**Risk Assessment Guidance Document**

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# Introduction

## Guidance statement

Health and safety, specifically risk assessments, are often perceived as being complicated and very time consuming. This guidance is provided to assist assessors to complete a suitable and sufficient assessment of risk and manage it in context with others. It must be understood that, whilst this guide contains information and explanations of some of the broader principles of risk, it is not intended to cover every aspect or circumstance.

Often the natural instinct when undertaking a risk assessment is simply to assess what is perceived to be ‘the problem’, devise certain controls with which to approach it and to consider this to have completed the task. This guidance document is aimed at supporting assessors’ knowledge and their approach to risk assessments, as well as improving the quality of the risk assessments they may have already undertaken.

## Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the Equality Act 2010. Consideration has been given to the impact this aide-memoire might have with regard to the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

## Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this guidance document. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this document.

# Scope

## Who it applies to

This document applies to all staff at Sheerwater Health Centre. Other individuals performing functions in relation to the organisation, such as agency workers, locums and contractors, are encouraged to use it.

## Why and how it applies to them

This document has been produced to provide staff at Sheerwater Health Centre with an overview of how the organisation can undertake a suitable and sufficient assessment, whilst giving the necessary level of information to understand how the process is undertaken and the benefits that can be gained for both the organisation and their patients.

# Definition of terms

## Task

An activity performed that sets the context for the risk assessment

## Hazard

Something with the potential to cause harm

## Consequence

An outcome that is reasonably foreseeable

## Reasonably foreseeable accident

A reasoned prediction of what and why an accident may occur

## Reasonably foreseeable injury

An injury (or level of harm) that could reasonably be anticipated as an outcome

## Likelihood

The likelihood of an accident (or exposure) occurring

## Risk

Hazard, consequence (multiplied by) likelihood

## Risk matrix

A numerical scale of consequence and likelihood

**3.9 Accreditation**

The action or process of officially recognising someone or an organisation as having a particular status or being qualified to perform a particular activity

# Basic risk assessment principles

## Overview

It will be of huge benefit to adopt a systematic approach to the identification, assessment and management of risk which will enable a much better understanding of what needs to be managed and to what extent.

Risk related information is broadly set against the standards promoted by organisations such as the Institution of Occupational Safety and Health (IOSH) and the International Institute of Risk and Safety Management (IIRSM).

The general requirements to undertake risk assessments are set out in the Management of Health and Safety at Work Regulations 1999 (MHSWR) and its Approved Code of Practice (ACOP) which take precedence.

## Duties and responsibilities

The following duties and responsibilities are detailed in the Health and Safety at Work etc. Act 1974 (HASAWA):

* **Employers:** have the responsibility for ensuring health and safety requirements are put into practice, this is accepted to be via the line management structure. This means that, on a day to day basis, managers hold the duty of the employer. Ultimate responsibility is held by the most senior person within your organisation.
* **Managers:** are responsible for reasonably foreseeable risks being identified, evaluated, prioritised and then controlled so far as is reasonably practicable. Managers at all levels are also accountable for those risks over which they have the authority and/or budgetary control to act.
* **Employees:** have a responsibility to ensure that they conduct their activities in a safe manner, following policy or as directed by their line manager(s). When off-site and/or working independently, employees should conduct themselves in a safe manner at all times.

A point of note, managers cannotbe accountable for risks over which they do not have authority or budgetary control to act but they are responsible for identifying and evaluating risks that arise from their work and passing information to those who do have accountability to act.

Within existing legislation there are references to ‘the duties of the employer’. In simple terms, where you see the word employer, if you are a manager or you have the authority to give work instructions to individuals, this is you.

The basic rules expected of any member of staff, irrespective of position are:

1. To look after their own health, safety and welfare so far as they reasonably can.
2. To look after the health, safety and welfare of others that they work with and/or care for, so far as they reasonably can.
3. If they identify a problem and are not sure what to do, then they must report it to their line manager.
4. Not to interfere with equipment or arrangements provided for health and safety purposes

## Making competency-based judgements

It is important that those involved within the risk assessment process have an appropriate level of demonstrable competence to undertake the risk assessment and manage the process end to end.

