Risk Assessment Procedure
and
Risk Register Guidance

Date: January 2013

Version number: 2

Author: Catriona Oxley, Safety and Risk Manager

Review Date: January 2015

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069

HRSSPRO001
## NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET

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<tr>
<th>Name of document</th>
<th>Risk Assessment Procedure and Risk Register Guidance</th>
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<tr>
<td>Registration Reference Number</td>
<td>HRSSPRO001 New Review</td>
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<tr>
<td>Author</td>
<td>Catriona Oxley</td>
</tr>
<tr>
<td>Executive Lead</td>
<td>Lorraine Hall</td>
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### Proposed groups to present document to:
- Risk Management Group
- Clinical Governance Co-ordinating Group
- Health and Safety Committee
- Risk Management Group
- Clinical Services Management Team
- Clinical Governance Co-ordinating Group

### Date | Version | Group | Reason | Outcome |
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<td>PI &amp; C/S</td>
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<td>2 (Final draft)</td>
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### Examples of reasons for presenting to the group
- Professional input required re: content (PI)
- Professional opinion on content (PO)
- General comments/suggestions (C/S)
- For information only (FIO)

### Examples of outcomes following meeting
- Significant changes to content required – refer to Executive Lead for guidance (SC)
- To amend content & re-submit to group (AC&R)
- For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
- Recommend proceeding to next stage (PRO)
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<td>5 September 2012</td>
<td>Section 9 where it refers to Directorate Risk Registers completed to reflect the current position and future plans</td>
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<td>Update of definitions of ‘Adverse Incident’ and ‘Significant Adverse Event/incident’ to dovetail with terminology used in Incident Reporting, Investigation and Management policy</td>
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<td>27 November 2012</td>
<td>Noted by the CSMT that the risks associated with substances hazardous to health are assessed using the systems described in the separate document: Procedure for the Control of Substances Hazardous to Health [COSHH]. This has been made clearer under Section 11</td>
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<td>Following discussion on where the document should be signed off, it was agreed the paper should go back to RMG.</td>
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<td>31 January 2013</td>
<td>Add the following sentence to Section 2, penultimate paragraph: ‘It is not intended to be used for the clinical risk assessment of individual patients’ care and treatment, however risks identified around an individual patient’s care may be used to develop a departmental/directorate/corporate risk that would reduce the possibility of future incident.’</td>
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</tbody>
</table>
# TABLE OF CONTENTS

1. **EXECUTIVE SUMMARY** .................................................................................................................. 5
2. **INTRODUCTION AND LEGISLATIVE FRAMEWORK** ................................................................. 5
3. **THE PRINCIPLES OF RISK ASSESSMENT** ................................................................................... 6
4. **DEFINITIONS** ................................................................................................................................ 7
5. **MONITORING AND REVIEW** ........................................................................................................ 8
6. **COMPLIANCE** ............................................................................................................................... 8
7. **RISK ASSESSMENT** ....................................................................................................................... 9
8. **CONDUCTING A RISK ASSESSMENT** .......................................................................................... 10
   8.1 **STEP 1: IDENTIFY THE HAZARDS** ......................................................................................... 11
   8.2 **STEP 2: DECIDE WHO COULD BE HARMED** ........................................................................ 11
   8.3 **STEP 3: EVALUATE THE RISKS AND DECIDE ON PRECAUTIONS (CONTROL MEASURES)** .......... 12
   8.4 **STEP 4: RECORD YOUR FINDINGS AND IMPLEMENT THEM** ................................................. 13
   8.5 **STEP 5: REVIEW YOUR ASSESSMENT AND UPDATE IF NECESSARY** ..................................... 15
9. **RISK REGISTERS** .......................................................................................................................... 15
10. **ROLES AND RESPONSIBILITIES** ............................................................................................... 16
11. **FURTHER INFORMATION** ........................................................................................................... 18
12. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT [EDIA]** ...................................................... 19
13. **REFERENCES** ................................................................................................................................ 19
14. **APPENDICES** .............................................................................................................................. 20
   14.1 **APPENDIX A – NHS SCOTLAND CORE RISK ASSESSMENT MATRICES** .......................... 20
1. Executive Summary

“Risk management in healthcare includes the whole spectrum of things that could and can go wrong. It includes slips, trips and falls involving staff, patients and the public, administrative errors that impact on patient care and clinical incidents that have a direct effect on the outcome of patient care. It also includes the management of the business risks associated with running a NHS Board or hospital including financial, ethical and information technology risks”\(^1\).

