Induction Policy & Procedure

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Contents

1. Introduction

BrisDoc recognises that its staff are fundamental to its success. To ensure that all staff begin their work in a positive and supportive environment where they become effective and efficient in their role as quickly as possible, it is essential that all staff new to BrisDoc, or the role, receive a timely induction.

Induction is the process by which a new member of staff is integrated into the organisation. The process begins with the first contact at recruitment stage and ends when the person has been fully integrated into the team. Induction ensures that all staff obtain a good understanding of how BrisDoc works including its principles, values and objectives. It ensures that all new recruits have the knowledge and skills necessary to perform their role in a safe working environment.

BrisDoc's primary objective is to provide high quality, safe patient care by staff members that are able to meet the requirements of their role and discharge their duties safely. In light of this, BrisDoc is committed to integrating new staff into the organisation as effectively as possible by providing them with the information, support and training to become productive and satisfied members of the team confirming that they made the right decision in joining the organisation BrisDoc is committed to:

Patient Care • Ensuring that staff our equipped to know what is expected of them in order to perform their role and carry out the best possible patient care.

Workforce Care • Making sure staff feel welcomed, valued and supported. • Ensuring that all new staff are made aware of what is required of them in their job role including all legal aspects such as health & safety and Information Governance. • Ensuring that each new recruit adjusts to their new working environment and becomes a useful and integrated member of the team. • Ensuring that each new staff member is provided with all the necessary resources and support in order to carry out their role with success.

Quality Care • Ensuring that all commitments outlined in this policy are monitored and measured in order to ensure that the induction process is being carried out. • Ensuring that all managers are trained in the induction process and are aware of the responsibilities. • Ensuring that all staff know what is expected of them in order to reduce the likelihood of underperformance. Resource Care • Effective induction reduced the risk of high turnover and subsequent recruitment costs as well as costs of managing underperformance.

2. Scope

This policy relates to all newly appointed staff (including bank/casual/locum staff) and to existing staff members who have taken on a new role within BrisDoc. The whole induction process is expected to last 6 months as each new recruit will have a 6-month probationary period. During this time, staff are expected to be proactive in their own induction, and ensure that they receive from appropriate sources the relevant information and support that enables them to apply themselves to their job and fully contribute to the success of the company.

This policy aims to set out BrisDoc's approach to Induction and to indicate how appropriate inductions can be provided. The policy will be accompanied by guidance on procedures (Induction Checklists) for managers – please refer to Appendices 1-5 and the Managers' Guide to Induction Document.

The core content and aims of induction for all new recruits remain the same. However, it is expected that certain aspects of induction will differ and this will reflect the specific needs and requirements of the individual and their role.

3. AIMS & PRINCIPLES OF INDUCTION

The following induction principles apply:

3.1   To encourage and foster good working practices.

3.2   To form lasting positive attitudes, which will create the right disposition for continuous learning and growth.

3.3   To ensure all new employees have skills and competencies relevant to their role and can apply these in the workplace.

3.4   To support the effective integration of new employees into their new working environment or existing staff moving into a new area/department within BrisDoc.

3.5   To minimise the risk of employee turnover in the early stages of employment.

3.6   To help create a positive and supportive working environment.

3.7   To help define performance expectations/standards, maintain motivation and identify training and development needs.

3.8   To ensure that BrisDoc complies with its legal obligations such as health and safety legislation and other contractual obligations and that they are communicated to all staff.

3.9   To ensure staff are aware of BrisDoc's expectations for adhering to standards and processes with respect to areas that may cause harm to the organisation e.g. adverse use of social media, inappropriate management of patient income.

3.10   To embed a culture of training compliance, providing clarity around training requirements and expectations.

4. PROCEDURE

BrisDoc's approach to induction focuses on both "Corporate level" and "Local level". This policy primarily takes the "Corporate" approach which complies with standards recommended by the Care Quality Commission (CQC).

CORPORATE INDUCTION

Corporate induction primarily focuses on the legal obligations that every staff member must be made aware of when joining BrisDoc. In particular, this includes the Health and Safety policies and procedures. It also consists of informing the individual of the company's structure, vision and values in order that they understand how their job role fits into the bigger picture of the organisation.

It is therefore the responsibility of all line managers to ensure that staff attend a Corporate Induction and receive a local (Service specific) induction (see checklists/suggested touchpoints set out in Appendices 1-5.

