

Risk Assessment Policy			
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1. Introduction

Risk assessment is the cornerstone of virtually all modern health and safety law. In the past safety legislation was prescriptive and laid down what should and should not be done. Nowadays the onus is on the Trust is to assess the risks to employees, patients and visitors and other non employees who may be put at risk from the Trusts activities. Health & safety risk assessment should not be confused with clinical risk assessment even where they address issues such as violence, lone working and so on. Health & safety risk assessments may cover such areas as:

- Risk of infection
- Risk of injury via handling of patients or goods
- Risk of injury via physical faults (i.e. slips, trips or falls)
- Risk of injury from assault compounded by building layout, lone working etc
- Risk of developing an illness from work activities
- Risk of injury from using equipment
- Risk of an accident caused by road use, traffic or vehicle movement
- Risk of injury through exposure to chemical, electrical or physical agents

2. Purpose

The Health & Safety At Work Act 1974 places duties on the employer to ensure that, so far as is reasonable and practicable, work is safe and without risk. This also covers persons not at work but who may be affected by the employers undertaking. In the case of AWP such persons are service users, visitors, contractors and members of the public.

The Management of Health & Safety At Work Regulations 1999 go further and require that a suitable and sufficient assessment of risk should be undertaken of all work. This is sometimes referred to as a General or Management Regulations risk assessment and looks at all aspects of work that could pose a risk to health. The purpose of this policy is to address the assessment of risk under the Management Regulations and to provide a framework for the other subordinate regulations that require risk assessments.

Other legislation, notably the COSHH Regulations, the Manual Handling Regulations and the Display Screen Equipment Regulations also require risk assessments of specific areas of work. These duties are similar to the Generic Risk assessment but are detailed under other policies. There are a number of other policies that cover duties to assess risk under the Management Regulations and they include the [Management of Violence and Aggression Policy](#), the [Lone Worker Policy](#) and the AWP [Policy on the Assessment of Environmental Ligatures in Inpatient Settings](#).

3. Scope

This policy covers all settings and teams within the Trust without exception. This policy is intended for use in relation to all safety and health risks other than that of assessing service user health and mental health. However there is an overlap and close relationship between clinical risks and safety risks and within clinical settings there is an interdependence.

4. Definitions

In line with the Trusts Risk Management Policy, the method used for assessing and quantifying risk uses the following terms

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Risk	<p>An uncertain event or set of events which, should it occur, will have an impact upon the achievement of objectives.</p> <p>Risk is a measure of the potential loss, whether personal injury, property damage or environmental impact.</p> <p>It can be represented as: Risk = Hazard x Probability</p>
Risk Register	A record of the more serious (usually the highest scoring) risks within an area. In order to ensure focus on the most serious risks, risk registers should be proportionate and not an exhaustive list of all risks in an area.
Team	A team may be a ward, clinic, department, service or hospital depending on the structure established within a locality.
Risk Owner	The team/service manager or director who is responsible for managing the risk. See Section 7.1.
Risk Assessor	The member of staff who is responsible for assessing the risk. This may not be the risk owner.
Risk Assessment	The evaluation of risk with regard to the severity and the likelihood of the risk event occurring.
Likelihood or probability	Likelihood (or probability) is the chance of a risk materialising. Likelihood can range from rare to almost certain.
Severity or hazard	The extent of harm that would be caused should the risk materialise. This may range from minor to catastrophic. May also be known as the hazard.
Controls	The mechanisms already in place to reduce the risk. For example policies, training, physical barriers. When actions are complete they may become then controls
Risk Mitigation	The action that can be taken to reduce the likelihood or severity of a risk.
Actions	What steps you will take to reduce or eliminate the risk.
Closed (risk)	If a risk has been eliminated entirely then it will be considered closed. Where a risk remains but all practical control measures are in place and the target risk score has been reached, this will be considered an accepted risk.
Accepted (risk)	Risks will only be deemed accepted if they meet the criteria of an accepted risk Red risks will not be accepted. (See Section 9.3).
Escalation	<p>The reporting of a risk to a manager or a management group at the next level of the management structure, e.g. team manager to service manager, service manager to managing director, health, safety, security and fire group to the Executive Team</p> <p>Ownership of the risk does not transfer upwards.</p>

5. Responsibilities

5.1 Executive Management

The Board has overall responsibility for the health, safety and welfare of all staff, service users, visitors and others within AWP. The Chief Executive is responsible for monitoring and reviewing health and safety in the Trust. The Board will be informed of health and safety matters on a

regular basis and ensure adequate resources are made available to provide and maintain the necessary standards of health and safety in the Trust.

