

Document Title: Risk Assessment Procedure – Health and Safety	1 of 23	Approval Date: 04 September 2019
Reference Number: UHB 467		Next Review Date: 04 September 2022
Version Number: 1		Date of Publication: 06 September 2019



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Cardiff and Vale  
University Health Board

**Reference Number: UHB 467**  
**Version Number: 1**  
**Next Review Date: 04/09/2022**  
**Previous Trust/LHB Reference Number: N/A**

## Risk Assessment Procedure - Health and Safety

### Introduction and Aim

The responsibility to carry out a risk assessment is made explicit by the requirement in Regulation 3 of the Management of Health and Safety at Work Regulations 1999 to undertake a 'suitable and sufficient' assessment of all the risks presented by work activities, which must be reviewed if there are changes that alter the situation – i.e. that change the risks.

The Board describes its commitment to delivering effective Health and Safety in the University Health Board (UHB) Health and Safety Policy.

A risk assessment is simply a careful examination of what, in the workplace, could cause harm to people, to weigh up whether enough precautions have been taken or whether more should be done to prevent harm occurring.

This procedure has been written to explain how health and safety risks should be assessed and then recorded on a risk assessment and risk register.

### Objectives

This procedure documents the general health and safety risk assessment process which aims to ensure that health and safety risk is identified, recorded, communicated and escalated. The purpose of this is to prevent accidents and cases of work-related ill health (physical and mental) by managing the health and safety risks in the workplace.

Risks can often change and be unpredictable and therefore it is essential that we can demonstrate flexibility in our responses and processes to manage our risks.

### Scope

This procedure relates to the process for health and safety risk assessments. The risk assessment process described here is for the purpose of meeting health and safety requirements as opposed to business continuity or property protection purposes.

The procedure applies all of our staff in all locations including those with Honorary Contracts, and those who may come in to contact with the UHB's work activities.

### Equality Impact Assessment

An Equality Impact Assessment has not been completed. This is because the procedure has been written to support implementation of the Health and Safety Policy. The Equality Impact Assessment completed for the Policy found there to be no impact.

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<b>Documents to read alongside this Procedure</b>	<a href="#">Health and Safety Policy</a> <a href="#">Control of Substances Hazardous to Health (COSHH) Procedure</a> <a href="#">Display Screen Equipment Procedure</a> <a href="#">Incident, Hazard and Near Miss Reporting Policy and Procedure</a> <a href="#">Minimal Manual Handling Procedure</a> <a href="#">Management of Violence and Aggression (Personal Safety) Procedure</a> <a href="#">Prevention and Management of Falls in Vulnerable Adults Procedures</a> <a href="#">Maternity Risk Assessment Procedure</a> <a href="#">Thermal Comfort Procedure</a> Hand Arm Vibration Procedure <a href="#">Fire Risk Assessment Procedure</a> <a href="#">Capital Planning and Estates Policies and Procedures</a> Risk Assessment and Risk Register Procedure Risk Management and Board Assurance Framework Strategy
<b>Approved by</b>	UHB Health and Safety Operational Group
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Workforce and Organisational Development
<b>Author(s)</b>	Head of Health and Safety / Health and Safety Adviser
<b><u>Disclaimer</u></b>	
If the review date of this document has passed please ensure that the version you are using is the most up date either by contacting the document author or the Health and Safety Department	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	04/09/2019	06/09/2019	New document to support the Health and Safety Policy.

