RISK ASSESSMENT THEMES AND RESPONSES

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NHS England and NHS Improvement

Document History

Revision History

Revision date	Previous revision date	Summary of Changes	Version
14/07/20	N/A	Complete review, reformat and update	2.0.1
14/07/20	14/07/20	Addition of top 8 queries Examples question completion added	2.0.2
14/07/20	14/07/20	Inclusion of new 2.14 question and final stylistic changes for publication	2.0.3

HUMAN RESOURCES THEMES AND RESPONSES (HRTRs) – answering questions, sharing guidance or signposting for COVID-19

Ref	Question	Answer	Checked/ Updated
	Top 8 themes		
A	**What is the definition of 'at risk'**	All staff should be offered a risk assessment. However, the following groups have been found to be at increased risk associated with COVID-19 ('at-risk'): • Black, Asian and minority ethnic staff (BAME), aged 55+, particularly those with co-morbidities • White aged 60+ • Male • Having underlying health conditions - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity • Pregnant Additionally, in light of emerging scientific evidence, all BAME staff are now included in this category of risk assessments. Please refer to the Risk Reduction Framework for NHS Staff at risk of COVID-19 infection for more information at: www.fom.ac.uk/wp-content/uploads/Risk-Reduction-Framework-for-NHS-staff-at-risk-of-COVID-19-infection-12-05-20.pdf	14/07/20
B	**Do I continue with to complete spreadsheets on risk assessment progress for my ICS or Region?**	Regional teams may have existing processes to collect data on progress on risk assessment deployment and may have requested additional data/detail. However, data requested at national level should be submitted via the data portals provided for secondary and general practice, or the NHSBSA survey for other primary care organisations.	14/07/20
C	**What do I do if staff decline?**	If a staff member declines the offer of a risk assessment, please provide	14/07/20

		assurances about confidentiality explaining that there will be no detriment to them, and the focus of the risk assessment is on supporting them to keep them safe rather than redeployment. Staff members that have declined a risk assessment should continue to be regularly offered one. Where staff have been offered a risk assessment, but this has been declined, providers can subtract those staff from their denominators for questions 2, 3 and 4 (see 2.4 above). **Organisations should keep records of all declined assessments.**	
D	**Hitting the target / missing the point**	While recognising that we have set reporting deadlines, it's essential during this process that staff are offered a safe space to have quality conversation that ensures they can be offered the appropriate mitigation and support according to the risks identified.	14/07/20
E	**I'm a Trust / FT - do I need to submit every day?**	For NHS Trusts and FTs, the SITREP portal allows submissions to be edited until the window closes. Daily submission is not mandated but continuously updating records, until the collection window closes, allows both regional and central teams to monitor progress and provide support as soon as possible.	14/07/20
G	**I can't login**	This is usually caused by a cookie problem in your browser. Try logging on using an 'Incognito' window (Chrome) or 'in-Private' window (Internet Explorer). Or try an alternative browser: Chrome instead of Internet Explorer, or vice versa. If the problem persists it probably means our servers are very busy and you should try again a little later.	14/07/20
H	**Why are there two windows?**	Given the urgency to complete assessments by the end of July, organisations are being asked to submit their data during two windows to help identify progress and allow commissioners to understand as soon as possible where further support is required.	14/07/20
1	**Background**		
1.1	**Which staff should be offered a risk assessment?**	All staff should be offered a risk assessment. However, as part of risk stratification the following groups have been identified as being at increased risk associated with COVID-19: • Black, Asian and minority ethnic staff (BAME), aged 55+, particularly those with co-morbidities • White aged 60+	

		• Male • Having underlying health conditions - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity • Pregnant Additionally, in light of emerging scientific evidence, all BAME staff are now included in this category of risk assessments.	
1.2	**What guidance has been provided to support the risk assessment process?**	Please refer to the Risk Reduction Framework for NHS Staff at risk of COVID-19 infection at: www.fom.ac.uk/covid-19/update-risk-reduction-framework-for-nhs-staff-at-risk-of-covid-19-infection please also refer to NHS Employers guidance at: www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff	14/07/20
1.3	**What is the Risk Reduction Framework?**	The Risk Reduction Framework encourages employers to take appropriate measures to mitigate the risk of Covid-19 for NHS staff, including taking ethnicity and age into account alongside other risk factors. The framework is available on the Faculty of Occupational Medicine and University of Leicester websites.	14/07/20
1.4	**Does this mean 'at risk' staff will be taken away from Covid-19 services?**	No. Risk assessment encourages employers to consider a range of mitigating actions such as additional hygiene measures, stringent fit testing, equity of PPE provision and training, and improved occupational health support and job adjustments. Redeployment away from the patient-facing roles remains an option for any employer where a member of staff is considered very high risk, as it has been since the pandemic began.	14/07/20
1.5	**Other than redeployment, what steps can employers take to mitigate risk?**	There are a range of steps employers are already taking to mitigate risk. These include enhanced health and wellbeing support, additional infection prevention and control assurance such as prioritisation for fit testing, rota adjustments, and regular health checks.	14/07/20

