Ashford and St. Peter's Hospitals NHS

NHS Trust

RISK ASSESSMENT POLICY

Amendments			
Date	Page(s)	Comments	Approved by
October 2014	All	Review and minor updates.	Health and Safety Committee
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Compiled by: Steven HILL, Non Clinical Risk & Security Manager

Ratified by: Non Clinical Risk Committee

Date: November 2005

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Contact name for comments: Steven HILL, Non Clinical Risk & Security Manager

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ASHFORD & ST. PETER'S HOSPITAL NHS TRUST

RISK ASSESSMENT POLICY

See also :-
> Policy for the Reporting and Management of Incidents
> Policy for the Management and Use of Medical Devices
> Health and Safety Policy
> COSHH Policy
> Display Screen Equipment (DSE) Policy
> Manual Handling Policy
> Infection Control Policy

1. INTRODUCTION

The Trust wants to ensure a safe environment for its staff, patients and visitors as well as meet its statutory Health and Safety duties. To achieve this suitable and sufficient risk assessments are carried out on all work activities and processes which may pose risk to the health, safety and welfare of patients, contractors, staff and visiting members of the general public.

The Trust's Risk Assessment Tool is used to assess all risks, both Clinical and Non Clinical, across both hospital sites.

Where unacceptable levels of risk are identified, the Trust ensures that adequate control measures are introduced to reduce the risk to an acceptable level, in a time scale appropriate to the risk.

The purpose of risk assessment is to make a sensible judgment about risk. NOT the worst case scenario but a sensible assessment of what is likely to happen (the hazard and its consequence).

2. PURPOSE

Ashford and St Peter's Hospitals NHS Trust recognises that risk assessment is a legal requirement under a range of health and safety legislation. The purpose of this policy is to clarify how this process is achieved within the Trust.

3. DUTIES

3.1 Statutory

Management of Health and Safety at Work Regulations 1999:
Regulation 3 of the above (MHSWR) requires that the employer shall undertake a systematic general examination of their work activities and that any significant findings are recorded. It is also required that risk assessments are kept up to date, which means that any significant change which affects risk (e.g. a new employee, equipment or work practice etc.) should lead to a reassessment of risks. Records of all assessments, detailing the significant findings associated with the assessment, are to be kept.

Health & Safety at Work Act 1974:
All employees have a duty placed upon them by the Health & Safety at Work Act 1974 to ensure that their actions or failures to act do not place themselves or others at avoidable risk.

4.   RESPONSIBILITIES

4.1   The Trust

The Trust shall arrange for the provision of training and information as is considered necessary to ensure the competence of those members of staff tasked with carrying out risk assessments.

4.2   Trust Board

The Trust Board has a legal duty to ensure the health, safety and welfare at work of all that work at the Trust and those connected with its undertakings.

4.3   The Integrated Risk Scrutiny Committee

Receives reports on all significant risks faced by the Trust.

4.4   Directors

Associate Directors receiving Risk Assessment reports deal with and bring these to the attention of the Risk Scrutiny Committee.

4.5   Managers

Managers are responsible for ensuring that risk assessments are carried out within their areas, and that resultant action plans are implemented. The inability to reduce or eliminate a risk e.g. If the resource requirements needed to achieve the action, exceed the normal department budget limits, it must discussed at the Directorate meeting, if the Risk remains unresolved it is be reported to the relevant Associate Director.

4.6   Business Centre Managers (Clinical areas) and Heads of Department (non Clinical areas) are responsible for co-ordinating all the Risk Assessments in their Departments. They are responsible for ensuring the implementation of any necessary actions identified as a result of the assessment. The inability to reduce or eliminate a risk e.g. If the resource requirements needed to achieve the action, exceed the normal department budget limits, it must discussed at the Directorate meeting, if the Risk remains unresolved it is be reported to the relevant Director.

