## RISK ASSESSMENT PROCEDURE

<table>
<thead>
<tr>
<th>Post holder responsible for Policy:</th>
<th>Governance Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate / Department responsible for Policy:</td>
<td>Governance</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Noy Scott House ext. 3933</td>
</tr>
<tr>
<td>Date written:</td>
<td>August 2003</td>
</tr>
<tr>
<td>Date revised:</td>
<td>October 2005</td>
</tr>
<tr>
<td>Approval route (names of committees):</td>
<td>Governance Committee Board of Directors</td>
</tr>
<tr>
<td>Date of final approval:</td>
<td>30th November 2005</td>
</tr>
<tr>
<td>Date due for revision:</td>
<td>November 2007</td>
</tr>
<tr>
<td>Date policy becomes live:</td>
<td>1st December 2005</td>
</tr>
<tr>
<td>This document replaces:</td>
<td>Risk Assessment Procedure 2004</td>
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</tbody>
</table>

### Controlled Document

This document has been created following the Royal Devon & Exeter NHS Foundation Trust Policy on the creation of policies, procedures, protocols, guidelines and standards. It should not be altered in any way without the express permission of the author or their representative.

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Risk Assessment Procedure
Approved by the Governance Committee: 9th November 2005
Approved by the Board of Directors: 30th November 2005
Review date: November 2005
1 INTRODUCTION

1.1 This procedure is based on the Royal Devon & Exeter NHS Foundation Trust Risk Assessment Policy. The process of risk assessment seeks to answer two questions:-

· what could go wrong?;

· what is needed to prevent it going wrong or reduce its impact?

1.2 The question of what could go wrong involves identification and consideration of the following:-

· potential harm to employees, visitors, contractor, patients (particularly vulnerable groups, e.g. children, the elderly, the disabled), etc;

· hazards (i.e. sources of harm);

· the circumstances in which harm could occur (i.e. known and foreseeable unsafe incidents, exposure to hazards, etc.);

· the likelihood of such circumstances arising (e.g. rare, unlikely, possible, likely, almost certain);

· the number of people likely to be harmed by such circumstances;

· the consequences of not complying with legislation.

· the consequences of not meeting specific objectives or outcomes

1.3 The question of what is needed to prevent something from going wrong requires consideration of whether it is ‘reasonably practicable’ to eliminate the hazard (and therefore the risk) or otherwise reduce the risk by means of control measures to an ‘acceptable’ level. This will involve balancing the risk against the costs involved in its elimination/reduction.

1.4 The general risk assessment form should be used to ascertain the level of risk of a particular activity. If the risk rating is above 8, then action will be required. This action may necessitate a more detailed appraisal of the situation with more members of the team involved.
2 TEN STEPS TO RISK ASSESSMENT

2.1 The process of risk assessment may be summarised in the following ten steps, which are detailed in sections 2.2 to 2.11:-

- Step 1 - plan the assessment
- Step 2 - identify the hazards
- Step 3 - identify the people at risk
- Step 4 - analyse exposure
- Step 5 - evaluate control
- Step 6 - analyse the risk
- Step 7 - document the findings
- Step 8 - take action
- Step 9 - inform the workforce of the results of the risk assessment
- Step 10 - review the assessment

2.2 Step 1 - Plan the assessment

2.2.1 Planning the risk assessment involves identifying tasks/ objectives / activities/areas on which to carry out risk assessment. Identification of the relevant statutory requirements that apply and the relevant legal requirements, Codes of Practice and industry standards is useful at this stage. These information sources will help focus on the foreseeable hazards. For example, if assessing electrical hazards, the Electricity at Work Regulations 1989 will need to be considered. Consider any limitations on the exercise, e.g. information needed, time, need for specialist help, etc.

2.3 Step 2 - Identify the hazards

2.3.1 A hazard is defined as ‘something with the potential to cause harm’. Whilst harm is usually used in the context of pain and suffering to individuals, it can also be used to describe the negative effects of a particular risk or objective being achieved such as an inability to achieve income or bad publicity.

