

TRUST-WIDE NON-CLINICAL DOCUMENT

RISK ASSESSMENT PROCEDURE

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Lead Author(s):	Head of Health Safety Fire and Security

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2018 – Version 4

*Striving for perfect care for
the people we serve*

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RISK ASSESSMENT PROCEDURE

Further information about this document:

Document name	Risk Assessment Procedure HS1
Document summary	It is a statutory duty for employers to carry out suitable and sufficient risk assessments where significant risks may occur from their work activities. This document provides guidance to managers on how to assess risk and how to complete a risk assessment.
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To be read in conjunction with	Health, Safety and Welfare Policy SA07 Risk Management Policy & Strategy SA02
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

		Version History:
Consultation Draft, Version 4	Health and Safety Committee Health and safety team Staff Side Health and Safety Representatives	Nov 2018
Approved	Health and Safety Committee	December 2018

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

- 1.1 Mersey Care NHS Trust (hereinafter referred to as the Trust) is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the Trust's governance framework and system of internal controls. There is a statutory duty imposed upon all employers to carry out suitable and sufficient risk assessments where significant risks may occur from their work activities.
- 1.2 The law requiring risk assessments can be summarised as follows:
- a) The implicit requirement to protect employees from harm in (s.2 Health and Safety at Work etc. Act 1974).
 - b) The more stated requirement to protect other people from harm to their health and safety in (s.3 of The Health and Safety at Work etc. Act 1974)
 - c) The very specific requirement to perform risk assessments in (s.3 Management of Health and Safety at Work Regulations 1999 (i.e. COSHH and Noise at Work Regulations etc.)

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 The overarching aim of the policy is to provide assurance that the Trust is providing high quality care in a safe environment that it is complying with legal and regulatory requirements and to:
- a. define the framework and systems the Trust will use to identify, manage and eliminate or reduce to a reasonable level risks that threaten patient and staff safety and the Trust's ability to meet its objectives and achievement of its values.
 - b. to foster an organisational culture of openness and willingness to report risks, incidents and near misses that is used for organisation-wide learning.
 - c. create an environment which is safe as is reasonably practicable by ensuring that risks are continuously identified, assessed and appropriately managed i.e. where possible eliminate, transfer or reduce risks to an acceptable level.
 - d. To establish clear and effective communication that enables a comprehensive understanding of risks at all levels of the organisation by developing the use of directorate and trust-wide risk registers.

3. SCOPE

- 3.1 The Policy applies to all staff including contractors and agency staff and equally to all areas of the Trust with regard to all types of risk, both clinical and non-clinical.

4. DEFINITIONS

<i>Risk management</i>	Is about the Trust's culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse events. The risk management process covers all processes involved in identifying, assessing and judging risks, assigning ownership, taking action to mitigate or anticipate them, and monitoring and reviewing progress.
<i>Risk Assessment:</i>	Is a systematic process of assessing the likelihood of something happening (frequency or probability) and the consequence if the risk actually happens (impact or magnitude).

Operational risks:	Are by-products of the day-to-day running of the Trust and include a broad spectrum of risks including clinical risk, financial risk (including fraud), legal risks (arising from employment law or health and safety regulation), regulatory risk, risk of loss or damage to assets or system failures etc. Operational risks can be managed by the department or directorate which is responsible for delivering services.
Hazards	Are anything that has the potential to cause harm, such as chemicals, electricity, working from ladders, trailing cables, lone working or an open drawer etc.
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 e.g. tripping over a trailing cable and sustaining a fractured arm or leg.