They have been structured according to the following timeframes:

o Corporate Induction Checklist - Required

o Local Induction Checklist - Required

o Month One suggested Touchpoint

o Month3 suggested Touchpoint

o Month 6 Checklist - Required

The Workforce Department will set up new staff on Rotamaster noting their line manager and start date, as well as logging the Corporate Induction Checklist. Rotamaster will then auto-generate reminders to the Line Manager for the appropriate local checklist above.

The line manager, together with the staff member, will follow the process through according to the required checklists and timeframes and using the suggested touchpoint checklist/s if appropriate. The Line Manager will ensure a signed copy of the Local and Month 6 checklist is passed to the Workforce Team for logging. The Workforce Department will record the appropriate Induction checklists onto Rotamaster. Corporate and Local Induction performance will be reported to Directors through the Corporate Dashboard.

LOCAL INDUCTION

Local induction primarily focuses on the member of staff's actual job role and the responsibilities they have alongside of delivering local personal safety/health & safety information. Local induction may also apply where a member of staff has moved to another department with the organisation.

The specific activities within job induction will be dependent on the demands of the role and the skills and knowledge that the individual brings with them. This will be at the discretion of the line manager.

As part of Local induction where appropriate (i.e. where an underlying health condition has been identified during the recruitment process that may require workplace adjustments) the line manager should also undertake a risk assessment (Appendix 6) with the new staff member. In addition, a Risk Assessment in line with any current national/government guidelines (for example Covid-19 – see Appendix 7) should be undertaken.

The responsibility for organising the local induction lies with the line manager of the new member of staff although specific activities may be delegated at the line manager's discretion or within departmental guidelines and practices. It is good practice for individuals and line managers to retain records of completed induction activities.

CORPORATE INDUCTION EVENING

BrisDoc aims to hold monthly corporate induction sessions (dependent upon numbers of new starters) which a new member of staff is expected to attend. If a staff member is ready to commence work before a corporate induction session is scheduled the line manager must complete a Corporate Induction checklist together with local induction with that staff member. They should also ensure the staff member is booked onto the next available Corporate Induction session.

The corporate induction will be run by a member of the Workforce Team with, where possible, a welcome from a member of BrisDoc's Leadership Board.

The corporate induction will be run by a member of the Workforce Team with, where possible, a welcome from a member of BrisDoc's Leadership Board. The aim of the corporate induction session is to have a "formal introduction" to BrisDoc in a relaxed and welcoming environment. Using the Corporate Staff Handbook and Induction presentation, new staff will be informed about the background of the company and the main vision and values. The corporate induction will emphasize the importance of team working / mutual respect and BrisDoc's minimum standards and expectations for example, with respect to customer service, dress code, policies and communication including social media. In order to embed the culture of expectations around training and development, staff members will also be given guidance on the Training Matrix, training for their role and expected timeframes for completion. There will also be opportunities to ask questions.

HANDBOOKS

Each new member of staff will receive an electronic **Corporate Staff Handbook** and Induction Pack in readiness for attendance at the Corporate Induction. This is a general handbook consisting of background information on BrisDoc, the structure of the company, vision, values, key contact information and a summary of policies, procedures and other company rules and regulations. Responsibility for keeping this document up to date rests with the Workforce Department. The electronic induction pack includes Code of Expectations; IG staff handbook; HSE Law and Workstation DSE information.

Each service within BrisDoc will also provide a new recruit with a Local Service **Handbook / Guidelines** e.g. Integrated Urgent Care Handbook / GP Practice handbook/guidelines. Responsibility for keeping this document up to date rests with the manager for the service.

INDUCTION AND IT

In order for the employee to work with ease within their role, it is also essential that all the necessary "log ins" and IT information are updated. The following process should be followed in order to ensure the successful induction of a new employee.