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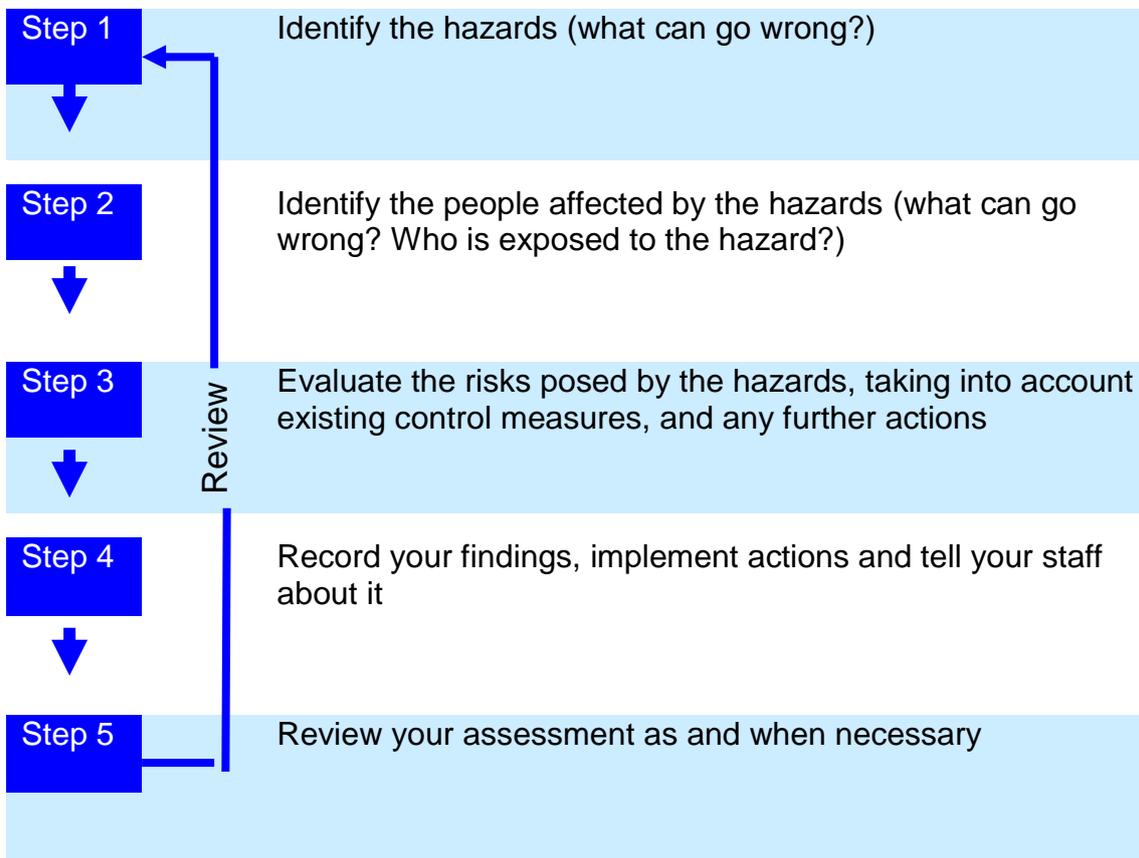
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## 1 Process for Undertaking Health and Safety Risk Assessments

We are required to make a 'suitable and sufficient assessment' of risks to our employees' health and safety, and risks to others not in our employment that are created out of our work.

Risk assessments are led by competent persons who have appropriate skills, knowledge and experience with input from individuals with practical knowledge of the work activities being assessed. They include both activities undertaken at our own premises and risks associated with offsite and activities such as work at the premises of others, travel and driving.

There are no fixed rules about how a risk assessment should be carried out; it will depend on the nature of the work and the types of hazards and risks. There are general principles that should be followed (based on HSE's '5 Steps to Risk Assessment') and really only embody common sense. They are:



## 2 Definitions

**Hazard** – Anything that may cause harm, damage or loss, e.g. chemicals, manual handling

**Risk** - The chance of suffering harm caused by a hazard, loss or damage or the possibility that the UHB will not achieve an objective

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**Risk Assessment** - The overall process of identifying risk and evaluating whether acceptable or not taking into account best practice and the appetite of the organisation.

### 3 Overview

Risk assessments should not be undertaken in isolation and a multi-disciplinary approach is encouraged. Employees and their representatives should be engaged at all stages of the risk assessment process.

One of the most important aspects of your risk assessment is accurately identifying the potential hazards in your workplace. When you work in a place every day it is easy to overlook some hazards. Trivial hazards should be ignored however it is necessary to decide if a number of hazards that may seem trivial in isolation could come together to present a greater risk. It is also important to consider long-term hazards to health.