2.3.2 The following points are relevant to this process:-

- brainstorm the list of possible hazards; consider all possibilities;
· consider those aspects of the following which could have the potential to cause harm:- substances, equipment, processes, working environment, work tasks/methods etc.;

· concentrate on those hazards which are most foreseeable or could have the greatest adverse effect or consequence (it may be helpful to review the incident statistics available from Risk Management when considering these factors);

· think about impact on service delivery

· be systematic;

· think not just of the safety issues but also the wider context of risk e.g. what will happen if a particular outcome is not met?

2.4 **Step 3 - Identify the people at risk i.e. those who might be exposed to the hazard**

2.4.1 Consider the following:-

· consider all the groups who are exposed, e.g. full/part time or night staff, cleaners, maintenance staff, contractors, patients, and visitors;

· consider vulnerable groups, e.g. disabled people or people with language difficulties. Do not forget contracted-out service providers such as cleaners.

· think about the impact on other organisations that work with us, are contracted to us or work for us – will they be affected?

2.5 **Step 4 - Analyse exposure to the hazards identified**

2.5.1 The next step in the risk assessment process is to consider how exposure to a hazard takes place. The following points should be noted in particular:-

· identify under what conditions exposure to hazards takes place;

· identify how exposure takes place, e.g. routine, non-routine, or a deviation from normal operation and emergency exposure;
· identify the likely consequences of exposure.

2.5.2 Rare but potentially higher risk tasks (e.g. maintenance work involving heights) should be considered. Also include emergency exposure to hazards such as spillage of harmful substances (see Trust spillage policy) and other contingencies, which are foreseeable.
2.6 **Step 5 - Evaluate controls (i.e. ‘protective and preventative measures’)**

2.6.1 At this stage it is necessary to evaluate how the hazards are being controlled so that it is then possible to assess what the risk exposure is. A critical legal requirement within the context of the Management of Health and Safety at Work Regulations 1999 is to check compliance with relevant legal requirements.

2.6.2 Controls may be categorised as follows:-

- ‘Safe place’ controls, e.g. containment of hazardous substances, guards on dangerous parts of equipment, etc.

- ‘Safe person’ controls. These may comprise:
  - procedures
  - training
  - instructions
  - supervision
  - information
  - personal protective equipment

2.6.3 When evaluating control measures, the following questions should be considered:-

- what are the existing controls in place?
- is there compliance with the law?
- do the controls work in practice, e.g. is training needed?

2.7 **Step 6 - Analyse the risk**

2.7.1 The simple steps to be considered when analysing a risk are as follows:-

- what are the possible *consequences* of the risk to the organisation? i.e. what category would appear to be the most applicable from the following:- insignificant, minor, moderate, major, catastrophic;

- how *likely* is it that such consequences will occur, i.e. what category would appear to be the most applicable from the following:- rare, unlikely, possible, likely, almost certain.

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also consider the reversibility or otherwise of the risk occurring
e.g. if it occurs can it be put right or how difficult / costly or how
long will it take to put right?

2.8 **Step 7 - Document the findings**

2.8.1 The risk assessment should be recorded on the standard Trust risk
assessment form (see Guidance Notes, blank form and worked
examples at Appendix B). Copies of the risk assessment form may
be printed out from the Intranet. A supporting detailed report should
be attached if necessary. The assessment must identify who will
take action and when. It must be signed by the person undertaking
the assessment and by their manager. If the risk assessment
indicates that the risk rating number (RRN) is 16 or more and the risk
cannot be immediately eliminated/reduced to an acceptable level, a
copy of the risk assessment form should be sent to Risk
Management immediately.

2.8.2 If the RRN is 16 or above, the risk assessment must then be entered
onto the Trust’s Risk Register. This can be done by sending a copy
to the Governance Manager, who will review the assessment. Keep
a paper copy of the assessment on file.