5. DUTIES

- 5.1 **The Board of Directors:** are responsible for ensuring the Trust has effective systems for managing risk.
- 5.2 **The Chief Executive:** as the Trust's Accountable Officer, is personally responsible for the safety and welfare of staff, patients and the safety of Trust premises including maintaining a sound system of internal control including risk management.
- 5.3 **The Executive Director of Communications and Corporate Governance:** has delegated responsibility for the management of health and safety and ensuring effective systems for risk management are in place across the Trust.
- 5.4 **Executive Directors / Directors / Chief Operating Officers:** are responsible for ensuring effective systems for risk management, compatible with this Policy, are in place within their division. Specifically, they must ensure:
- suitably competent staff are identified to lead on risk management in the division and that their role and responsibilities are clearly understood.
 - staff are familiar with the Policy and aware of their responsibility for risk.
 - staff attend appropriate risk training (including induction and mandatory training).
 - risks (strategic and operational) are effectively managed i.e. identified, assessed and that action plans to mitigate risks are developed, documented and regularly reviewed.
 - service developments, business cases and capital plans are formally risk assessed.
- 5.5 **Service Managers /Departmental Managers /Ward Managers:** are responsible for ensuring effective systems for risk management are in place at ward or departmental level and for completing risk assessments as directed by the Safety Partnership Agreement (SPA).
- 5.6 **Divisional Risk/Governance Leads / Nominated Health and Safety Link Person:** have divisional related roles and responsibilities and are responsible for coordinating risk management processes in their division and updating the divisional Risk Register.
- 5.7 **Health and Safety Team:** have Trust-wide risk related roles and responsibilities and will:
- support and contribute to the development of Trust-wide and directorate risk management.
 - provide specialist advice to ensure compliance with statutory requirements and best practice

- c) be involved in development of relevant policies and procedures.
- d) identify and disseminate relevant new legislation and guidance.
- e) share information and good practice.
- f) support relevant investigations and reviews as required.
- g) provide education and training.
- h) participate in specialist risk related groups as required.

6. PROCESS

6.1 What is a Risk Assessment?

- 6.1.1 The [Health and Safety Executive \(HSE\)](#) says: "A [risk assessment](#) is nothing more than a careful examination of what, in your work, could cause harm to people."
- 6.1.2 The Trust and its responsible managers have a duty under the [Management of Health and Safety at Work Regulations 1999](#) to carry out risk assessments to identify what hazards exist in a workplace, and how likely these hazards are to cause harm.
- 6.1.3 You must then decide what prevention or control measures are needed.
- 6.1.4 **NB: A risk assessment is not about creating huge amounts of paperwork, but rather about identifying sensible measures to control the risks in your workplace.** You are probably already taking steps to protect staff, patients and visitors, but your risk assessment will help you decide whether you have covered all you need to.

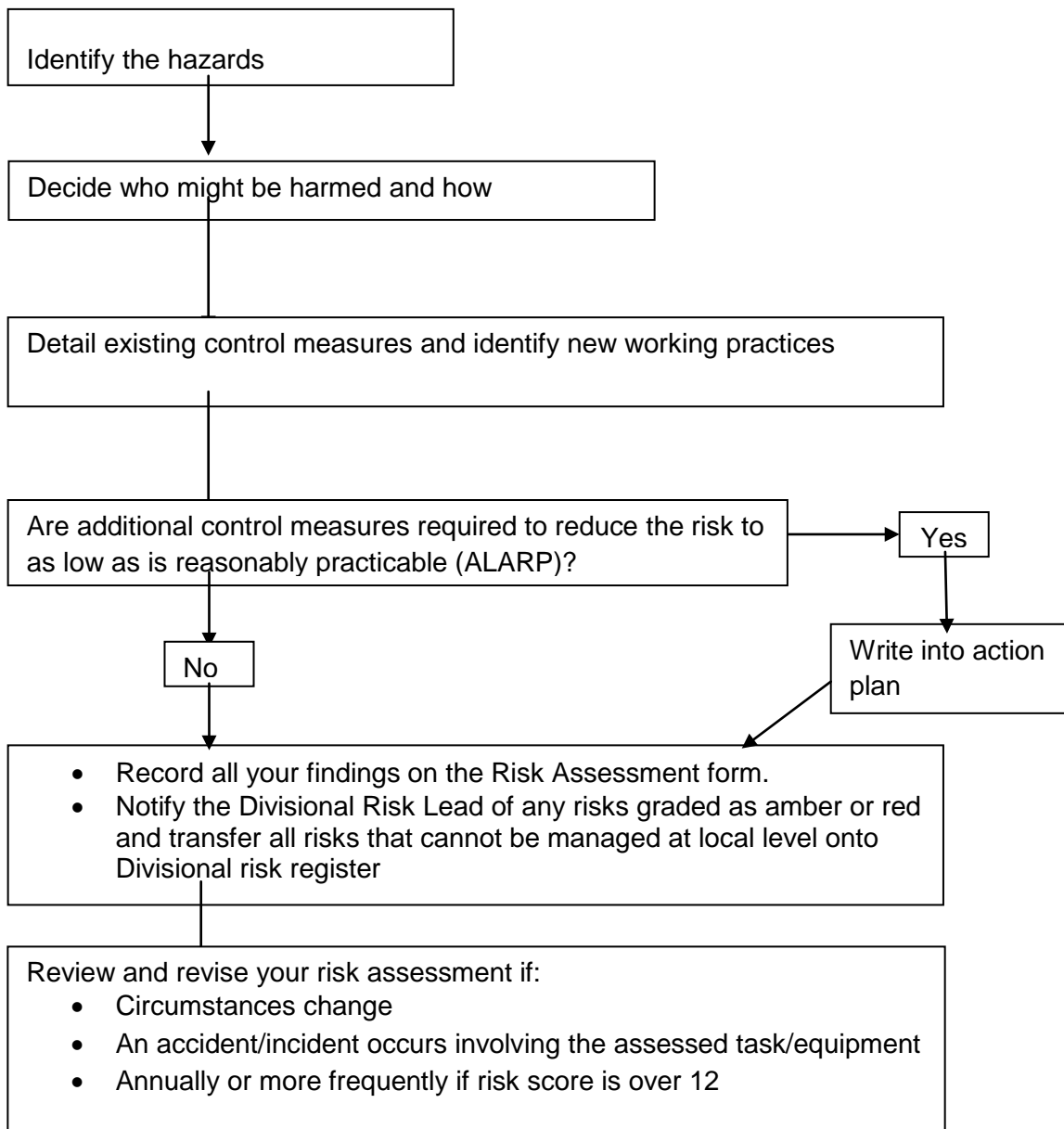
6.2 What are the main hazards and risk that I should be aware of?

