Ref: FOI/CAD/ID 3440

Please reply to:
FOI Administrator
Trust Management
Service Centre
Maidstone Hospital
Hermitage Lane
Maidstone
Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net

14 July 2016

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Risk Assessment Policy and Procedure.

1. *Your organisation's current Risk Assessment Policy (or nearest equivalent, e.g. Risk Management Policy and Guidance).*

2. *Your organisation's current Risk Assessment Procedures (or nearest equivalent, e.g. Risk Management Procedures).*

Please see the attached documents.

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Review date: March 2019
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MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Risk Assessment Policy and Procedure

Policy link: Trust Risk Strategy

Requested/
Required by: Health and Safety Committee

Main author: Risk and Compliance Manager
Contact: jharris2@nhs.net

Document lead: Chief Nurse

Other Contributors: Trust Health and Safety Advisor

Directorate: Governance & Quality

Specialty: Risk

Supersedes: Risk Assessment Policy and Procedure (Version 5.0: June 2014)

Risk Assessment Policy and Procedure (Version 5.1: June 2014)

Approved by: Health and Safety Committee, 1st February 2016

Ratified by: Policy Ratification Committee, 14th March 2016

Review date: March 2019

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Document history

This policy and procedure should be read in conjunction with the *Risk Management Policy and Strategy* and other related policies and procedures.

Requirement for document:	To provide a documented system for identifying, analysing and controlling risks Trust wide. To state the Trusts commitment to the minimisation of harm to patients, staff, visitors, contractors and volunteers through proactive risk assessment. To describe: • The processes to ensure hazards are identified and risks are assessed both locally and Trust wide. • The processes to enable the development of action plans and the introduction of control measures to mitigate identified risks. • The process to ensure the Board receives assurance that risk assessments have been completed.
Cross references:	1. The Health and Safety at Work etc. Act 1974 2. Management of Health and Safety at Work Regulations 1999 (including the approved code of practice – ACOP)
Associated documents:	Maidstone and Tunbridge Wells NHS Trust Policies and Procedures: 3. *Risk Management Policy and Strategy* [RWF-OPPPCS-NC-CG13] 4. *Health and Safety Policy and Procedure* [RWF-OPPPCS-NC-CG1] 5. *Incident Management Policy and Procedure* [RWF-OPPPCS-NC-CG22] 6. *Guidance on Risk Register Administration and Review* [RWF-OPPPCS-NC-CG14] 7. *Policy & Procedures for the Control of Substances Hazardous to Health* [RWF-OPPPCS-NC-CG16] 8. *Display Screen Equipment Policy and Procedure* [RWF-OPPPCS-NC-CG17] 9. *Moving and Handling of Patients and Loads, Policy and Procedure for* [RWF-OPPPCS-NC-FH11] 10. *Violence and Aggression, Policy and Procedure for the Management of* [RWF-OPPPCS-NC-FH8] 11. *Lone Worker Policy and Procedure* [RWF-OPPPCS-NC-FH1] 12. *Sharps, Policy and Procedure for the Safe Use and Management of* [RWF-OPPPCSS-C-PATH28] 13. *Fire Safety Policy and Procedure* [RWF-OPPPCS-NC-CG4] 14. *Security Policy and Procedure* [RWF-OPPPCS-NC-FH3] 15. *Equality and Human Rights Policy* [RWF-OPPPCS-NC-WF11] and *Equality and Human Rights Procedure* [RWF-OPPPCS-NC-WF49] 16. *Infection Control Policy and Procedure* [RWF-OPPPCSS-C-PATH15] 17. *Medical Devices Policy and Procedure* [RWF-OPPPCS-NC-EST2] 18. *Medicines Policy and Procedure* [RWF-OPPPCSS-C-PHAR1] 19. *Ionising Radiation Safety Policy and Procedure* [RWF-OPPPCS-NC-CG18] 20. *Management of Stress at Work Policy and Procedure* [RWF-OPPPCS-NC-WF3] 21. *Information Governance Policy and Procedure* [RWF-OPPCS-NC-TM9] 22. *Hazard profile checklist for expectant mother* [RWF-OPF-NC-WF59] 23. *Workplace Excessive Noise Policy and Procedure* [RWF-OPPPCS-NC-CG42]

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Version control:		
Issue:	**Description of changes:**	**Date:**
1.0	This procedure has been rewritten and is significantly different to the previous version.	March 2007
2.0	This procedure has been updated and revised to meet the NHSLA Risk Management standards.	March 2009
3.0	Minor changes made at request of HSE. Further consultation was not required.	April 2009
3.1	Minor changes to incorporate divisional level risk and change from SABA to CAS. Further consultation was not required.	March 2010
3.2	Minor changes to incorporate a revised hazard profile checklist with references and links to generic risk assessments. Incorporated reference to IG risks.	August 2010
4.0	Revised following HSE inspection and modified to include a process for Trust wide risk assessment and the new monitoring tool and database.	September 2012
5.0	Regular review. Removal of the risk register administrator and risk coordinators' roles. Updated guidance on general risk assessment.	June 2014
5.1	Addition of Appendix 10 – Guidance on employing young persons.	October 2014
6.0	Regular review. Only minor changes required including: • Simplification of the Policy following removal of NHSLA standards. Reduced policy statement • Addition of appendix 11 – HSE five steps to risk assessment • Other minor changes	March 2016

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Policy statement for

Risk Assessment Policy

One way in which the Trust minimises the harm to patients and staff is by proactively identifying and assessing risk and managing safety.

All employees have a legal duty to cooperate with their employer by reading risk assessments, using control measures and following safe systems of work. Failure may result in prosecution and could negate the opportunity for litigation and compensation.

Health and safety legislation requires Trust wide Risk Assessments (Clinical or Non Clinical) to be carried out and documented throughout the Trust. This process is used for strategic planning, corporate objective setting and to inform the Risk Register.

The Trust will ensure that suitable and sufficient assessments of risks to staff and those people who may be affected by its activities are undertaken.

Significant risks will be recorded on the Trusts risk register and, if unacceptable, an action plan developed to mitigate the risk. The risk register will be monitored

The Trust will ensure that specialist assessments such as "Control of Substances Hazardous to Health" (COSHH) and Manual handling will be completed where required. All risk assessments will be reviewed as appropriate.

The Trust will ensure that a suitable number of trained, competent people are able to carry out the risk assessments and that they are given adequate resources to undertake the tasks.

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1.0   Introduction and scope

These procedures apply to all employees, bank and agency staff, who work within or for Maidstone and Tunbridge Wells NHS Trust. The arrangements for risk assessment within contractor's areas must be agreed and described within the contract or service level agreement.

It applies to all working areas where the Trust employees work, including outdoor work areas. The Trust must cooperate with other employers in shared working areas to ensure that all risks are assessed.

All employees have a legal duty to cooperate with their employer by reading risk assessments, using control measures and following safe systems of work. Failure may result in prosecution and could negate the opportunity for litigation and compensation.

This policy and procedure should be read in conjunction with the *Risk Management Policy and Strategy* (reference 3), *Health and Safety Policy and Procedure* (reference 4) and other related policies and procedures.

2.0   Definitions

For the purposes of this procedure, the following definitions of terms apply. Further definitions are given in the Trust's *Risk Management Policy and Strategy* (reference 3).

2.1 Hazard

Hazard is something that has the potential to cause harm, loss, damage or other unwanted outcome to individuals, services, the organisation or the environment. Hazards will include objects, substances, machinery, stored energy, methods of work and the working environment. Hazards should be removed or eliminated if possible; however, they are usually unavoidable and will always be present.

2.2 Risk

Risk is the likelihood of potential harm from a hazard being realised. The extent of risk will depend on:
- The potential severity of that harm.
- The likelihood of harm occurring.
- Those who might be affected by the harm (nature and number of people exposed).

2.3 Risk analysis (rating)

Risk is made up of two components; the severity of the harm (consequence) and the probability it will occur (likelihood). These components are each scored on a scale of 1 to 5 as described in the Trust's *risk categorisation matrix* (**Appendix 4**). The risk rating is defined as the consequence multiplied by the likelihood. The risk rating is taken from the 5x5 matrix which also gives a colour (level). The rating and level are used in the determination of the importance and priority given to the risk (reference 3).

Generally hazards cannot be eliminated and will always exist so the severity score will remain the same. Risk is mitigated by reducing the likelihood and hence the risk rating. The likelihood is reduced by the introduction of control measures to make harm less likely. A risk with no controls in place is called an uncontrolled risk.

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2.4 Acceptable risk / residual risk

Because hazards are always present, risk can never be completely mitigated. A residual risk will always remain even after control measures are put in place. Most health and safety legislation requires the employer to do what is reasonably practical. A decision needs to be made, what is reasonable and when a risk can be accepted. In deciding what is reasonable a balance has to be made between the risk score, and the resources required to mitigate the risk. Accepting a risk can be a subjective decision, therefore it must be made by the appropriate level of management, and it should be justified, recorded and accountable.

2.5 Risk assessment

Risk assessment is the process where hazards are identified, risks evaluated, and action plan generated to reduce impact of risks. Risk assessment is a legal requirement (reference 2):

"Requires every employer to make a suitable and sufficient assessment of the health and safety risks to (a) *His employees and*
(b) *Others not in his employment*
to which his undertakings give rise, in order to put in place appropriate control measures".

The process is the same whether the risk is clinical or non-clinical in that it follows the 5 step process recommended by the HSE and meets the requirements of the health and safety legislation. A standard template form is used for most risk assessments. Specialist forms are provided for specialist assessments (see 2.12).

2.6 Suitable and sufficient

Suitable and sufficient is not defined in the regulations. The regulation document includes an Approved Code of Practice (ACOP). The ACOP suggests that risk assessment should do the following:

- Identify the risks arising from and in connection with the work.
- The level of detail should be proportionate to the risk.
- Insignificant risks can usually be ignored, as can risks arising from routine activities associated with life in general.
- For departments presenting few or simple hazards a suitable and sufficient risk assessment can be a very simple, straightforward process.
- Large and hazardous areas will require more developed and sophisticated risk assessments.

2.7 General environmental risk assessment

Each department manager needs to complete a general environmental risk assessment. This will include all the general health and safety issues for the workplace. This is for minor hazards with simple controls. It may include:

- Welfare facilities (toilets and changing rooms).
- Access routes.
- Work space.
- Housekeeping.
- First aid arrangements.
- Heating, ventilation, nuisance noise, smells etc.
- Use of some work equipment (e.g. photocopiers, paper guillotines).
- Some specific tasks carried out in the workplace.
- Etc.

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These will be summarised on a single risk assessment form (**Appendix 5**). It will generate safe systems of work that must also be shared with staff.

2.8 Generic Trust wide risk assessment (Corporate risk assessment)

Where there is a similarity of activities, and the hazards and risks associated with them, although carried out in different areas, a generic risk assessment can be made. For example, similar wards may be able to use a generic assessment. These can also be referred to as corporate risk assessments as they can apply Trust wide.

Where tasks are similar or identical a generic assessment can be made resulting in a "safe system of work" such as a method statement or procedure. For example: patient handling.

2.9 Specialist risk assessment

There are specific hazards where statutory regulations demand the completion of risk assessments. The ACOPS and guidance produced with these regulations describe how these risk assessments must be carried out. These include manual handling, display screens, substances hazardous to health, work equipment, information governance etc.

Where applicable these are covered in other policies and procedures (see references).

There are two groups of employees for whom specific risk assessments are required by law (reference 2). These are young people (under 18 years of age) and expectant mothers (or women you suspect could be pregnant and nursing mothers).

There is guidance to assist risk assessors:
- Hazard profile checklist for expectant mother RWF-OPF-NC-WF59
- Guidance on Employing Young Persons   RWF-OPG-CORP86

2.10 Patient risk assessments

There are several risk assessments that must be carried out to protect patients. These are required as part of the health legislation rather than health and safety legislation. These are described in section 8 with examples.

3.0 Duties: roles and accountabilities of key staff

3.1 Executive accountabilities

The 'Chief Executive', carries overall responsibility for risk management and governance, and is responsible for ensuring that risk assessment programmes are in place and functioning effectively.

Responsibilities for specific areas of risk management have been delegated to Executive Directors and, through them to managers. The Chief Operating Officer is the Board Lead for health and safety. The Chief Nurse is the Board lead for the management of risk. Other staff are nominated by directors to meet key functions within the risk structure (their roles are described later).

3.2 All staff (regardless of level or function)

Under the 'Management of health and safety regulations', every employee has a legal duty to follow safe systems of work such as procedures, instructions and training provided by the employer. Under the Health and Safety at Work Act every employee has a legal duty to cooperate with their employer to meet their legal duties. Therefore all staff must assist in carrying out and following the recommendations from risk assessments.