There are many opinions as to what is meant by the term ‘competency’, however, it is generally accepted to be a blend of the following factors:

Knowledge, experience, ability, skill and training underpinned by an individual’s clear understanding of their own limitations.

Competency must also play its part in the decision-making process as to when, as well as when not, to undertake a risk assessment. There is a general requirement to undertake risk assessments of reasonably foreseeable significant risks when:

* It is a core task, such as an activity essential to the function of the organisation and/or;
* It has obvious significant potential harm if it went wrong, or;
* There are specific legal requirements for fire, legionella, asbestos etc.

Conversely, a risk assessment is almost certainly not required if:

* It was not ‘reasonably foreseeable’ for such an event to occur (in context with an activity), or;
* An event did occur that would not have a significant effect or cause any significant harm.

## Documentation

The important aspect of a risk assessment is the content. A template has been provided at Appendix 1 to assist assessors in documenting the required information.

This will enable assessors to construct a reflective risk assessment at Sheerwater Health Centre. It is the assessor’s responsibility to ensure that the data contained within the risk assessment is reflective of the organisation’s own specific conditions.

If a risk assessment is generic and its content is challenged, responsible individuals may, at the very least, be criticised by an enforcement officer or other regulator for failing to provide a suitable and sufficient risk assessment.

## Health and safety tools

As the day to day health and safety management responsibility rests with managers, it is important that each manager understands the risks and hazards they face in their domain. To do so, there are a number of tools that could be utilised to assist managers to manage health, safety and welfare matters, namely:

* Task list
* Risk assessments
* Risk registers
* Safe working practices
* Local H&S inspection process
* Local H&S audit process
* Safety briefings
* Training
* Supervision

Therefore, as a manager, it will be of benefit to have an understanding of risk (and the starting point for what needs to be assessed) so that nothing is missed. A key point of note is that not everything from a safety perspective must be directly managed by means of a risk assessment; safe working practices (SWPs), audits and inspections are also valid support mechanisms.

Before undertaking a risk assessment, it is important to understand what needs to be risk assessed. To achieve this, assessors need to consider the tasks involved.

## Task listing

Most risk assessments are task based. Risk assessors therefore need to ensure they are assessing the tasks that staff and/or patients undertake (or are potentially exposed to the risks from other tasks being performed) whilst on the premises.

It is important to be able to systematically identify and generate a list of significant tasks that are undertaken within the workplace. To help generate this list of activities, it is often useful to view this from different perspectives.

For example, consider the following:

* What tasks do we do with **equipment**, e.g. a wheelchair?
* What tasks do we do in that **location**, e.g. reception?
* What tasks does a person in that **job role** perform, e.g. HCA?
* What tasks are involved in that **process**, e.g. patient journey?
* What key tasks do **non-employees** do, e.g. access and egress?

By adopting this approach, a list of significant tasks will be generated. Taking the wheelchair example, this would prompt the question: “what do we do with a wheelchair?” This will lead the assessor to consider the following tasks (and potentially others):

* Assisting patient into/out of a wheelchair
* Pushing a patient in a wheelchair between locations
* Others?

However, that task may also be identified by either an individual job role or by a process. Use the following as a guide to facilitate the successful development of a task list:

* To adequately describe a task only requires (typically) between six to ten words. There is no need to embellish, as any further relevant detail will rest within the risk assessment.
* Task lists can contain general and clinical based activities

Whilst initially this process may seem quite onerous, consider the task in terms of potential harm. If it is significant, it merits listing.

The table below contains examples of a list of tasks.

|  |
| --- |
| Task description |
| Internal access and egress of premises |
| External access and egress of premises |
| Interacting with aggressive patients/visitors |
| Lifting and carrying heavy items between locations |
| Pushing and pulling trolleys |
| Assisting a patient into/out of a chair or wheelchair |
| Pushing a patient in a wheelchair |
| Assisting patient onto/off an examination couch |
| Providing support to a standing/walking patient |
| Inserting/removing a sharp into/from a patient |
| Disposing of contaminated sharps |
| Closing off and sealing a sharps box |

By using the task listing methodology, you will identify what risk assessments you will require.