Members of the Executive Management Team have full responsibility for the health, safety and welfare of all staff, visitors and others within the wards, offices etc under their specific management and will support the Chief Executive in fulfilling their responsibility.

All Directors have a corporate responsibility to promote a responsible approach in health and safety in the Trust.

5.2 Responsibilities of the Chief Executive

While ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety, including compliance with relevant legislation and Trust policies.

5.3 Responsibilities of the Director of Human Resources

The Director of Human Resources, as person responsible for training takes responsibility for ensuring that the Learning & Development Department provides adequate training to ensure this policy is implemented and that the content of the training is regularly reviewed to ensure it continues to provide the necessary skills and knowledge to ensure staff are able to discharge their legal duties and duty of care in accordance with current standards and best practice.

5.4 Responsibilities of the Operations Director

The Operations Director takes responsibility for ensuring that this policy is implemented within teams. The Operations Director will ensure that localities follow the policy and that all levels of management fulfil their responsibilities as described within this policy.

5.5 Responsibilities Of The Nursing and Quality Director

The Director of Nursing and Quality has responsibility for the co-ordination of health and safety policies, activities and governance within the Trust.

5.6 Responsibilities of Associate Directors (Divisional)

Associate Directors (Divisional) will ensure that all operational teams comply with this policy and ensure that risk assessments are undertaken and that risks are managed according to this policy and that of the Risk Management Policy.

- Risks should be monitored from LDUs at Divisional Performance reviews to ensure that risks are reviewed by their review date and that all units are maintaining their risk registers. Any serious or thematic risks are escalated as necessary.
- Feedback decisions and information regarding risks back to teams

5.7 Responsibilities of Operational Manager and Clinical Leads (LDUs)

Operational Manager and Clinical Leads (LDUs) will bring this policy to the attention of their staff, including new and temporary staff, and management team and ensure that it is observed at all times. They will also require each team to:

- Ensure risk assessments are undertaken which identify potential risks and the adequacy of the systems that manage these risks.
- Ensure risk assessment findings of significant risks are recorded and are entered on the locality/directorate service specific risk register.

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- Ensure action is taken to rectify any significant risks in line with good risk management process.
- Ensure risk assessments are reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident).
- Ensure the significant findings of risk assessments are communicated to staff as should the controls and recommendations given as a result of the risk assessment
- Ensure control measures and safe systems of work as necessary are developed and implemented.
- Ensure that the process is monitored through locality performance reviews and adequate support is provided for line managers to ensure that their responsibilities are met.
- Ensuring team level risks are reviewed through service, department and ward level performance reviews and risks escalated as necessary.
- Escalate serious or thematic risks to the divisional Associate Directors.
- Feedback decisions and information regarding risks back to teams
- Ensure arrangements which implement this policy are devised and reviewed.

Each Operational Manager and Clinical Lead also plays a key leadership role in developing and sustaining a proactive culture and personal and professional responsibility for health and safety issues.

5.8 Responsibilities of Line/Ward Managers and Team Leaders

Line/Ward Managers and Team Leaders are vital in developing and sustaining a proactive culture where personal and professional responsibility for health and safety issues is accepted by all.

Managers are responsible for:

- Ensuring that this policy is implemented within their team.
- Bringing this policy to the attention of all their staff and ensure that it is observed.
- Ensuring risk assessments are undertaken which identify potential risks and the adequacy of the systems that manage these risks.
- Ensuring risk assessments are reviewed annually or on significant change (i.e. change of use, modification of the building or after a serious adverse incident).
- Ensure the significant findings of risk assessments, required controls and recommendations are communicated to staff.
- Escalate any serious risks with service management at Team Performance Reviews (see also Section 7)
- Ensuring control measures and safe systems of work as necessary are developed and implemented and communicated to staff.
- Ensuring that quarterly inspections are carried out wherever possible in conjunction with an Accredited Health and Safety Representative or Workplace Representative. This should be of the area within their remit to check for any new risks or loss of safety controls. This duty is not to repeat the whole risk assessment but to identify any changes that could lead to new or increased risk. Such checks should be noted on the workplace inspection forms. Any defects or risks should be acted upon immediately.
- Ensuring arrangements which implement this policy are devised and reviewed.