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All staff are expected to be risk aware at all times and report any errors or omissions from Trust policies, procedures or risk assessments. Initially, reporting should be verbally to their line manager. If the issue can not be quickly and easily rectified locally then it can be reported using the Trust's *Incident Management Policy and Procedure* (reference 5).

3.3 Managers

Risk, health and safety are line management responsibilities (reference 3). All managers will be held responsible for the assessment and management of risks within their departments. Risk assessors assist managers in completing their statutory duties but are not legally responsible for ensuring their completion.

In this procedure the term department is used as a general term referring to any team within the Trust with a manager. For example a ward is a department.

Departmental managers are responsible for the following:
- Ensuring they have access to risk assessors who are fully trained to undertake their roles.
- Ensuring that risk assessors are given adequate time and resources to undertake their roles.
- Ensuring the development and completion of their departmental risk assessment programme.
- Ensuring the development and completion of action plans resulting from risk assessments. Keeping the risk lead informed of progress.
- Ensuring that all significant unresolved risks are entered onto the Trust's risk register.
- Sharing the results, learning and safe systems of work from risk assessments with all relevant staff.
- Undertaking a 6 monthly workplace inspection with the risk assessor, passing the results to the risk lead.

3.4 Directorate risk leads

The Directorate risk lead's full role is described in the *Risk Management Policy and Strategy* (reference 3). They, on behalf of their Directorate are responsible for:
- Facilitating the nomination and training of key staff.
- Coordinating and monitoring of departments annual risk assessment and inspection programme (see **Appendix 6**).
- Monitoring the risk action plans.
- Ensuring that the results, learning and safe systems of work from risk assessments are shared with all relevant staff.
- Ensuring appropriate risk assessments are reviewed or completed after an incident investigation.
- Ensuring the sharing of learning from risk assessments through committee reports, talking to other Leads and informing the Quality and Safety Team.
- Informing their directorate management teams of all red and amber rated risks identified through risk assessment.
- Reporting to the Health and Safety Committee on significant risks, action plans and exception reports.
- Recommendations that may need to be implemented Trustwide.
- Administration and maintenance of the Directorate risk register.
- Adding, updating and closing assessed risks on request from managers.
- Liaise with others ensuring the continual development of the directorate risk register.

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3.5 Risk assessors

Directorates need to define suitable resource allocations for risk assessors. The number required will depend on the size and complexity of the directorate. Every department should have the services of at least one. The risk assessor will be trained to carry out the risk assessments required within their departments. The risk assessor will:

- Advise the departmental manager on what assessments are required.
- Assist the manager in developing the department risk assessment programme.
- Assist managers in completing their risk assessment programme.
- Complete the required risk assessment paperwork.
- Undertake a 6 monthly workplace inspection with the department manager, passing the results to the risk lead.
- Undertake or facilitate risk assessments in response to concerns raised by staff.
- Implement the Trust's *Risk Assessment Policy and Procedure* within the department.
- Ensure that risk action plans identify person responsible and realistic time scales for completion.
- Review risk assessments as required in legislation.

The risk assessor, on behalf of the manager will:

- Share the outcome of risk assessments with the risk lead.
- Share the outcome of risk assessments with all relevant staff.
- Assist the risk lead to put any unresolved risks, resulting from assessments, on to the risk register.
- Communicate the outcome of risks graded red and amber to the department manager and the risk lead as appropriate.

3.6 Competent persons

All organisations must appoint adequate numbers of competent persons to assist in undertaking the measures necessary to comply with legislation. These are individuals with specialist skills, knowledge and qualifications. They are available to key staff and employees to advise and assist on all aspects of health, safety and risk.

Competent persons undertake Trust wide risk assessments and incorporate the findings and safe systems in to Trust policies and procedures.

Several competent persons are part of the Quality and Governance Team who are responsible for the following:

- Maintaining the Trust's risk register database.
- Provide assistance and advice on the completion of risk assessments, devising control measures and action plans.
- Provision of training for key staff.

The Quality and Governance Team are not responsible for completing local risk assessments.

A full list of competent persons and their roles are given in the Trust's *Risk Management Policy and Strategy* (reference 3).

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4.0 Training / competency requirements (education and training)

Risk training, including investigation, is discussed in detail in the Trust's *Risk Management Policy and Strategy* (reference 3). As part of the implementation of the risk strategy the Risk Manager will ensure that directorate risk leads are aware of their roles and responsibilities.

All staff joining the Trust should be made aware of the contents of the risk assessments that apply to them and their working areas. This is part of their local induction training. The importance of risk assessment is explained as part of their health and safety induction training.

The Quality and Governance team will co-ordinate special training for risk assessors. Directorate risk leads will monitor key staff and their level of training. The training will include facilities for mentoring and an assessment of competence.

The Quality and Governance team will co-ordinate training for all Trust managers and directors to enable them to carry out their duties under this policy and procedure. The Quality and Governance team will also deliver risk management training to Trust Board Members.

5.0   Risk assessment

A risk assessment is a process by which hazards are identified which may cause harm to patients, staff or visitors. An assessment is made as to the likelihood of the harm occurring (the risk). Adequate control measures are introduced to further reduce the likelihood and minimise that risk.

Risk assessments are carried out subconsciously every day for every task to keep us safe in our general life. They are subjective and based on personal judgement.

Risk assessment is a legal requirement (reference 2). The Regulations:

"Requires every employer to make a suitable and sufficient assessment of the health and safety risks to: (a) His employees and
*   (b) Others not in his employment*
to which his undertakings give rise, in order to put in place appropriate control measures".

Suitable and sufficient is not defined in the regulations. The approved code of practice (ACOP) suggests that risk assessment should do the following:
- Identify the risks arising from and in connection with the work.
- The level of detail should be proportionate to the risk.
- Once all the risks have been assessed, insignificant risks can usually be ignored. Insignificant risks are generally those scored as blue or green.
- Can also ignore risks arising from routine activities associated with life in general such as making hot drinks.
- For departments presenting few or simple hazards a suitable and sufficient risk assessment can be a very simple, straightforward process.
- Large and hazardous areas will require more developed and sophisticated risk assessments.

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5.1   Sources of risk assessment

There are many reasons for carrying out a risk assessment. Examples are given in **Appendix 7**. These include:

- As part of a local systematic risk assessment programme.
- Following internal adverse incidents or complaints (incident reporting)
- As required by Trust policies and procedures.
- External safety alerts (central alerting system – CAS)
- External agency inspections and standards (CQC, HSE etc).
- Following audits (internal audit, Clinical audit etc)
- Following Surveys (staff and patient).
- In response to problems identified during internal health and safety inspections and management safety tours.
- The planning of change, such as changes in management, staff roles, staff numbers, service provided, room use, service location, working hours, working times etc.
- New equipment, work practices, buildings, working practices etc
- In response to reports from staff and Union representatives.
- Strategic risk assessment (corporate objectives and assurance framework).

There are two groups of employees for whom specific risk assessments are required by law (reference 2). These are young people (under 18 years of age) and expectant mothers (which includes women you suspect could be pregnant and nursing mothers).

Department managers assisted by their risk assessors will identify what risk assessments are required in their department. They will develop a programme to ensure that all assessments are completed and reviewed each year (see **Appendix 6**). They must also be reviewed if circumstances have significantly changed.

"Competent persons" and Trust Officers will identify what generic Trust wide risk assessments are required across the Trust. They will complete the assessments and incorporate the learning and safe systems in to Trust policies and procedures.

The HSE recommend a 5 step approach to risk assessment (see appendix 11). The process is the same whether the risk is clinical or non-clinical in that it follows the same 5 steps and meets the requirements of the health and safety legislation.

5.2   Step 1 – Identification of hazards

The risk assessor and manager should identify all the hazards that could reasonably cause harm or damage. Ignore the trivial and hazards that are part everyday life (drinking hot tea for example). Identifying hazards can be a simple case of:

- Walking around the area looking for known hazards. The Trust has a hazard checklist (see **Appendix 8**) should be used as a guide and to record the findings.
- Looking for unsafe conditions (damaged electrical cables for example).
- Watching staff to determine unsafe acts (not following procedures).
- Talk to employees or their Union representatives about what they may have noticed and hazards that may not immediately obvious.
- Check if procedures and protocols are available and used.
- Check tags on equipment to ensure inspection and maintenance is current.
- Check signage, etc.
- For task assessments it is necessary to look for the hazards at every stage of a procedure.
- Consider learning from incidents, complaints, litigation and PALS etc.
- Consider all relevant Trust policies and procedures,

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Each hazard identified on the hazard profile (**Appendix 8**) must be evaluated and scored. The risk scoring must be undertaken without control measures in place (the uncontrolled risk). The Department of Health has advised that all hazards with an identified moderate, severe or catastrophic severity (scoring 3 and above) must be <u>formally</u> risk assessed. However, in practise likelihood must be considered so this will apply to risks scored as red or amber. Formal risk assessments must be written down and shared with staff.

Most if not all hazards detailed on the hazard profile checklist (if present) require a risk assessment to be recorded, regardless of whether or not all reasonable practical measures are in place.

The written assessment can be a generic risk assessment completed for use Trust wide, the asbestos assessment for example which is completed by Estates. Generic assessments are available on the Trust's intranet with their relevant policies and procedures. They are cross referenced on the hazard checklist.

5.3 Step 2 – Decide who can be harmed and how

For each identified hazard the risk assessor and manager must consider how people could be harmed or damage occur, including:

- People who might not be in the work place all the time such as visitors and maintenance staff.
- People who may be present outside of normal hours.
- People you share your work place with such as contractors and volunteers.
- Different times of day such as busy times, meal times and at night.
- Young people and expectant mothers (including nursing mothers).
- Lone workers, vulnerable individuals, sensitive individuals etc.
- Patients, visitors and volunteers.

5.4 Step 3 – Evaluate the risks arising from the hazards

5.4.1 Evaluating risk

Having identified significant hazards and determined how harm can occur, the risks can be assessed. Ideally the hazard should be eliminated (for example by replacing a hazardous substance with a safe alternative). However, in practice hazards will always be present and offer some residual risk.

In evaluating risk the severity of harm should be considered. The severity can not be reduced. For example mains electricity can kill and therefore the severity would always be catastrophic (5). A paper cut would at most require a plaster and always be minor (2).

Risk is the likelihood of potential harm from a hazard being realised. Risk evaluation is often a simple process of judgement based on what is considered reasonable. Risk should be evaluated using the Trust's categorisation matrix (**Appendix 4**). Risk score is the severity multiplied by the likelihood.

5.4.2 Introducing control measures

To reduce the likelihood of harm control measures are introduced. The higher the severity, the more important and sophisticated the control measures. Even after all precautions have been taken, some residual risk always remains.

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5.4.3   Hierarchy of control measures

In deciding on controls a hierarchy of measures should be followed:

(1) Eliminate the hazard – e.g. use alternatives, change of process.
(2) Substitution – e.g. replacement of a substance with a safer alternative.
(3) Use of barriers (engineering controls)
- Isolation – puts hazard in a box (lagging, guarding)
- Segregation – puts worker in a box (control rooms).
(4) Use of procedures – which depend on human response.
- Limiting exposure time
- Safe systems of work, protocols, method statements etc.
(5) Use of warning systems – signs, instructions, labels, which also depend on human response.
(6) Behavioural controls (depends on human response and only used as sole method of control when all other options have been exhausted.
- Information, instruction and training.
- Use of Personal Protective Equipment (PPE). - PPE may interfere with the ability to do the task. PPE may fail, and expose the worker to the full effect of the hazard.

When introducing control measures it is important to consider whether they introduce any new hazards or increase other risks. Give priority to measures which protect large numbers of people rather than individuals. Ensure that you are adapting to technical progress. What was considered reasonable a few years ago may now be insufficient or incorrect. Remember that it is now necessary to adapt work to the individual and follow ergonomic principles.

Safe systems of work include protocols, method statements, procedures, operating instructions, etc. These are legal documents that must be understood by and available to all relevant staff. They must be reviewed if any of their circumstances change, or annually, and kept up to date.

5.4.4   Residual risk

Even after all precautions have been taken, some residual risk always remains. A judgement has to be made whether the residual risk can be accepted or further controls are required. The judgement should balance the risk against the resources (time and money) required for further reduction.

Managers must ask themselves what is reasonable. They must consider what is normal in the NHS and adapt to technical progress. In most cases risks can be mitigated quickly, however, there will be some where:
- Longer term solutions are required.
- The solutions are out of the control of the manager.
- Further funding is required.
- They require the cooperation of other departments.
- Specialist advice and assistance is required.
- With all reasonable controls in place the residual risk is still unacceptable

In these cases there will be unresolved risk.

5.4.5   Unresolved risk (action plan)

Each unresolved risk must have an action plan. There must be clear actions owned by a responsible person and with clear completion dates (see the risk assessment template – **Appendix 5**). The department manager is responsible for monitoring the action plan, with the support of their directorate risk lead (reference 1)

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All unresolved risks should also be added to the Trust's risk register. Risks are added by the department manager with the support of their directorate risk lead (reference 4).

