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| **Reference Number:** UHB 467<br>**Version Number:** 2 | **Date of Next Review:** 10.12.2028<br>**Previous Trust Reference Number:** 467 |

# Health and Safety Risk Assessment Procedure

## 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 risks are 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 to 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.

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| **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. |
| **Documents to read alongside this Procedure** | IMS-01-01-CAV: Health and Safety Policy<br>Health & Safety Risk Assessment Guidance Document<br>Control of Substances Hazardous to Health (COSHH) Procedure<br>IMS-10-10-CAV: Display Screen Equipment Procedure<br>Incident, Hazard and Near Miss Reporting Policy and Procedure<br>IMS-12-02-CAV: Manual Handling Procedure<br>IMS-11-01-CAV: Violence and Aggression (Personal Safety) Procedure<br>Prevention and Management of Adult Inpatient Falls Procedures |

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|---|---|
| | Maternity Risk Assessment and Breastfeeding Procedure<br>Thermal Comfort Procedure<br>IMS-10-03-CAV: Hand Arm Vibration Procedure<br>Risk Management Policy |
| **Approved by** | UHB Health and Safety Operational Group |
| **Accountable Executive or Clinical Board Director** | Executive Director of People and Culture |
| **Author(s)** | Assistant Head of Health and Safety |

**Disclaimer**

**If the review date of this document has passed, please ensure that the version you are using is th most up to 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. |
| 2 | 10/12/2025 | 10/03/2026 | Procedure Review |

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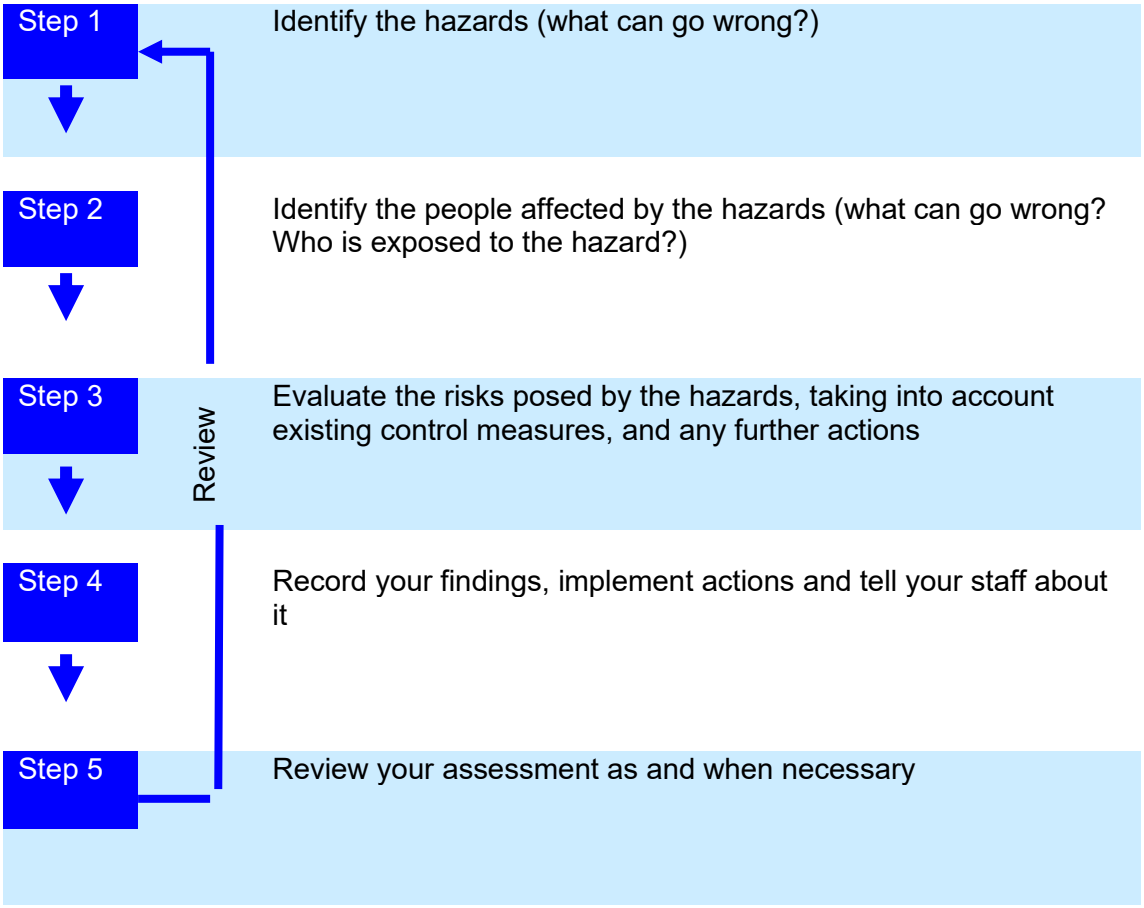
## Appendices