Risk assessment is the method whereby hazards in the workplace are identified, quantified and managed and is a proactive process focused on “the risks that really matter – the ones with the potential to cause real harm”\(^2\).

This document has been produced to provide practical guidance for all staff on risk assessment techniques and the compilation of risk registers. The procedure is based on the current Risk Management Strategy 2012 - 2015, underpinned by the Australia/New Zealand Risk Management Standard and incorporates guidance published by the Health and Safety Executive on risk assessment.

2. Introduction and Legislative Framework

*The Healthcare Quality Strategy for NHSScotland* sets out three quality ambitions to support NHSScotland to deliver the best quality healthcare to the people of Scotland.

The second of these states:

“There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times”\(^3\).

This ambition dovetails with the NHSScotland Staff Governance Standard that requires all NHS Boards to demonstrate that staff are “provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community”\(^4\).

The Management of Health and Safety at Work Regulations [MHSWR] 1999 place an absolute duty on every employer to assess the risks to the health and safety of employees whilst they are at work\(^5\). This legal obligation also extends to cover the risks to the health and safety of people who are not employees but who might be affected by the work undertaken and/or the nature of the business.

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\(^1\) NHS Scotland Clinical Governance

\(^2\) HSE (2006), p. 1

\(^3\) *The Healthcare Quality Strategy for NHSScotland*, The Scottish Government, May 2010


\(^5\) MHSWR 1999, Section 3(1)(a)
Shetland NHS Board (the Board) recognises its duties under the Regulations and the purpose of this procedure is to provide guidance for all staff on practical steps to assess and manage risks. It forms an important part of the Board’s Risk Management Strategy[^6], which aims to ensure that appropriate and effective systems and processes are in place to actively and systematically manage the risks to which the Board, its staff and service users are exposed.

This procedure is a proactive tool to help staff to predict and prevent adverse events (including near misses) thereby avoiding harm to the wide range of individuals and groups including patients, staff, visitors and the many others who use our premises and services. It is not intended to be used for the clinical risk assessment of individual patients’ care and treatment, however risks identified around an individual patient’s care may be used to develop a departmental/directorate/corporate risk that would reduce the possibility of future incident.

The Board operates an integrated risk assessment and reporting system, Datix, which is used to record all risks – both clinical and non-clinical.

### 3. The Principles of Risk Assessment

The objective of carrying out risk assessments is to reduce, in so far as is reasonably practicable, the significant risks associated with hazards in work tasks and workplaces to tolerable levels in terms of potential human suffering, legal requirements and economic effects on the organisation.

A risk assessment should identify how risks arise and how they impact on those affected. This information is required to make decisions on how to manage those risks so that the decisions are made in an informed, rational and structured manner and the action taken is proportionate.

When conducting a risk assessment existing control measures or treatments should be taken into consideration providing the suitability and effectiveness of the control measure is also assessed.

The Regulations require that an assessment should be “suitable and sufficient”[^7]. In practice, therefore, a risk assessment should:

- Identify the risks arising from or in connection with work
- Have a level of detail proportionate to the risks identified
- Identify the length of time for which it remains valid
- Call on examples of good practice from within the field of operation

[^7]: MHSWR 1999, Section 3(1)(a)
• Be practical and take into account the views of employees, safety representatives and managers.

With patient focus and public involvement at the heart of all we do, it is important to remember that there may be circumstances where the views of patients, clients and/or service users can contribute to the risk assessment process.

The key message is: “don’t overcomplicate things, keep your risk assessment fit for purpose, make it a living document and act on it. Risk management should be about practical steps to protect people, not paperwork for its own sake”8.