5.5 Step 4 – Recording risk assessments

It is a legal requirement to record your risk assessment in writing and share the findings with all relevant staff. The Trust's *Hazard Profile checklist* (**Appendix 8**), when completed, is used to record that all the hazards present has been identified and considered. If the severity of the hazard is low and the risk score is low, the profile is a sufficient record. However, if the risk scores as amber or red <u>a formal written risk assessment must be completed</u>. The initial risk scoring must be undertaken without control measures in place (the uncontrolled risk).

The written assessment can be a generic risk assessment completed for use Trust wide, for example a ward can refer to the generic assessment prepared by Estates Department for most electrical risks. Generic assessments are available on the Trust's intranet with their relevant policies and procedures. They are cross referenced on the hazard checklist.

For general risk assessments of significant hazards a formal risk assessment record is required. The format can vary; however, it must be "suitable and sufficient". Most health and safety prosecutions are for not having suitable and sufficient risk assessments.

To be considered suitable and sufficient a written assessment must include:
- A statement of the significant hazards identified.
- The control measures in place.
- The extent to which they control the risks.
- The population exposed to the risks.
- The date the assessment was made.
- The date for the next regular review.
- A note to remind employees of their legal duties.

The Trust has a template that can be used to record risk assessments and includes all the above elements (**Appendix 5**). For specialist assessments such as moving and handling, control of hazardous substances and information governance; templates are suggested in other specific trust policies (see references).

All relevant staff must be aware of the hazards identified and the control measures in place. It is therefore essential that the written assessments are shared with staff. The template (**Appendix 5**) includes a signatory sheet to evidence that they have read and understood the assessment. Enforcement officers only accept that an assessment exists if employees know what it contains, understands the control measures and have access to a copy. It is also essential that all generic risk assessments are available in the work place and shared with all relevant staff.

If staff are unaware of an assessment then legally it does not exist. They need to see the assessment as soon as the risk is identified and not after the completion of the action plan.

The results of assessments must also be shared with other people sharing the work area such as contractors, cleaners, security guards etc.

It is essential that records are kept of all risk assessments including superseded copies. These are legal documents that may be required to be produced in the event of litigation.

The assessments should be kept electronically as this makes sharing and review easier. For staff with computer literacy and access only electronic versions are required. However, paper copies may need to be available in the workplace for some staff groups.

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Risk assessments will also have to be held as part of the document file compiled after a significant incident (reference 3). These will need uploading to Datix incident reports.

5.6 Step 5 – Reviewing risk assessments

The law requires risk assessments to be reviewed on a regular basis and if there are any changes in the arrangements such as changes in:

- Conditions leading to new hazards.
- Working area or workplace layout.
- Staffing levels or competency.
- Services and processes.
- Changes in practice.
- In response to incidents or newly identified hazards.
- Technology and equipment.
- Capacity and working intensity.
- Working hours and shift patterns.
- Changes in national guidance
- Changes identified through audit
- Etc.

If there are no changes the assessment should be reviewed after a reasonable amount of time. What is reasonable will depend on the nature of the risk but will usually be annually.

Review should be used as an opportunity to introduce new control measures as part of a progressive programme of risk reduction. It can also be used for the setting of objectives for of risk reduction year by year.

It is not necessary to publish assessments for minor or trivial changes; however, the new review date must be recorded on the assessment. Reviewed assessments must be shared with all relevant employees.

5.7 Appraising risk assessments – suitable and sufficient

The legislation requires risk assessments to be suitable and sufficient. As such the Approved Code of Practice (ACOP) suggests that risk assessment should meet certain requirements (see section 2.6). When writing or appraising risk assessments these requirements should be considered.

The key to a suitable and sufficient risk assessment is that it identifies all reasonable practical control measures. These will be in place and described in the assessment. The relevant 'safe systems of work' should be in place and described in the assessment.

5.8 Learning from risk assessments

The learning from risk assessments will be shared through the Trust committee structure. Directorate representatives make reports to the Trust risk committees and share learning.

Risks identified through risk assessment are considered against those identified through incident investigation, complaints, claims and patient liaison to identify trends. This ensures we learn from all sources of risk.

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6.0 Local risk assessment processes

6.1 Local management of risk

The purpose of completing a risk assessment is to introduce controls to mitigate risk and prevent harm. If the residual risk is unacceptable and the risk cannot be accepted then an action plan will need to be produced to ensure that effective controls are introduced.

Unresolved risk must be added to the risk register as a department risk. These department risks are usually mitigated locally if the actions required to mitigate the risk are within the remit of the manager responsible. Managers complete local action plans and these are discussed at local management meetings.

When risks require action outside the remit of the responsible manager (i.e. has wider reaching effect than locality, outside financial capability, effects strategic direction of locality, department or directorate etc.), the risk should be escalated to the next management level in agreement with the directorate risk lead.

The escalation process is described in the Trust's *Risk Management Policy and Strategy* (reference 3).

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6.2 Local process

Every manager is legally responsible for completing the risk assessments for their department. The trained risk assessor will help and support the manager.

Department manager and risk assessor completes a **hazard profile** to determine what formal risk assessments are required.

And

A department risk assessment programme is developed and planned for the year.

And

And

A risk assessment is required for all hazards where the risk scores as amber or red. This must be a formal written risk assessment

The **department risk assessment programme** is included in directorate plans

Risk assessments are completed for all significant risks following the 5 steps to risk assessment (appendix 11). These must be recorded in writing.

And

Progress is discussed at directorate management meetings

Directorate risk leads give assurance to the Health and Safety Committee.

And

Significant risks and unresolved risks are recorded on the Trust's risk register.

Once mitigated the risks will be closed but retained on the register.

Closed risks can be tagged for annual review.

And

Department manager ensures **action plans** are completed and safe systems of work are published and shared with all relevant staff.

Department manager ensures control measures are effective and regularly reviews the assessment.

And

Department managers complete an **annual audit tool** to measure their H&S compliance.

As part of the audit risk assessments are uploaded to a central database of local risk assessments.

Quality and Safety Team audits local performance and the assessments on the database

Health and Safety Advisor reports on quality and performance to the Health and Safety Committee

And

Risks covered by **generic risk assessments** are recorded on the profile.

Written profiles and assessments are shared with all relevant staff.

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6.3 Systematic risk assessment programme

To ensure that all work areas and hazardous tasks are risk assessed, a systematic risk assessment programme must be developed. The department manager must identify all the areas under their responsibility and identify what assessments are required. They will compile a programme to ensure that they complete and review their assessments.

The manager will keep a record of the assessment dates and where the assessment documents are located. They will report progress to the directorate risk lead. The risk assessment programmes will be discussed at department and directorate committee meetings. Assurance will be given to the Health and Safety Committee from the directorate committees.

The programme should include not just a profile but all the required specialist assessments (see the table below).

How the programme is recorded and shared with staff will vary with department. Departments with developed database systems such as Pathology and Estates may monitor their programme through their data systems. Other departments may adopt a simple template to record their programme.

A template that can be adapted and used is included in **Appendix 6**. The Trust has a database of assessments completed. Departments undertake an audit questionnaire and upload their assessments on the database when completed (Synbiotix manual see - **Appendix 9**).

If any of the following hazards and risks are present in the workplace a formal written risk assessment is required and must be included in the annual programme:

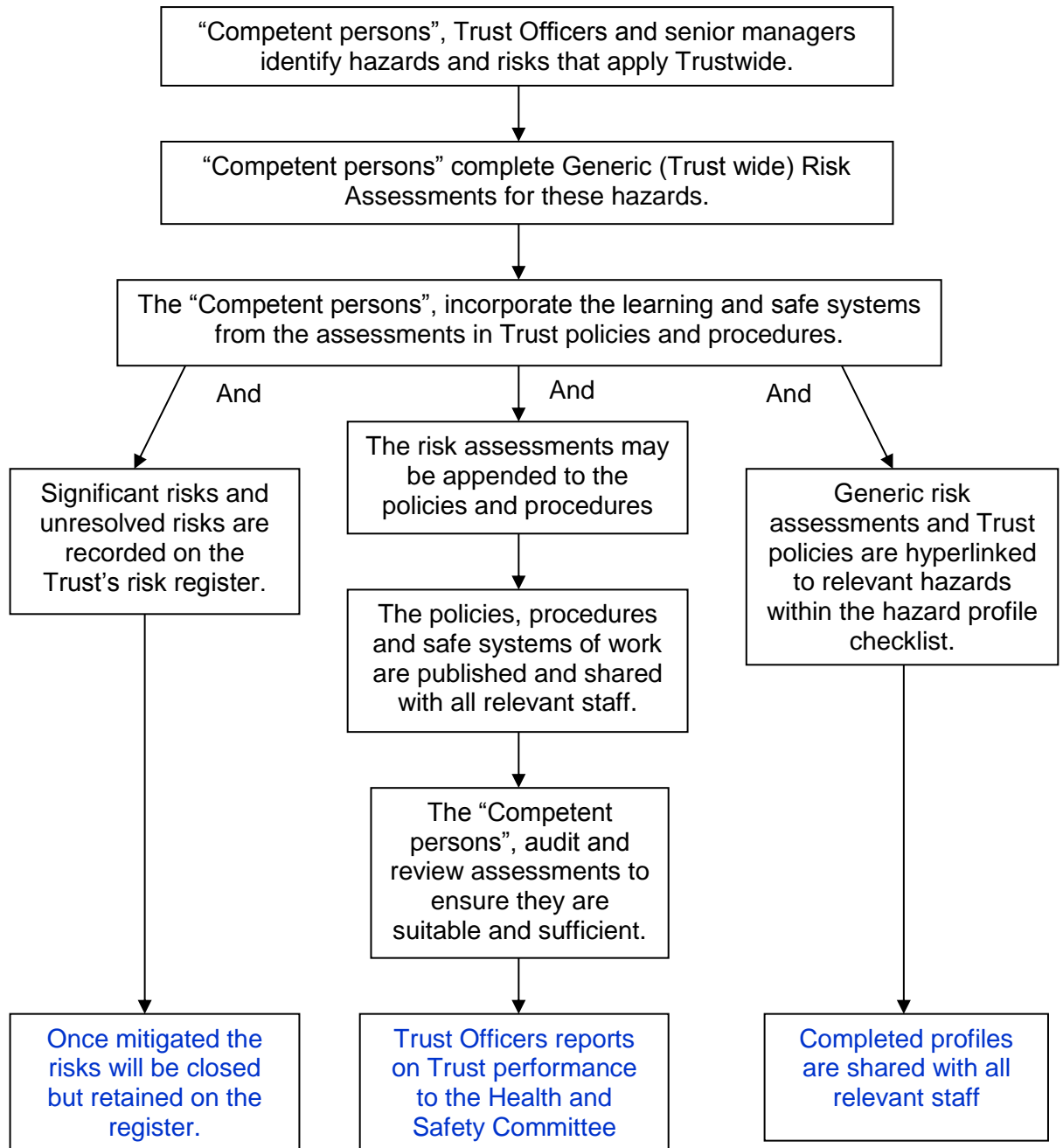| Type of assessment	Includes	Application	Reference
Hazard Profile	All hazards	All departments	App 8
General environmental area assessment	Welfare facilities (toilets and changing rooms) Work space and housekeeping First aid arrangements Heating, ventilation, light, Nuisance noise and smells Some work equipment, Some specific tasks Access routes etc	All departments	App 5
Moving and handling	General handling Specific tasks Handling patients	If risks present	7
Display screens	Work stations Individual needs	For all "users".	6
Hazardous	Hazardous chemicals	If risks present	5

Type of assessment	Includes	Application	Reference
substances	Biological agents Personal Protective Equipment		
Work equipment	Hazardous moving machinery Hot/cold surfaces Operation (ergonomics)	If risks present	15
Lone working	Lone working Travelling alone Night working	If staff work alone	9
Violence and abuse	Staff working directly with the public Staff handling valuables	If risks present	8
Hazardous tasks	Tasks and procedures that offer risks to the operator and others	If risks present	
Radiation protection	Ionising radiation Lasers	If risks present	17
Infection control	Hazardous chemicals Biological agents	If risks present	14
Noise	Excessive noise	If risks present	21
Fire	Fire prevention Means of escape Emergency procedures (evacuation) Flammable substances	Completed with Fire Officer	11
Estates issues	Electrical hazards Legionella Asbestos Maintenance Vibration Traffic routes Construction (CDM) Confined spaces Control of contractors Windows Water hygiene and temperature	Completed with Estates Officers	
Security	Security risks	Completed with LSMS	12
Sharps	Medical sharps Other sharps	If risks present	10
Occupational stress	Stress	Completed with Occupational	18

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Type of assessment	Includes	Application	Reference
		Health	
Pregnancy	Staff who are pregnant or recently given birth	For all pregnant employees	20
Young people	Employees under 18	For all young employees	App 10
Disability	Specific requirements for disabled staff	If staff with specific needs are employed	13
Information governance	Confidentiality Loss of data Data security	If risks present	19
This list is not exhaustive. There may be other hazards which require specific risk assessments to be completed.			

