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

Name of Assessor(s)	Claudia Filipe & Kerry Hall	Overall Risk Score			Date of Next Review
Date of Assessment	27/6/2026				
Title	CKMP FIRE RISK ASSESSMENT	5	2	10	27/6/2027
Risk Assessment ID	*26*	Severity	Likelihood	Total	

You must include details of any Risk Assessment in the Risk Assessment Log via brisdoc.governance@nhs.net.

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		
Fire – staff, patients, contractors, buildings	Fire alarms are tested weekly by NHSPS and recorded in the log.	5	1	5		4	1	4	Ensure a message is sent to all staff informing them that the fire alarm will be tested on Teams	On going
Environment	• Fire doors are clearly marked, tested, and checked monthly. • Walkways are kept clutter-free. Internal fire doors automatically close when alarms activate. • Fire exits lead to the designated assembly point. • Visitors are informed of fire	5	2	10	Ensure all staff are up to date with their fire warden training and monthly checks are consistently conducted. Ensure that all team members complete their on line fire safety training. Regular checks on Development Hub to ensure compliance	4	1	4	**Regular Refresher Training:** Schedule 3 yearly refresher courses for all fire warden team members. Where possible use Avon LMC but if not available then use on line training. Implement a quick orientation for visitors upon arrival to ensure they are aware of the nearest exits and the fire alarm protocol, especially during testing.	On going

RISK ASSESSMENT FORM

	policies and sign in upon entry, with logs taken during evacuations. • Fire wardens conduct manual checks and record them monthly on a master sheet.									
Equipment	• Equipment PAT tested annually • Issues with equipment reported to IT if found faulty.	5	2	10	PAT testing flagged with facilities in July 2026	4	1	4		Ongoing annually
Evacuation procedure	• All staff receive an induction on evacuation procedures on Day 1. • Visitors and contractors are informed of evacuation procedures during their visit. • Patients are guided by alarms, and fire wardens check specified areas. • Evacuation drills are conducted every six months unless an actual alarm occurs	5	2	10	Clearly label zones on the Master Copy to prevent delays in identifying the activation site.	4	1	4	Verify that all fire wardens have the updated Master Copy with clearly labelled zones in their folders, and conduct a brief review session to ensure everyone is familiar with identifying the activation site promptly. Replace if any structural changes in practice Fire Drill Coordination: Conduct unannounced fire drills to ensure all staff are familiar with evacuation routes and procedures, including the proper use of fire doors and exits. Last fire evacuation June 2026. 2 will be planned annually if no actual activations occur	

RISK ASSESSMENT FORM

Disabled staff	Individual risk assessments are conducted for staff working on the first floor.	5	1	5	Currently, no staff require assistance to evacuate	4	1	4	Re-evaluate when new staff join practice	
Infectious patients in RED Zone	Red Zone patients evacuate through the nearest exit and wait near the Boxing Gym instead of the usual assembly point.	5	1	5	• Clear signage has been placed near the exits in the Red Zone to direct patients to the designated waiting area near the Boxing Gym. • Staff have been briefed on the evacuation procedures specific to Red Zone patients, ensuring they are aware of the alternative assembly point.	4	1	4	• Regularly review and update the signage to ensure it remains clear and visible.	Ongoing
Staff training	• Staff complete online fire training annually. • Fire wardens renew their external qualifications every three years.	5	2	10	New starters to complete in the first week that they have a log in. Fire Wardens – ensure that booked in for refresher Liaise with Avon LMC for F2F sessions and if not available then on line.	4	1	4	On line refresher training now in place. E mails will be sent from facilities to the team members that have not had training in the last 3 years. Try to ensure that F2F is first priority where possible.	Ongoing
Fire Wardens and process for reporting	• Fire wardens are allocated zones after training and are provided with instructions. • One warden is designated as the lead during an	5	2	10	Ensure all folders are up to date with current warden's names and action plans.	4	1	4	Verify that all fire wardens have updated folders with the current wardens' names and action plans. Check in fire warden scheduled meetings	ongoing

	evacuation, with all wardens having detailed notes. • Fire action plans are included in all red folders and provided to new fire wardens.									
Alternative routes for specific areas in the building	Alternative routes are available for rooms 24, 28, 29 in the event of the fire blocking the normal exit route	5	1	5	• **Clear** signage has been installed near the exits of rooms 24, 28, and 29, indicating alternative routes in case the primary exit is blocked by fire. • A walkthrough of these alternative routes has been conducted with all relevant staff to ensure familiarity with the evacuation process.				• Conduct periodic reviews of the signage to ensure it remains clear, visible, and updated in accordance with any changes to the building layout. • Implement a routine check to ensure that these alternative routes remain unobstructed at all times.	Monthly