For the risk assessment process to be effective:

- a structured approach should be taken to ensure that all hazards are identified
- it should identify all those who will be affected by the work - this includes all staff, contractors, the public and visitors, including any person at particular risk e.g. disabled, visitor, young children, pregnant staff
- it should consider the risks to people, not to things (the reason being that the risk assessment process described here is for the purpose of meeting health and safety requirements as opposed to business continuity or property protection purposes)
- group similar tasks where possible to minimise repetition, but having regard to the need to adequately cover all the tasks without compromise
- if generic risk assessments are used they should be properly adapted to the specific workplace
- have a level of detail proportionate to the level of risk
- if the job changes, or new activities are introduced, the assessment needs to be reviewed or additional assessments undertaken
- reasonable steps should be taken to identify risks by carrying out research, seeking competent advice, involving the workforce and including input from management
- the risk assessment should identify the period of time for which it is likely to remain valid

In practical terms, assessments tend to fall into the following categories:

- an overall assessment of the workplace (only feasible if the area is very small and has few hazards and low risks)
- sectional assessment - this could be where several people are performing different roles in the same area or room - this may not be sufficiently detailed if their activities are numerous or complex

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- job or activity assessment - identified by role performed by staff or by task
- process or method assessment - this is the most specific as it is identified specifically by function or task.

Before beginning a risk assessment it is worthwhile to establish some boundaries i.e. what is and is not included. A good place to start is to make a 'task list' and a list of 'work areas'. At this stage the list needs to be at a reasonably high level, for example job groups rather than individual parts of the task. Having done this, the assessor is in a position to move forward to the actual assessment process.

If there are a large number of tasks or locations to cover, they should be prioritised according to perceived risk i.e. undertake risk assessments for those which seem the most hazardous first.

The first step of the assessment is to identify the hazards. It is important that assessors are able to identify hazards that have become accepted i.e. which have become part of the way of working. A team approach involving a person who is unfamiliar with the work activity can assist in this. This can be the most difficult part of the whole exercise and it is crucial that hazards are not missed. The process of identifying hazards will involve consideration of:

- the activities
- machines and equipment
- processes
- anything that has the potential to cause harm

Hazards can be identified by:-

- Walking around, look for hazards
- Talk to Staff
- Check manufacturers' instructions or data sheets for chemicals and equipment as they can be very helpful in explaining the hazards and putting them in their true perspective.
- Policies & Procedures
- Staff Group Info, Trade Union Standards
- Look back at your incident data and ill-health records – these often help to identify the less obvious hazards.
- Remember to think about long-term hazards to health (e.g. high levels of noise or exposure to harmful substances).
- Health and Safety Executive Guidance Notes
- Risk assessment for other similar activities

There are some hazards with a recognised risk of harm, for example working at height, working with chemicals, machinery, and asbestos. Depending on the type of work you do, there may be other risks that are relevant to your work activities.

It is good practice to talk to staff about their methods of working and the equipment they use. Hazards, which are adequately controlled, should also be included, as it will be necessary to evaluate the adequacy of the control measures. It must be ensured that hazards which occur in non-routine

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situations are also included e.g. during cleaning, maintenance, out of hours and during extreme weather conditions. Your risk assessment should only include what you could reasonably be expected to know - you are not expected to anticipate unforeseeable risks.

Risk assessments should be undertaken by competent persons. A competent person is someone with the necessary skills, knowledge and experience to manage health and safety. The Health and Safety department run a number of specialised courses to support staff competency in completing risk assessments and complying with this procedure. These include:

- Working Safely
- Managing Safely
- Manual Handling
- Personal Safety/Violence and Aggression training

There are also a number of externally accredited courses that will support the process of risk assessment.

You may need extra help or advice if you do not have sufficient experience or knowledge or if the risks are complex. The table below details some of the arrangements for support and advice in completing health and safety risk assessments:

<b>Type of Risk Assessment</b>	<b>Support/Advice Available</b>
General health and safety assessments	Health and Safety Advisers
Violence & Aggression	Case Management Team
Manual Handling Tasks	Manual Handling Adviser
COSHH (Chemical and Biological Hazards)	Health and Safety Advisers COSHH Co-ordinator
Vibration	Health and Safety Advisers
Noise	Health and Safety Advisers
Display Screen Assessment	Health and Safety Adviser Occupational Health
Pregnant workers	Occupational Health
Stress and Wellbeing	Occupational Health
Fire Risk Assessment	Fire Safety Adviser
Dangerous Substances and Explosive Atmospheres	Health and Safety Adviser Fire Adviser
Radiation	Radiation Protection Adviser Radiation Protection Supervisor

The significant findings of risk assessments should be communicated to staff involved in relevant activities by e.g. circulating the risk assessments to all employees, a folder of assessments within each department, although as previously indicated they should be engaged at all stages of the process.