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7.0 Trust wide risk assessment process

Where there is a similarity of activities, and the hazards and risks associated with them, although carried out in different areas, a generic risk assessment can be made. These can also be referred to as corporate risk assessments as they can apply Trustwide.

Competent persons, Trust Officers and senior managers complete Trustwide risk assessments. For example; the Trust Moving and Handling Coordinator completes patient handling assessments.

```
┌──────────────────────────────────────────────┐
│ "Competent persons", Trust Officers and       │
│ senior managers identify hazards and risks     │
│ that apply Trustwide.                          │
└──────────────────────────────────────────────┘
                      │
                      ▼
┌──────────────────────────────────────────────┐
│ "Competent persons" complete Generic (Trust    │
│ wide) Risk Assessments for these hazards.      │
└──────────────────────────────────────────────┘
                      │
                      ▼
┌──────────────────────────────────────────────┐
│ The "Competent persons", incorporate the       │
│ learning and safe systems from the             │
│ assessments in Trust policies and procedures.  │
└──────────────────────────────────────────────┘
```

And — And — And

Significant risks and unresolved risks are recorded on the Trust's risk register.

The risk assessments may be appended to the policies and procedures

The policies, procedures and safe systems of work are published and shared with all relevant staff.

The "Competent persons", audit and review assessments to ensure they are suitable and sufficient.

Generic risk assessments and Trust policies are hyperlinked to relevant hazards within the hazard profile checklist.

Once mitigated the risks will be closed but retained on the register.

Trust Officers reports on Trust performance to the Health and Safety Committee

Completed profiles are shared with all relevant staff

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8.0   Patient risk assessment process

There are several risk assessments that must be carried out to protect patients. These will be specific to the individual patient and the requirements will be described within various standards, guidance, policies, procedures and pathways etc. The documentation will be prescribed and the staff specially trained. The assessments will be kept within the patient's health records. These include patient falls and Venous Thromboembolism (VTE).

Patient risk assessment process:

- The relevant "Competent person" develops the Trust policy and procedure based on external standards, guidance and best practise.
- The requirement for the assessment is included in the admission, treatment, transfer and discharge pathways for patients.
- The assessments are completed by specifically trained health care professionals.
- The results are recorded on defined templates and included in the patients medical records.
- The findings will be used to plan and manage the patient's treatment and care.

The quality of these assessments will be monitored through clinical audit, external agency inspection and the competent persons. Each has a specialist risk committee that monitors performance and quality.

9.0   Monitoring and audit

Minor changes to this policy and procedure will be noted by the authors and included in the next review. Major changes will be agreed by the Health and Safety Committee and the policy and procedure revised.

This policy and procedure is used to support other procedures such as the *Risk Management Policy and Strategy* and *Incident Management Policy and Procedure*. Trust performance with respect to the implementation of this policy will be overseen by the Health and Safety Committee.

Risk assessment is a requirement of the Management of Health and Safety at Work Regulations 1999. This is a key duty under the Health and Safety at Work etc Act 1974. All risks must be assessed and control measures introduced. To ensure that this takes place across the Trust and all managers are aware of their legal responsibilities an audit programme has been developed.

The Trust has developed a health and safety audit tool. This consists of a questionnaire that is completed annually by the manager of every department in the Trust (see **Appendix 9**). The questionnaire asks about the departments risk assessments and requires electronic versions to be uploaded on to a central database. On completion of the questionnaire an action plan is provided to allow the manager to reach compliance.

A score of 95% and above would indicate compliance with health and safety legislation (green). A score of 75% to 95% would indicate partial compliance

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(amber). A score of less than 75% would indicate non-compliance (red) and Managers are at risk of enforcement action from the HSE

The Trust Health and Safety Advisor will monitor manager's progress report to the Trust health and safety committee.

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Process requirements
APPENDIX ONE

1. Implementation and awareness

- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.

- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

2. Review

Minor changes will be noted by the Health and Safety Advisor and be included in the annual review of this policy and procedure. Major changes will be agreed by the Trust Health and Safety Committee, implemented immediately and the policy and procedure revised. This policy/procedure will be fully reviewed every three years or sooner.

The Health and Safety Advisor will undertake an audit programme within the Trust throughout the year. The Health and Safety Advisor will report to the Health and Safety committee.

3. Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

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APPENDIX TWO

Consultation on: Risk Assessment Policy and Procedure

Consultation Process – *use this form to ensure your consultation has been adequate for the purpose and send a copy to the Trust Board Secretary with a copy of this policy*

Please return comments to Mr J Harris, Risk Manager (jharris2@nhs.net)

By date: 4-1-16

Name	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Head of Quality and Governance	3-12-15			
Medical Director	3-12-15			
Chief Nurse	3-12-15			
Staff side Chair	3-12-15			
Medical Laboratory Scientific Officer	3-12-15			
Directorate Risk Leads	3-12-15			
H D	3-12-15	10-12-15	Y	Y
Members of the Health & Safety Committee	3-12-15	1-2-16	N	N
K L - Unite	3-12-15	4-12-15	N	N
P S, HIS	3-12-15	17-12-15	N	N
Trust Risk Assessors	3-12-15			
B L	3-12-15	8-12-15	Y	Y
C D	3-12-15	15-12-15	N	N
ADOs	3-12-15			
Heads of Nursing	3-12-15			
The following staff have consented for their name to be included in this policy and its appendices: Jeff Harris				
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

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Equality Impact Assessment

In line with race, disability, and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups. They are also required to monitor any possible negative impact on equality. The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. **Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's website.**

Title of Policy or Practice	Risk Assessment Policy and Procedure.
What are the aims of the policy or practice?	Describes commitment to and processes for the Assessment of risk throughout the Trust.
Identify the data and research used to assist the analysis and assessment	NHSLA Risk Management standards
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	**Is there an adverse impact or potential discrimination (yes/no). If yes give details.**
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Some safety documentation may need to be provided in different languages if sufficient staff require a translation.
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	There is a requirement to specifically risk assess all pregnant staff.
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	
When will you monitor and review your EqIA?	Alongside this policy/procedure when it is reviewed.
Where do you plan to publish the	As Appendix 3 of this policy/procedure on the

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results of your Equality Impact Assessment?	Trust approved document management database on the intranet, under 'Trust polices, procedures and leaflets'.

FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust Intranet:

No.	Title	Unique ID
4	Risk grading matrix	RWF-OWP-APP51
5	Risk assessment form	RWF-OWP-APP55
6	Example of a department annual risk assessment programme	RWF-OWP-APP56
7	Sources of risk assessment	RWF-OWP-APP57
8	Hazard profile check list	RWF-OWP-APP58
9	Synbiotix – health and safety audits - manual for managers	RWF-OWP-APP624
10	Guidance on Employing Young Persons	RWF-OPG-CORP86
11	Five Steps to Risk Assessment (HSE)	RWF-GQU-RSK-GUI-1

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MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST – RISK GRADING MATRIX

Consequence / Severity

Score / Consequence	CLINICAL OUTCOME / SAFETY	QUALITY	AGREED TARGETS	FINANCE, DAMAGE & LITIGATION	IMPACT ON TRUST - CORPORATE RISK
1 **NEGLIGIBLE**	No obvious harm Some distress Temporary loss of dignity	Minor non-compliance of standards	No obvious effect	<£2K	No obvious risk
2 **MINOR**	No-permanent harm Increased length of stay <7 days Minor psychological harm Injury requiring first aid Resolved in <1 Month <3 days work absence	Single failure to meet internal standards Failure to follow procedure or protocol	1% off planned Target Fail to meet national target for 1 quarter	£2K - £20K Litigation unlikely Complaint possible	Local adverse publicity for <1d Clinical service disrupted for <1 day
3 **MODERATE**	Semi-permanent harm Increased length of stay 7-15 days Increased level of care Injury requires medical attention Resolved within 1 year >3 days work absence	Repeated failures to meet internal standards Single failure to meet national or professional standards Repeated failure to follow procedures or protocols	2% - 4% off planned Target Fail to meet national target for 2 quarters.	£20 K - £1M Litigation possible Complaint received	Local adverse publicity for >1d Clinical service disrupted for >1 day Temporary interruption of clinical service
4 **MAJOR / SEVERE**	Major permanent harm Increased length of stay >15 days Permanent disability > 10 people affected Major psychological harm Injury requires hospital admission Over 1 year to resolve >10 days work absence	Repeated failure to meet national or professional standards Failure to meet NICE guidelines.	5% - 10% off planned Target Fail to meet national target for >2 quarters.	£1M - £5M Litigation certain Breach of legislation Incident reported to external Agency (SI declared, RIDDOR etc) HSE investigation	National adverse publicity for <1d Clinical service disrupted for >1 day Sustained interruption of clinical service MP concerns
5	DEATH Many people affected	Gross failure to meet national or professional standards	>10% off planned Target	>£5M Class litigation	Major national adverse Publicity

CATASTROPHIC	(e.g. cervical screening)		Fail to meet national target for >2 quarters by more than 20%.	Major breach of legislation HSE prosecution or prohibition notice	Public enquiry Loss of clinical service

Likelihood / Probability

Score / likelihood	DEFINITION	TIME SCALE	OCCURRENCE
1 HIGHLY UNLIKELY	Cannot believe that circumstances exist now or ever.	Could occur once in a lifetime.	Control measures are in place and will prevent harm from arising. Control measures have been put in place to prevent situation arising again
2 UNLIKELY	There is a theoretical risk of the problem causing harm	Could re-occur every few years A single issue	Investigation has been completed and action plan has been developed. Resources are available and guaranteed Project is being managed and timescale is acceptable Proposed control measures will prevent situation arising again.
3 POSSIBLE	Risk of harm is considered to be 50/50	Could re-occur annually An occasional issue	Control measures are not followed or ineffective to prevent occurrence Resources are inadequate to prevent occurrence Not known if control measures are effective or adequate. Low confidence the project will be completed or time scale is un-acceptable
4 LIKELY	It is only a question of time before harm occurs.	Could re-occur monthly A common issue	Control measures are limited and/ or ineffective. Resources are not available when required. Near misses may be occurring occasionally
5 CERTAIN	The risk of harm is considered real and imminent	Certain to re-occur A persistent issue	Circumstances for occurrence exist. Existing practices and processes would not prevent incident from occurring. Near misses may be occurring routinely

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**Risk Grading
Matrix**

	CONSEQUENCE/ SEVERITY				
LIKELIHOOD / PROBABILITY	**None 1**	**Low 2**	**Moderate 3**	**Severe 4**	**Catastrophic 5**
Highly Unlikely 1	Blue 1	Blue 2	Blue 3	Blue 4	Green 5
Unlikely 2	Blue 2	Blue 4	Green 6	Green 8	Amber 10
Possible 3	Blue 3	Green 6	Green 9	Amber 12	Red 15
Likely 4	Blue 4	Green 8	Amber 12	Red 16	Red 20
Certain 5	Green 5	Green 10	Amber 15	Red 20	Red 25

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Sources of risk assessments

Annual review of risk assessments to ensure that they still apply

Assessments identified as part of the department risk assessment programme

Following investigations in to incidents to patients or staff

Unforeseen acts of violence and verbal abuse

Reported errors or omissions from Trust policies, procedures and safe systems of work

Changes in circumstances that will significantly affect the previous assessment

Issues reported by employees and Union representatives

PLANNED ASSESSMENT

REASONS FOR COMPLETION OR REVIEW OF A RISK ASSESSMENT

External safety alerts (CAS)

The planning of change such as: management, staff roles, staff numbers, service provided, room use, service location, working hours, etc

UNPLANNED ASSESSMENT

Unforeseen crime

Unforeseen damage to Trust buildings or equipment

Problems identified during internal and external health and safety inspections and management safety tours

New: equipment, work practices, buildings, etc.

Problems reported to the Patient Advice and Liaison Officer (PALS)

Litigation brought by staff or patients

Complaints from patients, visitors and the public

Following unforeseen failure of equipment

Maidstone and Tunbridge Wells NHS Trust

Synbiotix – Health and Safety Audits Manual for Managers

Requested/ Required by:	Health and Safety Committee
Authors:	Trust Health and Safety Advisor Trust Risk and Compliance Manager
Document lead:	Trust Risk and Compliance Manager **Contact:** ext 24581
Directorate:	Corporate
Specialty:	Quality and Governance
Supersedes:	Synbiotix – Health and Safety Audits Information for Managers (Version 1.0: September 2009)
Approved by:	Health and Safety Committee (8th January 2014)
Ratified by:	Quality and Safety Committee (15th January 2014)
Review date:	January 2017

This document was originally scheduled for review in January 2016. There have been no changes and revision was not required. However, modifications to the system were requested in November 2015. These will require a modification of the guidance in 2016. It has been agreed to extend the review date for a year.