2.9 **Step 8 - Action**

2.9.1 This is the most important stage of the risk assessment process. It is
necessary to summarise what action must be taken to comply with
the law and to meet Trust and professional standards of good
practice. There is no value in following the risk assessment process
if the outcome from the process cannot be implemented. Therefore,
if a risk rating of 8 or above is revealed by the risk assessment,
action must be taken to eliminate/ minimise it. This action then must
be monitored and audited.

2.10 **Step 9 - Inform staff**

2.10.1 The objective of health and safety at work legislation is the protection
of people at work. It is also a requirement of the *Management of
Health and Safety at Work Regulations 1999* that employers inform
their employees of the risks to their health and safety identified by the
risk assessment. This is a frequently neglected task and one that
needs careful handling through the Directorate management process.
2.11 **Step 10 - Review the assessment**

2.10.1 This is required under the following circumstances where existing hazards may change:-

- if new equipment is introduced;
- if tasks previously performed in-house are now performed by external contractors (e.g. cleaning work);
- if new substances or premises are used;
- if new clinical techniques are introduced which impact on staff rosters or patient handling duties;
- if other processes or operational parameters change significantly.

2.11.1 This means that it is essential for managers to check that procedures and policies are constantly up to date and to review them if necessary.

3 **FURTHER INFORMATION AND ADVICE**

3.1 Risk Management and colleagues (e.g. in Occupational Health) can offer assistance with the risk assessment process on request.
HEALTH & SAFETY TASKS & RELATED HAZARDS  
(Note: This list is indicative only - it is NOT intended to be a model list)

<table>
<thead>
<tr>
<th>TASKS/ACTIVITIES</th>
<th>POTENTIAL HAZARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving and handling patients</td>
<td>Patient heavy, unco-operative</td>
</tr>
<tr>
<td>Moving and handling inanimate loads</td>
<td>Load awkward, liable to shift, liable to drop</td>
</tr>
<tr>
<td>Use of substances hazardous to health – these require COSHH assessment (a specialised risk assessment)</td>
<td>Liquids, mists, dusts etc.</td>
</tr>
<tr>
<td>Nursing infectious patients - biological hazards also require COSHH assessment</td>
<td>Infections such as MRSA</td>
</tr>
<tr>
<td>Use of clinical and non-clinical equipment and consumables (you may wish to consider categories of equipment, e.g. wheelchairs, beds, pumps, electrical equipment, gloves, etc.)</td>
<td>Infection</td>
</tr>
<tr>
<td>Undertaking workload with staffing levels below establishment</td>
<td>Electricity</td>
</tr>
<tr>
<td>Nursing patients or dealing with the public</td>
<td>Heat</td>
</tr>
<tr>
<td>Taking blood</td>
<td>Latex</td>
</tr>
<tr>
<td>Nursing patients</td>
<td>Moving parts</td>
</tr>
<tr>
<td>Nursing confused/wandering patients</td>
<td>Lack of training</td>
</tr>
<tr>
<td>Bathing vulnerable patients</td>
<td>Inadequate staffing leading to stress (consider the potential for clinical errors, sickness absence, etc.)</td>
</tr>
<tr>
<td>Storing and serving food</td>
<td>Violence (consider verbal abuse as well as physical attack)</td>
</tr>
<tr>
<td>Mopping floors</td>
<td>Needlestick/sharps injury (puncture wound, infection)</td>
</tr>
<tr>
<td>Traffic/pedestrian movements</td>
<td>Falls of patients from bed, commode, chair etc.</td>
</tr>
<tr>
<td></td>
<td>Missing patient (consider risks to patient themselves, others and property)</td>
</tr>
<tr>
<td></td>
<td>Hot water (risk of scalding)</td>
</tr>
<tr>
<td></td>
<td>Bacteria – potential for food poisoning</td>
</tr>
<tr>
<td></td>
<td>Wet slippery surfaces – potential to slip</td>
</tr>
<tr>
<td></td>
<td>Risks of collision e.g. siting of linen and meal trolleys</td>
</tr>
</tbody>
</table>