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Risk Assessments should be retained whilst they remain current and for 6 years following the date of their review.

#### 4 Part 1 Risk Assessment Form

All activities with a potential health and safety risk should be recorded on a generic part 1 risk assessment form. Further guidance on completing this can be found in appendix 1.

Risk is a quantified measure of how likely it is that harm will occur and what the consequence could be if it does. Risk is assigned a numerical value or rating: 1-25. To evaluate (score) the risk it is necessary to consider the *likelihood* of harm occurring and the *consequence* of the hazard should it occur.

The controls measures already in place should be considered and then the *likelihood* of the hazard occurring can be measured by considering how often an event will occur e.g. Will undoubtedly happen (5), Will probably never happen (1).

The *consequence* is given a numerical score by considering the severity of the hazard on the scale of 1-5 (see Appendix 2). The descriptors have been designed to ensure that they can apply equally to the impact on the safety of patients and staff; It is necessary to consider how they will be harmed e.g. cuts and bruises, risk of death. Consideration should also be given each domain including the risk of complaints, adverse media coverage, business objectives etc.

The *Consequence* and *Likelihood* are multiplied to give the **Current Risk Rating**.

Activities/Tasks with risks identified scoring 6 or above should have an individual detailed Risk Assessment undertaken using a generic Part 2 risk assessment form or a Specialist risk assessment form which can be found on the [health and safety intranet page](#).

#### 5 Part 2 Risk Assessment Form

The activity/task and any associated risks, as identified on the part 1 form, should be documented on the part 2 risk assessment form and the risk domains (consequences) applicable to the assessment identified.

The next step is to identify and detail who might be harmed e.g. employees or others who may be present such as patients, contractors or visitors. It is not necessary to identify individuals - to indicate the groups of people who will be affected may be sufficient.

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Frequency of exposure on the part 2 form relates to how often the activity/task is undertaken.

Control measures currently in place should be documented on the part 2 risk assessment form. These will include all measures that are already in place to reduce the likelihood of suffering harm, loss or damage caused by a hazard.

Duties imposed by H&S legislation are broken down into the following:

- **Absolute** - Must be complied with
- **Practicable** - Refers to what is technically possible at the current time and, cost and trouble involved in carrying out the duty cannot be taken into account
- **Reasonably Practicable** - Degree of risk in a particular activity or environment can be balanced against the time, trouble, cost and physical difficulty of taking measures to avoid the risk. The greater the risk, the more likely it is that it is reasonable to make great effort to reduce that risk

The current risk rating score; as identified on the part 1 risk assessment should be recorded on the part 2 form. Having analysed the risk it is necessary to consider if the controls/actions that are already being taken are adequate. Reference should be made to recognised good practice, approved Codes of Practice, issues highlighted within previous inspection reports etc. The adequacy of existing controls should be categorised as follows:

No Controls  
 Inadequate  
 Adequate but more action required  
 Optimum Controls – No Further Action Required

The additional controls required to further minimise the risk should be identified. Generally, you need to do everything 'reasonably practicable' to protect people from harm. This means balancing the level of risk against the measures needed to control the real risk in terms of money, time or trouble. However, you do not need to take action if it would be grossly disproportionate to the level of risk. Look at what you're already doing, and the control measures you already have in place. Ask yourself:

- Can I get rid of the hazard altogether?
- If not, how can I control the risks so that harm is unlikely?

When identifying additional control measures it is important to give consideration to any new risks that they could potentially introduce, these will need to be balanced against the existing risks.

Some practical steps you could take may include:

- trying a less risky option
- preventing access to the hazards
- organising work to reduce exposure to the hazard
- issuing protective equipment
- providing welfare facilities such as first aid and washing facilities

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- involving and consulting workers

A further evaluation of the level of risk should be undertaken when the additional controls have been introduced. This will give an indication of the **Target Risk Rating**.

All risk assessments must have a review date. The timescale for this will be influenced by the risk score and the ability to introduce additional control measures. Other considerations could include:

- Have there been any significant changes?
- Have additional control measures been introduced?
- Have staff undertaking the activity/task identified any other issues/problems?
- Have there been any accidents or near misses?
- Have there been changes to legislation, guidance, policies and procedures?