Document history

Requirement for document:	The Trust has been advised by the Health and Safety Executive to develop a robust Health and Safety audit system. The Synbiotix health and safety audit module was developed to provide this system and a central database for local risk assessments. This guidance is to help managers with the completion of the audit.
Cross references:	Synbiotix Health and Safety Audit Software - user handbook RWF-OPPM-CORP132
Associated documents :	This guidance is supported by the Trust's key policies and procedures. These are detailed within the guidance. The policies are held on the Q-Pulse database and can be accessed by all staff through the Trust's intranet site. 1. Health and Safety Policy and Procedure - RWF-OPPPCS-NC-CG1 2. Risk Assessment Policy and Procedure - RWF-OPPPCS-NC-CG6

Version Control:		
Issue:	**Description of changes:**	**Date:**
1.0	New guidance	September 2009
2.0	Reviewed	February 2013
2.1	Amended Q-Pulse links	July 2013
3.0	Updated as a further question was added	January 2014
3.1	Extended the review date by 1 year. No changes required. Modifications to the system are planned but not yet implemented.	November 2015
3.2	Added cross reference; removed appendices	March 2016

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Synbiotix - Health and Safety Audits - Manual for Managers

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1. Introduction

The new Synbiotix Health and Safety Audit system was introduced in 2012. This is a system for auditing health and safety compliance in each department across the Trust.

What does it mean for department managers?
It will mean answering some questions about health and safety in their department, and evidencing their compliance by uploading some essential health and safety documents. Alternatively links from Q-Pulse can be added. Department managers will be offered training to accompany this manual.

How long will it take?
It should take about 1 hour to populate if all the documentation is readily available. This can be done in several sessions; it doesn't have to be done all at once. This will have to be repeated every 12 months.

Why do we need to do this?
- We need to check that each department is compliant with health and safety law and Trust policies. The database is the most effective way of doing this.
- Senior managers, matrons, directors and other specialists will be able to access the system to check on their own department, directorate or specialities.
- It will provide a central database for risk assessments, so that incidents can be cross referenced easily.
- This will enable the Trust's Safety Team to identify and support departments who need extra help.
- The Trust has been advised by the Health and Safety Executive to develop a robust Health and Safety audit system.

Where will compliance be reported?
Reports on compliance will be presented to the Health and Safety Committee as part of the Health and Safety Advisor's report. Compliance will also be reported to Directorate committees.

Who can answer my questions?
If you have any further questions about how this system works, how it will affect your department or what is expected you can contact a member of the administration team (see section 7). They will be able to answer any questions that this document doesn't.

What do managers need to prepare?
They will need to ensure they have electronic copies of all their risk assessment documentation or know the Q-Pulse codes for the documents. Some managers will need to review risk assessments, or even undertake ones that haven't been done. If you don't have electronic copies of risk assessments you will need to scan them or create electronic copies. Giving you risk assessor some time and access to a computer to make sure their records are up to date is essential in order for you to undertake these audits.

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What documents are required?

Currently each department will be required to upload the following electronic documents (these may change in the future). Alternatively they can add the Q-Pulse links for the document:

    a. The department's hazard profile checklist (completed within the last year).

    b. The department's general workplace (environmental) risk assessment.

    c. List of identified display screen equipment users.

    d. The department's moving and handling task hazard checklist (if applicable).

    e. The department's lone working risk assessment (if applicable).

    f. The department's security risk assessment.

    g. The department's Violence and Aggression risk assessment (if applicable).

    h. The department's list of hazardous substances used in the workplace (if applicable).

    i. The department's inventory of portable electrical equipment.

    j. The department's local fire risk assessment (available from the fire officers).

    k. The department's local fire evacuation plans (if applicable).

What questions will be asked?

The questionnaire is divided in to 7 sections and each can be completed separately. There are a total of 44 questions and each requires a yes or no answer. Some questions may not apply to your department and these allow a 'not applicable' response.

A.	Risk assessments	Answers	Notes
1	Has a department hazard profile checklist been completed within last year?	Y/N	You will be required to upload a document or add a link
2	Has a general (workplace) risk assessment been completed for all risks as identified by hazard profile?	Y/N	You will be required to upload a document or add a link
3	Do you have a list of identified Display Screen Equipment (DSE) 'users'?	Y/N/NA	You will be required to upload a document or add a link
4	Have all 'users' been assessed in the last year?	Y/N/NA	
5	Have you identified hazardous moving and handling tasks, carried out assessments and completed a 'moving and handling task hazard checklist'?	Y/N/NA	You will be required to upload a document or add a link
6	Has a lone working risk assessment been carried out because your staff work alone?	Y/N/NA	You will be required to upload a document or add a link
7	Has a local security assessment been completed within last year?	Y/N	You will be required to upload a document or add a link
8	Has a local violence and aggression assessment been completed within last year?	Y/N/NA	You will be required to upload a document or add a link
9	Are all Risk Assessments readily available at all	Y/N	

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	times to staff?		
10	Have all Risk Assessments been shared with staff and do you have documentation to show they have read and understood them (signatory lists)?	Y/N	
11	Have identified control measures in all risk assessments been implemented, their effectiveness checked and staff trained?	Y/N	

B.	General risk management	Answers	Notes
12	Does the department have access to a trained risk assessor?	Y/N	
13	Have all necessary task specific risk assessments been undertaken and safe systems of work developed?	Y/N	
14	Does the department have access to a trained incident investigator?	Y/N	
15	Are all staff locally trained in how to report incidents and accidents?	Y/N	
16	Do managers and staff know when Incidents become reportable under RIDDOR?	Y/N	
17	Do managers know when incidents become reportable as SI's?	Y/N	
18	Are all staff aware of the departments first aid arrangements (boxes, eye wash, A&E etc)?	Y/N	
19	Do all staff know how to report defects and maintenance issues	Y/N	
20	Are window restraints in place if required?	Y/N	
21	Is the house keeping in the department to a reasonable standard?	Y/N	

C.	Training	Answers	Notes
22	Has 85% of staff completed statutory and mandatory training as required by the Trust and as required for the post?	Y/N	
23	Do you hold training records for each member of staff for all local safe systems of work for hazardous tasks in the workplace (local rules etc)?	Y/N	
24	Have all staff who joined your department in the last year had a local induction checklist completed and recorded?	Y/N	

D.	COSHH and PPE	Answers	Notes
25	Has a list of hazardous substances used in the workplace been completed within the last year?	Y/N/NA	You will be required to upload a document or add a link
26	Do your staff have access to the current safety data sheets for these substances?	Y/N/NA	
27	Have you undertaken COSHH risk assessments	Y/N/NA	

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	for these substances?		
28	Is any health surveillance identified carried out?	Y/N/NA	
29	If Personal Protective Equipment (PPE) is required for any hazardous tasks in your workplace as identified in safe systems of work, is it available to all staff undertaking the task at all times?	Y/N/NA	
30	Is the PPE stored correctly, inspected and properly maintained?	Y/N/NA	
E.	**Work equipment and electricity**	Answers	Notes
31	Has all hazardous equipment used in the department been risk assessed (see PUWER regulations)?	Y/N/NA	
32	Is the equipment in your department maintained in safe state, in good working order and in good repair?	Y/N	
33	Are health and safety information and written instructions (safe systems of work) readily available to those who use the work equipment?	Y/N/NA	
34	Have you documentation to evidence that all persons who use the work equipment have received adequate training?	Y/N/NA	
35	Are lifting equipment and devices, e.g. patient hoists, examined by a competent person? At least 6 monthly for people lifting equipment and annually for other equipment.	Y/N/NA	
36	Do you have lifting equipment records of inspections or assurance that records are kept?	Y/N/NA	
37	Do you have an inventory of portable electrical equipment within the department?	Y/N	You will be required to upload a document or add a link
38	Has your portable electrical equipment been tested and labelled as required (PAT tested)?	Y/N	

F.	**Fire Safety**	Answers	Notes
39	Have you a trained and appointed Fire Marshall?	Y/N/NA	
40	Have you considered those people with particular needs for evacuation purposes i.e. persons with disabilities?	Y/N	
41	Do you have a local fire risk assessment and has it been shared with staff?	Y/N	You will be required to upload a document or add a link
42	Do you have a local fire evacuation plan and has it been shared with staff? This applies to inpatient and other clinical areas where patients may require evacuation.	Y/N/NA	You will be required to upload a document or add a link

Notes: Fire Marshalls will be introduced across the Trust. The Fire Officers will be able to advise on whether your department requires a Fire Marshall.
Copies of risk assessments are available from the Fire Officer: ext 31219.

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G.	Inspections	Answers	Notes
43	Have you carried out a health and safety inspection of your department in the last 6 months (includes fire, health, safety and welfare)?	Y/N	
44	Has the inspection been recorded, action plan completed and shared with staff?	Y/N	

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Guidance and references
Next to each question will be a link to the primary reference on Q-Pulse.
These are as follows:

	A.	Risk assessments
1	Hazard Profile Checklist	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP58
2	Trust Risk Assessment form	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP55
3	Department Display Screen Equipment Register	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP465
4	DSE Self Assessment Form	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP466
5	Moving and Handling Task Hazard Checklist	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPF-CS-NC-FH1
6	Lone Worker Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-FH1
7	Security Risk Assessment Toolkit	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP395
8	Personal safety in the workplace risk assessment	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP426
9	Risk Assessment Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG6

Other references:
- Display Screen Equipment Policy and Procedure - RWF-OPPPCS-NC-CG17
- Moving and Handling of Patients and Loads Policy and Procedure - RWF-OPPPCS-NC-F&H11
- Security Policy and Procedure - RWF-OPPPCS-NC-F&H3
- Violence and Aggression Policy and Procedure - RWF-OPPPCS-NC-F&H8

	B.	General risk management
12	Risk Assessment Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG6
13	Trust Risk Assessment form	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP55
14	Incident Management Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG22
16	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP488
17	Serious Incidents (SI) Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG23
18	First Aid in the Workplace Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG41
19	Key Contacts (Health & Safety)	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP4
20	Window Opening Restraints Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-EST12

Other references:
- Health and Safety Policy and Procedure - RWF-OPPPCS-NC-CG1
- Falls from windows [Risk Assessment] - RWF-OPPRA1

	C.	Training
22	Core Statutory & Mandatory Risk Management Training Matrix	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP526
23	Statutory and Mandatory Training Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-WF22
24	Induction Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-WF19

Other references:
- Local Induction Checklist (permanent members of staff) – RWF-OWP-APP520
- Local Induction Checklist (Temporary Staff) - RWF-OWP-APP521

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D.	COSHH and PPE	
25	Substance Inventory (COSHH)	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP460
26	COSHH, Control of Substances Hazardous to Health Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG16
27	COSHH Form 2 – basic form	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP459
28	Health Surveillance, Managers' Guide	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPG-CORP31
29	COSHH Form 1 – complex areas	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP458

E.	Work equipment and electricity	
31	Risk Assessment Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG6
32	Medical Devices Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-EST2
34	Medical Devices Training Guide	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP199
35	Moving and Handling of Patients and Loads Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-FH11
37	Safety of Electrical Appliance Policy, Procedure and Policy (SEAP)	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-EST8
38	Electrical appliances on Trust premises	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPRA5

F.	Fire safety	
39	Fire Safety Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG4
41	Key Contacts (Health & Safety)	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OWP-APP4
42	Fire Safety Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG4

G.	Inspections	
43	Health and Safety Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG1
44	Risk Assessment Policy and Procedure	http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=RWF-OPPPCS-NC-CG6

On completion of the questionnaire

On completion of the questionnaire the department will be added to the dashboard and the scores for each section will be displayed. An action plan can be generated based on the responses:

A.	Action question if answered "no"
1	Complete a department hazard profile checklist and review other risk assessments.
2	Complete a general (workplace) risk assessment for all risks as identified by hazard profile.
3	Compile a list of identified Display Screen Equipment (DSE) 'users'?
4	Assess all Display Screen Equipment (DSE) 'users'.
5	Identify all hazardous moving and handling tasks, carry out assessments and complete a 'moving and handling task hazard checklist'?
6	Complete a lone working risk assessment for your staff who work alone.
7	Complete a local security assessment.
8	Complete a local violence and aggression assessment for your staff.
9	Ensure that all risk assessments are readily available at all times to staff.
10	Ensure all risk assessments have been shared with staff and that you have completed signatory lists confirming staff have seen the risk assessments.
11	Check effectiveness of control measures.
B.	Action question if answered "no"