Hazard	Causation
Violence and aggression on wards	Patients with propensity to be aggressive due to poor mental health
Slips trips and falls on the same level and height	Damaged flooring, spillages, trailing cables
Injured whilst handling, lifting and carrying	Patient handling, movement of inanimate loads/objects
Struck by falling moving objects	Poor storage of equipment in storerooms
Impact with stationary fixed objects	Poor layout of offices, over crowding
Lone working,	Violence and aggression in particular physical assault, working with inpatient service, community
Exposed to or in contact with harmful substances and biological agents	Contact with cleaning chemicals, contaminated needles, Hep B, C, HIV and asbestos
Biological	Direct / indirect contact: tuberculosis, hepatitis, HIV and other infectious diseases
Needles	Needle stick injuries, hepatitis, HIV and other infectious diseases
Contact with electricity	Overloading sockets, poor equipment maintenance
Exposure to fire	Smoking material, cooking, arson
Mental health – stress	Excess workload, working with high-need clients, bullying and 'psychosocial' hazards, affecting mental health and occurring within working relationship

- 6.2.1 The risk profile of different services and activities in the Trust informs all aspects of the approach to managing health and safety risks. This is the starting point and managers, at all

levels, need to understand the range of health and safety risks in their part of the organisation and to give proportionate attention to each of them.

6.3 The risk assessment flowchart is an easy to follow guide to the risk assessment process.



6.4 How to complete risk assessments

- 6.4.1 Risk assessments will be completed in line with the HSE 5 Steps to Risk Assessment as described in the above flow chart. Information on risk evaluation and a completed example of a risk assessment can be found at **Section 11 pages 15-22**.
- 6.4.2 Completion of assessments will be coordinated by the divisional risk lead and/or the nominated health and safety link.
- 6.4.3 Service and departmental managers are responsible for completing all assessments as described in the Safety Partnership Agreement.