Further guidance on completing a Part 2 Risk Assessment form can be found in appendix 3.

## 6 Escalation

Where a risk scores 9 or above it should be escalated for inclusion on the Directorate/ Department Risk Register.

The Directorate/Locality/Departmental Manager should check the accuracy of scores and confirm suitability of actions to eliminate/reduce risk or identify further actions required.

Where a risk scores 12 or above, a copy should be sent to the relevant Health and Safety Adviser for review.

A Directorate/Locality/Departmental risk register should be maintained for all risks scoring 12 or above. These risks should be escalated to the Clinical/Service Board Risk Lead for inclusion on the Clinical/Service Board Risk Register.

Every risk assessment scoring 12 or above on a Clinical/Service Board Risk Register must be discussed at the Clinical/Service Board Health and Safety Meeting. Details of actions that are being undertaken to address the risks should be documented in the Clinical/Service Board Health and Safety Priority Improvement Plan to provide assurance that they are being managed and progressed.

## 7 Who is responsible for what

**Employees** should be actively engaged in the risk assessment process within their area of work:

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- Their views and those of their safety representatives should be sought;
- Must report risks that they identify to an appropriate person. They should also be actively engaged in the development of effective solutions and the agreement of action plans.

**Ward/Departmental Managers** will:

- Ensure the implementation of this procedure;
- Ensure health and safety risk assessments are completed by competent persons
- Seek support and guidance as required
- Liaise with the Occupational Health Department where a risk assessment identifies that employees may require health surveillance.
- Communicate significant findings of risk assessments to the relevant staff

**Directorate/Locality Managers** will, in association with the Management Team:

- Review Departmental risk registers for risks scoring 9 or above;
- A Directorate/Locality/Departmental risk register should be maintained for all risks scoring 12 or above
- Confirm suitability of actions to eliminate/reduce risk or identify further action required;
- Ensure that risks are effectively identified, managed and Seek advice from specialist Advisers if required;
- Make sure that they have Directorate/Locality plans in place to eliminate or manage the risks identified;
- Review and monitor the risk register;
- Report *high and extreme* risks (scoring 12 or above) for consideration and inclusion in the Clinical Board Risk Register if appropriate.

**Clinical Board/Service Board Risk Leads** will:

- Ensure that health and safety management and risk assessment is embedded within the day to day management of their Clinical/Service Board;
- Ensure that activities, projects etc have been assessed at their inception and that there are clear performance management arrangements to ensure that effective controls are in place and appropriate action is taken to manage risks to a tolerable level or escalate via the appropriate forum/management reporting line;
- Ensure that their staff know about this procedure and there are arrangements in place to undertake appropriate risk assessments, record their findings, develop action plans and, for all *high* risks advise via the appropriate forums;
- Ensure that risk registers are populated and utilised as appropriate at Clinical Board and Directorate level;
- Ensure that risk assessment and risk management is a key component of strategic and operational planning and it is embedded within their Health and Safety Priority Improvement Plans;

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- Progress against the Priority improvement plans will be reported the UHB Operational Health and Safety Group on a scheduled basis

**The Health, Safety and Environment Unit and the Occupational Health Department will:**

- Provide advice, on request, in line with their respective areas of expertise. This will include verification of risks scores and appropriateness of action being taken.

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**GENERAL RISK ASSESSMENT FORM – PART 1**

**Appendix 1**

Location		Clinical Board/ Directorate		Department	
Activity /Tasks (Brief Description)	Potential Risk/Issue	Consequence X Likelihood = Current Risk Rating (See Tables 1-3 – Risk Assessment Scoring & Matrix)			Further Action required e.g. Undertake more detailed Risk Assessment if score 6 or above
<p><i>List all activities which are potentially hazardous within your responsibility/area.</i></p> <p><i>This form can be used to list a number of hazards.</i></p>	<p><i>Describe the potential risks from carrying out the activity i.e. what is the potential outcome if an incident occurred.</i></p> <p><i>When determining the potential risks of the activities try to be as realistic i.e. what is the most likely</i></p>	<p><i>A score of between 1 and 5 (when the activity is being carried out with current control / safety measures already in place)</i></p>	<p><i>A score of between 1 and 5 (when the activity is being carried out with current control / safety measures already in place)</i></p>	<p><i>Likelihood x consequence will give a score between 1 and 25</i></p>	<p><i>If any of the hazards listed score above a 6 then a part 2 form will be completed for each individual activity. You may consider a part 2 for below 6 if it is a persistent issue resulting in multiple incidents or further control measures are required to reduce or eliminate the risk.</i></p> <p><i>If on review the score stays at 6 or below then you may keep the activity on a part 1 until the next review or sooner if anything changes</i></p>