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12	Ensure a risk assessor is nominated and trained for the department.
13	Complete specific risk assessments and develop safe systems of work for all hazardous tasks.
14	Ensure an incident investigator is nominated and trained for the department.
15	Locally train <u>all</u> staff in how to report incidents and accidents.
16	Train all managers and staff in RIDDOR reporting.
17	Train all managers in SIRI reporting.
18	Inform all staff of the department's first aid arrangements.
19	Inform all staff know how to report defects and maintenance issues.
20	Ensure window restraints are in place.
21	Ensure the house keeping in the department is to a reasonable standard.
C.	Action question if answered "no"
22	Ensure all staff completed statutory and mandatory training as required.
23	Ensure you hold training records for each member of staff.
24	Complete a local induction checklist for all members of staff who joined your department in the last year.
D.	Action question if answered "no"
25	Complete a list of hazardous substances used in the workplace.
26	Ensure your staff have access to the current safety data sheets for the hazardous substances.
27	Complete a COSHH risk assessments for the hazardous substances.
28	Ensure any health surveillance identified is carried out.
29	Ensure PPE required for any hazardous tasks in your workplace is available to all staff at all times.
30	Ensure the PPE is stored correctly, inspected and properly maintained.
E.	Action question if answered "no"
31	Risk assess all hazardous equipment used in the department (see PUWER regulations).
32	Ensure the equipment in your department is maintained in safe state, in good working order and in good repair.
33	Ensure health and safety information and written instructions is readily available.
34	Ensure you have you documentation to evidence that all persons who use the work equipment have received adequate training.
35	Ensure lifting equipment and devices (e.g. patient hoists) are examined by a competent person.
36	Ensure there are records of lifting equipment inspections.
37	Complete an inventory of portable electrical equipment for the department.
38	Ensure your portable electrical equipment is tested and labelled.
F.	Action question if answered "no"
39	Ensure a Fire Marshall is nominated and trained for the department.
40	Review your fire risk assessment so it considers those people with particular needs for evacuation purposes.
41	Ensure you have a local fire risk assessment and has it been shared with staff.
42	Ensure you have a local fire evacuation plan and has it been shared with staff.
G.	Action question if answered "no"
43	Complete a health and safety inspection of your department to include fire, health, safety and welfare.
44	Complete a record of the inspection, complete the action plan and share with staff.

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Progress in resolving the outstanding items on the action plan will be reviewed and monitored by the appropriate Directorate Risk Lead.

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2. Data entry

2.1 Logging on

Before starting you will need a system administrator to add the name of your department or 'departmental element' to the system. You as the manager will also need to be added to the system. You will be given a username and password. This will normally be done as part of your training. Various 'departmental elements' may be required if a department is spread over several locations.

You will need to access the log-in page. A link can be found on the "Risk" page of the intranet or through your existing Synbiotix access.

Link for Synbiotix Audits:
http://syniisv01/Synbiotix/login.aspx
- Enter your username and password
- Your default password is - password1$

On first use, the system will ask you to reset your password. Make sure you choose something you can remember.
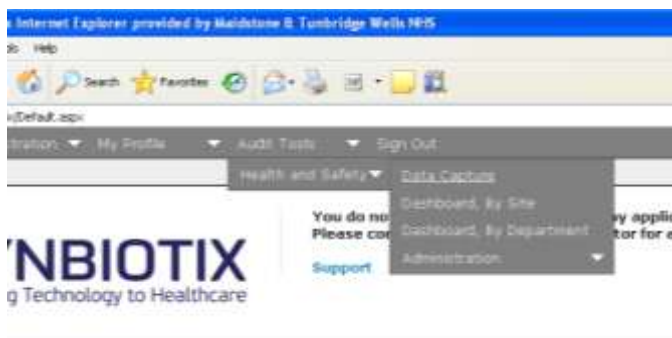
- Hover your mouse over the 'Audit Tools' tab at the top
- You'll get a dropdown saying 'health and safety' – hover over that
- You'll now get another dropdown, click on 'data capture'
- You should now be presented with a list of areas available to you.

2.2 Completing an audit

Select your area – you will get a red bar at the top of your screen saying '0 out of 7 questionnaires complete' and a list of the 7 questionnaires with a button on each for 'complete now'.

- Click on the 'complete now' button, next to the questionnaire you would like to complete.

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For each question there is an answer box where you can enter 2 or 3 possible answers:

- **NO** will turn the box red. An action will be added to your action plan (see earlier).

- **YES** will turn the box green. If it is applicable you may be offered the chance to upload a document or a q-pulse link (some questions do not require documentation to be uploaded). Spot checks will be made to ensure that documents have been uploaded.

- **NA** - the box will not change colour but you will be given a positive score. Some questions may not be applicable to your area (e.g. display screen users in an area without computers or monitors). Spot checks will be made to ensure that managers are not using this answer inappropriately.

- You must answer all the questions in any section, then click 'save' at the bottom. You will then be returned to the questionnaires page. You will not be allowed to save the completed section unless all the required documents have been uploaded.

- The results will not be lost and will be maintained in the data entry section. However, they will not appear on the dashboard until all sections are completed and the audit has been submitted.

- The right hand boxes entitled 'Templates' contain links to documents on the Trust Q-Pulse approved document management database. These are the relevant templates, policies and guidance. Only one link can be

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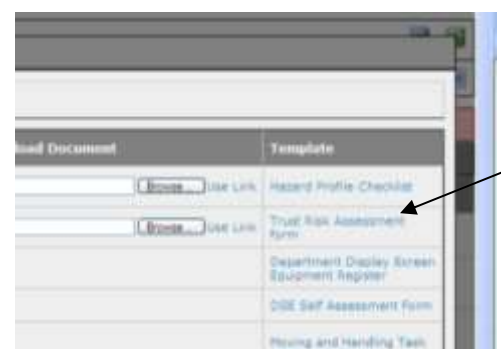
added for each question so there may be other documents you will
need.

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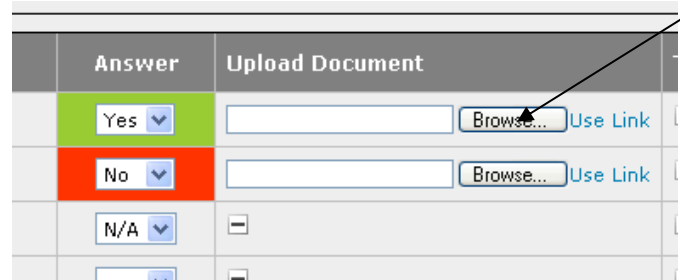
2.3 Uploading documents

Some questions will require you to upload a document. This can be done in two ways - you can upload a document from a data drive or add a link to a Q-Pulse database.

- **Uploading a document from a data drive**

  When answering a question you may be offered the chance to upload a document (if it is applicable).

  If you click on browse you can select the required file from your drives.
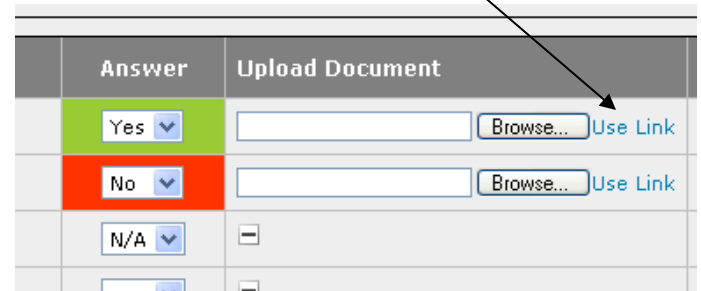
Answer	Upload Document	
Yes ▾		Browse... Use Link
No ▾		Browse... Use Link
N/A ▾	▭	

- **Uploading a Q-Pulse link**

  Alternatively you can click on "use link "; the "browse" switch vanishes and the "use upload" switch appears.

  You now need to know three things:
  - ○ The unique RWF code for your document;
  - ○ Which of the 9 Q-Pulse databases your document is on; and
  - ○ The link for the database.

Answer	Upload Document	
Yes ▾		Browse... Use Link
No ▾		Browse... Use Link
N/A ▾	▭	

The links for the 9 Q-Pulse databases are as follows:

Organisational Published Documents Database Link
http://twhqpulse01:84/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Oncology Database Link
http://twhqpulse01:81/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Radiology Database Link
http://twhqpulse01:82/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Pathology Database Link
http://twhqpulse01:83/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Women's and Children's Database Link
http://twhqpulse01:85/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Planned Care Database Link
http://twhqpulse01:86/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Emergency Services Database Link

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Estates and Facilities Database Links
http://twhqpulse01:88/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Trust Management
http://twhqpulse01:89/QPulseDocumentService/Documents.svc/documents/Active/attachment?number=<DocumentNumber>

Firstly cut and paste the link above into the box.

Now add the document number to the link. Replace the <DocumentNumber> text with the unique RWF code for your document.

Finally click on save at the bottom of the page.

The link will appear above the boxes.

If you want to delete the uploaded document or link, just click on the red 'X' next to the document.

You cannot save without an uploaded document if you answer 'yes', you must answer no until you can upload.

2.4 Submitting an audit

Once you have completed all the questionnaires the red bar at the top of the screen will give the message 'all questionnaires are complete'. This just means you have answered all the questions.

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Once you think you have done as much as you can you need to submit your audit. Ideally this will be when you have completed your action plan, answered all the questions with 'yes' and uploaded your documents.

You should be aiming for at least 80% compliance to submit an audit. If there are items you can't answer, or need significant input from elsewhere to complete your action plan you can still submit your audit as not compliant. This is just as valuable as a fully compliant audit, as it will identify where there are gaps and the need for support.

To submit your audit, click on 'submit audit' at the bottom of the page. When the prompt appears, add the date and click on 'submit audit' again. The red bar at the top of the screen will turn green.

Now when you log on your audit has been reset. The data entry screen will be blank (no data) and the completion date is next year.
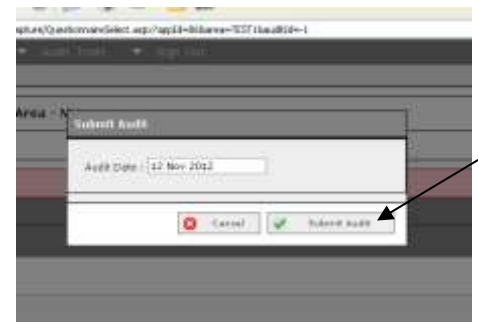
By clicking on the drop down labelled Audits (right hand side above the coloured band) you can view audits that have been previously submitted.

2.5 Compliance scores

When you submit your audit your department will be awarded a compliance score:
- o Green - 95% and above (allows 2 negative replies)
- o Amber - 75% to 95% (allows 11 negative replies).
- o Red - <75% (more than 11 negative replies).

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An amber score is acceptable over a short period of time but it is a non-compliance with Health and safety Legislation. Managers who do not move quickly to a green score are risking enforcement action from the HSE.

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2.5 Managing the action plan

Above the coloured bar will be a message saying 'there are a number outstanding actions' – this has been automatically generated based on the answers you have given during the audit. If you said 'no' to any question it will give you an action on what you need to do to be able to say 'yes' (see page 7). Clicking on the statement will open your action plan.

This plan can be exported to Word or Excel by using the export buttons.

You can now edit the action plan by clicking on the edit button next to each action. This opens the 'Editing' action box.

You can now edit the:
- Responsible person
- Due date, and
- Status

Setting the status to "complete" and saving will turn the action green and remove it from the list of outstanding actions.

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The action plan is independent of the audit results and compliance scoring. The plan will interact with and feed in to the Synbiotix action planning and the triangulation software packages. However, it does not update the audit or change the scoring. You also have to edit the audit through the area results.

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2.6 Dashboards and viewing documents

Compliance data can be viewed via the dashboards.
These can be sorted by department or by site.

- Hover your mouse over the 'Audit Tools' tab.
- You'll get a dropdown saying 'Health and Safety' –
  hover over that to get a further dropdown.
- Click on 'Dashboard' by department.
- Clicking on the title will open up the dashboard
  and allow a view of the scores.

Clicking on the area will open their action plan. Below the plan is the "area
results" accessed by scrolling down.

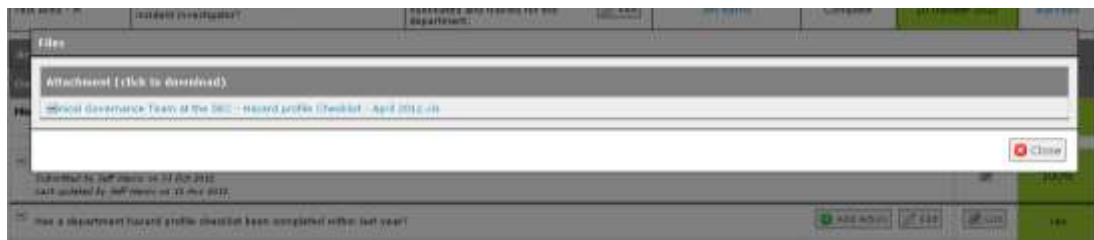- Clicking on the questionnaire will open up the score for each question.
- It is possible here to add further actions by clicking on the "add action"
  box.

