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 can and should 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 5 steps in the risk assessment process are:

1. Identify the hazard
2. Decide who or what might be harmed and how
3. Evaluate the risks and take action to prevent them where possible
4. Record your findings on the Risk Assessment Form and communicate the risks and control measures to those who need to know, including adding details to the Risk Assessment Log
5. Review the assessment

   The Overall Risk Score is the highest total number for an individual risk

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 management is to determine what will be done and who will be responsible for the risks that have been identified. Risk management converts the risk assessment into an action plan.

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.

Once complete, details of the Risk Assessment need to be included within the Risk Assessment Log and a headline added to the Risk Register via the brisdoc.governance@nhs.net.

Please use the second page of the template to gather details of the headline risk.

Risk Assessment Matrix

Severity/Consequence of event occurring

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

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

		Severity of Consequence				
Likelihood	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 = severity x likelihood.

RISK ASSESSMENT FORM

BrisDoc
Patient care by people who care

Name of Assessor(s)	Dixine Douis	Overall Risk Score			Date of Next Review
Date of Assessment	06/05/26	3	2	6	May 27
Title	First aid – Broadmead Medical Centre				
Risk Assessment ID	**5**	Severity	Likelihood	Total	

You must include details of any Risk Assessment in the Risk Assessment Log and add a headline to the Risk Register via brisdoc.governance@nhs.net. Please use the template on the next page to gather details of the headline risk.

Description of the Hazard *NB: Include what/who is at risk and justify score*	Existing Controls	Risk Score			Action taken	Residual Risk Score			Further Action Required	Timescale for Action
		Severity	Likelihood	Total		Severity	Likelihood	Total		
Injury to staff resulting from faulty electrical equipment	All equipment PAT tested annually. Fire equipment and blanket available. Burn gel available within the first aid kit	5	1	5						
Injury to staff resulting from the use of chemicals	All hazard products as COSHH assessed. Staff have PPE in place to don whilst using hazardous products. The first aid kit includes burn gel and eye wash solutions. Clinical staff available on site to manage incidents requiring first aid.	5	1	5						
Injury to staff, patients, contractors, visitors from a fall.	Stair wells maintained. Lifts available for staff who require to use them.	5	1	5						

Injury to staff, patients, contractors, visitors from a slip	Drip tray from water cooler, emptied when full. Slip hazard signs used for wet floors. All spills mopped up as soon as noticed by any member of staff. Clinical staff available on site to manage incidents requiring first aid. First Aid kit available	3	2	6						
Injury to staff, patients, contractors, visitors from a bang to head	A couple of cupboards on 2nd Floor have sharp corners. Corners covered by plastic corner covers to soften edge.	3	2	6						
Injury to staff, patients, contractors, visitors from Lack of first aider	Clinicians on duty able to support with basic first aid and advise whether hospital/ GP appointment is necessary. All staff receive annual BLS training in case of emergency.	2	3	6						
Injury to staff, patients, contractors, visitors Requiring first aid	First aid box available and suitable for number of staff. Clinicians on duty able to support with basic first aid and advise whether hospital/ GP appointment is necessary. Signs showing where the box is located in reception. Accident book available alongside FAK.	3	2	6						
The follow up of an injury to staff, patients, contractors, visitors being missed.	A process is in place to follow up a serious injury, this includes a follow up call to 'check in' with the injured person by management when appropriate. If the injury is to a member of the team the team manager will liaise with people	5	1	5						

	team re any next steps, PEEPs, PRA's or OccH ref necessary.									

Once you have completed the Risk Assessment, please provide details of the headline risk below, so that it can be added to the Risk Register