ENVIRONMENTAL HAZARDS

Discharge of controlled substance into a water course
Obstructed means of access/egress, smoking – fire hazard
Trailing cables, poor housekeeping – trip hazard
Insufficient storage space – over-reaching/ stretching to get to items on top shelf
Natural phenomena e.g. flooding, intense heat, etc.
FINANCIAL RISKS

Non compliance with Standing Financial Instructions & Standing Orders
Overspending on budgets
Inappropriate investment
Lack of understanding of financial commitments
Misappropriation of funds
No system in place to counter fraud
Non receipt of income entitlement
Unnecessary expenditure

CLINICAL RISKS

Inadequate consent arrangements for patients
Inadequate medical record keeping
Medical records unavailable for consultations
Lack of clinical audit facilities
Basic Life Support skills (attendance at an annual BLS update)
Clinical outcomes at variance from the norm
Delays in access to / provision of other services (internal or external)
Documentation of discussions with patients
Supervision of unqualified staff
Learning from National Confidential Enquiries

ORGANISATIONAL RISKS

Not training staff in the use of medical devices
Inadequate provision for the replacement of medical devices
Access to adequate equipment / environment
Existence and use of policies / procedures / guidelines / care pathways
Orientation/induction of new staff prior to commencing work
Attendance at update courses
Out of hours work
Workload and staffing levels / availability
Use of locums / bank / agency staff
Mis-use of computer systems / equipment
Failure to achieve key objectives
GUIDANCE NOTES ON COMPLETION OF THE
ROYAL DEVON & EXETER NHS FOUNDATION TRUST
GENERAL RISK ASSESSMENT FORM

1. The risk assessment form provides a means of analysing and quantifying risk and identifying appropriate action to be taken. It is not to be completed as a paper exercise but its aim is to stimulate action. Undertaking a risk assessment is ultimately a subjective process, so do not worry too much about getting the numbers absolutely 'right'; one person's perception may be quite different from their colleague's. It is best to seek the views of others in undertaking risk assessments and the results of the exercise should confirm your 'gut feeling' as to whether an activity is high, medium, low or very low risk.

2. When you undertake the assessment, consider the situation as you see it at the time; if control measures are already in place, you would expect the result to indicate a relatively lower risk than if the hazard is not being controlled at all.

3. **Location** - Specify exact location if the risk assessment does not relate to the whole ward/department.

4. **Task and hazard** – Task is self-explanatory. A hazard is defined as 'something with the potential to cause harm' or prevent achievement of an objective. Task and hazard may be different, as illustrated in the following examples.

   (a) The task might be 'electrical maintenance work' and the associated hazard is electricity.

   (b) In the case of taking blood/giving injections, there are two hazards:-

   (i) the needle which has the potential to puncture the skin and

   (ii) the patient's blood, which may carry an infection. Note: if a cytotoxic drug were being injected, there would also be a third hazard to staff i.e. the drug itself.

   (c) In the case of moving and handling, the task might be moving a box and the hazard is the same (i.e. moving the box has the potential to cause harm). The risk associated with the hazard is musculo-skeletal injury.
If different hazards can exhibit different levels of risk, a separate risk assessment should be undertaken for each hazard.

5. **People at risk** – Detail anyone affected by the hazard, whoever they may be.

6. ** Likely adverse effects** – This may be an injury but can be anything for example litigation or poor publicity.

7. **Control measures already in place** - It is important that the risk assessment records the control measures already in place. If the control measures are robust, then it can be assumed that they will always work and help to reduce the risk. If however, they rely on a number of issues that it is known do not always come together, then this should be reflected in the risk rating (see sections 8, 9, 10).

