring surgical intervention. Category 4 pressure ulcer. 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 people.
Health & Safety	No obvious injury. No time off work.	An injury sustained at work requiring time off or reduced duties up to 7 days.	RIDDOR Reportable 7 Days or more off due to work related injury or reduced duties. Any Reportable Occupational Disease.	RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. (Formally classified as major injuries).	RIDDOR Reportable. Incident leading to death. An event which impacts on a large number of staff.
Governance & Assurance	Peripheral element of treatment or service suboptimal. Informal inquiry.	Overall treatment or service suboptimal. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance rating if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint. Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	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/service. Gross failure of patient safety if findings not acted on. Inquest/ombudsman/inquiry. Gross failure to meet national standards.
Workforce & OD	Lower than expected staffing level that temporarily reduces service quality for 1 day or less.	Lower than expected staffing level that temporarily reduces service quality for 1 day or more.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level or skill mix (1 - 5 days). Low staff morale. Poor staff attendance for mandatory / key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or skill mix (5 days or more). Loss of key staff. Very low staff morale.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or skill mix. Loss of several key staff. No staff attending mandatory / key training on an ongoing basis
Compliance with Legislation & Statutory/Regulatory 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 recommendations / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices / critical report. Low performance rating.	Multiple breaches in statutory duty or prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Information Governance	There is absolute certainty that no adverse effect can arise from the breach.	A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering. It may also include possible inconvenience to those who need the data to do their job.	An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job such as a cancelled procedure that has the potential of prolonging suffering but does not lead to a decline in heath.	There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred. Loss of bank details leading to loss of funds. There is a loss of employment.	A person dies or suffers a catastrophic occurrence.
Sustainable Services	Insignificant cost increase/schedule slippage. Loss/interruption of service >1 hour.	<5 % over project budget. Minor schedule slippage <1 month. Loss/interruption of service >8 hours.	5-10 % over project budget. Schedule slippage <2 months. Loss/interruption of service >1 day.	10-25% over project budget. Schedule slippage <3 months. Loss/interruption of service >1 week.	>25 % over project budget. Schedule slippage >3 months. Key objectives not met. Permanent loss of service or facility.
Financial Management	Small loss.	Loss of 0.1 - 0.25 % of budget*	Loss of 0.25 - 0.5 % of budget*	Loss of 0.5-1.0 per cent of budget* Uncertain delivery of key objective	Loss of >1 % of budget* Non-delivery of key objective.
Environment, Estates & Infrastructure	Minimal or no impact.	Minor impact on environment.	Moderate impact on environment.	Major impact on environment.	Catastrophic impact on environment.
Medical Devices, Equipment & Supplies	Minimal injury requiring no/minimal intervention or treatment. Negligible disruption to a clinical service.	Minor injury or illness, requiring minor intervention. Minor short term disruption to a clinical service.	Moderate injury requiring professional intervention. Re-scheduling of a clinical service.	Major injury leading to long-term incapacity / disability. Cancellation of a clinical service.	Incident leading to death or permanent irreversible health effects. Cessation or closure of a clinical service.