## Prioritising task listing

In order to decide which of the risk assessments generated by a list of tasks the assessors should undertake first, prioritise the tasks using a Red, Amber or Green (RAG) status, as illustrated in tabular form below:

|  |  |  |
| --- | --- | --- |
| Task description | Relative priority | Numerical priority |
| Interacting with aggressive patients/visitors | Red | 1 |
| Assisting patient into/out of chair or wheelchair | Red | 2 |
| Providing support to a standing/walking patient | Red | 3 |
| Disposing of contaminated sharps | Amber | 4 |
| Inserting/removing a sharp into/from a patient | Amber | 5 |
| Lifting and carrying heavy items between locations | Amber | 6 |
| Pushing a patient in a wheelchair | Amber | 7 |
| External access and egress of premises | Amber | 8 |
| Assisting patient onto/off treatment tables | Green | 9 |
| Pushing and pulling trolleys/carts | Green | 10 |
| Internal access and egress of premises | Green | 11 |
| Closing off and sealing a sharps box | Green | 12 |

# Conducting a risk assessment

## Aim of a risk assessment

Before understanding how to conduct a risk assessment itself, there is one key learning point to remember and that is the aim of a risk assessment, which is:

The core function of a risk assessment is to identify its relative priority.

There are many differing matrices and approaches to risk assessment. Irrespective of this, as long as the assessment clearly demonstrates its relative priority, the content is reflective of circumstances and the methodology consistently applied, then the risk assessment should be valid.

In order to be successful when undertaking a risk assessment, it is important to acknowledge that risk is calculated by the sum (by multiplying together) of two independent variables, with key descriptions that are represented numerically one to five on an X and Y axis.

These independent variables (that cannot influence or effect each other) are nominally called consequence (sometimes referred to as hazard consequence) and likelihood (which is the likelihood of an untoward event occurring).

In order to undertake a risk assessment, assessors must undertake an assessment of consequence and a separate assessment of likelihood and rate each independently.

## Calculating risk(s)

Using the broad principle of risk, supported by the risk matrix, will enable assessors to calculate the level of risk by using the numerical values of both consequence and likelihood. These numerical values, when multiplied together, give a numerical value of risk: Consequence x Likelihood = risk.

A picture containing large

Description automatically generated

Image Source: [Risk Management Policy and Procedure](https://www.sth.nhs.uk/clientfiles/File/Enclosure%20K%20-%20RiskManagementPolicyStrategy.pdf)

Risks are graded and given a rating as shown below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk rating** | | | |
| Low 1 - 3 | Moderate 4 - 6 | High 8 - 12 | Extreme 15 - 25 |

Image Source: [Risk Management Policy and Procedure](https://www.sth.nhs.uk/clientfiles/File/Enclosure%20K%20-%20RiskManagementPolicyStrategy.pdf)

## Interpreting the risk matrix

In every element of risk assessment, interpretation as well as judgement is required. Furthermore, rating consequence is usually deemed to be easier than rating likelihood.

As with any judgement, if there is sufficient information an informed choice can be made. However, if assessors find it difficult to make a judgement, particularly with regard to likelihood, then they may have too little information or, on very rare occasions, there may be too much information to reliably make a judgement.

In such circumstances, it is important to recognise how helpful a risk matrix can be as it enables understanding and assists assessors to meet the core function of risk assessment.

The table overleaf gives examples of how to interpret risk matrices.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ref | Matrix description Consequence | Injury interpretation | Matrix description Likelihood | Likelihood interpretation |
| 5 | Catastrophic | Fatal or multiple fatality | Almost certain | There are no significant controls in place or those that are, are only ‘nominally’ in place but are never actually practiced, managed or in any way effective. Often compounded by very poor behaviour of those involved. |
| 4 | Major | A permanent disabling injury such as loss of limb, damage to organs, loss of sight etc | Likely | Limited controls in place, often not very effective and involve frequent significant lapses in practice or application. Often limited competency of those involved and/or a lack of supervision leading to poor behaviours. |
| 3 | Moderate | A recoverable injury, may include broken limb, cut requiring stitches or a recoverable illness | Possible | Some controls in place which are mostly effective but occasional significant lapses in practice or application do occur. General competencies may vary, but generally positive with reasonable behaviours and supervision. |
| 2 | Minor | First aid type injury such as a cut (no stitches) or minor bruising or muscle ache/strain where limited professional care is required | Unlikely | Controls are generally quite effective in a reasonable work environment with infrequent minor lapses in practice or application of controls. Behaviour of those involved is generally good. |
| 1 | Negligible | No significant harm e.g. self-treat with no requirement for professional care | Rare | Controls are very robust and are effectively practiced each and every time with good behaviours exhibited. Usually very good levels of supervision, higher levels of competency and good motivation from those involved. |