1.6	**Where can NHS organisations find useful supporting information and advice?**	The NHS England and NHS Improvement website contains practical tools and case studies on deploying risk assessments in primary and secondary care. The NHS Employers website also signposts useful materials.	14/07/20
2	**Data Collection**		
2.1	**Why are NHS Trusts, Foundation Trusts, and primary care organisations required to submit staff risk assessment information to NHS England and NHS Improvement?**	On 24 June 2020, NHS England and NHS Improvement forwarded a letter to NHS organisations setting out requirements for deploying staff risk assessments within two weeks and to complete them – at least for all staff in 'at risk' groups – within four weeks. This is part of our efforts to prioritise staff safety.	14/07/20
2.2	**How will NHS England and NHS Improvement use this data?**	The data will be used to help identify where best practice and innovative approaches have been adopted to support progress, as well as understand those areas where additional support is required by NHS Trusts, FTs and primary care organisations to ensure risk assessments are completed. This includes sharing of learning and continued working with local commissioners to ensure there is adequate access to existing occupational health capacity, to be drawn on as needed.	14/07/20
2.3	**Will any of this data be personally identifiable?**	It should be noted that no personal identifiable data is being collected during the data collection process.	14/07/20
2.4	**What information should organisations submit?**	All NHS Trusts, Foundation Trusts and primary care organisations are asked to provide information in relation to the four questions below: 1. Have you offered a risk assessment to all staff? Y/N 2. What % of all your staff have you risk assessed? 3. What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary? 4. What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary? Examples for completing these questions can be found at the end of this document.	14/07/20
2.5	**What type of data collection method is being used for secondary care?**	Two data collection exercises are being undertaken during July; as follows:	14/07/20

			Opens	Closes	
		Data Collection 1	7 July 2020	17 July 2020	
		Data Collection 2	24 July 2020	31 July 2020	

For NHS Trusts and Foundation Trusts, the following secure data collection portal is being used:

https://dcfdatacollections.improvement.nhs.uk/

2.6	**What type of data collection method is being used for primary care?**	Two data collection exercises are being undertaken during July; as follows: 		Opens	Closes
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Data Collection 1	7 July 2020	17 July 2020
Data Collection 2	24 July 2020	31 July 2020 | For GP providers, the existing CCG primary care sit-rep will be used, also administered through the data collection portal. Questions will be added for the collection due on 17 July and will be included in the weekly sit-rep until 31 July. For other primary care contractors (Community Pharmacies, including Dispensing Appliance contractors, Dental services providers, and General Ophthalmic Services providers), Business Services Authority (BSA) will use a snap survey, with two separate responses requested, in line with the above national timescales - due on 17 and 31 July.			14/07/20
2.7	**To which staff / workforce should organisations offer a risk assessment?**	Organisations should complete assessments for all staff in-post. NHS Trusts and Foundation Trusts are advised to use staff in-post records on the Electronic Staff Record (ESR) system, and ensure reported figures include temporary staff where not recorded in ESR. Reported figures should also include bank staff.			14/07/20
2.8	**Do staff not employed directly by primary**	Where people are employed by an external supplier or self-employed, for			14/07/20

