# 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) | Rachel Hiscox (RTH), Danielle Townsend | Overall Risk Score | | | Date of Next Review |
|---|---|---|---|---|---|
| Date of Assessment | 12/3/25 Reassessed Nov 25<br>9/12/25 Updated Dec 25 | 3 | 2 | 6 | Jan 2027 |
| Title | CKMP Infection Control – General requirements | | | | |
| Risk Assessment ID | *29* | 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<br>*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 | | |
| Lack of infection control coordination at practice | Having an infection control lead who remains up to date with latest guidance.<br>Rachel Hiscox, Practice Nurse. | 3 | 1 | 3 | Ensure lead has Annual infection control update. Lead aware of responsibilities.<br>Infection control lead to have monthly admin time to keep updated re infection control guidance. | 2 | 1 | 2 | Ensure monthly time for audit and infection control communications | ongoing |
| Risk of contamination/ infection from physical environment | -General cleaning<br>-Monthly infection control audits<br>-Ensure furniture and floors are in good condition.<br>-Ensuring staff day to day following infection control | 3 | 3 | 9 | -Complete monthly infection control audit and action and log any issues arising<br>--Liaising with NHS properties services (NHS PS) to ensure standards of cleanliness and waste disposal are maintained. | 3 | 2 | 6 | -Chase NHSPS cleaning schedule according to new guidance NHS England » National standards of healthcare cleanliness 2025<br>-Obtain a copy of monthly cleaning audit | ongoing |

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| | policies and procedures including equipment cleaning, hand washing, waste disposal etc<br>-Regular changing of curtains in clinical rooms according to policy<br>-Ensure spillage kits for bodily fluids available in key areas and staff trained to use them.<br>-Toys removed from clinical rooms | | | | -Signage for correct waste disposal in each clinical area<br>-Damaged floors in clinical rooms replaced<br>-Regular equipment cleaning e.g., spirometer, ear washout equipment, fridge seals<br>-Curtains changed as per policy, record kept.<br>-Spillage kits available in back office reception, storeroom 7 and treatment room<br>-Toys removed | | | | -Infection control lead to attend meeting with NHSPS and practice manager. | |
| Risk of cross infection between staff and patients. | -Individual risk assessments for specific infections<br>-Ensure staff are aware of needlestick injury (NSI) policy and posters in place in every clinical area.<br>-Adherence to infection control policies e.g., uniform, hand hygiene and PPE policy.<br>-Isolation room available for use for patients with | 3 | 3 | 9 | -Infection control lead identifies new infection risks and completes risk assessments.<br>-Ensure staff complete mandatory and statutory infection control training<br>-Ensure all new staff complete hand hygiene audit and update annually<br>- Treatment room staff to complete aseptic technique competencies on induction<br>-Ensure staff aware of reporting procedures following a NSI | 3 | 2 | 6 | Isolation room stock check monthly<br><br>Mandatory staff training | ongoing |

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| | high risk of transmissible diseases.<br>- | | | | -Staff trained on appropriate PPE, donning and doffing. Posters available in clinical areas re hand hygiene<br>-Staff trained in use of red zone including cleaning and PPE | | | | | |
| Cleaning standards not being maintained to a minimum standard. | -Regular Infection Control audits undertaken by PIC lead.<br>-Log (spreadsheet) of any cleaning issues.<br>-Regular reporting on NHS PS Connect Portal of any cleaning issues. | 3 | 5 | 15 | -Cleaning Audit requested via NHSPS with Cleaning Supervisor.<br>-Reporting via NHSP Portal in order to expedite resolve of issues. | 2 | 2 | 4 | Staff awareness for reporting process | Ongoing |
| NHS England have reported a significant rise in the number of reported flu cases in the Southwest regio | Flu vaccination programmes for staff and patients.<br>IPC policy<br>Hand hygiene<br>Symptomatic staff to wear FFP2 mask | 3 | 3 | 9 | -All staff and patients to wear FFP2 masks in patient facing areas regardless of symptoms or known exposure<br>-All clinical staff to use PPE as outlined in IPC Policy<br>-All staff to ventilate all clinical rooms and communal spaces as much as possible in bases<br>-All staff to ensure robust hand hygiene regime | 2 | 2 | 4 | Comms to team to update on changes<br><br>Order increased stocks of FFP2 masks<br><br>Consider additional flu clinics to offer to patients and staff drop in if required | Ongoing until spring 2026 |

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| | | | | | All staff to attempt physical distancing from patients where possible | | | | | |

***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***

| Date risk identified | Business Unit | Service | Risk Owner | Review Board | Description of the hazard | Existing Controls | Severity | Likelihood | Risk Score |
|---|---|---|---|---|---|---|---|---|---|
| 18/01/24 | CKMP | CKMP | RTH/ DKT | | General risk of cross contamination / infection from environment or people within CKMP | -Lead infection control nurse in place<br>- Ensuring staff of CKMP are following up to date infection control policy and guidance<br>-Ensuring adequate cleaning of facilities and equipment<br>-Monthly infection control audits<br>-Specific risk assessments for current infection concerns<br>-Regular reporting to NHSPS and cleaning audit to reflect ongoing cleaning issues. | 3 | 5 | 15 |

| Action Taken | Severity | Likelihood | Residual Risk Score | Last Review Date | Further Action Required | Timescale for Action |
|---|---|---|---|---|---|---|
| -Monthly infection control audits from NHSPS and CKMP infection control lead. Liaising with NHSPS re issues found through audits.<br>-Ensuring all staff do infection control mandatory training and training during induction.<br>-Specific risk assessments done for individual infections as and when new / increased risk identified e.g Measles, Monkeypox, Covid<br>-Escalated to NHSPS – complaint case to be reopened and action plan to be put into place. | 3 | 2 | 6 | 12/3/25 | -Set up regular meetings with IPC leads and NHSPS<br>-Obtain cleaning schedule from NHSPS<br>-Escalation to Quality Board within BrisDoc. | 01/26 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Oct 25 - Complaint with cleaning services now closed – ongoing monitoring and communication with cleaning management | 3 | 2 | 6 | Oct 25 | Continue to report cleaning issues on connect portal. Direct comms with cleaning management teams<br>Ongoing reviews and infection control audit | Oct 25 |