- 6.4.4 Once completed electronic copies of each assessment must be sent to the responsible divisional risk lead and/or the nominated health and safety link.
- 6.4.5 Managers or their nominated deputies are responsible for evaluating risks, and to rank them in order of importance and take action to control them as described in **Section 11**. Any risk assessed as significant that cannot be managed at local level will inform and be addressed through the Corporate Risk-register.
- 6.4.6 Managers will examine and assess:
- The nature and level of the risk / threats faced by their service areas.
 - The likelihood of adverse effects occurring.
 - Who could be affected and how.
 - The level of disruption and costs associated with each type of risk.
 - The effectiveness of existing controls in place to manage those risks.
 - Decide what if any additional control measures are required.
- 6.4.7 The outcomes of risk assessments should be that the right risks are identified and prioritised for action, and **minor risks will not have been given too much priority**. It also informs decisions about what risk control measures are needed. The range of risks may go beyond health and safety risks and may include:
- Quality
 - Reputational damage
 - Financial concerns
 - Environmental and asset damage
- 6.4.8 Issues in one area could impact in another. However the approach must be sensible, proportionate and balanced ensuring that paperwork does not get in the way of doing the job or trying to eliminate every risk at all costs.
- 6.5. How can I make sure that my risk assessment is suitable and sufficient?**
- 6.5.1 The law does not expect you to remove all risks, but to protect people by putting in place measures to control those risks, so far as reasonably practicable. Your risk assessment need only include what you could reasonably be expected to know – ***you are not expected to anticipate unforeseeable risks.***
- 6.5.2 For your assessment to be deemed to be ***Suitable and Sufficient*** it must
- identify the significant risks and ***ignore the trivial ones***
 - identify how people can be harmed and in what way
 - identify and prioritise the measures required to comply with any relevant health and safety law
 - it must remain appropriate to the nature of the work
 - and remain valid over a reasonable period of time
- 6.6 How Action Plans are developed as a result of risk assessments**
- 6.6.1 If the action required is urgent, then the issue is to be discussed with the service manager and the required action implemented via the appropriate service, for example Estates Department. The action plan will be agreed by the service manager and/or the responsible divisional safety group and must contain the following information:

- a) Who has overall responsibility for the action plan (if not the Manager)
- b) What the risk is
- c) What is required to mitigate the risk
- d) Who is responsible for the required action
- e) When the action is to be completed

6.7 How Action plans are followed up

6.7.1 The completion of an action plan is the responsibility of the service manger in consultation with their risk lead. The Health and Safety Team and/or the Union Safety Representative will provide assistance if required and will request an update on the action plan near the completion date.

7. CONSULTATION

7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels. However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8. TRAINING AND SUPPORT

8.1 As part of specialist health and safety training courses the health and safety team will provide risk assessment training and support to managers in the completion of risk assessment.

9. MONITORING

What part of this policy will be monitored?	Where in the policy is it referenced	Who will carry out the monitoring	What will the frequency of monitoring be	Which group/committee will receive the monitoring reports
The completion of risk assessments	6.4.3	Risk leads as part of the Safety Partnership Agreement	Quarterly	Health and Safety committee will receive SPA update

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Risk Assessment Procedures
Area covered: Trust wide
<p>What are the intended outcomes of this work? to provide staff with information and guidance on how to asses risk, identify significant hazards and complete risk assessments with adequate control measures</p>
<p>Who will be affected? <i>e.g.staff, patients, service users etc</i></p> <p>Staff in maintaining compliance with health and safety law</p>
Evidence
<p>What evidence have you considered?</p> <p>The requirements of health and safety law to undertake risk assessments and penalties that can be imposed by safety regulators for failing to asses risks and take the necessary precautions</p>
<p>Disability (including learning disability)</p> <p>N/A</p>
<p>Sex</p> <p>N/A</p>
<p>Race <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>N/A</p>
<p>Age <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i></p> <p>The completion of risk assessments is a legal requirement for young workers under the age of 18</p>
<p>Gender reassignment (including transgender) <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i></p> <p>N/A</p>
<p>Sexual orientation <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>N/A</p>
<p>Religion or belief <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i></p> <p>N/A</p>
<p>Pregnancy and maternity <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i></p> <p>Risk assessment are a legal requirement for pregnant /expecting mothers</p>
<p>Carers <i>Consider and detail (including the source of any evidence) on part-time working, shift-</i></p>

patterns, general caring responsibilities.

N/A

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

N/A

Cross Cutting *implications to more than 1 protected characteristic*

N/A

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>not engaged</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>not engaged</i>
Right to liberty (Article 5)	<i>not engaged</i>
Right to a fair trial (Article 6)	<i>not engaged</i>
Right to private and family life (Article 8)	<i>not engaged</i>
Right of freedom of religion or belief (Article 9)	<i>not engaged</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>not engaged</i>
Right freedom from discrimination (Article 14)	<i>not engaged</i>

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Consultation with members of the Health and Safety Committee

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

The contents of this policy relates to compliance with health and safety laws which is applicable to all employers and its employees and is designed to provide a framework that is supportive of all who come into contact with the Trust.