4.7   The Local Risk Assessor

The assessor is to be a member of the Department Staff, as comprehensive knowledge of the activity or process is required for the assessment. Those carrying out Risk Assessments must have attended relevant training events

4.8   Employees

All employees should be aware what Risk Assessments are already in place and are bound by them. The Trust requires that any member of staff, who in the course of their duties, identifies any hazard which poses a significant risk, shall report the matter (using the Trust Incident Reporting Procedure) to a suitable authority (normally their line manager) so that the appropriate corrective action can be promptly initiated.

4.9   Committees Responsible for Risk Management

The Trust Board has overall responsibility for Risk Management structures and systems. The Integrated Governance Assurance Committee is a subcommittee of the Trust Board and provides a more systematic and focused mechanism for top level monitoring and review of risks and incidents. It receives reports on Risk from the Risk Scrutiny Committee. The nominated Director for risk issues is the Chief Nurse.

5.   THE RISK ASSESSMENT TOOL

The Trust's Risk Assessment Tool (RAT) provides a framework for the local risk assessments which can be translated into local risk management action plans. Each Ward and Department within the Trust must have its own tool to complete.

For further information on the Risk Assessment Tool see Risk Assessment Tool Guidelines on the Trust Intranet.

6.   RISKS IDENTIFIED THROUGH MEANS OTHER THAN THE RISK ASSESSMENT TOOL

6.1   <u>The Chairman of a Committee</u> which has identified a risk to the organisation is responsible for escalating this information to the relevant person within the Trust. The significant risk action/control plan form, this can be found on the TrustNet, under Forms – Risk Notification Form, should be completed and returned to Quality Department for entry onto the Risk Register. Monitoring of the control plan for the risk treatment will be undertaken by the Committee and the risk score amended accordingly.

6.2   <u>Ad Hoc Risk Assessments undertaken by members of the Risk Assessment Specialist Team</u>

The Risk Assessment Specialist Team shall carry out risk assessments as they see fit in order that the trust complies with its responsibilities under health and safety legislation.

7.   THE RISK REGISTER

The Risk Register is essential for the communication of up to date information to management to aid decision making and the allocation of responsibility.

New significant risks (as defined by the RAT) are communicated to the Quality Department by use of the Risk Register Form. The Local Risk Assessor (LRA) usually completes this for the area in which the risk is located. The LRA will have received training for this task.

When the details from the Risk register Form are entered into the risk register using the Datix database, the risk is automatically given its own unique identifying number. The details are updated at regular intervals, the timing of which is dictated by the risk level.

Reports from the Risk Register are distributed to several committees throughout the year.

