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)	Megan Joscelyne, Kerry Hall/Claudia Filipe, Donna Parkin, Stuart Burgess	Overall Risk Score			Date of Next Review
Date of Assessment	23/9/23	3	1	3	Jan 2027
Title	Corporate Lone working including home visits processes				
Risk Assessment ID	*31*	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		
Clinicians are required to complete home visits for patient whom are housebound or too unwell to attend the surgery – this means clinicians working independently outside or practice support	Each patient house will be different and an assessment done of any risks when arriving at the house. For any patients where there is a risk to staff this will be noted as an alert on the patient records, and if not safe to enter alone, arrangements will be made to do the	1	2	2	Ensure all staff are aware to place an alert for patients whom need 2 x staff to attend together	1	1	1	Ensure new starters are aware of how to add alert to records and where to find alerts	Clinician induction

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	visit with another member of staff.									
Unsafe safe exits and entrances	Clinician should make a mental note of exits in the house they are visiting when they arrive.	3	1	3	If unsafe practitioner will contact patient and re-arrange when safer access can be secured	1	1	1	With every visit	Ongoing
Equipment needing to be used in patients own home outside of practice	Clinicians should check that any electrical points where they need to plug in equipment is checked before use. Equipment taken will be checked prior to visits (PAT test date recorded on equipment if applicable). Use of sharps bins where appropriate	2	1	2	Ensure clinicians are aware to check equipment prior to leaving and where to find equipment	1	1	1	With every visit	Ongoing and with Annual pat test/calibration
Lone person manual handling risk	Visit bag is a wheeled small suitcase to minimise lifting. Carry bag with shoulder strap provided for scales and for GP visit bags. Patients should not need manual handling. If patient needs repositioning, eg to	3	3	9	Clinician to ensure they are in date with manual handling training and only carry required equipment	2	1	2	Own accountability	Ongoing and stat/man training

	do BP.weight, then clinician should make the decision as to whether he/she can safely do it, and not do it if it poses any risk of injury to him/herself									
Inexperienced clinicians unfamiliar with patients, lone working or environment	All staff going out on home visits for the first time will be briefed appropriately. Staff new to the practice will accompany another clinician on home visits until assessed as safe and competent to visit on their own	2	1	1	Line manager to ensure staff understand how home visits are carried out and the guidance	1	1	1	Line manager and clinician to be accountable	With induction and briefing prior to home visits commencing
Lone worker needs to be trackable	List of patients to be visited is logged onto EMIS appts and a time slot given for the visit. Clinician should leave their mobile no with their line manager or reception when they go on the visit. The clinical will report to line manager/team members when	2	1	1	Emis list is recorded prior to patient visit – ensure updated and no additional visits planned	2	1	1	Line manager and clinician to be accountable	Briefing prior to visits

	they leave and return									
Dealing with l violent/ aggressive patients	If a visit was needed to a patient who has a history of violence, then this will be noted in their record, and a joint visit will be arranged	3	2	6	Ensure all staff are aware to place an alert for patients whom need 2 x staff to attend together	2	2	4	Ensure new starters are aware of how to add alert to records and where to find alerts	On induction and briefing prior to visits
Is the lone worker contactable	The clinician should inform line manager, or nominated individual, when she leaves the building to go on visits and give an approximate time she is expected back. When she arrives back she should inform line manager that she is returned	2	1	2	The clinician will communicate with line manager	1	1	1	Clinician and line manager to discuss	Briefing prior to visits
Clinician contact via personal mobile phone	The clinician is expected to carry personal mobile phone on visits, as it is safer to use a phone you are familiar with and	1	1	1	Ensure mobile phone is charged. Personal alarm available in back office if required	1	1	1	Clinician responsibility	Reminded at briefing prior to visit

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	know is charged etc.									
Can be difficult for lone worker to contact practice.	Clinician has access to emergency services if required. Should also have the direct contact on shift.	2	1	2	Practitioner line is always manned by admin staff Direct number to Driver / shift manager if OOH	1	1	1	Admin/reception manager to ensure hand over completed and phone is charged	Clinician to be given number at induction and reminded at briefing prior to visit
Does the workplace itself present any special risks to a person working alone? Yes – **BMC** - Person does not leave building before premises locked by Boots	Staff aware of Boots closing arrangements. Message at end of each session to remind. Boots come and check whether anyone left in building. Number to call if login occurs	3	1	3	All actions complete	3	1	3	NFA	

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

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Updated 28/9/23	Bris doc	All	Service leads		Clinicians who are lone working on home visits are at risk of being unsafe whilst away from practice	Known list of patients recorded for the clinician on which patients they are visiting and when. Briefing with line manager prior to visits and then informed when returns Clinician to ensure mobile phone is carried at all time	3	1	3
Updated 13/01/2026	BrisDoc	All	Service Leads		Clinicians who are lone working on home visits are at risk of being unsafe whilst away from practice	CKMP - A BrisDoc driver for Practice nurse home visits when possible	3	1	3

Action Taken	Severity	Likelihood	Residual Risk Score	Last Review Date	Further Action Required	Timescale for Action
Good induction to new clinicians Good communication prior to home visits between clinician and line manager Use of alerts on medical records to warn if more than 1 person is required Stat man training for manual handling	3	1	3	2022	Continue to have pre visit briefs and ensure new starters are informed at induction	Ongoing