Advance equality of opportunity

N/A

Promote good relations between groups

N/A

What is the overall impact?

None identified

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

None identified

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment;*

None identified

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed:

December 2018

Name of responsible Director: Elaine Darbyshire

Date assessment was signed:

December 2018

11. Appendices

Appendix 1: Risk Evaluation

- 1.0 Once you have identified the hazard you need to rate the risk using the risk matrix table below. The rating will determine whether or not it is safe enough to continue with the work or whether you need to adopt additional control measures to reduce or eliminate the risk still further.
- 1.1 The rating depends upon the likelihood of an event occurring (**from Rare to Almost Certain**) and the severity of the injuries that might arise if the event does occur (**from Insignificant to Catastrophic**).
- 1.2 To calculate the risk begin by allocating a number to the **Likelihood** of the risk arising and **Severity of Injury or impact** and then multiply the Likelihood by the Severity to arrive at the **Rating**.
- 1.3 Example:
- 1.4 A Rare Event [1] x Severity of an Insignificant outcome[1] = Risk Rating of [1] Low Risk (1x1=1)
- 1.5 A Likely Event [4] x Major outcome if event occurs [4] = Risk Rating of [16] Extreme Risk (4x4=16)
- 1.6 Clearly the higher the likelihood and severity, the higher the risk will be. The likelihood depends on what control measures are in place, the frequency of exposure to the hazard and the category of person exposed to the hazard e.g. young person (under 18), people with disabilities and expectant and nursing mothers.
- 1.7 When you allocate the Rating you do so **after** taking into consideration any **Control Measures** that you already have in place to reduce the hazard and any safety measure which you say you will put into place.

Likelihood of hazard occurring		Severity or Impact (if in doubt grade up, not down)				
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain	5	5	10	15	20	25
Likely	4	4	8	12	16	20
Possible	3	3	6	9	12	15
Unlikely	2	2	4	6	8	10
Rare	1	1	2	3	4	5

Actions on outcomes of risk ratings

RISK SEVERITY	RISK LIKELIHOOD	RISK RATING	Action
1 Insignificant	1 Rare	1 - 3 Low	Maintain existing control measures
2 Minor	2 Unlikely	4 - 6 Moderate	Review control measures and add additional measures to reduce the risk to low
3 Moderate	3 Quite Possible	8 - 12 High	New High Risks reported to Risk Management Committee. Action plan should include urgent action to reduce risk. Divisional Governance groups to monitor action plan and review progress on High Risks.

4	Major	4 Likely	15 - 25 Extreme	New Extreme Risks to be reported to and Risk Committee and to Trust Executive Management Team for review and BAF inclusion. Action plan should include immediate action to reduce risk. Directorate Governance groups to monitor action plan and review. If necessary stop all activity and inform health and safety team to review the risk.
5	Catastrophic	5 Almost certain		

2.0 The following scale will be utilised to determine impact within the risk matrix:

1. Insignificant	
Risk Impact Area	Impact Measure
Injury/Harm=	Minor cuts/bruises
Service Continuity=	Minor loss or non-critical service
Quality=	Minor non-compliance of standards
Costs=	<£2K
Litigation=	Minor out-of-court settlement
Reputation/Publicity=	Within unit, local press < 1 day of coverage
2. Minor	
Risk Impact Area	Impact Measure
Injury/Harm=	First Aid Treatment, <3 days absence < 2 days extended hospital stay
Service Continuity=	Service loss in a number of non-critical areas < hours or 1 area <6 hours
Quality=	Single failure to meet internal standards or follow protocols
Costs=	£2K - £20K
Litigation=	Civil action- with or without defence, improvement notice
Reputation/Publicity=	Regulatory concern, Local media < 3 days of coverage
3. Moderate	
Risk Impact Area	Impact Measure
Injury/Harm=	Medical Treatment required, >3 days absence >2 days extended hospital stay
Service Continuity=	Loss of services in any critical area
Quality=	Repeated failures to meet internal standards or follow protocols
Costs=	£20K-£1M
Litigation=	Class Action, Criminal prosecution, prohibition notice served.
Reputation/Publicity=	National media <3 days of coverage; Department executive action.
4. Major	
Risk Impact Area	Impact Measure
Injury/Harm=	Fatality; Permanent Disability; Multiple Injuries
Service Continuity=	Extended loss of essential services in more than one critical area
Quality=	Failure to meet national standards
Costs=	£1M-£5M
Litigation=	Criminal prosecution-no defence, Executive Officer fined or imprisoned
Reputation/Publicity=	National media >3 days of coverage; MP concern, Questions in House
5. Catastrophic	
Risk Impact Area	Impact Measure
Injury/Harm=	Multiple Fatalities
Service Continuity=	Loss of multiple essential services in critical areas
Quality=	Failure to meet national professional standards