Components which feed into the Risk Register
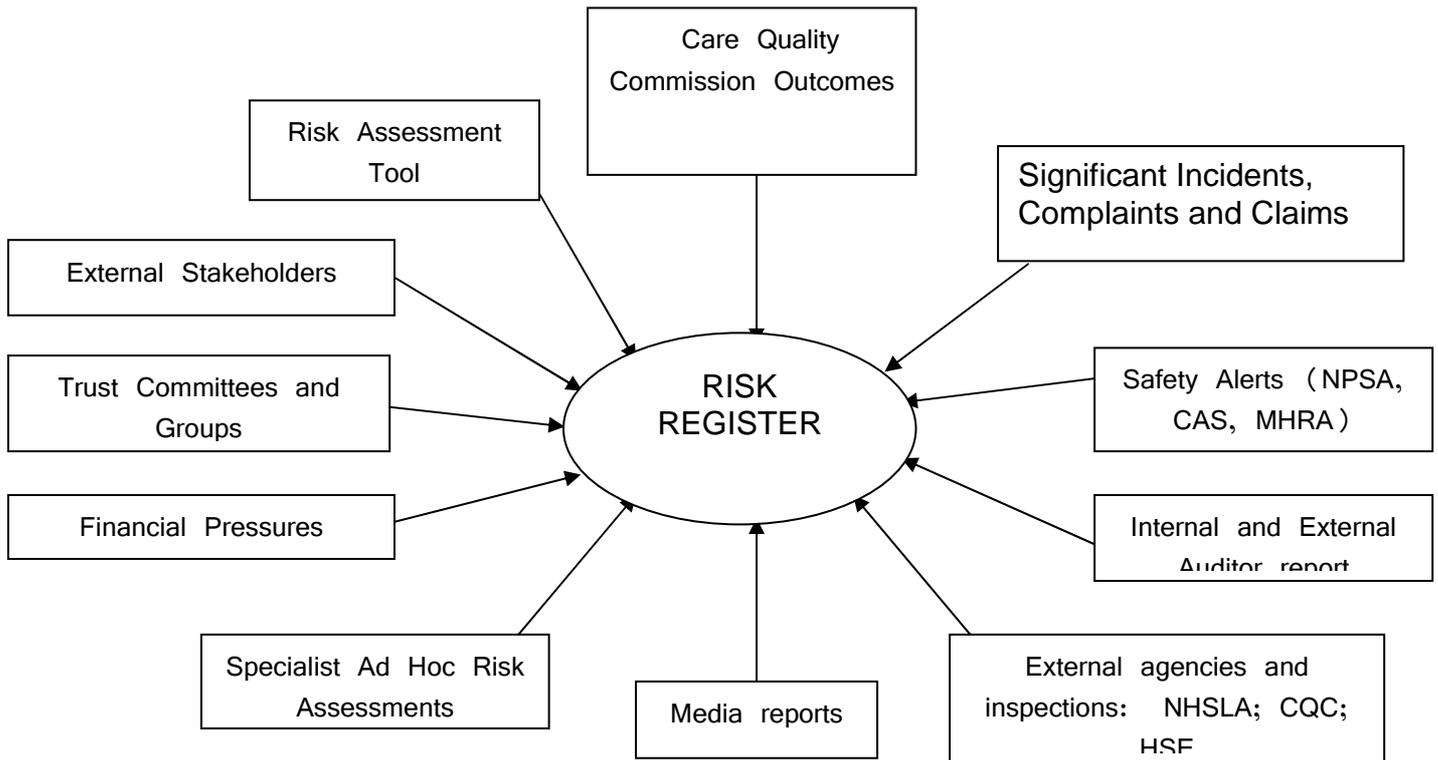
The Risk Register is also fed by other influences including:

- Financial
- Security
- Health & Safety

- Business
- Clinical
- Drugs & Medicine

The Risk Register is held on the Trust's risk management system, Datix,

8. PROCESS FOR MONITORING COMPLIANCE
Compliance with this policy will be monitored by the various groups and committees with risk assessment and risk management responsibilities.

9. EQUALITY IMPACT ASSESSMENT
A baseline equality impact assessment has been carried out which indicates that no further action is necessary

10. DISSEMINATION AND TRAINING
This policy will be disseminated through the Trust intranet and referred to in Incident Management mandatory training.

11. REFERENCES
Health and Safety Policy
Guidelines to Trust Risk Assessment Tool
HSE Guidance to Risk Assessment

Equality Impact Assessment Summary

Background
- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Equality Impact Assessment

This policy has been developed to promote risk assessment awareness to staff in accordance with the HSE guidance.

Methodology
- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The policy is based on guidance provided by the HSE and is not likely to have any Equality or Diversity implications.

Key Findings
- Describe the results of the assessment
- Identify if there is adverse or a potentially adverse impacts for any equalities groups

The policy is based on current legislation and guidance and there are no potential impacts for any equality groups.

Conclusion
- Provide a summary of the overall conclusions

The policy provides fair, consistent guidance on providing a safe environment at work

for staff and patients.

Recommendations
- State recommended changes to the proposed policy as a result of the impact assessment
- Where it has not been possible to amend the policy, provide the detail of any actions that have been identified
- Describe the plans for reviewing the assessment

No changes recommended.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)