## 1 Process for Undertaking Health and Safety Risk Assessments

We carry out suitable and sufficient risk assessments to identify and manage risks to the health and safety of our employees and others who may be affected by our work. Risk assessments should be led by competent persons with the appropriate skills, knowledge and experience, supported by individuals with practical understanding of the activities being assessed. Assessments cover work carried out at our premises and off-site activities, including work at other locations, travel and driving.
Risk assessments are proportionate to the nature of the work and the hazards involved. They follow the HSE's five-step approach:




## 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.

**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 with active involvement of employees and their representatives at all stages of the process.

A key element of the process is accurate hazard identification. 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 low 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:

- Use a structured approach to ensure all hazards are identified
- Identify all those who may 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
- Group similar tasks where appropriate without compromising coverage
- 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
- 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, the scope and boundaries should be defined. Tasks and locations should be listed at a high level and **prioritised by risk**, with the most hazardous assessed first.

Hazard identification is the first step and may require a team approach, including someone unfamiliar with the work. Hazards should be identified across activities, equipment, processes and any situation with potential to cause harm, including non-routine activities such as maintenance, cleaning, out-of-hours work and extreme weather.

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:-

- Workplace inspections and observations
- Consultation with staff
- Reviewing manufacturers' instructions and safety data sheets
- Policies & Procedures
- Staff Group Information, Trade Union Standards
- Review previous incident data and ill-health records – these often help to identify the less obvious hazards.
- Consider long-term or chronic 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

Known high-risk hazards (e.g. work at height, chemicals, machinery, asbestos) should always be considered where relevant. Adequately controlled hazards should still be included to assess the effectiveness of controls. Assessments should be based on reasonably foreseeable risks only.

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 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 must be completed by **competent persons** with appropriate skills, knowledge and experience. Training and development opportunities are available through internal health and safety courses and externally accredited training to support competency.

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:

| **Type of Risk Assessment** | **Support/Advice Available** |
|---|---|
| General health and safety assessments | Health and Safety Advisers |
| Violence & Aggression | Violence Prevention Case Management Team |
| Manual Handling Tasks | Manual Handling Adviser |
| COSHH (Chemical and Biological Hazards) | Health and Safety Advisers<br>COSHH Co-ordinator |
| Vibration | Health and Safety Advisers |
| Noise | Health and Safety Advisers |
| Display Screen Assessment | Health and Safety Adviser<br>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<br>Fire Adviser |
| Radiation | Radiation Protection Adviser<br>Radiation Protection Supervisor |

The significant findings of risk assessments should be shared with relevant staff, this could include circulating assessments to all employees or maintaining a folder of assessments within each department.

Risk Assessments should be kept while they remain current and retained for 3 years following the date of their review, unless they are asbestos related in which case they should be kept for 40 years.

## 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 control 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 to 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 SharePoint 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.

Those who may be harmed must be identified, such as employees, patients, contractors or visitors. Individuals do not need to be named; identifying affected groups is sufficient. The frequency of exposure should reflect how often the task or activity is undertaken.

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

All **existing control measures** must be documented, including anything already in place to reduce the likelihood or severity of harm, loss or damage.
Duties imposed by health and safety legislation are broken down into the following:

- **Absolute** - must be complied with
- **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. Employees are required 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 effort. However, controls should not be implemented if they are grossly disproportionate to the level of risk.

When identifying additional control measures it is important to consider any new risks that they could potentially introduce, these will need to be balanced against the existing risks. Practical measures may include:

- Choosing safer alternatives
- Preventing or restricting access to the hazards
- Organising work to reduce exposure to the hazard
- Providing protective equipment
- Providing welfare facilities such as washing facilities
- Involving and consulting workers

Once additional controls have been implemented the risk should be re-evaluated to determine the ***Target Risk Rating***.