<b>Assessors Name (s)</b>		<b>Signature (s)</b>		<b>Position (s)</b>	
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<b>Date</b>		<b>Review Period</b>		<b>Dates of Review</b>					
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## Risk Assessment Scoring and Matrix

## Appendix 2

Consequence score (severity levels) and examples of descriptors					
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
<b>Impact on the safety of patients, staff or public (physical/psychological harm)</b>	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days  RIDDOR /agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long-term incapacity /disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days  Mismanagement of patient care with long-term effects	Incident leading to death  Multiple permanent injuries or irreversible health effects  An event which impacts on a large number of patients
<b>Quality/complaints/audit</b>	Peripheral element of treatment or service suboptimal  Informal complaint/inquiry	Overall treatment or service suboptimal  Formal complaint/ Local resolution  Single failure to meet internal standards  Minor implications for patient safety if unresolved	Treatment or service has significantly reduced effectiveness  Formal complaint / Local resolution (with potential to go to independent review)  Repeated failure to meet internal standards  Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved  Multiple complaints/ independent review  critical report	Totally unacceptable level or quality of treatment/ service  Inquest/ Ombudsman inquiry Gross failure of patient safety if findings not acted on  Gross failure to meet national standards

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<b>Human resources/ organisation-al development/st affing/ competence</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day)	<b>Low staffing level that reduces the service quality</b>	Late delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>1 day)  Low staff morale  Poor staff attendance for mandatory/ key professional training	Uncertain delivery of key objective/ service due to lack of staff  Unsafe staffing level or competence (>5 days)  Loss of key staff  Very low staff morale  Significant numbers of staff not attending mandatory/ key professional training	<b>Non-delivery of key objective/ service due to lack of staff</b>  <b>Ongoing unsafe staffing levels or competence</b>  <b>Loss of several key staff</b>  <b>No staff attending mandatory training /key professional training on an ongoing basis</b>
<b>Statutory duty/ inspections</b>	No or minimal impact or breach of guidance/ statutory duty	<b>Material breach of statutory legislation</b>	Single material breach in statutory duty  Challenging external recommendations  Improvement notice	Multiple material breaches in statutory duty  Critical report  Prohibition notice	<b>Multiple material breaches in statutory duty with high likelihood of enforcement action</b>  <b>Complete systems change required</b> <b>Severely critical report</b>  <b>Prosecution</b>

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<b>Adverse publicity/ reputation</b>	Rumours with potential for public concern	Local media coverage – short-term reduction in public confidence  Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage for <3 days with service well below reasonable public expectation	National media coverage for >3 days with service well below reasonable public expectation.  MP/AM concerned (questions in the House/ Assembly)  Total loss of public confidence
<b>Business objectives/ projects</b>	Insignificant cost increase/ schedule slippage	<5 per cent over project budget  Schedule slippage	5–10 per cent over project budget  Schedule slippage	10–25 per cent over project budget  Schedule slippage  Key objectives not met	Incident leading >25 per cent over project budget  Schedule slippage  Key objectives not met
<b>Finance including claims</b>	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget  Claim less than £10,000	Loss of 0.25–0.5 per cent of budget  Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget  Claim(s) between £100,000 and £1 million  Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget  Claim(s) in excess of £1 million  Loss of contract
<b>Service/ business interruption</b>	Loss/ interruption of >1 hour	Loss/ interruption of >8 hours	Loss/ interruption of >1 day	Loss/ interruption of >1 week	Permanent loss of service or facility
<b>Environmental impact</b>	Minimal or no impact on the environment	Minor impact on environment	Moderate impact on environment	Major impact on environment	Catastrophic impact on environment

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**Table 2 Likelihood**

Descriptor	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
<b>Frequency</b> How often does it/ might it happen	This will probably never happen/ recur	Do not expect it to happen / recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/ recur but it is not a persistent issue	Will undoubtedly happen/ recur, possibly frequently
<b>Probability</b> Will it happen or not? % chance of <u>not</u> meeting objective	<0.1 per cent	0.1-1 per cent	1 -10 per cent	10-50 per cent	>50 per cent