## Assessing the level of consequence (harm)

It is important to recognise that, when predicting the level of consequence, it must be a reasonable prediction, i.e. what the reasonably foreseeable worst-case injury may be.

If a person were to use the term worst-case injury (catastrophic) and predict accordingly, it would only ever result in a consequence rating of 5 (using the matrix) and potentially give an inaccurate risk rating overall.

It is important to articulate the overall consequence description (predictive story) in a meaningful way. To do this, consider the following:

* The task
* The key hazard
* An accident prediction
* A level of injury that is the reasonably foreseeable worst-case (not worst- case)

It must be recognised that, whilst a wide variety of different accidents could be predicted, all that is required is to make one reasonable prediction as to what could reasonably be predicted and why it would occur.

The numerical prediction of consequence, or the level of harm, is a judgement which is based upon competency. It must also be understood that it is not a guarantee of harm to the predicted level.

The examples below illustrate simplified consequence descriptions:

Example 1

|  |  |
| --- | --- |
| Consequence (Hazard) | Hazard rating |
| Task - Pedestrian access and egress of the car park  Hazard - Moving vehicles  Accident - Car collides with a person at low speed  Injury - Broken leg | 3 |

Example 2

|  |  |
| --- | --- |
| Consequence (Hazard) | Hazard rating |
| Task - Member of staff accessing shelving  Hazard - Use of low-level steps (height)  Accident - By overreaching they may lose their balance and fall  Injury - Fractured wrist | 3 |

Both of the above simplified examples are expanded into risk assessments in examples three and four on page 15.

## Assessing the level of likelihood

Likelihood is made up of whatever data and other factors are relevant to the circumstances that may collectively (as well as potentially independently) make something more, or less, likely to occur.

When describing likelihood, it is important to recognise that it is the likelihood of an occurrence (an accident) or the likelihood of something going wrong that could then lead to the level of harm predicted. It is not, for example, the likelihood of a death. Therefore, when making a judgement of how likely it is for something to ‘occur’, it must be a data driven rather than an opinion driven judgement. This means taking into account factors such as existing controls (and their relative effectiveness) and other influencing factors. For example:

* People factors including human behaviours, competencies etc.
* Environmental factors such as sufficient space for social distancing, heating, lighting and ventilation etc.

Factors that could form the judgement as to how likely it is for an untoward event to occur are varied and differ from location to location. It is suggested that only the most relevant factors are included and are adequately described which in turn can make it relatively simple to identify how likely it is for an accident to occur.

It may, on occasion, be difficult to identify how likely it is that something may go wrong. There are two options available to the assessor at this point:

1. Identify another relevant factor and, in most circumstances, this will help to identify the correct value.
2. If another factor does not resolve the matter, for example the assessor still cannot decide if it is a rating of 3 or 4, then always err on the side of caution and rate upwards.

## Likelihood considerations

The table below provides examples of likelihood considerations, written as prompts, to aid the completion of an assessment whilst also providing examples as to how the responses to such questions could be written.