All risk assessments must include 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 8 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 8 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 Management Plan to provide assurance that they are being managed and progressed.

## 7 Responsibilities

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

- Contribute their views and those of safety representatives
- Report identified risks to an appropriate person.
- Participate in developing control measures and agreeing action plans

**Ward/Departmental Managers** will:

- Ensure this procedure is implemented
- Ensure 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 to the relevant staff

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

- Review Departmental risk registers for risks scoring 8 or above;
- A Directorate/Locality/Departmental risk register should be maintained for all risks scoring 8 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;
- Ensure Directorate/Locality plans are in place to eliminate or manage identified risks
- Review and monitor the risk register;
- Escalate *high and extreme* risks (scoring 15 - 25) to the Clinical/Service Board Risk Register.

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

- Embed health and safety risk management into day-to-day operations. Ensure risks are assessed at the outset of activities and projects, with effective performance management arrangements in place Ensure staff are aware of this procedure and have arrangements for completing assessments, recording findings and implementing action plans Ensure that risk registers

are populated and utilised as appropriate at Clinical Board and Directorate level;

- Embed risk assessment and management within strategic and operational planning and Health and Safety Management Plans
- Report progress against Management Plans to the UHB Operational Health and Safety Group as scheduled.

**The Health and Safety Department and the Occupational Health Department** will: Provide specialist advice on request within their areas of expertise, including verification of risk scores and the suitability of control measures

**Appendix 1**

# Health and Safety Risk Assessment Form (Part 1)

| | | | |
|---|---|---|---|
| **Site** | *Site premises i.e. Barry Hospital* | **Ward/department** | |
| **Assessment date** | | **Review date** | |
| **Directorate** | | **Assessor** | |

| 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 |

| **Description of activity/task** | **Who might be harmed and how?** | Consequence | Likelihood | Risk rating | **Further action required?** (undertake more detailed risk assessment if score 6 or above) |
|---|---|---|---|---|---|
| *List all activities which are potentially hazardous within your responsibility/area.*<br><br>*This form can be used to list a number of hazards.* | *Describe the potential risks from carrying out the activity i.e. what is the potential outcome if an incident occurred and who could be harmed.*<br><br>*When determining the potential risks of the activities try to be as realistic i.e. what is the most likely* | *A score of between 1 and 5 (when the activity is being carried out with current control / safety measures already in place)* | *A score of between 1 and 5 (when the activity is being carried out with current control / safety measures already in place)* | *Likelihood x consequence will give a score between 1 and 25* | *If any of the hazards listed score above a 6 then a part 2 form will be completed for each individual activity.*<br>*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.*<br>*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* |
| | | | | | |

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

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

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

## Table 2 Likelihood

| Descriptor | 1 Rare | 2 Unlikely | 3 Possible | 4 Likely | 5 Almost Certain |
|---|---|---|---|---|---|
| **Frequency** 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 |
| **Probability** Will it happen or not? % chance of not 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 |

| | | | | | |
|---|---|---|---|---|---|
| **Description of work activity** | *Briefly describe the work activity that is being undertaken* | | | | |
| **Site** | *Site premises i.e. Barry Hospital* | **Ward/department** | | **Directorate** | |
| **Assessment date** | | **Review date** | | **Assessor** | |
| **Summary of main findings** | *Summary of findings and risks i.e are the risks sufficiently controlled or are there some that need to be escalated.* | | | | |

**Risk rating matrix**

| 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 |

| Assessment team members | Issue/rev | Reason for review | Date | Approved |
|---|---|---|---|---|
| *Should include a mixture of those deemed competent to undertake the risk assessment and those undertaking the task* | | *Risk assessments are reviewed at least annually or more often if there have been changes in the matters to which they relate.* | | |
| | | | | |
| | | | | |

| Hazard type examples | | | | |
|---|---|---|---|---|
| | Violence and aggression | Flammable substances | Pressure systems | Excavation |
| | Lone working | Corrosive/toxic substances | Fixed electrical equipment | Elevated work |
| | Manual handling/ergonomics | Asbestos | Overhead live conductors | Portable tools |
| | Lifting operations | Other hazardous substance | Remote/auto start machinery | Traffic/mobile plant/FLT |
| | Infection/sharps | Low/high temperatures | Contamination | Noise |
| | Slips, trips, falls | Oxygen deficiency/enrichment | Hot work | Nearby work |
| | Contact with moving parts | Other environmental factors | Confined space | Other |