System	IUC	Business Services	GP Practices
NHS e-mail	Workforce Support via IT (GP)		
Radar log on	Workforce Support via IT (GP)		n/a
GP Team Net	n/a	n/a	Practice Manager
RotaMaster Self Service log on	Workforce Support		
RotaMaster admin log on (if applicable)	RotaMaster System Administrator		
Adastra Log on	Operational – IUC Team Managers Clinical – BrisDoc IT *via Workforce request*		HHS only – BrisDoc IT via Workforce
Smart Card	Judith Whitehill – requested by Workforce		Practice Manager
EMIS	BrisDoc IT (GP) – requested by Workforce		Practice Manager
Clinical Guardian	Rota Team		n/a
Osprey Court Log on	BrisDoc IT (AM) – requested via Workforce		
Training Platforms	Workforce Support		
Lap Top (if applicable)	BrisDoc IT (AM)		
Mobile Phone (if applicable)	BrisDoc IT (AM)		

At induction a new starter will also be issued login details for their relevant statutory and mandatory training (issued via Workforce Support)

COMPLETING AND REVIEWING THE INDUCTION PROCESS

There are two main ways that the effectiveness of BrisDoc's induction process is reviewed:

(1) Performance & Development Review (PDRs) – these measures how well the individual is performing against the set standards of the role within their probationary period.

(2) Induction Questionnaire – this helps to understand how the individual feels about how well their induction progressed.

Performance & Development Review

Performance and Development Review (PDR) Meetings are conducted within the first 6 months of the new starter's employment (please refer to Appendices 3, 4 and 5). During these meetings personal objectives and a personal development plan, linked into BrisDoc's overall objectives will be set, and the individual's progress monitored and reviewed. The manager should assess levels of attainment and performance in the job, as well as looking at related matters, such as morale, attitude, timekeeping and attendance levels, and integration into the work group. The staff member will be given the opportunity to ask questions and raise matters of concern. Any problems should be addressed and this may involve training and development. The PDR at the end of the 6

months probationary period completes the induction process. Performance is then measured and monitored in line with BrisDoc's Performance & Development Review Policy.

Induction Questionnaire

Three months after the new recruit commences employment, the Workforce Team sends out an Induction Questionnaire for completion electronically. This questionnaire contains a few questions to gain the opinion from the staff member themselves about their experience of our induction programme.

The questionnaire is divided into 2 sections. The first section asks questions about the areas that should have been covered in the Induction Programme to know if they have been informed about some of the more important aspects of the induction. The second section covers how well they think their Induction Programme had been carried out and how they think they have benefited from the Programme.

5. RELATED POLICIES

- Recruitment & Selection Policy and Procedure
- Equality & Diversity Policy
- Performance & Development Review Policy and Procedure
- Health & Safety Policy and Manual
- Training & Development Policy
- Information Governance Policy
- Social Media Policy
- Quality Policy
- SMART card Policy

6. RELATED DOCUMENTS

- Corporate Staff Handbook
- Local Service Handbooks
- Patient Private Income Cash Handling SOP
- Code of Expectations.

Appendix 1: Induction Checklist – Day one

CORPORATE INDUCTION CHECKLIST			
To be completed by new recruit at corporate induction			

Name of new starter:
Job title AND Department:
Date of Corporate Induction:
Name of Workforce Partner / Manager Leading Corporate Induction:
Anticipated date of first day: _____

CORPORATE IDENTITY			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A1	Introduction	Received Corporate handbook (via email) Electronic Induction Pack via email which includes the following that must be read: Code of Expectations & Standard of Behaviour IG Staff Handbook HSE Law and what you need to know Workstation DSE staff information Leaflet	
A2	Introduction to Company & role of NHS	Who's who: Service Leads; Directors ; Org Chart	
		Services we provide and types of service users expected to treat	
		Explain we're a private company that is commissioned by the NHS	
		Explain we're a shareholder company	
		Aims, objectives and purpose of the service(s)	
A3	Vision and Values	Show 4 areas of Business Focus - to be held in balance	
		Explain our Culture - Team Working; openess; fairness; shared responsibility.	
HR POLICIES AND PROCEDURES			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A4	Terms & Conditions	Breaks, smoking policy, payroll explained	
		Who to contact if absent? How? When?	
		Sickness certification explained	
		Leave explained i.e. working Bank Holidays etc	
		How to request A/L? Notice of request?	
A5	All policies	Explain how to access Corporate policies	
INFORMATION GOVERNANCE & INFORMATION SECURITY			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A6	Information Governance: Handling confidential patient / staff information	Remind to read following documents included in the induction pack: (1) Guidance for staff, volunteers and contractors on handling patient information; (2)Quick reference to Caldicott & the Data Protection Act 1998 principles; (3) Information Security staff fact sheet; and (4) Information Governance Factsheet. **Please note the individual must sign document (4) and return to HR.**	
		Who the Caldicott Guardian is for BrisDoc /their service	
		Faxing and emailing policy explained	
		Password security and clear desk procedure explained	
		Logging off procedures explained	
		Access to medical records procedure explained inc. Consent issues	
HEALTH & SAFETY, FIRE SAFETY, MANUAL HANDLING & Reporting			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A7	Health & Safety	Overview of H&S noting collective responsibility. Reminder they should recieve Service specific H&S run through of fire extis, first aid kit, accident book etc and to prompt if attending new base for first time.	
A8		COSHH - Control of Substances Hazardous to Health	
A9	Manual Handling	Lifting and handling techniques and assessments explained.	
HOUSEKEEPING			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A10	Induction	Explain Indution process (local checklists) and checkpoints to pass probationary period.	
A11	Discounts	All staff can register with nhsdiscounts.com	