|  |  |
| --- | --- |
| Likelihood factors (questions could include) | How the response to the question could be written in an assessment |
| How many people are typically involved?  How often is the task performed and for how long are people exposed?  The general competency of those involved?  Is a safe working practice or guidance provided?  Is this a complex activity?  Are people under pressure?  Is the task repetitive, i.e. is the task occasionally repetitive or complex?  Is there adequate supervision?  Is the environment suitable?  Any special groups to consider?  Are there any behavioural issues that arise? | There are typically 4 – 5 people who undertake this task  The task is performed usually twice a day and takes 20 – 30 minutes  Staff are generally competent and have received induction training, all staff are refresher trained every two years via the training matrix in place  An NHS guide is provided for this activity which staff do follow  The activity has no known complexities  There are regular small queues of patients. However the booking process is followed with patient throughput controlled  The task is mostly undertaken two afternoons per week, with 2 – 3 staff involved, although it can be repetitive during these times.  Supervision is provided via team leaders and the practice manager although on an ad-hoc rather than arranged basis  Heating, lighting and general space for the activity is suitable and sufficient although, on occasion, poor storage does limit free movement.  There are two members of staff who have recently returned from maternity and one member of staff who is pregnant.    There have been a number of occasions in the last six months where patients have been verbally abusive, causing some upset to staff members. |

## Rating consequence and likelihood

Once the consequence narrative has been written, reasonable judgement can be made regarding the relative level of harm by using the risk matrix. If necessary, assessors can use interpretations detailed in the table on page 11**.**

There is always the potential for both consequence and the likelihood of an event occurring to be misunderstood which can lead to an inaccurate risk rating. To aid assessors in rating risks, examples three and four on page 15 demonstrate how much information is required to make an informed judgement and assist you in selecting the most accurate numerical rating. Use the evidence to form the judgement on each rating, rather than relying on opinion.

Example 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consequence  (hazard) | Hazard rating | Likelihood of occurrence | Likelihood rating | Risk rating |
| During pedestrian access and egress of the car park, were a moving vehicle to collide with a person due to lack of attention it may result in broken leg | 3 | Car park is well lit and warning signs provided  Pedestrian footpath provided to reduce collision opportunities  Car park is usually very busy, vulnerable patients transiting throughout the day  One near miss reported in the last month but pedestrian protective bollards placed at pinch points | 2 | 6 |

Example 4

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Consequence  (hazard) | Hazard rating | Likelihood of occurrence | Likelihood rating | Risk rating |
| Member of staff using low steps to access high shelving, were a person to overreach they could lose their balance resulting in fall breaking their wrist | 3 | All shelving is accessible from ground level, to all staff, with the exception of medical records store  Low steps used correctly, fit for purpose with hand-rail support  Task is relatively infrequent as majority of records stored at height are not often accessed  Staff are competent, guidance on use of steps provided and followed | 2 | 6 |

## The principles of risk management

The core function of a risk assessment is to establish its relative priority. Therefore, when a number of risk assessments have been completed, numerically they illustrate which has the greater risk rating, giving the relative priority.

However the core function of risk management is to allocate resources against the relative priorities. To achieve this, a common methodology that is data driven is to be applied, appropriate to the levels of risk with quality assurance and without bias.

Managers must understand the extent of the resources available to them to enable sensible risk controls to be implemented against the relative priorities identified.

The objective is to reduce risk to as low as is reasonably practicable (ALARP) using available resources. Further information on ALARP is available via the Health and Safety Executive (HSE).1

ALARP is a risk versus cost judgement. Costs are generally interpreted as the available resources. Resources can include, but are not restricted to:

* Budget
* Number of staff (including contractors – often linked to budget)
* Time and potential effort available
* Availability of equipment

Managers must be consistent in their role in relation to risk management. It requires an understanding of which risks may arise from work activities and enables those risks to be managed proactively before an accident, incident or ill health occurs.

Risk management also requires the prioritisation of actions in responding to identified risks. Lesser risks are often easily dealt with through local arrangements or through regular health and safety inspections. Managers must concentrate on the most significant risks with which they are faced in a logical, systematic and sustainable manner. If a new task is identified, then an assessment can be planned and subsequently undertaken.

There may, on occasion, be the requirement to conduct a more detailed risk assessment. This is usually as a result of:

* A risk having been assessed with a rating that is very high (e.g.15 and above)
* A significant accident/incident occurring or an activity being very complex
* Specialised risk assessments i.e. fire, legionella or radiation etc.

## Further considerations

It is wise to have a balanced understanding of any potential impacts of health and safety risks on other business risks (and vice versa). Occasionally, a new risk may be deemed to be so significant that it could be referred directly to the most senior manager/partner. In such instances, it is recommended that risk related discussions are held with all due consideration made as to the potential wider business implications of that risk (and others affected). Once there is a clear understanding, effective additional controls measures can be introduced and implemented.