Costs=	>£5M
Litigation=	Imprisonment of Trust Executive
Reputation/Publicity=	Full public inquiry

The following scale will be used to determine likelihood within the matrix:

Likelihood Level	Likelihood Measure
5= Almost certain	Likely to occur on many occasions, a persistent issue- 1 in 10.
4= Likely	Will probably occur but is not a persistent issue – 1 in 100
3= Possible	May occur/recur occasionally-1 in 1000
2= Unlikely	Do not expect it to happen but it is possible – 1 in 10,000
1= Rare	Can't believe this will ever happen – 1 in 100,000

Appendix 2: Risk Assessment Tool
Example
Part A

Type of Activity Lone Working	Lone workers in particular District Nurses, Social Workers and community health care staff are at increased risk of violence and aggression because they work in the community in patients' homes or in offices, late at night and do not have the added protection of colleagues or security staff at hand. Therefore it is important that managers assess the risk to staff and put in place control measures to mitigate and reduce the risk posed by any lone working conditions and exposure to people who may have the propensity to be violent and aggressive.
Division:	Liverpool Community
Place of work:	Liverpool Innovations Park
Name of manager/team leader etc:	Ima Loner
Person(s) completing assessment:	John Johnson
Date of Assessment	01 September 2018
Monitored by who:	Divisional Safety Group

Persons at Risk (tick appropriate boxes)

Employee
 Visitor
 General Public
 Young Persons

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

Pregnant Women
 Disabled Persons
 Lone Workers
 Others

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

GUIDE TO RATINGS:

RISK SEVERITY	RISK LIKELIHOOD	RISK RATING	Action
1 Insignificant	1 Rare	1 - 3 Low	Maintain existing control measures
2 Minor	2 Unlikely	4 - 6 Moderate	Review control measures and add additional measures to reduce the risk to low
3 Moderate	3 Quite Possible	8 - 12 High	New High Risks reported to Risk Management Committee. Action plan should include urgent action to reduce risk. Divisional Governance groups to monitor action plan and review progress on High Risks.
4 Major	4 Likely	15 - 25 Extreme	New Extreme Risks to be reported to Risk Committee and to Trust Executive Management Team for review and BAF inclusion. Action plan should include immediate action to reduce risk. Directorate Governance groups to monitor action plan and review. If necessary stop all activity and inform health and safety team to review the risk.
5 Catastrophic	5 Almost certain		

Part B

Describe the hazards associated with the activity/operation

Step 1	Step 2	Step 3				
Identify the Hazard	Identify who Might be Harmed and How?	Evaluate Existing Controls What are we doing already?	Risk Likelihood (L) Severity (S) (L x S)	What further controls are required?	Action By Whom & When	Residual Risk Rating
Violence and Aggression visiting patients'	<p><i>District Nurses, Social Workers Health care visiting Staff, Expectant mothers</i></p> <p><i>Physical assault verbal abuse False imprisonment</i></p>	<ul style="list-style-type: none"> <i>Lone working policy and procedures in place</i> <i>Risk assessment completed on new and existing patients to assess risk of violence/aggression</i> <i>Initial visit/assessment conducted by two health visitors</i> <i>Review patient's records to identify warning flags of aggression.</i> <i>If warning signs present, patient is only seen at Trust premises or by two healthcare visitors in the home.</i> <i>All lone working healthcare visitors issued with lone working device to summon help</i> <i>Staff told leave patients home immediately if they feel unsafe due to unknown persons in house</i> <i>Health visitors trained in conflict resolution and de-escalation techniques</i> 	3x2=6	<i>Identify other lone workers providing healthcare in the community that do not have access to lone working devices</i>	<i>Manager Feb 2019</i>	2x2 =4
High Risk /unknown		<ul style="list-style-type: none"> <i>LSMS access to Police Community Support Officer to obtain forensic information relating to</i> 	3x3=9	<i>Review lone procedures for visiting unknown service users</i>	<i>Manager</i>	3x2=6