TRAINING & PDR			
Ref:	**CRITERIA**	**DETAIL**	**COMMENTS**
A10	Training & PDR	Explain there are courses that are statutory (legal); mandatory (essential for the role/service)	
		Explain timeframes for completing training during induction period.	
		Explain there is a Training & Development policy and that further development can be discussed in PDR	
		Explain the PDR process, including the Being Prepared payment	
A11	Manager Training	For New Managers - ensure they are booked on for Rotamaster Training & HR Guide to Being a Manager	

Employee Signature: _____ Date: _____

Workforce Signature: _____ Date: _____

Please pass one copy to staff member AND Line Manager and one copy to Workforce Team

Month one- Touchpoint

Name of new starter:_____

Job title AND Department:_____

Name of person performing induction with new recruit: _____

TO BE COVERED AT THE END OF MONTH ONE

HR POLICIES AND PROCEDURES				
Ref:	CRITERIA	DETAIL	DATE CARRIED OUT	COMMENTS
C1	Review shadow shifts	Discussion around how the staff member's training/ shadow shfts are going and confirm if any additional support is required.		
C2	Training	Update on the completion of their training/booked on face to face courses.		
		Remind them to complete ALL training courses over the next 2 months.		
C3	Other relevant policies	Check individual has read role handbook and any relevant policies to their role. Any outstanding policies need to be read over the next 2 months.		
C4	Performance & Development Review	Check individual is sure of Objectives of role and agree objectives if not already done.		

Signed: _____   *Staff Member*   _____ date

                    _____   *Line Manager*   _____ date

Please pass one copy to staff member, one copy to Workforce Team and Line Manager to hold one

Month- Three Touchpoint

To be completed by manager and new recruit after 3 months of start date

Name of new starter:_____

Job title AND Department:_____

Name of person performing induction with new recruit: _____

TO BE COVERED AFTER 3 MONTHS:

HR POLICIES AND PROCEDURES

Ref:	CRITERIA	DETAIL	DATE CARRIED OUT	COMMENTS
D1	Review role competancies	Highlight any gaps in knowledge and agree a plan for additional training to address these.*		
D2	Training	Check if completed ALL training courses or booked on if face to face. Agree dates to be completed if not done.		
D3	Other relevant policies	Check individual has read relevant policies to their role.		

Signed: _____   *Staff Member*   _____ *date*

                     _____   *Line Manager*   _____ *date*

Please pass one copy to staff member, one copy to Workforce Team and Line Manager to hold one

* Note: If it looks like there is a need to extend probationery period/ extra support please refer to Workforce.

Need to ensure any extenion to probationary is put in writing, outling reasons why, extra support in place, expectations

Month Six- End of Probation

Name of new starter:_____

Job title AND Department:_____

Name of person performing induction with new recruit: _____

TO BE COVERED BY END OF 5 MONTHS:

END OF PROBATIONARY PERIOD?

Ref:	CRITERIA	DETAIL	DATE CARRIED OUT	COMMENTS
E2	Probationary period	Has recruit passed probationary period?		YES / NO
		If passed confirm to Workforce Support any pay increase associated with successful completion of probationary period		
		If not passed probationary period, ensure have consulted with Workforce beforehand to confirm next steps: - option to extend probationary period up to a maximum of an additional 6 months OR - confirm unsuccessful and contract will be terminated.		
		Put in writing giving reasons and agree plan of support if extended.		

HR POLICIES AND PROCEDURES

Ref:	CRITERIA	DETAIL	DATE CARRIED OUT	COMMENTS
E1	Performance & Development Review	Complete first PDR and pass to individual and Workforce Support for logging.		