| **Hazard type** (see previous examples) | **Who might be harmed and how?** | **What existing control measures are in place to reduce / prevent the risk?** (what are you already doing) | Consequence | Likelihood | Risk rating | **Further action to be taken to control the risk?** (additional control measures you are going to implement) | Consequence | Likelihood | Risk rating |
|---|---|---|---|---|---|---|---|---|---|
| *List the hazards associated with the above activity, 1 per row* | | *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.* | *A score of between 1 and 5 (when the activity is being carried out with the current control measures already in place).* | *A score of between 1 and 5 (when the activity is being carried out with the current control measures already in place)* | *Likelihood x consequence will give a score between 1 and 25* | *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* | *To be re scored after taking the additional control measures into consideration should there be any* | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | *Examples of control measures may include:-*<br><br>*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.*<br><br>*Skill mix of staff, staffing numbers,*<br><br>*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*<br><br>*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* | | | | *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*<br>*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* | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | *located or haven't made contact (time frame & escalation)*<br>*Environment – There may be control measures within the work area; emergency alarms, exits, barriers, lockdown procedures*<br><br>*Emergency procedures – spill kits, written procedures, evacuation plans, escalation plans, first aid, medical emergencies*<br><br>*PPE – Mandatory PPE including training, procedure for incident exposure may be part of the emergency procedures also Occupational Health referral.*<br><br>*Policies & Procedures – This may include a variety of written guidance for staff and/or others who may come into contact with our work activities.*<br><br>*Legislative & regulatory statutory compliance.*<br><br>*Work programme – Length of time for working on a particular activity, rotation of staff,* | | | | | | | |

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| | | *change of work activities where specific medical/physical conditions of staff may pose a bigger risk i.e. pregnancy, health conditions.*<br><br>*Maintenance & Inspections – Audits (formal & informal), Maintenance records, inspections, cleaning schedules.*<br><br>*Communication – How risks are communicated to staff and others affected i.e. team meetings, hand overs, tool box talks, senior team briefings etc.*<br><br>*Machine & Equipment – Daily checks, manufacturers recommended checks, running safety programmes over a specified period of time or between each operation.*<br><br>*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.* | | | | | | | |

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| | | *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.*<br><br>*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* | | | | | | | |
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| | **Actions required** (remove actions and cross references when completed and include in controls) | **Person responsible** | **Target date** | **Completion date** |
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| 1 | *Actions should be specific with the ability to be monitored and tracked through to completion* | *Named individual with the ability and responsibility to track the action through to completion* | *This should be specific* | *Record the date that the action has completed* |
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**Appendix 4**

## Risk Reduction Measures Checklist

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| **Inherent safety** | Inherent safety involves reducing risks at their source by removing or reducing the hazards. This in turn reduces the consequences of an incident. In some cases, it may be possible to entirely eliminate the hazard.<br>Improving inherent safety involves:<br>• Reducing the storage quantities of dangerous substances<br>• Reducing the storage duration of dangerous substances<br>• Substituting dangerous substances for less dangerous substances<br>• Relocating dangerous substances to a more remote location<br>• Reducing the amount of stored energy within processes and pressure systems<br>• Substituting hazardous processes for less hazardous processes<br>• Reducing the capacity of the largest containers of dangerous substances<br>• Reducing the number of storage vessels of dangerous substances<br>• Reducing the handling of dangerous substances |

