

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)	Diane Douglas	Overall Risk Score			Date of Next Review
Date of Assessment	26 th May 2026	4	3	12	May 2027
Title	Homeless Health Service First Aid Risk Assessment				
Risk Assessment ID	106				
		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 <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		
Injury to staff, cleaners requiring first aid due to electrical fault or burn	Low likelihood due to controls, but potential for injury Controls: - PAT testing annually - COSHH assessments in place - PPE available - Burns treatment in first aid kit Fire equipment and blanket available.	4	1	4		4	1	4		
Injury to staff, patient, cleaner, visitor requiring first aid due	Likelihood – low due to controls and safety measures in place.	5	1	5	Requested updated COSHH assessment	5	1	5		

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to exposure to hazardous substances (e.g. burns, eye injury)	Controls: - All hazardous products are COSHH assessed (note: cleaning COSHH file currently missing). - Staff have appropriate PPE available and are required to use it when handling hazardous substances. - First aid kit includes burn gel and eye wash solutions. - Clinical staff available on site to manage incidents requiring first aid.				and details from Webbs Cleaning Company					
Injury to staff, patients, contractors, visitors resulting from slips, trips and falls	Moderate likelihood due to footfall and environmental factors Controls: - Floors kept clear - Spills cleaned immediately - Warning signage used - Accessible layout	3	1	3	Routine Monitoring Daily environmental checks by non-clinical and clinical management.	3	1	3		

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	Clinical staff available on site to manage incidents requiring first aid. First Aid kit available									
Injury to staff, patients, contractors, visitors from lack of first aider	Likelihood: Low Given that clinicians are present during operating hours to provide first aid, all staff are trained in Basic Life Support, and A&E is located nearby, the likelihood of harm due to lack of a first aider is considered low. Controls: - Clinicians on duty between 09:00–17:00 are available to provide basic first aid and advise on the need for hospital or GP attendance. - The service is not open to patients when clinicians are not on site. - All staff undertake annual Basic Life Support (BLS) training to respond in emergencies.	2	3	6		2	3	6		

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	The service is located within less than one mile of A&E for rapid escalation if required.									
Injury to staff, patients, contractors, visitors requiring first aid	Likelihood Low Controls: - First aid box available and appropriate for the number of staff. - Clinicians on duty able to provide basic first aid and advise on the need for hospital or GP attendance. - Clear signage indicating the location of the first aid box in reception. - Accident book maintained in the Operations Manager's office.	2	3	6		2	3	6		

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Inadequate Follow-Up of Injuries Who at risk: Staff, patients	Missed deterioration or safeguarding issues Controls: - Incident reporting system (e.g. Datix) - Follow-up calls where appropriate - Management oversight - Link to HR/Occ Health if staff affected If the injury is to a member of the team the team manager will liaise with people team re any next steps, PEEPs, PRA's or OcCH ref necessary.	4	2	8	Process in place – Audit incident follow-up compliance recorded via accident/incident book and TeamNet.	4	2	8		
Injury to staff, patients, visitors, requiring first aid due to violence or aggression –	Known increased risk in homeless health settings Controls: - De-escalation/conflict training - Panic alarms / call system - Clear exit routes - Incident reporting system	4	3	12	Funding for x 2 security guards until September 2026.	4	3	12	Exploring the provision for additional funding from the ICB to continue security	August 26
Medical emergency requiring immediate first aid (e.g. collapse, overdose, seizure)	High-risk population with complex health needs → increased likelihood of emergency events.	5	3	15	Maintain emergency protocols and training compliance.	5	1	5		

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Involving Staff, patients, visitors	Controls: - Clinical staff on-site during operational hours - All staff trained in BLS - Emergency equipment available (incl. oxygen/naloxone if applicable) - Clear escalation procedure (999/emergency services)				Although the population surrounding HHS is at high risk, the provision of the service and the risk of this event in HHS is low and not expected to occur due to the measures put in place. The tram would respond out of this area but that is not covered by this risk and is the responsibility of the hostel provider.					
Exposure to bodily fluids requiring first aid (e.g. wound care, contamination)	Increased prevalence of wounds, infections in patient population Controls: - PPE (gloves, aprons, masks) - Hand hygiene facilities - Clinical waste disposal	4	3	10	Standard precautions in place Reinforce IPC training post audit May 26 complete.	4	2	8		

RISK ASSESSMENT FORM

	Staff awareness training									
Risk of injury to staff, cleaners, patients from Sharps/Needlestick injury	Potential exposure due to clinical activity / client group. Controls: - Sharps bins available and correctly used - Staff trained in sharps safety - Post-exposure protocol in place - PPE available	3	2	6	Existing protocols in place – increased signage and information for HHS team on the ground.	3	2	6		