Signed: _____   *Staff Member*   _____ date

                 _____   *Line Manager*   _____ date

Appendix 5: Risk Assessment for Individual Job Roles and People

Risk Assessment Pack

Risk Assessment Guidelines
Risk Assessment Matrix
Risk Score Recording and Reporting Guidelines
Risk Assessment Form and Action Plan

Guidance for Undertaking a Risk Assessment

A risk assessment is a careful examination of what could cause harm to people, the environment, the organisation etc., to enable a review of whether enough precautions are in place or whether more should and can be done to prevent harm.

BrisDoc has a legal responsibility to identify and categorise risks and either eliminate or reduce them to the "lowest level that is reasonably practicable".

The risk assessment process will generate BrisDoc's Risk Register.

The 5 steps in the risk assessment process are:
   Step 1 Look for and identify the hazard/problem.
   Step 2 Decide who or what might be harmed and how.
   Step 3 Evaluate the risks and decide whether the existing control measures/precautions in place are adequate or whether more should be done. Controls could range from eliminating/stopping the activity, to reducing the risk by introducing new control measures, to transferring the risk to another body, to accepting and managing the risk if it is unavoidable.
   Step 4 Record your findings on the Risk Assessment Form and communicate the risk and control measure to those who need to know - i.e. all people who could be harmed.
   Step 5 Review the assessment looking at the effect of the risk and any actions taken.

Some examples of when it is appropriate to undertake a risk assessment are:
- Before introducing new equipment i.e. cars or computer systems.
- Before a change in environment i.e. new base or office move.
- When developing a new service, or changing an existing one.
- Following a near miss or adverse event.
- Following a complaint.

The level of risk associated with each hazard is assessed in accordance with the Risk Scoring Matrix. This identifies both the severity of the hazard and its likelihood of occurrence. The aim of the risk scoring is to systematically establish relative priorities. The purpose of risk treatment is to determine what will be done and who will be responsible for the risks that have been identified. Risk treatment converts the risk assessment into an action plan. This information is then recorded in the Risk Register.

Clearly, it will not be possible to minimise or eliminate all risk identified immediately. Some will require further research and development to be undertaken, others may require financial planning or have a lead time to undertake the work required. Sometimes, when confronted with problems

which demand quick solutions, people succumb to the imperative of haste and move directly from risk identification to treatment of the risk.

By omitting consideration of the context of the risk and not performing appropriate analysis and evaluation, the people undertaking the assessment risk implementing inadequate 'quick fixes'. It is important to consider underlying systems when undertaking a risk assessment. It may be necessary to implement short-term solutions, but in considering all information, the risk analysis process can help inform longer term planning processes. For example, where risks arise from the physical layout of a building or department, if these risks are analysed and recorded it may help to ensure that if the service moves to another or a new building/department that those risks that were previously identified are not present in the new facility.

It takes time to plan and implement change. A robust monitoring and review system is essential to ensure actions are followed through, and priorities are re-assessed, so that risk management is an ongoing process that is embedded into normal management processes. Ensure that when undertaking the assessment the details of the date of the review and the people who will be undertaking the review are documented and this process is followed through.

Risk Assessment Matrix

Severity/Consequence of event occurring again

Description	Category	Risk to patient, staff, business
Catastrophic	5	Incident leading to death, non-delivery of business objectives, event which impacts on large number of patients/staff, multiple breeches to statutory duty, prosecution, national media coverage/total loss of public confidence, >25% over project budget/loss of >1% of budget, loss of contract, 1day loss of service.
Major	4	Major injury leading to long term incapacity, significant harm to patient, >14days off work, uncertain delivery of business objectives, enforcement action/multiple breeches of statutory duty, uncertain delivery of service due to lack of staff, national media coverage, 10-15% over project budget/loss of 0.5-1% of budget, >12hrs interruption to service.
Moderate	3	Moderate injury requiring professional intervention, some harm to patient, 4-14days off work, unsafe staffing level, single breech of statutory duty, local media coverage/long term reduction in public confidence, >8hrs interruption to service, 5-10% over project budget/0.25-0.5% loss of budget, late delivery of business objectives.
Minor	2	Minor injury, minimal harm to patient, low staffing reduces service quality, breech of statutory legislation, local media coverage/short-term reduction in public confidence, >1hr interruption to service, <5% over project budget/loss of 0.1-0.25% of budget, minor impact on business objectives, >3days off work.
Negligible	1	Minimal injury, no harm to patient, no time off work, no/slight impact on business objectives, insignificant cost increase/financial loss, rumours, <30mins interruption to service, <1 day shortage of staff, no/minimal breech of statutory duty.

