

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

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 breach 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, breach 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 breach 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)	Gemma Cuff	Business Unit	Service	Review Board
Date of Assessment	06.02.2026	Corporate	Osprey	H&SSG
Title	Osprey Court – Units 3,4,20 & 21 – Fire Risk Assessment Please see further review within folder for comprehensive initial assessment of unit 4.			
Risk Assessment ID	148			

*Select one from each

Description of the Hazard <i>NB: Include what/who is at risk and justify score</i>	Existing Controls	Risk Score			Action taken	Residual Risk Score			Further Action Required	Timescale for Action
		Severity	Likelihood	Total		Severity	Likelihood	Total		
<u>Ignition Sources</u> 1 Electrical Equipment improperly maintained (microwave, kettles, computer, printers, extension leads, franking machine, faulty sockets, portable heaters, air conditioning systems)	PAT testing carried out every 2 years. Fire extinguishers at all locations, serviced annually Fire alarm system serviced twice a year. Emergency lights serviced annually. Fixed wiring inspection and	5	2	10	Records kept with Facilities.	5	2	10		06//02/2027

RISK ASSESSMENT FORM

2 Gas boiler 3 Smoking Staff, Contractors & Visitors at risk.	certification to take place every 5 years. Air conditioning servicing takes place twice a year. Temporary procedure in place for the use of oil filled radiators in unit 3 due to a faulty heating system. Unit 4 - Gas boiler serviced annually Smoking is prohibited in the building and on the Business Park.	5	2	10	Guidance and instructions displayed on the wall in unit 3 with how to use the heaters and user guidelines. It is the responsibility of the user of the building to ensure all heaters have been turned off prior to leaving the building. A heating check forms part of the closing down procedure. Facilities will check the building at 5pm every evening to ensure heaters are off.	5	2	10	Heaters to be removed once heating has been fixed.	
<u>Fuel Sources</u> 1 Cardboard & paper 2 Textiles (chairs / furniture) 3 Toner 4 COSHH substances	Cleaners remove any rubbish and recycling daily and put it in the external bins. Ensure that seating / furniture meets	5	2	10	Ensure all deliveries are unpacked as soon as is practicably possible. Ensure cardboard removed to external bin as soon as possible.	5	2	10		

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Staff, Contractors & Visitors at risk.	fire safety manufacturing standards. Stock control methods. Used toner to be recycled by supplier as soon as possible Cleaning products are kept in a designated cleaning cupboard which is has COSHH signage installed.				Clear desk policy. Furniture purchased from a reputable source					
<u>Oxygen Source</u> 1 Open windows 2 Open external doors 3 Oxygen cylinders Staff, Contractors & Visitors at risk.	Fire policy and mandatory training in place. Unit 21 - Oxygen cylinders are kept in a secure location away from flammable / combustible materials and sources of ignition.	5	2	10	Windows and doors to be closed by coowners upon any evacuation of Osprey Court. Signage on doors where oxygen is kept.	5	2	10		

RISK ASSESSMENT FORM

<u>Egress from the building</u> Staff, Contractors & Visitors at risk.	Fire Policy & mandatory fire training in place. Fire Marshals in place at each location. Corporate & local inductions carried out for new staff. All occupants of the building will evacuate immediately on hearing the alarm. Visitors book & fire folders in place. To be collected in the event of an evacuation. A Health & Safety check is carried out every 4 weeks to ensure buildings are kept safe. Regular evacuations. Weekly fire alarm testing.	5	2	10	Procedure for evacuation in place for each location, reviewed annually. 16 fire doors across units 20/21/4/3 have been serviced. Maintenance is required as doors are in	5	2	10	JP has authorised the installation of new fire doors, quotes to be updated and work to be planned. Waiting	
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RISK ASSESSMENT FORM

	No staff currently require a PEEP or GEEP. Fire doors			'poor' condition. Current mitigations are – • There are currently no PEEPs, all staff can exit the building withing 30 seconds. • All doors have appropriate signage ensuring that doors are not propped open. • Fire exit signage is visible throughout the buildings. • All self-closing devices do work and are checked weekly during the fire alarm testing. All fire doors are FD30 doors, which will give at least 30 minutes protection. Safe haven area for those who cannot exit the 1st floor via the stairs- Unit 20/21 – Top of each stair well. Large windows open fully			for updated quotes and the assessment of the doors in unit 3.	
	Disabled Co-owners							

RISK ASSESSMENT FORM

				Unit 4 – Front of the building – large windows open fully. Unit 3 - Front of the building – large windows open fully.					

You must send all completed Risk Assessments to brisdock.governance@nhs.net.