Patients		<p><i>criminal convictions for aggression/assault to members of the public etc</i></p> <ul style="list-style-type: none"> • <i>High persons risk register maintained by each locality and shared between services</i> 		<i>to ensure adequate control measures</i>	<i>March 2019</i>	
Failure of staff to activate lone working device and use in accordance with training	<p><i>District Nurses, Social Workers Health care visiting Staff,</i></p> <p><i>Physical assault verbal abuse False imprisonment</i></p>	<ul style="list-style-type: none"> • <i>Staff trained in use of lone working device</i> • <i>Health and safety undertake monthly monitoring of device usage and escalate low/non use to service managers</i> • <i>Lone working device safety posters developed and sent around Liverpool Community sites to reinforce importance of using the devices</i> 	<i>3x3=9</i>	<p><i>Discuss need to use device at weekly team meeting</i></p> <p><i>Identify non –users and discuss concerns</i></p> <p><i>If necessary provide re-training in use of device</i></p>	<i>March 2019</i>	<i>3x2=6</i>
Lack of control of lone working devices Devices being exchanged between staff	<p><i>Healthcare visiting Staff,</i></p> <p><i>Risk that when red alert activated police response will go to the original owner and not the current device user</i></p>	<ul style="list-style-type: none"> • <i> Holders of devices informed not to hand over devices to colleagues</i> • <i>Health and safety team manage allocation and retrieval of devices including updating of emergency escalation form</i> • <i>Regular checks with HR to identify leavers</i> 	<i>2x2=6</i>			
Entering servicers homes unannounced	<p><i>Healthcare visiting Staff,</i></p> <p><i>Physical assault , verbal abuse</i></p>	<ul style="list-style-type: none"> • <i>Staff will only attend servicers homes on official healthcare business</i> • <i>Staff must make contact with service user to confirm the appointment and their arrival</i> • <i>Staff should first call and/or knock on servicers doors before using any entry key or access</i> 	<i>3x3=9</i>	<i>Provide briefing to staff on risk of lone working and dangers they might be exposed to when entering home unannounced</i>	<i>Clinical leads Feb 2019</i>	<i>2x2=4</i>

	<i>Attack by dogs</i>	<i>code</i>				
Dogs / pets animals in patients home	<i>Healthcare visiting Staff, Dog bites etc</i>	<ul style="list-style-type: none"> • <i>Staff before entering a service users home should if necessary request that dogs are secured in another during the duration of their visit</i> • <i>Staff avoid entering enter service users homes unannounced</i> 	<i>2x2=4</i>			
Exposure to second hand smoke <i>People exposed to second-hand smoke face the same dangers as smokers.</i>	<i>District Nurses, Social Workers Healthcare visiting Staff Expectant mothers</i> <i>Some short-term effects from exposure to second-hand smoke include:</i> <ul style="list-style-type: none"> • <i>Coughing</i> • <i>Headaches</i> • <i>eye and nasal irritation</i> • <i>sore throat</i> • <i>expectant mothers exposed to second-hand</i> 	<ul style="list-style-type: none"> • <i>Staff should be aware of service users who smoke and as part of NICE guidance provide very brief advice and where they might support from if they wish to quit smoking</i> • <i>Prior to visits ask patients either not smoke in room where treatment will given or to ventilate room for one hour before visit</i> • <i>Raise any health concerns with occupational health service</i> 	<i>3x2=6</i>	<i>Re-enforce message to patients about having a smokefree room when staff attend</i>	<i>Team Leaders Mar 20</i>	

	<i>smoke will pass on harmful chemicals to their babies.</i>					
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Step 5: Annual Review

Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:
Date:	Reviewed by:	Comments:

Part C

Personnel Informed of Risk Assessment Content

Personnel Informed of Risk Assessment Content, Received and Understood		
Name	Signature	Date