		example, agency or other contracting staff, NHS Trusts, Foundation Trusts, or primary care organisations are not required to report these but should ensure risk assessment arrangements have been reviewed and are being appropriately managed. It is vital for all organisations to ensure a safe working environment for any workforce using their premises.	
	or secondary care require a risk assessment? Do these risk assessments need to be included in our reporting?		
2.9	What constitutes an "offer" of a risk assessment to staff?	By answering 'Yes' to question 1 (see 2.4 above), you are confirming that all staff member(s) have been provided enough information about the reasons and benefits of having a risk assessment to enable them to make an informed decision on risk assessment.	14/07/20
2.10	Why do the questions ask for completion rates for known 'at risk' or BAME staff?	For many organisations, existing workforce data will not allow identification of all staff who are in an 'at risk' group, or from a BAME background (whether in an 'at risk' category or not), because this information relies on the individual declaring their category. While seeking assurance that all staff risk assessments have been completed, allowing risk factors to be identified where they may not have been known previously, organisations are separately asked to provide information on the completion rates for staff who are already known to be in these categories.	14/07/20
2.11	Are CCGs expected to submit data for their own internal workforce?	CCGs should continue to offer risk assessments to ensure staff and the working environment are safe. However, they do not need to submit data for their internal workforce to the NHS England and NHS Improvement portal. CCGs are required to submit data for their general practices in line with the correspondence distributed to Directors of Commissioning on 8 July 2020.	14/07/20
2.12	Are Independent Providers expected to submit data?	Independent Providers (non-primary care) should continue to offer risk assessments to their workforce in order to ensure staff and the working environment is safe. However, they do not need to submit their data to the NHS England and NHS Improvement portal.	14/07/20
2.13	What happens if an NHS organisation does not submit the required information?	All NHS Trusts, Foundation Trusts and primary care organisations are asked to submit their data. Technical guidance has been provided and organisations that require additional support will be offered it via their NHS England and NHS Improvement regional team. Regional teams and CCGs will be following up in areas where completion rates are poor, to ensure support is provided where needed and that staff are protected.	14/07/20
2.14			
3	Data Portal for NHS Trusts/Foundation Trusts		

3.1	**How do I register for the Risk assessments for 'at-risk' staff groups data collection?**	To submit the collection to NHS England and NHS Improvement you need an account on our portal and to be granted access to the collection. If you already have an account then the collection can be added to it (see below), otherwise you will need to create a new account.	14/07/20
3.2	**How do I create a new account on the NHS England and NHS Improvement portal?**	Please follow this link, or copy and paste it into your browser, to register for an account to submit risk assessments for 'at-risk' staff groups data collection. https://improvement.nhs.uk/account/register/for-collection/5ac8031f-9972-4bfc-b3c7-c79257acc17a/ Please enter your NHS email address (nhs.net or nhs.uk). Only individual personal email address (not group or shared addresses) are allowed. If the registration says your email is already in use, please follow the instructions to re-set your password. Once you have registered you will receive an email asking you to activate your account by entering a password and security question. You will then be able to login to the data collection portal. Sometimes our emails may be sent to your Junk folder, so please check there too.	14/07/20
3.3	**I already have an account on the NHS England and NHS Improvement portal. How do I get access to the Risk assessments for 'at-risk' staff groups data collection?**	If you already have an account, please email nhsi.developmentsolutions@nhs.net and we will add the Risk assessments for 'at-risk' staff groups data collection to your account.	14/07/20
3.4	**How do I know if I have already have an account?**	Try logging on here with your email address. https://improvement.nhs.uk/account/ If you have forgotten your password, you can reset it by clicking the "Need help signing in?" link.	14/07/20
3.5	**What is the URL of the data collection portal?**	The direct link to the portal is: https://dcfdatacollections.improvement.nhs.uk/. You can also access the portal via your account dashboard: https://improvement.nhs.uk/account/ and following the 'Your data collections' link.	
3.6	**How do I use the system?**	The system is very simple and intuitive to use. When you go to the portal (at	14/07/20

		https://dcfdatacollections.improvement.nhs.uk) you will see the Risk assessments for 'at-risk' staff groups data collection and the reporting date you can submit data for; if you cannot see a reporting date then the portal is not open (either you are too early or too late). Click the 'Start' button (or the Update' button if you have previously entered data for the day). The data entry form is displayed for you to enter your data. Mandatory fields are marked with a red asterisk. 'Save Draft' and 'Submit' buttons are at the bottom of the page; you must click 'Submit' for the data to be actioned by the Central Team. If you need further help, please contact the helpdesk by email.	
4	**Technical Support**		
4.1	**I have forgotten my password / my account is locked?**	If you have forgotten your password, you can reset it by clicking the "Need help signing in?" link on the sign-in page here: https://improvement.nhs.uk/account/.	14/07/20
4.2	**How do I contact you / How do I raise a support call?**	If you have a question about IT related issues, please email our dedicated help desk at nhsi.developmentsolutions@nhs.net. The help desk is staffed 08:00 to 16:00 every day.	14/07/20
4.3	**Which browsers are supported?**	We support Internet Explorer 11, Chrome and Edge. Safari and Firefox should work fine too. For the best experience we recommend you use Chrome.	14/07/20
4.4	**I get a red message at the top or the screen saying JavaScript is not enabled, what should I do?**	This is always a temporary situation. Try refreshing the web page in the browser by pressing F5.	14/07/20
4.5	**What is the difference between 'Save draft' and 'Submit'?**	When you are entering data into the web form, 'Save draft' allows you to save the currently entered data as you enter it and allows you to return to the SITREP later to finish and 'Submit' it, provided the portal is still open. If you 'Save draft' and do not click 'Submit', then your data will remain as draft and will not be actioned by the Central Team.	14/07/20
4.6	**I have submitted incorrect data, what should I do?**	You can amend a submission at any point until the portal closes. Just return to the SITREP form, correct the data, and click the 'Submit' button. Once the portal closes however, you will not be able to submit/update until it re-opens.	14/07/20
	Should you have any queries relating to risk assessments that are not covered in this document, please email us on nhsi.riskassessments@nhs.net		