4. Definitions

For the purpose of this document the Board defines:

**Accident** – An event that results in injury or ill health

**Adverse Incident** - Any untoward or unexpected event which interferes with the orderly progress of day to day activity and which results in, or could have resulted in:
  • Harm to an individual or individuals
  • Damage to or loss of property including buildings, equipment, vehicles and materials

**Consequence** – The outcome of an event, being loss, injury, disadvantage or gain in respect of the physical, emotional, financial, social or credibility status of the individual or organisation

**Harm** – Injury (physical or psychological), disease, disability or death

**Hazard** – A source of potential harm or a situation with the potential to cause harm

**Likelihood** - Probability of an event occurring, wherever possible based upon the frequency of previous occurrences

**Monitor** – To check, supervise, observe critically or record the progress of an activity, action or system on a regular basis in order to identify change

**Near Miss** - An incident where there was the potential for harm, loss or damage, and which did not actually result in an adverse outcome, but where there is the possibility of recurrence if preventative action is not taken

**Risk** - The chance of something happening that will impact on the organisation’s ability to achieve its objectives

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8 Callaghan, B. (2006)
Risk Control Measure - An action undertaken to minimise risk to an acceptable level either by reducing the likelihood of an adverse event or the severity of its consequences or both

Risk Treatment – Selection and implementation of appropriate options and action plans for dealing with risk

Significant Adverse Event/Incident: An unexpected or avoidable event that could have resulted, or did result in, unnecessary serious harm or death of a patient, staff, visitors or members of the public. Such events are likely to generate legal, media and/or other interest and may result in loss of the Board’s assets and/or reputation.

Significant Risk – One in which patients, staff or facilities may be subject to legal, media or other interest and where, if not managed effectively, the risk could result in loss of life or significant loss of the organisation’s assets or reputation.

A full glossary of terms relating to risk management can be found in Appendix J of the Risk Management Strategy referred to above.

5. Monitoring and Review

Overall responsibility for maintaining a sound system of internal control lies with the Chief Executive on behalf of the Board. Via the committee and line management structures outlined in the Risk Management Strategy, the Chief Executive ensures that these procedures are reviewed biennially and in the light of:

a) Any significant changes in working practices

b) Any changes in statutory legislation

c) An incident occurring that requires improvement in practice.

Specific executive, non-executive and staff roles and responsibilities are described in Section 10 below.

6. Compliance

All staff must comply with the requirements of the Board’s Safety and Risk Management strategies, policies and procedures. As stated in the Risk Management Strategy, the Board have endorsed an approach to risk management which aims to promote responsible risk-taking within “a fair and just system where people are held to account for their behaviour, without being unduly blamed”. Staff must be aware, however, that they have a statutory duty under the Health and Safety at Work etc Act.

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9 The Management of Significant Adverse Events in NHS Ayrshire & Arran – June 2012; 1.1 (1); p. 11
1974 to take reasonable care of not only their own health and safety but also that of other people who may be affected by their “acts or omissions at work”\(^{11}\) as well as a duty to co-operate with their employer. As a consequence they must notify all hazards, defects, accidents, adverse events and near misses to their Head of Department or immediate line manager and ensure that these are recorded appropriately via the Datix electronic risk management system.

7. **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. It is a simple, practical but systematic thought process involving five steps:

i. Identify the hazards

ii. Decide who could be harmed

iii. Evaluate the risks and decide on precautions (control measures)

iv. Record your findings and implement them

v. Review your assessment and update if necessary.

These ‘Five Steps to Risk Assessment\(^{12}\) have been developed by the Health and Safety Executive [HSE] and underpin the Australia/New Zealand Risk Management Standard endorsed by the Board as the basis for its risk management procedures.

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\(^{11}\) HSWA 1974 Section 7(a)

\(^{12}\) HSE (2006)
8. Conducting a Risk Assessment

When thinking about your risk assessment, remember:

A **hazard** is something with the potential to cause harm to:

- People
- The organisation (finance and reputation)
- The environment (pollution and inefficient use of resources)

A **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.

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13 AS/NZS 4360:2004
The risk assessment process involves analysis of the risk using a Risk Assessment Tool/Scoring Matrix, which by mapping the likelihood (the probability or frequency of a consequence occurring) against the consequence (the outcome or impact) allows a value to be assigned to that risk.

Assessment of risks needs to be based on the best available evidence and, where evidence is lacking, on the best available advice. This means that, via your line manager, you might have to seek appropriate and relevant technical help from others e.g. Radiation Protection Advisor, Infection Control Team or Safety and Risk Support Team.