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1  [www.hse.gov.uk/risk/theory/alarpglance.htm](http://www.hse.gov.uk/risk/theory/alarpglance.htm)

## Additional controls

Existing control measures may require improvement or new controls may be necessary. The hierarchy of controls2 below should be considered. Further information on the risk control hierarchy is available on the HSE website.

|  |  |
| --- | --- |
| Principles | Simple explanation |
| *A screenshot of a cell phone  Description automatically generated*  The ‘higher up’ the hierarchy, the more effective the controls.  It is worth noting, that the ‘higher up’ the hierarchy, the less reliance there is on people doing the ‘right thing’.  One of the weaknesses of people is that we are human and, therefore, we are fallible and prone to occasional errors, whether these errors are made by e.g. tiredness, confusion, forgetfulness or for other reasons. | **Eliminate** –If the task can be eliminated, this is ideal. However it may not be reasonably practicable  **Reduce by using**:  **Substitution –** Tends to be used for management of chemicals by swapping a hazardous chemical for another that is less hazardous  **Engineering controls** – this tends to be a physical barrier that separates the hazard from the person – lead screen, a door, a locked cabinet etc.  **SWP and safe systems** – i.e. a written way of doing a job  **Signs and alarms** – i.e. audible/visual alarms, notices etc  **Information, training, instruction and supervision** – a simplified way of looking at this is ‘the greater the risk, the more I, T, I & S should be provided’  **PPE** – Personal Protective Equipment can include gloves, masks, aprons, hearing protection, goggles etc (as a last resort) |

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2 <https://www.hse.gov.uk/risk/faq.htm#hierarchy>

When articulating a new control that is required, it is important to be clear about what controls are being introduced in order to reduce the level of risk. The most appropriate manner in which this can be achieved is by constructing the control in terms of SMART, that is Specific, Measurable, Achievable, Realistic and Time bound. SMART is advocated by the Chartered Management Institute (CMI).3

When any changes to existing control measures are made, or when new control measures are introduced, it is imperative that they are communicated to the whole team.

## Reviewing risks

Risk assessments are a legal document and by virtue are disclosable to certain third parties. Additionally, they may be required as evidence for either criminal or civil court actions. Therefore, regular reviews are essential and should be conducted at least annually.

Managers should have a robust system in place that ensures the controls that are in place are maintained and remain effective, that any amendments that are required are actioned and key information is made available to those who may be affected by the risk(s).

The date of the review must be recorded on the assessment and the subsequent review date annotated. There are specific circumstances which should trigger a risk review irrespective of whether it is due. These are:

* After an accident or a near miss
* On significant change of process or change of equipment
* On significant change of staff or substantive change in environment or location
* If requested by an enforcement officer

The most effective way to determine how often a risk assessment should be reviewed is by looking at its relative priority (numerically) then using the illustrative guide within the risk review profile detailed in the risk assessment template at Appendix 1.

If challenged by HSE, CQC or other regulatory bodies, practice managers and/or the responsible person will have to justify the periodicity for review of documents and the effectiveness of such reviews. If it cannot be evidenced that a review was undertaken, then it did not happen.

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3 [www.managers.org.uk](http://www.managers.org.uk)

## Monitoring risks

It is recommended that risks arising from tasks being performed are monitored in line with their relative priority, as you may be required to demonstrate that you are monitoring the risks in addition to carrying out regular reviews.

Monitoring can be included on the risk register (a PLUS Risk Register will be released soon). If it cannot be evidenced that a risk was monitored, then it did not happen.

## Residual risk

Residual risk is the remaining risk after all the additional control measures have been implemented and are deemed to be working effectively. Until this point, the actual level of risk is managed in terms of its relative priority. This is essentially a competency-based judgement with the aspiration that the risk will reduce numerically.

Assessors must be mindful that, whilst the general objective is to reduce risk numerically, if the control is not suitable, it could increase the risk, rather than decrease it.