**Table 3 Risk Scoring = Consequence x Likelihood**

Consequence Score	Likelihood Score				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

**Table 4 For grading risk, the scores obtained from the risk matrix are assigned grades as follows**

1 - 3 = Low Risk	Quick, easy measures implemented immediately and further action planned for when resources permit
4 -10 = Moderate Risk	Actions implemented as soon as possible but no later than a year
12 -16 = High Risk	Actions implemented as soon as possible but no later than six months
20 - 25 = Extreme Risk	Requires urgent action. The UHB Board is made aware and it implements immediate corrective action

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**General Risk Assessment Form – Part 2**

**Appendix 3**

Reference Numbers		
UHB	Clinical Board	Directorate

**Premises/ Location (if applicable)**

*Site premises i.e. Barry Hospital*

**Clinical Board/ Department**

*e.g. Medicine, Gerontology*

**Exact Location (if applicable)**

*If the risk only applicable in a particular area of the department i.e. kitchen*

**Description of Activity/Risk Area:** *Describe the work activity that is being undertaken*

**Risk/Issued (Including Impact) to UHB due to shortfalls:** *Describe the potential risks from carrying out the activity*  
*When determining the potential risks of the activities try to be as realistic i.e. what is the most likely*

**Risk Domain (See Table 1 – Risk Matrix)** *The potential harm from most health & safety risks is predominantly physical or psychological harm, however there may be other domains effected (see appendix 2 for further detail of each domain below)*

Impact on the Safety of Patients, staff or Public.	<input type="checkbox"/>	Quality/Complaints/Audit.	<input type="checkbox"/>
Human Resources/Organisational Development etc...	<input type="checkbox"/>	Statutory Duty/Inspections.	<input type="checkbox"/>
Adverse Publicity/ Reputation.	<input type="checkbox"/>	Business Objectives/Projects.	<input type="checkbox"/>
Finance Including Claims.	<input type="checkbox"/>	Service Business Interruption.	<input type="checkbox"/>
Environmental Impact	<input type="checkbox"/>		

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### Number of people exposed to the Hazard/Risk during the work activity (if applicable)

Staff / Students / Contractors – <i>list job roles and the number of people who potentially may be exposed to the hazard this may also include volunteers and/or students</i>	Service / Patient Users – <i>an average number of patient or service users, including visitors.</i>
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### Frequency of Exposure (if applicable) *How often will those affected be exposed to the hazards identified i.e. how often is the activity undertaken.*

Infrequently     Annually     Monthly     Weekly     Daily     Hourly     Constantly

**Control Measures already taken to reduce risk:** *Included in this section would be all of the control measures that are currently in place and being adhered to. Please be clear and ensure you only include what is current. Avoid using abbreviations and jargon which others who have to adhere to the risk assessment may not understand. Control measures will differ greatly depending on the task and the risks involved with carrying out the task.*

*Examples of control measures may include:-*

*Training and instruction of staff - this may include induction, online mandatory training, specific Health & Safety Training including the level and/or modules covered and the frequency of refresh training, external training and minimum accreditation required.*

*Skill mix of staff, staffing numbers,*

*Datix – How are accident, incidents and near misses reported, Investigation processes' mechanism for feedback to individuals following an incident, how lessons are learnt, de-brief and conclusions.*

*Location – Do staff leave the work area or work alone – what lone worker procedures are in place e.g. skyguard, buddy systems, switchboard, how you record absence from the workplace and length of time staff are away and procedure for when they cannot be located or haven't made contact (time frame & escalation)*

*Environment – There may be control measures within the work area; emergency alarms, exits, barriers, lockdown procedures*

*Emergency procedures – spill kits, written procedures, evacuation plans, escalation plans, first aid, medical emergencies*

*PPE – Mandatory PPE including training, procedure for incident exposure may be part of the emergency procedures also Occupational Health referral.*

*Policies & Procedures – This may include a variety of written guidance for staff and/or others who may come into contact with our work activities.*

*Legislative & regulatory statutory compliance.*

*Work programme – Length of time for working on a particular activity, rotation of staff, change of work activities where specific medical/physical conditions of staff may pose a bigger risk i.e. pregnancy, health conditions.*