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Clicking on the "list" button (paper clip) will open the list of uploaded documents and links.

- Clicking on the link will open the document.

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Once an audit has been submitted you can access the results by drilling down through the dashboard. This then displays the action plan at the top and the area results below. These are not linked. The action can be edited through the plan and you can turn them green. This part will interact with the action planning and the triangulation software packages.

However, it does not update the audit or change the scoring. You also have to drill down through the area results go to the area results and select edit. This changes the audit score and updates the dashboard but does not amend your action plan.

2.7 Help and support

The audit software has further functionality not described in this guidance. Synbiotix also produce a user's manual which is an appendix to this guidance.

The administration team is able to support managers by providing:
- The addition of users and areas to the system.
- The resetting of passwords.
- Advice and support to managers completing the audit.

The team includes:
- Mark Vince, Voluntary Services Manager - mark.vince@nhs,net – ext 24946
- Jeff Harris, Risk Manager – jharris2@nhs.net – ext 24581

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Maidstone and Tunbridge Wells NHS Trust: risk assessment form

Risk assessment title *"brief description of assessment"*   ***Red italic script is for guidance and should be deleted when form completed***

This assessment is a legal requirement of the 'Management of Health and Safety at Work Regulations-1992' (MOHSAW), enabled as part of the 'Health and Safety at Work Act -1974'.

Definitions: **Hazard**: Anything that has the potential to cause harm, loss or damage
          to individuals, services, the organisation or the environment.
       Risk: Risk is the likelihood of potential harm being realised.

All employees have a duty under the 'Management of Health and Safety at work Regulations – 1999', to inform the employer of any shortcomings of this assessment. Employees must use all machinery, equipment, substances, safety devices etc in accordance with any relevant training and instructions provided by the employer. Employees must inform a manager of any serious/imminent dangers found at work, also of any shortcomings of the employer's health and safety arrangements.

Location *"Describe areas, locations covered by the assessment"*
Description of risk *"Describe the hazards, how they were identified and how it can cause harm"*
Who could be harmed and how *"consider staff, patients, visitors, contractors etc"*
Assessors *"names and titles of assessor and manager"*
Reason for assessment: *" e.g. first assessment, review, following changes etc"*
Replaces *" assessment history or state new assessment"*

Assessment date	**Review date** *"usually annually"*

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What control measures are in place to control this risk – how are risks currently managed ?	Control measures in place		Is it effective? "*If not, why not?*"
	1	"Can change the width of these columns to maximise space"	
	2	"Can delete blank rows to save space"	
	3	"When designing controls follow the hierarchy of control (see H&S training)".	
	4	"Consider: • Engineering controls (including physical and electrical) • Ergonomic controls and handling equipment • Changing work practices • Controls to protect from Chemical and biological hazards • etc	
	5		

Initial risk evaluation *"use Trust risk categorisation matrix"*					
What are the possible outcomes *"injury / damage"*					
Severity / consequence of the risk *"1 to 5"*	Likelihood / probability of occurrence with control measures in place *"1 to 5"*		Overall risk score (S×L) *"1 to 25"*		Overall risk rating *"colour"*	
Is this residual risk acceptable? *"give reasons"*					
Do significant risks remain - are further actions required? *"give reasons"*					
All significant unresolved risks must be added to the risk register *"see Trust form for recording unresolved risks"*		Date added to the risk register			

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Recommended action plan *"use Trust risk categorisation matrix"*				
No.	**Action (additional control measure)**	**Anticipated costs**	**Person responsible**	**Target date**
1				
2	*"Can change the width of these columns to maximise space"*			
3				
4	*"Can delete blank rows to save space"*			
5				
6				

Target risk evaluation *"Risk if action plan is completed and new control measures effective"*					
Severity / consequence of the risk *"1 to 5"*		**Likelihood / probability of occurrence with control measures in place** *"1 to 5"*	**Overall risk score (SxL)** *"1 to 25"*		**Overall risk rating** *"Colour"*
Is this residual risk acceptable? *"give reasons"*					
Do significant risks remain - after actions completed? *"give reasons"*					
All significant unresolved risks must be added to the risk register *"see Trust form for recording unresolved risks"*			**Date added to the risk register**		

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Who has been notified of this risk?		
Job title / responsibility	**Name**	**Date notified**
Department manager		
Directorate risk lead		
Others		

Discussion and conclusions

"Summary and key messages – critical controls - Major findings and learning"

This assessment is only valid if shared with all relevant staff. The attached signatory sheet must be signed by all staff to demonstrate that they have read and understood the assessment. It also evidences that the staff are aware of the hazard, the control measures and their legal duties. It is the manager's responsibility to ensure that staff understand this assessment and may have to consider language issues.

<u>Authorisation</u>

Signature of area manager accepting assessment and action plan:

……………………………………………………………………………………………

Date actions agreed …………………………..

Date actions completed ………………………

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CONFIRMATION STAFF HAVE READ AND UNDERSTOOD THE ASSESSMENT

Staff name	Signature	Date

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Example of a department annual risk assessment programme
Ward xx

Type of assessment	Date last completed	Review date	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC	JAN
Hazard profile	1-9-15	1-9-16						✔				
General environmental assessment	3-9-15	3-9-16						✔				
Moving and handling	10-10-15	10-10-16							✔			
Display screens (3 users)	5-11-15	5-11-16								✔		
COSHH	12-12-15	12-12-16									✔	
Work equipment												
Lone working	1-2-16	1-2-17										
Violence and aggression	17-3-16	17-3-17										
Hazardous tasks												
Radiation protection												
Infection control	20-3-16	20-3-17										
Noise												
Electricity (pat testing)	6-4-15	6-4-16			✔							
Fire	3-5-15	3-5-16	✔									
Security	3-6-15	3-6-16		✔								
Medical sharps	23-6-15	23-6-16			✔							
Occupational stress												
Expectant mothers	3-7-15	3-7-16				✔						
Young persons												
Disability												

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MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Guidance on Employing Young Persons

Policy link: Trust Risk Assessment Policy

Requested by: Health and Safety Committee

Main author: Risk and Compliance Manager
                     Contact: jharris2@nhs.net

Document lead: Chief Nurse

Other Contributors: Trust Health and Safety Advisor

Directorate: Governance & Quality

Specialty: Risk

Supersedes: Guidance on Employing Young Persons (Version 1.0: October 2014)

Review date: March 2019

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Document history

This guidance should be read in conjunction with the *Risk Assessment Policy and Strategy* and Management of Work observation Students (work experience) Policy.

Requirement for document:	To provide guidance on the Health and Safety requirements when employing young persons (under the age of 18).
Cross references:	Management of Health and Safety at Work Regulations 1999 The Health and Safety at Work etc Act 1974
Associated documents:	24. Maidstone and Tunbridge Wells NHS Trust. *Risk Management Policy and Strategy* [RWF-OPPPCS-NC-CG13] 25. Maidstone and Tunbridge Wells NHS Trust. *Health and Safety Policy and Procedure* [RWF-OPPPCS-NC-CG1] 26. Maidstone and Tunbridge Wells NHS Trust. *Risk Assessment Policy and Procedure* [RWF-OPPCS-NC-CG6]

Version Control:		
Issue:	**Description of changes:**	**Date:**
1.0	First version of guidance	October 2014
2.0	Reviewed with the Risk Assessment Policy and Procedure. Only minor changes required	March 2016

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1.0   INTRODUCTION

The Health and Safety Executive collates accident statistics for the whole of the UK. A disproportionally high number of accidents and deaths occur with employees under the age of 18. This is primarily a result of lack of experience and absence of awareness. Employers can not assume young people will follow rules or behave sensibly.

The Management of Health and Safety at Work regulation 19 – requires that:

"Every employer must make a suitable and sufficient assessment of the risks for young persons employed".

The term "young person" refers to an employee who is under the age of 18. – Also will apply to temporary employees, volunteers and observational (work experience) students.

This risk assessment must be:

- Specific to the individual and the work they will undertake. Generic assessments can be used as the basis for an assessment but it must be developed for the young person to which it applies.

- The assessment must be completed <u>before</u> the young person starts work.

- The assessment must be shared with the young person and their parent or guardian. The assessment needs to be signed by both.

- The assessment must be shared with all work colleagues. Colleagues must be warned of the consequences of practical jokes or asking young people to exceed their capabilities.

3.0 DEFINITIONS

The term "young person" refers to an employee who is under the age of 18. – Also will apply to temporary employees, volunteers and observational (work experience) students.

3.2 ROLES AND ACCOUNTABILITIES

3.1 Managers

Managers employing (or supervising) young persons will be held responsible for the safety and well being of the young person. The manager must ensure that a risk assessment is completed and shared with the young person's parents or guardians before the young person starts work.

The Manager should monitor and supervise the young person to ensure the risk assessment is adequately protecting the young person.

3.3   All staff (regardless of level or function)

All staff must be aware of young persons within their teams and work areas. They should be aware of their lack of experience and absence of awareness. Staff should not encourage horse play or engage in practical jokes.

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3.3   Risk assessors
Local risk assessors should support Managers in completing risk assessments for young persons.

6.0 TRAINING
Risk assessors are trained to assist managers to complete assessments for young persons. The training of young persons is described in section 5.1).

7.0   RISK ASSESSMENT
A risk assessment is a process by which risks are identified which may cause harm to patients, staff or visitors. An assessment is made as to whether adequate control measures are in place to minimise that risk, or whether additional action is required to improve the control and further reduce the likelihood of the risk occurring.

The risk assessment for a young person must consider two areas:
- Possible harm to the young person.
- Possible harm to patients and staff from a young person.

The assessment must address the young person's lack of experience and absence of awareness. Managers cannot assume young people will follow rules or behave sensibly.

The standard Trust risk assessment form can be used and the 5 steps to risk assessment should be followed (see Risk Assessment Policy and Procedure).

The following risk factors should be considered in the assessment:

To protect the young person:-

- Define what tasks the young person is allowed to do and what they are not allowed to do. Must avoid tasks that are beyond their physical or psychological capacity.
    - Avoid contact with hazardous substances.
    - Avoid exposure to radiation (limit access to radiation protection areas).
    - Avoid extremes of heat, cold, noise or vibration.

- Define what equipment the young person is allowed to operate and what equipment they can not operate.
    - Avoid the use of clinical sharps.
    - Avoid the use of power tools such as saws.

- Define where young people are allowed to go and where they are not. For example:-
    - Not allowed in maternity delivery rooms.
    - Not allowed in radiation protection areas.
    - Not allowed in walk-in extracted cubicles within laboratories.
    - Not allowed in the Morgue.

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- Determine the supervision required and staff who will supervise the young person.
  - Young people must not be lone workers.

- Limit working hours
  - Avoid out of hours working.
  - Avoid long working hours (Only 7.5 hours per day).
  - Avoid working for more than 5 days in a week.

- Protect from stress and Trauma (individual should be assessed for their emotional strength).

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To protect patients:-

- Need to ensure patient confidentiality.
  - Should not be involved in confidential consultations.
  - May need patients consent to their presence.
  - Avoid access to medical records.

- Young persons should not provide direct treatment to patients.
- Young persons should not feed patients.
- Young persons should not operate equipment used to treat patient.

Training:-
- Determine what essential training is required before the young person starts. Permanent staff must undergo full Trust and local induction training. For temporary staff (work experience for example) the essential local training will depend on the level of supervision. However, infection control and confidentiality will always be necessary.

Discipline:-
- The young person must understand that breaking the rules or failure to adhere to the controls stated in their risk assessment will result in an investigation. The assessment will be reviewed and disciplinary action may be taken.

5.2   Result of the assessment

The risk assessment should result in a clear safe system of work consisting of a clear set of rules.

The assessment and the safe system must be:
- Shared with the young person and their parents or guardian.
- Read through with the young person who should sign the back to show they have read and understood what is required.
- Shared and agreed with all staff within the work area.

5.3   Review of the assessment

Managers must understand that they are responsible for the young person's safety and the acts or omissions of the young person resulting in harm to others. Managers must enforce the rules within the safe system.

The Assessment should be reviewed as the young person's knowledge, awareness and experience increases. The restrictions can be relaxed or increased. Breaches of the rules or new hazards identified should result in a review of the assessment.

The assessment will expire either on the young person reaching 18 years of age or leaving the Trust.

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HAZARD PROFILE CHECKLIST

The hazard profile checklist is for all managers to use to identify hazards within their department.
It is the first stage of the annual risk assessment process.
It enables the risks with simple controls to be recorded and shared with staff.
It identifies where detailed formal risk assessments are required.
It allows risks covered by Trust wide generic assessments to be recorded and shared with staff.

