

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	Overall Risk Score			Date of Next Review
Date of Assessment	15.10.2025	3	1	3	15.10.2027
Title	Medical Gas Management				
Risk Assessment ID	130				
		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 brisdgc.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		
Incorrect Storage - External fire or heat impacting on the medical gas (compressed oxygen) H280: Contains gas under pressure, may explode if heated. - Storage: Store in a well-ventilated place - Empty cylinder abuse	- Close cylinder valves when not in use - Compressed gas signs where oxygen stored - Store empty cylinders in designated area, dry, clean and well ventilated - Store the oxygen and empty cylinders in a secure location away from flammable/combustible materials and sources of ignition. - Return empty cylinders to gas supplier (BOC) as soon as possible	3	2	6	BMC – Weekly audits are carried out to check storge and oxygen levels. HHS - Weekly audits are carried out to check storge and oxygen and Entonox levels. CKMP - Weekly audits are carried out to check storge and oxygen levels. IUC - Daily audits are carried out to check	3	1	3		

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	- Allow cylinders to be stored undercover - Have good access for delivery				storage and oxygen levels. Osprey - Weekly audits are carried out to check storage and oxygen levels. Cylinder locations are detailed in each fire folder, sharin					
Mix up of full and empty cylinders	BMC – Empty cylinders should be taken to the basement for collection as soon as they are empty. HHS – Empty cylinders are kept in room 3 until they are collected. HHS are the only location where Entonox is stored. Cylinders clearly marked. CKMP – Empty cylinders are kept in the sluice for collection. Osprey – Empty CD cylinders are transported to Marksbury Road for collection IUC – Marksbury Rd – The surgery is responsible for replacing HX cylinders. Empty CD cylinders are stored under the stair's cupboard for collection. 168 Medical Centre – Empty HX & CD cylinders are stored	2	2	2						

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	in the driver's cupboard for collection. Christchurch – Empty HX & CD cylinders are kept in our storage area for collection. Clevedon – Empty CD cylinders are in room 3 until collection. Greenway – The surgery are responsible for replacing the HX cylinders. All CD cylinders are stored in the store cupboard until collection. IUC Cars - Empty cylinders in the cars are swapped with a full cylinder at the base. Empty cylinders are stored in the areas above. All are then returned to Marksby Rd, for collection.								
Manual handling injury or property due to incorrect handling	- All HX cylinders are stored on trolleys. - CD cylinders in vehicles and resus bag are stored in carry bags; trolleys are available for transportation.	2	2	2					
Incorrect use of oxygen	Train all users in the safe use of equipment. All clinicians up to date with training.	2	2	2					
Use of faulty or incorrect equipment	Only source oxygen from reputable supplier – all sourced via account with BOC.	2	1	2					

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Insufficient medical gas in the tank when needed	- Levels checked weekly at BMC. - Levels checked weekly at CKMP. - Levels checked weekly at HHS - Levels checked weekly at Osprey. - Levels checked daily in IUC. - Policy in place for re-ordering when capacity quarter full.	3	1	3	Checks are recorded at all locations for auditing purposes.					
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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
June 2023	BrisDoc/ SevernSide	IUC and Surgeries	GC		Compressed gas may cause or intensify fire, may explode if heated.	All storage locations have 'compressed gas' sign where kept, stored on trolleys or carry bags, regular audits are carried out, cylinders are stored in ventilated spaces, empty and full cylinders are separated. Manual handling training carried out by all co-owners. Only to be used by clinician.	3	1	3

Action Taken	Severity	Likelihood	Residual Risk Score	Last Review Date	Further Action Required	Timescale for Action
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RISK ASSESSMENT FORM

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