*Maintenance & Inspections – Audits (formal & informal), Maintenance records, inspections, cleaning schedules.*

*Communication – How risks are communicated to staff and others affected i.e. team meetings, hand overs, tool box talks, senior team briefings etc.*

*Machine & Equipment – Daily checks, manufacturers recommended checks, running safety programmes over a specified period of time or between each operation.*

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*Control measures should be descriptive and comprehensive i.e. "staff aware of the risks and undertake training" is not sufficient "staff informed in team meeting/handover/induction of the risk assessment and control measures to be taken when undertaking the task. Monitoring is carried out on a weekly/monthly basis to check compliance with the risk assessment. Where staff are unable to complete the activity using the existing control measures identified they should report deficiencies through the incident reporting procedure and raise with their immediate line manager. Training is given on induction and refreshed annually or when significant change in processes or equipment. You may want to include level of training i.e. which modules, accredited body etc.*

*For guidance on specialised part 2 forms including DSE, Thermal Comfort, Violence & Aggression, Manual Handling, COSHH, please see Health and Safety Intranet pages*

*Occupational Health offer further guidance and support on completing risk assessments for Pregnancy & Stress and Wellbeing*

**Adequacy of existing control measures:** *How would you rate the above control measures in their ability to control the risk? When new and/or amended control measures are implemented this may change as and when progress to control risk develops.*

No Controls in Place

Inadequate Controls in Place

Adequate but more action required

Optimum Controls  
No further action required

**Current Risk Rating**

Consequence  
(score from Table 1)

*A score of between 1 and 5 (when the activity is being carried out with the current control measures already in place)*

X

Likelihood  
(score from Table 2)

*A score of between 1 and 5 (when the activity is being carried out with the current control measures already in place)*

=

Risk Rating  
(see Table 3)

*Likelihood x consequence will give a score between 1 and 25*

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**Risk Grading (see Table 4)**

Moderate

High

Extreme

*Table 4 will explain if the above current risk rating score falls under the moderate, high or extreme*

**Additional control measures required:** *This section is for all control measures that you do not currently have in place but may reduce the risk once implemented, or you are in the process of implementing. Until a new control measure is embedded into the activity it will not reduce the current risk scoring. The target risk rating below is what you would like to achieve through implementing new or revised control measures. When considering additional controls it is important to consider whether these may introduce different risks and balance these against the current risks. Additional control measures may not always reduce the risk score and in this instance a decision will be made as to whether to implement based on time, cost and effort. Generally, you need to do everything 'reasonably practicable' to protect people from harm  
Once an identified additional control measure has been implemented, the risk assessment should be reviewed and updated to reflect that the control measure is in place i.e. in the existing control measures section*

With the above action implemented the risk rating figure would be reduced to:

**Target Risk Rating**      Consequence (score from Table 1)  X Likelihood (score from Table 2)  = Risk Rating (see Table 3)

**Risk Grading (see Table 4)**

Moderate

High

Extreme

<b>Assessors Name(s)</b>	<b>Signature(s)</b>	<b>Position(s)</b>
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**Date of Assessment**

**Review Period**

*Risk assessments are reviewed at least annually or more often if there have been changes in the matters to which they relate.*

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<p><b>Progress Report:</b>  <i>Risk assessment are working documents and should be dynamic to reflect progress made – progress can be listed and dated in this section, similar to that of an action log</i></p> <p><i>*Note the score will not change until any new control measures have been implemented fully i.e. staff trained, added to working procedures...</i></p>	<p><b>Date:</b>  <i>Record the date that the action has completed</i></p>	<p><b>Signature:</b></p>
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## Appendix 4

### REFERENCES AND FURTHER READING

Risk Assessment – A Brief guide to controlling risks in the workplace  
Health and Safety Executive INDG163(rev4), published 08/14

Barbour Technical Guides for Risk Assessment

Health and Safety Executive Managing for health and safety (HSG65),  
published 2013

Statutory Instrument: Management of Health and Safety at Work Regulations  
1999

A risk matrix for risk managers (National Patient Safety Agency, January  
2008)

Risk Assessment Framework:a tool for departments (HM Treasury, ISBN 978-  
1-84532-625-8, July 2009)