## Quality assurance and administration

The important aspect of a risk assessment is the content. Using the template at Appendix 1, the following points are to be completed as they are considered to be the principles of good risk assessment administration:

1. Confirm task description
2. Insert organisation name
3. Create/insert local risk assessment reference
4. Insert date risk assessment completed
5. Create/insert relevant documents reference
6. Insert risk assessor’s name and job role
7. Insert the name and job role of any contributors to the risk assessments
8. Insert manager’s name and job role
9. Insert name and job role of who reviewed the risk assessment (see risk review profile – how often the document and content must be reviewed)
10. Check content of risk assessment for relevance and general accuracy
11. Check that the additional control measures required are SMART
12. Check all the ratings are correct and that the risk rating is a result of multiplication
13. Once the controls have been implemented, then revisit the risk assessment and calculate the residual risk
14. Complete your risk register (available soon on PLUS)

**5.15 Audits and review**

It is recommended that all safety management systems (including risk assessments) are subject to review with a periodic audit to enable compliance and thereby provide assurance to all stakeholders.

In order to ensure that risk assessments remain valid and controls remain effective, it is also important to supervise activities proportionally to the level of risk that they present.

Other circumstances that would prompt a systems review include, but are not limited to, an accident or near miss or a significant change of staff, location, equipment or process.

# Additional information

## Recommended resources

Additional sources of information are available from a variety of health and safety related organisations, including but not restricted to the following:

[The Health and Safety Executive](http://www.hse.gov.uk/)

[International Institute of Risk & Safety Management](http://www.iirsm.org/)

[IOSH (Institution of Occupational Safety & Health)](https://iosh.com/)

[British Safety Council](http://www.britsafe.org/)

[Royal Society for Public Health](http://www.rsph.org.uk/)

[Royal Society for Prevention of Accidents](https://www.rospa.com/)

[Chartered Institute of Environmental Health](https://www.cieh.org/)

[Health and Safety Executive](http://www.hse.gov.uk/)

# Summary

The function of a risk assessment is to establish its relative priority to enable effective risk management to take place. The function of risk management is to allocate resources against your priorities. There is no such thing as a perfect risk assessment. However, any risk assessment that is considered suitable and sufficient must reflect local circumstances. Key findings must be communicated and be subject to review by using the risk review profile.

Risk assessors and managers must understand the range of risks that they face and their relative level (priorities), understand the resources at their disposal and then allocate those resources in a meaningful way.

# Appendix 1

**Risk assessment and control form**

Brief task description: [Insert task description]

Organisation name: [Insert organisation name] Risk assessment reference: [Insert local reference number]

Date completed: [Insert date completed] Relevant documents reference: [Insert supporting document name/reference numbers]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **General risk description**  (Hazard Consequence) | **Hazard rating** | **Likelihood**  **(Including relevant people, environmental and data factors as well as existing control measures)** | **Likelihood rating** | Risk rating | Additional control measures required | **To be implemented By who?**  **By when?** | **Residual risk**  **(*Risk - after all additional controls are implemented)*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**General Administration**

|  |  |  |
| --- | --- | --- |
| **Risk assessor Name:** | **Contribution to risk assessment by:** | **Manager approval** |
| [Insert name of risk assessor] | [Insert name of any contributors] | [Insert name of manager] |
| **Risk assessor’s job role:** | **Contributor’s job role:** | **Date of approval** |
| [insert job role] | [insert job role] | [insert date] |

|  |  |  |  |
| --- | --- | --- | --- |
| **This document was reviewed/updated by:** | **Job Role:** | **On Date:** | **Next planned review due:** |
| [Insert name of assessor] | [insert job role] | [insert date] | [insert date] |

|  |  |
| --- | --- |
| **Risk Review Profile** | **Recommended risk assessment and risk controls review periodicity.**  ***Guidance*** *Note: The principle of review is that the more significant the risk level, the more often it must be reviewed.*  **Always review if an incident has occurred:** |
|  | If the risk is 15 – 25 (Very high) Review at least every 1 – 3 months |
|  | If the risk is 8 – 12 (High) Review at least every 6 – 12 months |
|  | If the risk is 4 – 6 (Moderate) Review at least every 12 – 18 months |
|  | If the risk is 1 – 3 (Low) Review at least every 18 – 24 months |