Examples					
Examples of submitting data requirements					

Q1: Have you offered a risk assessment to all staff? Y/N

By answering 'Yes' to the question above you are confirming that staff member(s) have been provided enough information about the reasons and benefits of having a risk assessment to enable them to make an informed decision on whether to accept the offer of a risk assessment or not.

Notes for completing questions 2 to 4

For NHS Trusts and FTs it is advised that workforce numbers are extracted from the Electronic Staff Record system (ESR). Primary care providers will need to assess workforce numbers based on local systems and data.

For those organisations with ESR, employers should be able to:
- Extract the number of staff in post of which how many are BAME, White, Unknown (a)
- Extract the number of staff identified within the 'at risk' categories in the guidance (b)

From local collection, all employers should be able to:
- Identify the number of staff who have completed a risk assessment (c)
- Identify the number of at risk staff who have completed a risk assessment (d)

		(1)	(2)	(3)	(4)
		Total	White	BAME	Unknown
a)	Total Number of staff	3500	1000	2200	300
b)	At Risk Group	2750	400	2200	150
c)	Total Risk assessed	2300	1000	500	800
d)	At Risk Group Risk assessed	900	300	500	100

To satisfy the request, the examples given below for questions 2, 3 and 4 will outline how to calculate the data and confirm what will constitute the denominator for each calculation. *Please note, where information is available about the number of assessments that have been declined, please subtract that from your denominators.*

Definitions

'At risk' NHS staff

NHS staff[1] who are 'at risk' have been identified as:

- Black, Asian and minority ethnic staff (BAME), aged 55+, particularly those with co-morbidities
- White aged 60+
- Male
- Having underlying health conditions - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity
- Pregnant

Additionally, in light of emerging scientific evidence, all BAME staff are now included in this category of risk assessments.

BAME

The definitions of 'black and minority ethnic' and 'white' used in the Workforce Race Equality Standard (WRES) have followed the national reporting requirements of ethnic category in the NHS data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance (May 2019), these definitions were based upon the 2001 ONS Census categories for ethnicity.

'White' staff include white British, Irish, Eastern European and any 'other white' i.e. categories A–C within Annex C on page 38 of the Technical Guidance for the NHS Workforce Race Equality Standard (WRES).

The 'black and minority ethnic' staff category includes all others except 'unknown' and 'not stated'. To aggregate data for BME staff, organisations should include categories D-S from current values and exclude category Z – 'not stated' and any 'NULL' values, as cited on page 18 of the Technical Guidance for the NHS Workforce Race Equality Standard (WRES).

All staff

It is advised that the total workforce number is taken from staff in post within the Electronic Staff Record (ESR). It is accepted that within some providers, bank/agency and contracting staff are not included with the data from ESR. However, it is expected that those groups are either offered

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[1] including primary care staff.

risk assessments by NHS organisations and completed where accepted, or assurance of risk assessment compliance is sought from any contractor.

Q2: What % of all your staff have you risk assessed?

Total number of staff *(1a)* = 3500
Total number of assessments *(1c)* = 2300

2300/3500 = 0.657 x 100 = 65.7%

Q3: What % of risk assessments have been completed for staff who are known to be 'at risk', with mitigating steps agreed where necessary?

Total number of known at risk staff *(1b)* = 2750
Total number of at risk assessments *(1d)* = 900

900/2750 = 0.327 x 100 = 32.7%

Example: Primary care:
If in a community pharmacy, prior to carrying out the risk assessment process, it is known that 5 out of 10 staff members fall into an 'at risk' group, and at the time of reporting 4 of those staff risk assessments have been completed with mitigations agreed, you should respond by entering 80% (4/5).

In smaller providers where you may have no known 'at risk' or 'BAME staff, the survey / data collection tool allows you to enter this as 'N/A'

Q4: What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary?

Total number of known BAME staff *(3a)* = 2200
Total number of BAME staff assessments *(3c)* = 500

500/2200 = 0.227 x 100 = 22.7%

In smaller providers where you may have no known 'at risk' or 'BAME staff, the survey / data collection tool allows you to enter this as 'N/A'