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| **Routine Operational Arrangements** | Routine operational arrangements are procedural and behavioural safeguards designed to maintain safe and effective healthcare delivery. Their effectiveness can be undermined if not consistently monitored, so they should be subject to regular checks during **Planned Workplace Inspections (PWIs)** or management walkarounds.<br>Strengthening routine operational arrangements within a Health Board may include:<br>• **Optimising workplace layout** to support safe patient flow and efficient staff movement.<br>• **Enhancing exclusion zones** around hazardous areas (e.g., medical gas storage, laboratories) to protect patients, visitors, and staff.<br>• **Optimising work tasks and shift patterns** to reduce fatigue and improve staff wellbeing.<br>• **Improving the availability and quality** of clinical and operational procedures to ensure consistency of practice.<br>• **Increasing the frequency** of procedure reviews to maintain relevance and compliance with current standards.<br>• **Strengthening compliance monitoring** to ensure procedures are consistently followed.<br>• **Improving the availability and quality** of task-specific risk assessments for clinical and support activities.<br>• **Increasing the review and communication** frequency of risk assessments to keep staff informed of changes.<br>• **Enhancing the availability and effectiveness** of tools, equipment, and job aids to support safe practice.<br>• **Promoting the use of appropriate tools and job aids** to reduce human error. |

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| | • **Clarifying and reinforcing roles and responsibilities** across clinical, operational, and support teams.<br>• **Ensure the frequency of refresher training** is adequate.<br>• **Improving the competence and availability** of operational, maintenance, and management personnel to ensure resilience.<br>• **Reviewing and improving** site rules to ensure they are practical, relevant, and enforceable.<br>• **Raising awareness and compliance** with site rules through communication and training.<br>• **Strengthening enforcement** of site rules to maintain standards of safety and behaviour.<br>• **Improving the visibility and clarity** of signage to aid navigation and hazard awareness.<br>• **Enhancing site security measures** to protect patients, staff, and assets.<br>• **Ensuring the integrity of occupied buildings** to safeguard against structural, environmental, or safety risks. |

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| **Independent Protection Layers (IPLs)** | Independent Protection Layers (IPLs) are safeguards that operate independently to prevent or mitigate adverse events. Within a healthcare setting, IPLs may include:<br>• **Process design** – designing clinical and operational processes to minimise risk at source.<br>• **Basic Process Control Systems (BPCS)** – automated systems that monitor and control critical healthcare infrastructure (e.g., medical gas supply, ventilation).<br>• **Alarms and operator response** – timely alerts to staff with clear escalation pathways to ensure rapid intervention.<br>• **Safety Instrumented Functions (SIFs)** – automated safety mechanisms that act when thresholds are exceeded (e.g., shut-off valves, fail-safe systems).<br>• **Physical protection** – barriers, secure storage, and controlled access to hazardous areas or substances.<br>• **Post-release protection** – measures to mitigate consequences if an incident occurs (e.g., spill containment, emergency response protocols).<br><br>**Improving IPLs in a Health Board context involves:**<br>• **Increasing the number of IPLs in place** to provide multiple, independent layers of defence against risks.<br>• **Enhancing the effectiveness of existing IPLs** through regular testing, maintenance, training, and continuous improvement. |

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| Site Emergency Response | The effectiveness of a site emergency response depends upon the number of personnel available, their capability and competence, and the equipment available to them.<br>Improving on-site emergency arrangements involves:<br>• **Improving the availability** of personnel required to fulfil |

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| | specialist emergency roles<br>• **Improving the definition and awareness** of roles and responsibilities<br>• **Ensure the frequency of refresher training** is adequate for personnel required to fulfil specialist emergency roles<br>• **Improving the availability, quality and thoroughness** of emergency procedures<br>• **Increasing the review frequency** of emergency procedures<br>• **Improving the suitability and availability** of emergency equipment<br>• **Increasing the frequency of training** in the use of emergency equipment<br>• **Increasing familiarity** with emergency alarms, evacuation routes and muster points<br>• **Increasing the frequency** of alarm tests, evacuation drills, desktop exercises and live exercises to test the on-site emergency plan<br>• **Increasing the availability and integrity** of safe refuges (e.g. for toxic gas release) |

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| Community Emergency Response | The effectiveness of a community emergency response depends upon communication with the public before and during an incident, and the effectiveness of the cooperation with the local authority and the Emergency Services.<br>Improving off-site emergency arrangements involves:<br>• **Improving the definition and awareness** of roles and responsibilities<br>• **Improving the routine provision of information** to the public<br>• **Improving facilities for communication** with the public during an incident<br>• **Improving the availability of information** to the local authority and emergency services<br>• **Improving the communication channels** with the local authority and emergency services<br>• **Increasing the frequency** of desktop exercises and live exercises to test the offsite emergency plan |

**Appendix 5**

## REFERENCES AND FURTHER READING


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

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

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