Guidance for completion:

1   Run through the list of hazards and consider if they exist in your workplace (put Y/N in the hazard present box).

2   If hazards are not present you need do no more. You can add a comment under controls, replacing the guidance.

3   If a hazard does exist fill in the box on location and risks identified. Consider who and how people can be harmed.

4   If a hazard does exist complete the risk score using the matrix (RWF-OWP-APP51).

  The risk scoring must be undertaken without control measures in place (the uncontrolled risk).

5   If the severity scores are less than 3 record your controls in the controls box. Rescore the risk with the control measures in place.

6   If the severity scores 3 or greater a formal written risk assessment must be completed.

  This must be recorded and referenced in the controls box.

7   The written assessment can be a generic risk assessment completed for use Trust wide.

  For example the Asbestos assessment which is completed by Estates.

8   Generic assessments are available on the Trust's intranet with their relevant policies and procedures.

  They are cross referenced on the hazard checklist.

9   Use the code on the checklist to search the Q-Pulse database and view the named document.

  Generic assessments should be shared with staff who should understand the risks and controls.

Additional information relevant to this inspection:
**In completion of this document please consider all relevant Trust policies and procedures, learning from incidents and complaints.
Unresolved risks must be added to the Trust's risk register.**

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Health and Safety Executive
This is a web-friendly version of leaflet INDG163(rev3), revised 06/11

Five steps to risk assessment

This leaflet aims to help you assess health and safety risks in the workplace A risk assessment is an important step in protecting your workers and your business, as well as complying with the law. It helps you focus on the risks that really matter in your workplace – the ones with the potential to cause real harm. In many instances, straightforward measures can readily control risks, for example ensuring spillages are cleaned up promptly so people do not slip, or cupboard drawers are kept closed to ensure people do not trip. For most, that means simple, cheap and effective measures to ensure your most valuable asset – your workforce – is protected. The law does not expect you to eliminate all risk, but you are required to protect people as far as 'reasonably practicable'. This guide tells you how to achieve that with a minimum of fuss. This is not the only way to do a risk assessment, there are other methods that work well, particularly for more complex risks and circumstances. However, we believe this method is the most straightforward for most organisations. **What is risk assessment?** A risk assessment is simply a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures. Accidents and ill health can ruin lives and affect your business too if output is lost, machinery is damaged, insurance costs increase or you have to go to court. You are legally required to assess the risks in your workplace so that you put in place a plan to control the risks. **Health and Safety Executive** **How to assess the risks in your workplace** Follow the five steps in this leaflet: Step 1 Identify the hazards Step 2 Decide who might be harmed and how Step 3 Evaluate the risks and decide on precautions Step 4 Record your findings and implement them Step 5 Review your assessment and update if necessary Don't overcomplicate the process. In many organisations, the risks are well known and the necessary control measures are easy to apply. You probably already know whether, for example, you have employees who move heavy loads and so could harm their backs, or where people are most likely to slip or trip. If so, check that you have taken reasonable precautions to avoid injury. If you run a small organisation and you are confident you understand what's involved, you can do the assessment yourself. You don't have to be a health and safety expert. If you work in a larger organisation, you could ask a health and safety advisor to help you. If you are not confident, get help from someone who is competent. In all cases, you should make sure that you involve your staff or their representatives in the process. They will have useful information about how the work is done that will make your assessment of the risk more thorough and effective. But remember, you are responsible for seeing that the assessment is carried out properly. When thinking about your risk assessment, remember: a ■ ■hazard is anything that may cause harm, such as chemicals, electricity, working from ladders, an open drawer etc; the ■ ■risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be. **Health and Safety Executive** **Step 1 Identify the hazards** First you need to work out how people could be harmed. When you work in a place every day it is easy to overlook some hazards, so here are some tips to help you identify the ones that matter: Walk around ■ ■your workplace and look at what could reasonably be expected to cause harm. Ask your employees ■ ■or their representatives what they think. They may have noticed things that are not immediately obvious to you. Visit the HSE website ■ ■(www.hse.gov.uk). HSE publishes practical guidance on where hazards occur and how to control them. There is much information here on the hazards that might affect your business. If you are a member of a ■ ■trade association, contact them. Many produce very helpful guidance. Check manufacturers'

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instructions ■ ■or data sheets for chemicals and equipment as they can be very helpful in spelling out the hazards and putting them in their true perspective. Have a look back at your ■ ■accident and ill-health records – these often help to identify the less obvious hazards. Remember to think about long-term hazards to health ■ ■(eg high levels of noise or exposure to harmful substances) as well as safety hazards. **Step 2 Decide who might be harmed and how** For each hazard you need to be clear about who might be harmed; it will help you identify the best way of managing the risk. That doesn't mean listing everyone by name, but rather identifying groups of people (eg 'people working in the storeroom' or 'passers-by'). In each case, identify how they might be harmed, ie what type of injury or ill health might occur. For example, 'shelf stackers may suffer back injury from repeated lifting of boxes'. Remember: some workers have particular requirements, eg new and young workers, new ■ ■or expectant mothers and people with disabilities may be at particular risk. Extra thought will be needed for some hazards; cleaners, visitors, contractors, maintenance workers etc, who may not be in the ■ ■workplace all the time; members of the public, if they could be hurt by your activities; ■ ■if you share your workplace, you will need to think about how your work affects ■ ■others present, as well as how their work affects your staff – talk to them; and ask your staff if they can think of anyone you may have missed. ■ ■**Health and Safety Executive** Page 4 of 8 Five steps to risk assessment **Step 3 Evaluate the risks and decide on precautions** Having spotted the hazards, you then have to decide what to do about them. The law requires you to do everything 'reasonably practicable' to protect people from harm. You can work this out for yourself, but the easiest way is to compare what you are doing with good practice. There are many sources of good practice, for example HSE's website (www.hse.gov.uk). So first, look at what you're already doing, think about what controls you have in place and how the work is organised. Then compare this with the good practice and see if there's more you should be doing to bring yourself up to standard. In asking yourself this, consider: Can I get rid of the hazard altogether? ■ ■If not, how can I control the risks so that harm is unlikely? ■ ■When controlling risks, apply the principles below, if possible in the following order: try a less risky option (eg switch to using a less hazardous chemical); ■ ■prevent access to the hazard (eg by guarding); ■ ■organise work to reduce exposure to the hazard (eg put barriers between ■ ■pedestrians and traffic); issue personal protective equipment (eg clothing, footwear, goggles etc); and ■ ■provide welfare facilities (eg first aid and washing facilities for removal of ■ ■contamination). Improving health and safety need not cost a lot. For instance, placing a mirror on a dangerous blind corner to help prevent vehicle accidents is a low-cost precaution considering the risks. Failure to take simple precautions can cost you a lot more if an accident does happen. Involve staff, so that you can be sure that what you propose to do will work in practice and won't introduce any new hazards. **Step 4 Record your findings and implement them** Putting the results of your risk assessment into practice will make a difference when looking after people and your business. Writing down the results of your risk assessment, and sharing them with your staff, encourages you to do this. If you have fewer than five employees you do not have to write anything down, though it is useful so that you can review it at a later date if, for example, something changes. When writing down your results, keep it simple, for example 'Tripping over rubbish: bins provided, staff instructed, weekly housekeeping checks', or 'Fume from welding: local exhaust ventilation used and regularly checked'. **Health and Safety Executive** Page 5 of 8 Five steps to risk assessment We do not expect a risk assessment to be perfect, but it must be suitable and sufficient. You need to be able to show that: a proper check was made; ■ ■you asked who might be affected; ■ ■you dealt with all the significant hazards, taking into account the number of ■ ■people who could be involved; the precautions are reasonable, and the remaining risk is low; and ■ ■you involved your staff or their representatives in the process. ■ ■There is a template at the end of this leaflet that you can print off and use. If, like many businesses, you find that there are quite a lot of improvements that you could make, big and small, don't try to do everything at once. Make a plan of action to deal with the most important things first. Health and safety inspectors acknowledge the efforts of businesses that are clearly trying to make improvements. A good plan of action often includes a mixture of different things such as: a few cheap or easy improvements that can be done quickly, perhaps as a ■ ■temporary solution until more reliable controls are in place; long-term solutions to those risks most likely to cause accidents or ill health; ■ ■long-term solutions to those risks with the worst potential consequences; ■ ■arrangements for training employees on the main risks that remain and how ■ ■they are to be controlled; regular checks to make

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sure that the control measures stay in place; and ■ ■clear responsibilities – who will lead on what action, and by when. ■ ■Remember, prioritise and tackle the most important things first. As you complete each action, tick it off your plan. **Step 5 Review your risk assessment and update if necessary** Few workplaces stay the same. Sooner or later, you will bring in new equipment, substances and procedures that could lead to new hazards. It makes sense, therefore, to review what you are doing on an ongoing basis. Every year or so formally review where you are, to make sure you are still improving, or at least not sliding back. Look at your risk assessment again. Have there been any changes? Are there improvements you still need to make? Have your workers spotted a problem? Have you learnt anything from accidents or near misses? Make sure your risk assessment stays up to date. When you are running a business it's all too easy to forget about reviewing your risk assessment – until something has gone wrong and it's too late. Why not set a review date for this risk assessment now? Write it down and note it in your diary as an annual event. During the year, if there is a significant change, don't wait. Check your risk assessment and, where necessary, amend it. If possible, it is best to think about the risk assessment when you're planning your change – that way you leave yourself more flexibility. **Health and Safety Executive** Page 6 of 8 Five steps to risk assessment **Some frequently asked questions** *What if the work I do tends to vary a lot, or I (or my employees) move from one site to another?* Identify the hazards you can reasonably expect and assess the risks from them. This general assessment should stand you in good stead for the majority of your work. Where you do take on work or a new site that is different, cover any new or different hazards with a specific assessment. You do not have to start from scratch each time. *What if I share a workplace?* Tell the other employers and self-employed people there about any risks your work could cause them, and what precautions you are taking. Also, think about the risks to your own workforce from those who share your workplace. *Do my employees have responsibilities?* Yes. Employees have legal responsibilities to co-operate with their employer's efforts to improve health and safety (eg they must wear protective equipment when it is provided), and to look out for each other. *What if one of my employee's circumstances change?* You'll need to look again at the risk assessment. You are required to carry out a specific risk assessment for new or expectant mothers, as some tasks (heavy lifting or work with chemicals for example) may not be appropriate. If an employee develops a disability then you are required to make reasonable adjustments. People returning to work following major surgery may also have particular requirements. If you put your mind to it, you can almost always find a way forward that works for you and your employees. *What if I have already assessed some of the risks?* If, for example, you use hazardous chemicals and you have already assessed the risks to health and the precautions you need to take under the Control of Substances Hazardous to Health Regulations (COSHH), you can consider them 'checked' and move on. **Getting help** If you get stuck, don't give up. There is a wealth of information available to help you. More information about legal requirements and standards can be found on our website at: www.hse.gov.uk, and in particular in our publications (available from HSE Books): *Essentials of health and safety at work* (Fourth edition) HSE Books 2006 ISBN 978 0 7176 6179 4 *Health and safety made simple* HSE 2011 www.hse.gov.uk/simple-health-safety/index.htm **Health and Safety Executive** Page 7 of 8 Five steps to risk assessment Five steps to risk assessment Five steps to risk assessment 10 11 **Step 1 What are the hazards?** Spot hazards by: n walking around your workplace; n asking your employees what they think; n visiting the *Your industry* areas of the HSE website; n checking manufacturers' instructions; n contacting your trade association. Don't forget long-term health hazards. Company name: Date of risk assessment: **Step 2 Who might be harmed and how?** Identify groups of people. Remember: n some workers have particular needs; n people who may not be in the workplace all the time; n members of the public; n if you share your workplace think about how your work affects others present. Say how the hazard could cause harm. **Step 3 What are you already doing?** List what is already in place to reduce the likelihood of harm or make any harm less serious. **What further action is necessary?** You need to make sure that you have reduced risks 'so far as is reasonably practicable'. An easy way of doing this is to compare what you are already doing with good practice. If there is a difference, list what needs to be done. *Feel free to photocopy this template for your own risk assessment. This template can be downloaded from the HSE website at: www.hse.gov.uk/risk* **Step 4 How will you put the assessment into action?** Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first. Action Action Done by whom by when **Step 5** Review date: n Review your assessment to make sure you are still improving, or at least not sliding back. n If there is a significant change in your workplace,

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remember to check your risk assessment and where necessary, amend it. **Health and Safety Executive** Page 8 of 8 Published by the Health and Safety Executive INDG163(rev3) 02/12 **Further information** For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk/. You can view HSE guidance online and order priced publications from the website. HSE priced publications are also available from bookshops. This leaflet contains notes on good practice which are not compulsory but which you may find helpful in considering what you need to do. This leaflet is available in priced packs from HSE Books, ISBN 978 0 7176 6440 5. A web version can be found at: www.hse.gov.uk/pubns/indg163.pdf. © *Crown copyright* If you wish to reuse this information visit www.hse.gov.uk/ copyright.htm for details. First published 06/11.

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