8. **Likelihood of the hazard being realised** – this ranges from almost certain to rare. Guidance on these definitions can be seen on the risk assessment form.

9. **Consequence** – this ranges from insignificant to catastrophic. Guidance on these definitions can be seen on the risk assessment form. Be realistic; do not assume that the worse case will always occur.

10. **RRN** - Multiplication of the likelihood and consequence determines the risk rating number (the RRN). This indicates the level of priority for action. In all cases where the hazard cannot be eliminated, action should be taken (perhaps in planned stages) to reduce it to the lowest practicable level. As a general rule of thumb, if all possible control measures were in place, it would be reasonable to expect the RRN to be under 8. Action and responsibility levels for each RRN can be seen on the risk assessment form.

11. **Signature and review** - the general risk assessment record may be signed off at annual review twice, provided that the risk remains unchanged. Note: where it is believed that the risk has changed or where a significant incident has occurred, a new risk assessment form must be completed.

12. **Entering onto the Risk Register** – if the RRN is 16 or over it must be entered on to the Trust Risk Register. Please send a copy of the risk assessment to the Governance Manager who will review it.

13. **Review of the Risk Register** – The risk register will be reviewed on a regular basis. The details on the register should form the basis of the risk management action plans for Directorates.
RISK ASSESSMENT
(Examples in italics)

Plan the assessment / identify task
(taking blood/giving injection)  Step 1

Identify the hazard(s)
(needle, blood)  Step 2

Identify the people at risk
(nurse taking blood & patient)  Step 3

Analyze exposure
(when and under what conditions might the nurse be exposed to the hazard?)  Step 4

Evaluate controls - are there any? Are they adequate?
(have staff been fully trained in the procedure?)  Step 5

Analyze the risk - how significant is it?  Step 6

Document the findings - complete general risk assessment form  Step 7

Take action - remove hazard wherever possible or reduce risk from hazard by introducing control measures
(not resheathing needles / protective clothing (e.g. gloves) etc.)
Satisfy yourself that you have eliminated / minimized the risk  Step 8

Inform
(tell staff about the risk assessment and how they can protect themselves)  Step 9

Monitor and review (using the Risk Register)  Step 10
**GENERAL RISK ASSESSMENT RECORD**

**Location:**

**Task/Objective:**

**Ward/Dept:**

**Hazard(s):**

**People at risk** (e.g. patients/staff/visitors/contractors)

**Likely adverse effects** (e.g. injury, litigation, bad publicity)

**Control measures already in place to control risk:**

<table>
<thead>
<tr>
<th>LIKELIHOOD of hazard being realised*</th>
<th>CONSEQUENCE*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insignificant (1)</td>
<td>Minor (2)</td>
</tr>
<tr>
<td>Moderate (3)</td>
<td>Major (4)</td>
</tr>
<tr>
<td>Catastrophic (5)</td>
<td></td>
</tr>
<tr>
<td>Rare (1)</td>
<td>1</td>
</tr>
<tr>
<td>Unlikely (2)</td>
<td>2</td>
</tr>
<tr>
<td>Possible (3)</td>
<td>3</td>
</tr>
<tr>
<td>Likely (4)</td>
<td>4</td>
</tr>
<tr>
<td>Almost Certain (5)</td>
<td>5</td>
</tr>
</tbody>
</table>

*R FOR MORE DETAILS PLEASE SEE OVERLEAF

PLEASCE CIRCLE APPROPRIATE NUMBER

<table>
<thead>
<tr>
<th>LIKELIHOOD x CONSEQUENCE = RISK RATING NUMBER (RRN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRN FOR THIS HAZARD =</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the risk controlled to a satisfactory level?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
</tr>
<tr>
<td>NO</td>
</tr>
</tbody>
</table>

If NO, what further reasonably practicable measures are necessary to reduce/eliminate the risk?