5.9 Responsibilities of Individual Employees

The Health and Safety at Work Act 1974 states:

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- Every employee has a duty of care for the health and safety of people at work and of other persons who may be affected by work activities.
- Employees must take care of themselves and others at work and co-operate with AWP in the implementation of health and safety systems.
- Employees must obey the directions of their employer in matters relating to health and safety or compliance with legal duty.
- Employees must not interfere with or misuse items provided in the interests of health and safety.

Staff have a duty follow all safe systems of work, procedures and management plans in place to control risks. Furthermore, staff must report any hazard that could give rise to new or increased risk to health and, where appropriate, take immediate compensating action.

5.10 Health, Safety, Security and Fire Group

The implementation of this policy will be monitored and evaluated by the Health, Safety and Fire Group through audit of risk assessments, action plans and inspections of environments (see Section 8).

5.11 Learning & Development Department

The Learning & Development Department will provide an adequate training resource to ensure that the Trust can comply with its policy. It will liaise with operational management to ensure that training needs are monitored and that content matches training needs.

5.12 Facilities and Estates Department

The Facilities and Estates Department will ensure that all new builds and refurbishments and other projects shall include suitable and sufficient risk assessments and consideration of the elimination or control of risks by liaising with staff and the health and safety department in formulating specifications within the project.

To facilitate this, the Facilities and Estates Department must ensure that appropriate representation is sought for all project steering groups and this must include appropriate representation from affected staff, the health and safety department and other pertinent leads such as Infection Control and Facilities Management..

5.13 Health and Safety Department

The Health and Safety Department will advise and support staff as necessary in conducting health and safety risk assessments.

The Health and safety Department will advise on the content of the training and regularly review it to ensure that it continues to provide the necessary skills and knowledge to enable staff to be able to discharge their legal duties and duty of care in accordance with current standards and best practice.

The Health and Safety Department will also conduct sample inspections to review assessments. Under authority granted in the Trust's [Health and Safety Policy](#) members of the Health & Safety Department have the authority to issue internal improvement notices for non compliance with this policy or in the case of imminent and serious risk an internal prohibition notice, the scope of which may be to prohibit the use of a room or area until adequate rectification of the risks has taken place.

6. Risk Assessment Policy Statement

All teams will undertake suitable and sufficient health and safety risk assessments appropriate to the risks to health to which staff or other persons may be affected by Trust activities. The

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methodology set out in Section 7 of this policy shall be used together with guidance set out in [Appendix 1](#), [Appendix 2](#), [Appendix 3](#) and [Appendix 4](#) of this policy. In specific risk areas such as manual handling, hazardous substances, display screen equipment and window safety there are additional checklists for assisting with the identification and quantifying risk. These should be used as appropriate and by referring to the relevant policy document.

Instrumental in developing safe systems of work is the knowledge of risks present. These risks and the control measures or safe systems of work are identified through the risk assessment process.

The Trust will therefore ensure that suitable and sufficient risk assessments are made and that measures are identified to reduce these risks to the lowest level which is reasonable and practicable.

Each team is required to ensure that there is a completed risk assessment for all work activities in line with a risk assessment work plan, normally following the [schedule of risk assessments](#) (although this may be deviated from where warranted by identification of other significant risks that change priority). These risks should be reviewed when there has been significant change or reason to believe there has been change or in any event on an annual basis.

Each team will appoint sufficient competent risk assessors and ensure they are given reasonable resources, training and time to complete risk assessments in line with the work plan. Where there is no appointed assessor the default responsibility is that of the team manager.

7. Approach to Risk Assessment

The Health, Safety, Security and Fire Group is responsible for agreeing an annual programme of risk assessment for the whole Trust to participate in. These are published in an annual [schedule of assessments](#).

In addition to complying to the annual programme teams will conduct risk assessments as indicated by local circumstances e.g. change of use of building.

All risk assessment findings will be communicated to affected staff.

Some of the assessments will be team specific and some will be building specific and if in doubt the advice of the Health & Safety team or Estates team should be sought as to the approach to take.

The annual programme will contain some core assessments which will be used each year to monitor changes and improvements as well as bespoke indicators, reflecting organisational need.

Each management team will maintain a cohort of or have access to trained risk assessors who will co-ordinate the assessments at a local level.

The assessments will be completed electronically and filed locally with a copy sent via to the Health & Safety team using the Health and Safety mailbox (See Ourspace contacts for the current email address).