Likelihood of event occurring again

Almost certain	81% -100% likelihood of occurrence	5	Will undoubtedly happen/recur, possibly frequently
Likely	51% - 80% likelihood of occurrence	4	Will probably happen/recur but is not a persisting issue
Possible	21% - 50% likelihood of occurrence	3	Might happen or recur occasionally
Unlikely	6% - 20% likelihood of occurrence	2	Do not expect it to happen/recur but possible it may do so
Rare	0% - 5% likelihood of occurrence	1	This will probably never happen

Score the risk

Likelihood		Severity of Consequence				
	Almost certain	5	10	15	20	25
	Likely	4	8	12	16	20
	Possible	3	6	9	12	15
	Unlikely	2	4	6	8	10
	Rare	1	2	3	4	5
		Negligible	Minor	Moderate	Major	Catastrophic

> **The risk score = likelihood multiplied by severity/consequence**

Risk Score Analysis, Recording and Reporting

Risk Score 1 - 4 Low Risk, (Green)
Will be managed by Line Managers and recorded within the risk register by the Service/Practice Manager. Risks of this magnitude are considered low level risks and are well within BrisDoc's risk appetite. They are usually those which are experienced on a daily basis, are managed and actioned as part of the normal managerial risk assessment process, and monitored on a monthly basis. Line Managers should retain a record of all low level risk and share information with the Head of Governance.

For low risks quick and easy controls (measures) can be implemented immediately and further action planned for when resources permit or no further action may be required.

Risk Score 5 - 8 Moderate Risk, (Yellow)
Will be recorded within risk register and managed by Service/Practice Managers. The completed risk assessment form will be sent to the Head of Governance. These risks are within BrisDoc's risk appetite. Close monitoring by risk owner is required with consideration of additional risk mitigation measures. Actions to control moderate risks will be implemented as soon as possible, and no later than the next financial year.

Risk Score 9 – 12 High Risk, (Orange)
Will be immediately reported to a Director. The risk assessment form will be completed and sent to the Service/Practice Manager for entry onto the risk register and presented by the Service/Practice Manager at the relevant Governance Board Meeting. The Line Manager may be asked to attend this meeting to discuss the risk and the actions taken or proposed. A contingency plan and urgent need to consider risk mitigating action are required. The risk is managed and closely monitored by the Service/Practice Manager and is borderline for BrisDoc's risk appetite. The Risk assessment form will be sent to the Head of Governance.
Orange risks can only be closed on the risk register with the authority of the Executive Directors. Actions to control high risks will be implemented as soon as possible and no later than within 3 months of the risk being identified. The Board of Directors is made aware.

Risk Score 15 - 25 Extreme Risk, (Red)
All risks identified as category red are to be reported to the Managing Director. The risk assessment form must be completed and sent to the head of Governance for entry onto the risk register and presented by the Service/Practice Manager at the Quality Management Forum/Clinical & Services Governance Board Meeting. The Line Manager may be asked to attend the next Board meeting to discuss the risk and the actions taken or proposed.

Red risks can only be closed on the Risk Register with the authority of the Chairman and should be reported to the Commissioning Support Unit if directed by the Board of Directors.

Extreme risks require emergency action and a contingency plan. They are beyond BrisDoc's risk appetite. The BrisDoc Board is made aware and immediate action is implemented. Any process, procedure or operational service must be stopped immediately.

Date	Location	Assessor	Persons affected by harm		Further assessments required	
			Employees		Fire Driving	
Task Assessed:		**Overall Risk Score**	Patients		DSE Manual Handling	
			Contractors		Pregnancy Other	

Hazard	Who/What is at risk?	Existing Controls	Severity	Likeli-hood	Risk Score	Additional Controls/Measures	Residual Risk Score

Action Plan

When and with whom was this incident/risk discussed?			
Describe the immediate action taken.	By Whom		When
What actions need to be taken next?	By Whom		By when
Describe which relevant policies and procedures have been consulted			
Indicate if advice has been taken or is needed from other agencies and which e.g. HSE, Professional Body, CCG.			
Which Organisational Objective does this risk affect?	Patient Care	Workforce Care	Quality Care	Resource Care
Which other risk (if any) does this hazard inter-relate with?			