Re-evaluation of the risk rating with the new control measures in place.

Likelihood ......................... x Consequence ..................... = Risk Rating .....................

Approximate Cost £

**Year 1**

Signed: .............................................................. Designation: ..............................................................

Checked by Manager: ........................................... Date: ..............................................................
<table>
<thead>
<tr>
<th><strong>LIKELIHOOD</strong></th>
<th><strong>DESCRIPTION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ALMOST CERTAIN</td>
<td>Will undoubtedly occur on a regular basis (daily)</td>
</tr>
<tr>
<td>LIKELY</td>
<td>Will probably occur (weekly)</td>
</tr>
<tr>
<td>POSSIBLE</td>
<td>May occur (monthly)</td>
</tr>
<tr>
<td>UNLIKELY</td>
<td>Do not expect it to happen but it is possible (once per year)</td>
</tr>
<tr>
<td>RARE</td>
<td>Cannot believe that this will ever happen (&lt; once per year)</td>
</tr>
</tbody>
</table>

**RISK MATRIX – DEFINITIONS FOR CONSEQUENCE OF INCIDENT (ACTUAL OR POTENTIAL)**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACTUAL OR POTENTIAL IMPACT</th>
<th>NUMBER OF PERSONS AFFECTED</th>
<th>ACTUAL OR POTENTIAL IMPACT ON THE ORGANISATION</th>
</tr>
</thead>
</table>
| CATASTROPHIC| Death                       | Many (>50) e.g. cervical screening concerns, vaccination error etc. | • International adverse publicity, loss of confidence in the organisation  
• Extended service closure  
• Litigation >£1 million |
| MAJOR       | Major permanent harm        | 16-50                      | • National adverse publicity/major loss of confidence in the service  
• Temporary service closure  
• Litigation >£500,000  
• Increased length of stay >15 days |
| MODERATE    | Semi-permanent harm (up to 1 year) | 3-15                      | • Local adverse publicity/moderate loss of confidence  
• Litigation £50k-£500k  
• Increased length of stay 8-15 days |
| MINOR       | Non-permanent harm (up to 1 month) | 1-2                       | • Litigation <£50k  
• Increased length of stay 1-7 days |
| INSIGNIFICANT| No obvious harm             | N/A                       | • Minimal impact, no service disruption |

**RISK RATING**

<table>
<thead>
<tr>
<th>RRN</th>
<th>RISK RATING</th>
<th>ACTION REQUIRED TO REDUCE RRN</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1-7)</td>
<td>VERY LOW</td>
<td>ACCEPT RISK</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manage by routine procedures</td>
</tr>
<tr>
<td>(8-11)</td>
<td>LOW</td>
<td>MANAGEMENT ACTION REQUIRED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Costs to be funded within directorate</td>
</tr>
<tr>
<td>(12-15)</td>
<td>MEDIUM</td>
<td>MANAGEMENT ACTION REQUIRED AS SOON AS REASONABLY PRACTICABLE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May necessitate bids for central funding</td>
</tr>
<tr>
<td>(16-25)</td>
<td>HIGH</td>
<td>IMMEDIATE SENIOR MANAGEMENT ACTION REQUIRED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Directors to be informed. Priority for funding</td>
</tr>
</tbody>
</table>

**IF THE RISK RATING IS HIGH, A COPY OF THIS FORM MUST BE FORWARDED TO:**

**RISK MANAGEMENT DEPARTMENT**

This assessment must be reviewed at least annually.

Where you believe the risk has changed or where a significant incident has occurred, complete a new risk assessment form.

Sign to indicate annual review if risk has not changed:

**Year 2**

<table>
<thead>
<tr>
<th>Risk Assessor</th>
<th>Signed:</th>
<th>Designation:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked by Risk Assessor’s Manager</td>
<td>Signed:</td>
<td>Designation:</td>
<td>Date:</td>
</tr>
</tbody>
</table>