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)	Hollie Gage	Overall Risk Score			Date of Next Review
Date of Assessment	23/07/2026	5	2	10	
Title	Clevedon – Base Fire Risk Assessment				22/07/2027
Risk Assessment ID	*47*	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		
Ignition Sources Staff, patients, visitors, and contractors may be at risk of injury, smoke inhalation, or death caused by a fire, which could start due to faults, overheating, or sparks from electrical fan heaters, microwaves, kettles, computers, printers, or extension leads.	Regular PAT testing. Foam fire extinguishers on both floors. Fire alarm system. Fixed wiring inspection and certification to take place every 5 years. Procedure for safe use of supplementary heating equipment. Fire/intruder alarm maintenance	5	2	10		5	2	10		

	contract managed by NHSPS									
Fuel Sources Staff, patients, visitors, and contractors may be at risk of injury, smoke inhalation, or death caused by a fire that spreads rapidly due to the presence of combustible materials such as cardboard, paper, textiles (chairs), wall coverings, toner cartridges, and aerosols.	External recycle bins. Ensure that seating meets fire safety manufacturing standards. Stock control methods. Used toner to be recycled by supplier as soon as possible Foam fire extinguisher on each floor. Aerosol stored in cleaning cupboard and SevernSide store cupboard. Ensure boxes of stationery are put away in cupboards. Ensure all deliveries are unpacked as soon as is practicably possible. Ensure cardboard removed to external bin as soon as possible. Paperwork and files are not to be stored under desks.	5	2	10		5	2	10		

Oxygen Sources Staff, patients, visitors, and contractors may be at risk of injury, smoke inhalation, or death caused by the accelerated spread and intensity of fire resulting from oxygen enrichment from open windows, open external doors, or stored oxygen cylinders.	Fire Policy & Training. The fire alarm panel instructions inform any fire officer of the possibility of the presence of an oxygen. cylinder. Any oxygen cylinder is stored behind a fire door. The room has adequate ventilation and the appropriate warning certificate on the door.	5	1	5		5	1	5		
Egress from the Building Staff, patients, visitors, and contractors may be at risk of injury, smoke inhalation, or death if unable to evacuate the building promptly due to blocked exits, fire in stairwells, or mobility limitations affecting those with Personal Emergency Evacuation Plans (PEEPs).	Staff Fire Safety training is completed regularly. Staff are trained in the base fire evacuation procedure. All occupants of the building will evacuate immediately on hearing the alarm.	5	1	5		5	1	5		

	Where the fire is in the stairwell preventing egress from the first floor for “Disabled” people (crutch/stick users) or those who have PEEP in place will be advised to go directly to the safe haven, Fire Marshalls will advise the Fire Service. Visitors always accompanied. Induction to the building for new starters. Door codes deactivate on the activation of fire alarm meaning exit possible through all doors. Directional fire exit signs. Fire drills carried out regularly									

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

RISK ASSESSMENT FORM

BrisDoc
Patient care by people who care

Date risk identified	Business Unit	Service	Risk Owner	Review Board	Description of the hazard	Existing Controls	Severity	Likelihood	Risk Score
15/08/2025	Clevedon	SIUC	SB	H&S	**Ignition Sources** Staff, patients, visitors, and contractors may be at risk of injury, smoke inhalation, or death caused by a fire, which could start due to faults, overheating, or sparks from electrical fan heaters, microwaves, kettles, computers, printers, or extension leads.	Regular PAT testing. Foam fire extinguishers on both floors. Fire alarm system. Fixed wiring inspection and certification to take place every 5 years. Procedure for safe use of supplementary heating equipment. Fire/intruder alarm maintenance contract managed by NHSPS	5	2	10

Action Taken	Severity	Likelihood	Residual Risk Score	Last Review Date	Further Action Required	Timescale for Action
	5	2	10	23/07/2026		