Risk Assessment Review Date:	
Assessment completed by:	Signature
Line Manager	Signature

BrisDoc Patient care by people who care

APPENDIX 7: RISK ASSESSMENT FORM – COVID 19

Emerging data suggests that alongside underlying health conditions and obesity, there are demographic factors that can affect peoples' vulnerability in relation to Covid-10 outcomes: These include:

• Age

• Gender

 • Ethnicity

Please undertake a risk assessment on any staff who fall into the following categories. Please listen carefully to the staff member's views and concerns:

• Aged 70 or older (regardless of medical conditions)

• under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):

• chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis

• chronic heart disease, such as heart failure

• chronic kidney disease

• chronic liver disease, such as hepatitis

 • chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy

• diabetes (Type 1 or 2)

• Spleen problems – for example, sickle cell disease or if you have had your spleen removed

• a "weakened" immune system as the result of conditions such as HIV and AIDS, or medicines such as continuous / frequent steroid tablets, chemotherapy or other drugs which depress the immune system.

• being seriously overweight (a body mass index (BMI) of 40 or above)

• those who are pregnant

• those who have BAME backgrounds

• those who are male

Please use the scoring below to initially assess risk level. Once you have undertaken the assessment, please discuss any anomalies with a clinician within the Covid-19 senior medical team to finalise / agree the plan based on overall risk. For example, a worker meets "at risk" criteria but is well and wishes to continue in a patient facing role. Senior Medical Team - Kathy Ryan, Caroline Stovell, Chris Dykes and Anne Whitehouse, (Kathy primary contact for IUC, Caroline for practices)

RISK	SCORE 1	✔	SCORE 2	✔	SCORE 3	✔	SCORE 4	✔
AGE	Under 50		50 – 59		60 – 69		70+	
GENDER & ETHNICITY	Female White		Female Asian		Male Asian		N.B For other non-white ethic groups besides Asian and Black kindly score alongside the Asian profile.	
			Male White		Female Black			
					Male Black			
STATUS OF YOUR CONDITION	None Known		Mild		Moderate or Chronic		Pregnant ***	
	No underlying health condition as described on previous page.		Evidence of underlying health condition described on previous page. Condition is mild or well managed.		Evidence of underlying moderate or chronic health condition described on previous page. Requires clinical review of risk assessment.			
BMI			BMI 30 - 35		BMI 36 - 40		BMI over 40	

	Mild	Moderate or Chronic	
NUMBER OF UNDERLYING CONDITIONS			If multiple underlying health conditions in either the mild or moderate / chronic group please pass for clinical review of risk assessment.

Total Score 3– 6		Total Score 7 – 8		Total Score 9+	
Category A		Category B		Category C	
Continue working in current environment following all safety precautions		Redeploy away from 'hot' Covid environments. Avoid direct contact with Covid cohort where possible. **Potential clinical assessment of risk assessment dependent on views of individual and line manager**		Clinical assessment of risk assessment required. Whilst awaiting this advice options to be considered are: • Home working • Move to lower risk area with appropriate support measures	

*** Pregnancy irrespective of score: Women who are less than 28 weeks pregnant should practise social distancing but can choose to continue working in a patient-facing role, provided the necessary precautions are taken. Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact and it is recommended that they stay at home.

Date of assessment:	Work Location:	Assessor:	Persons potentially affected by harm:	Age:	Hrs worked per week / total shifts per 4 weeks:

Potential hazards	What is at risk? – please indicate which category the individual falls into and provide specific details.	What are the situational circumstances that contribute to the risk ie physical proximity, duration etc **Include individuals view**	Suggested Mitigating actions / Mitigating actions in place	By when
Potential exposure to COVID-19 infection				

Action Plan

When and with whom was this incident/risk discussed?	

Any further information / discussion needed with clinical lead?	Yes		No		Risk Assessment Review Date:	
Clinical assessment & comments:						
Line Manager:			Clinical Covid 19 Lead:			

7. Change Table

Date	Reviewed and amended by	Revision details	Issue number
May 2009	C Edmunds		1
November 2011	C Edmunds		2
November 2015	C Edmunds		3
September 2016	CL Nicholls		4
July 2020	N Clegg		5
27/02/2024	M Duncan	Approving director changed	5.1
13/06/2025	M Duncan	Review date extended until 01/12/2025.	5.2

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