Risks should be conducted using the guidance within this policy and will follow the risk scoring matrix as described in the Risk Management Policy and associated guidance in [Appendix 1 – Risk Scoring Tables \(of the Risk Management Policy\)](#)

At the conclusion of the assessment an action plan will be developed to address the presenting risks. It is recommended that risks from all current assessments are kept within one live action plan and prioritised according to risk rather than administering each assessment separately.

Each team, corporate directorate, division and locality is required to develop and maintain its own risk register – these are known as directorate risk registers. These will be reviewed through directorate performance meetings and informed by both operational and governance related issues. A monthly update of the team and directorate risk registers will be reviewed at performance meetings at the appropriate level. These registers will be scrutinised for

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consistency and quality and their efficacy considered as part of the function of Operations Delivery Group Risk meeting, the Executive Team meetings and the Audit and Risk Committee. The owner of each risk is responsible for updating their risk.

Any risks identified as significant may require addition to the Directorate risk register (see Sections 5 and 8.8 of the [Risk Management Policy- P136](#). and escalation to the relevant Director whilst actions are being implemented (see chart in [Appendix 5](#))

Risks must be communicated to the organisation via the risk register (see Sections 5 and 10 of the [Risk Management Policy - P136](#)). The structure of the risk registers is shown in Section 5 of the Risk Management Policy.

Risks will remain the responsibility of the local management team to actively manage and address and escalate as necessary to their Directorate risk register.

To ensure assurance of the quality of risk assessments and implementation of appropriate risk management, auditing of 10% of teams / buildings per year will be undertaken by the Health and Safety team.

8. Audit and Monitoring

Implementation of this policy will follow a number of lines, and include:

- Monitoring of risk assessment training uptake and any gaps on a quarterly basis.
- Action plans to address any gaps in performance (monitored at monthly safety groups).
- Audit and review of risk assessments (10% of teams in each audit year).
- Completion of statutory risk assessments monitored monthly by localities
- Self assessments (monitored annually).

9. Training

The Trust's overarching policy for training is the [Learning and Development Policy](#) and this should be read in conjunction with this policy. Attached as appendices to that policy are the Trust's learning and development matrices. These matrices describe the minimum statutory and mandatory training requirement for all staff groups in respect of manual handling training.

The Learning and Development Policy also describes the Trust's arrangements for training, in particular how there are processes in place to ensure staff receive the training they require and how non-attendance is followed up. These arrangements are further supported by management supervision and appraisal processes.

10. References

Health & Safety At Work Act 1974

Management of Health & Safety At Work Regulations 1999

Control of Substances Hazardous to Health Regulations

Manual Handling Regulations 1992

Visual Display Screen Regulations 1992

Fire Precautions (Workplace)(Amendment) Regulations 1999.

Workplace, Health Safety and Welfare Regulations 1992

The Provision and Use of Work Equipment Regulations (PUWER & PUWER2)

The Lifting Operations and Lifting Equipment Regulations 1998

Personal Protective Equipment 1992

The Work At Height Regulations 2005

The Regulatory Reform (Fire Safety) Order 2005

11. Trust Policies

[Risk Management Policy](#)

[Appendix 1 – Risk Scoring Tables](#)

[Health and Safety Policy](#)

[Display Equipment Policy](#)

[Control of Substances Hazardous to Health Policy](#)

[First Aid Provision Assessment Policy](#)

[Windows Safety Policy](#)

[Policy For The Protection Of The Health, Safety & Welfare Of New & Expectant Mothers](#)

[Staff Stress Management and Wellbeing Policy](#)

[Assessment of Environmental Ligatures in Inpatient Settings](#)

[Policy for Prevention & Management of Slips, Trips and Falls and Falls from a Height](#)

[Policy Guidelines and Procedures for Using Bedrails Safely and Effectively](#)

[Management of Latex and Latex Allergy Policy](#)

12. Appendices

[Appendix 1: Process for Assessing Risk](#)

[Appendix 2: Risk Assessment Matrix](#)

[Appendix 3: Control of Risk](#)

[Appendix 4: Health & Safety Risk Assessment Form](#)

[Appendix 5: Risk Escalation Flow Chart](#)

Version History				
Version	Date	Revision description	Editor	Status
1.0	30 Nov 2004	Draft version	PAD	Approved
2.0	23 Apr 2008	Approved by Board	PAD	Approved
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