Preliminary risk assessment (PRA)
Information for staff

What is a Preliminary Risk Assessment (PRA)?

The PRA is a privileged initial assessment undertaken following a serious clinical incident. The PRA advice to the Chief Executive (CE) guides next steps, including early identification of any remaining risks. It enables earlier discussions with the family.

The Chief Executive appoints the team of assessors to conduct a preliminary risk assessment (PRA) under Part 2A, Division 2 of the *Health Administration Act 1982* (Act).

When is a PRA required?

- For clinical Harm Score 1 incidents (reportable incidents) being unexpected death or Australian Sentinel Events.
- The CE may appoint a PRA team for a clinical Harm Score 2, 3 or 4 incidents which may be due to a serious systemic problem.

How does a CE appoint PRA team?

- By memo template
- By Email
- Standing appointment

Standing appointments nominate assessors by name or position. Assessors may include key Executive e.g. Director Clinical Governance, Director Medical Services, General Managers and Patient Safety Managers.

Assessors must be informed in writing of their requirements under the Health Act[1]. Templates are on the CEC website for use by health services.

What is the timeframe for a PRA?

The PRA must be completed within 72 hours of notification of the incident or sooner if directed by the NSW Ministry of Health (MoH) or CE.

What do PRA assessors do?

PRA Assessors complete the report using the mandated PRA template. This may require speaking with staff, families, patients, and carers, taking photos, site visits and reading notes.

Assessors may use digital technology (e.g. Skype meetings) to undertake the PRA.

The PRA assessors identify immediate actions to ensure people are safe and supported. Any outstanding risks are escalated or notified immediately e.g. MoH, CEC, Coroner, Police, TGA.

How is the PRA documented?

The NSW Health PRA report is completed. It is available on the CEC website. The report should be scanned and uploaded into ims+. There is an optional action log available to assist the team to track actions.

Can the findings of the PRA be disclosed?

The findings of the PRA can be disclosed to the patient, carer, or family via the Open Disclosure process, noting reasonable steps are to be taken to not identify staff. A formal record is kept of the meeting. A copy of the PRA cannot be provided as this is in breach of privilege.

A copy of the PRA report is provided to the serious adverse event review (SAER) team, ensuring privilege is maintained during the transfer.

Under Section 23 of the Act[1] the CE may authorise the release of the report to the Secretary and other bodies or agencies.

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Is the PRA privileged?

A PRA (commissioned by the CE) completed for a clinical Harm Score 1 incident is legally privileged. This means that assessors cannot be compelled to provide evidence in any proceedings. The team must not share any documents or discussions with other people, outside of the PRA assessors and serious adverse event review team.

Privilege commences when the CE appoints a PRA team and ends when the PRA team has fulfilled their function and submitted PRA advice to the CE or delegate.

Other clinical reviews requested by the CE for serious systemic problems also attract privilege.

How is privilege maintained?

During the PRA, the team will generate documents including preliminary notes, records, minutes of meetings and records of discussions. Assessors must not share any this information other than with PRA assessors and the SAER team.

To protect privilege, records must be maintained in a separate team file marked 'privileged' and stored securely in a location nominated by the Director Clinical Governance (DCG) to ensure that privilege is upheld in the event of a subpoena or application for access under GIPA. This location can be a secure electronic filing system (e.g. TRIM) with specific permissions assigned to each incident.

Health Services need to ensure processes are in place to manage the transfer of privileged documents. Privileged material must not be sent by mail.

Records relating to privileged reviews must be retained for a minimum of seven years after the last action[1].

Dedicated family contact

A staff member is assigned as a dedicated or primary point of contact for the family during the review process and beyond as required.

The dedicated family contact maintains regular communication with the family and assists with arranging meetings with the Open Disclosure team and review team.

Where does the PRA fit in to the incident management process?

When a serious incident occurs:

- A staff member notifies the incident in the incident management system, ims+
- A nominated staff member completes the reportable incident brief (RIB) Part A in ims+. This is approved by the CE and submitted to the MoH within 24 hours. The RIB Part A contains information about what is known about the incident and designed to inform MoH that a serious incident may have occurred.
- The CE appoints assessors to undertake a PRA and submit the PRA report within 72 hours or sooner to the CE.
- The PRA generates further information that may be used to complete RIB Part B which is then approved by the CE and submitted to the MoH.
- The CE then appoints a team to undertake a comprehensive review of the incident known as a SAER.

For further information, contact your Clinical Governance Unit or access the Clinical Excellence Commission website.

[1] General Retention and Disposal Authority – GDA 17

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