8.1 Step 1: Identify the hazards

There are three main areas that need to be covered when identifying hazards:

1) **Practice** – look at the work activities and review any procedures/safe systems of work that are already in place. Identify what in the work activity could be reasonably expected to cause harm. Are any of the work activities carried out in unusual places such as at height or at night; does the activity involve repetitive motions etc.? Consult with those who are carrying out the work activity - they may have identified hazards that are not immediately obvious.

2) **Equipment** – as part of the work activity, consider what equipment or substances are used. Identify the potential/actual hazards associated with the equipment/substances as they are being used in the workplace. When in use does the equipment produce excessive noise/vibration; are there any emissions? Manufacturer’s instructions or data sheets can also help to spot hazards.

3) **Environment** – are the conditions of the local environment satisfactory for the work activities being performed?

There are two main ways that hazard spotting can be completed. One is to analyse the various tasks undertaken by postholders and another is to produce a list of relevant topics and conduct risk assessments for each topic.

8.2 Step 2: Decide who could be harmed

Identify which personnel are involved in the activity and what their roles are. Special consideration must be given to the following groups:-

- New and expectant mothers
- Young people (under 18)
- Night workers
- Lone workers
- Workers with disabilities

Additionally, you must consider anyone else who could potentially be affected by the activity or circumstances e.g.

- Patients
- Visitors/members of the public
- Contractors
- Delivery personnel
- Undertakers

Accident statistics and ill-health records can also be helpful with hazard spotting and/or identifying particular groups of people at risk.

Once you have identified who is at risk, consider how they may be exposed to the relevant hazards that have been identified. Identify under what conditions exposure occurs e.g. routine or non-routine; deviation from normal exposure or an emergency situation such as spillage of hazardous substance.

8.3 Step 3: Evaluate the risks and decide on precautions (control measures)

Having identified the hazards and who might be affected, you then have to decide what to do about them. The law does not expect you to eliminate all risk, but you are required to protect people as far as is ‘reasonably practicable’. This requirement underpins almost all of the general duties under the Health and Safety at Work etc Act 1974 and allows a balance to be struck between the cost of the action proposed (in terms of money, time and inconvenience) and the degree of risk associated with the situation being considered.

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 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?

Examples of common control measures include:

i. Specialist equipment
ii. Safety signs and signals
iii. Policies and procedures
iv. Safe systems of work – including Permits to Work
v. Training, instruction and supervision
vi. Health surveillance.
If the existing measures are not adequate or there are no control measures then means of reducing the risk must be identified. Starting with all the extreme or high risks, the following sequence should be applied:

a) **Eliminate** – can the risk be removed. Do we need to carry out this procedure? Can it be done in a different way that eliminates or reduces the risk?

b) **Substitute** – can a different product or way of doing the task, which is less hazardous, be employed instead?

c) **Contain/guard** – is there any way the hazard can be contained e.g. putting a noisy piece of equipment in an acoustic box. Do guards need to be introduced (physical, electronic or distance) e.g. fitting a hazardous piece of equipment with an electronic guard which will prevent the equipment working if the guard is compromised?

d) **Remove employee from risk** – is it possible to segregate the employee from the hazard? E.g. have the hazard in one room and the employee operating the process from a panel in another room or by providing screens etc.

e) **Reduce the employees exposure to the hazard** – This can be done by changing work methods and/or patterns e.g. reducing repetition, ensuring adequate rest breaks, increasing the number of workers, introducing job rotation

f) **Utilise Personal Protective Equipment [PPE]** – this should always be considered as a last resort to control any residual risk that cannot be eliminated by any of the above methods. It will include the provision of facemasks, gloves, aprons, steel toe-capped shoes, hard hats etc.

Information, instruction, training and supervision should also be considered. Often good training and information will provide satisfactory control for minor risks but remember that levels of supervision should be reviewed where young/inexperienced people are employed or where staff turnover is high.

**8.4 Step 4: Record your findings and implement them**

All risk assessments are recorded directly onto the Datix electronic risk management system. Any member of staff can document a risk using the appropriate link on the home page of the intranet (see Figure 2 below):

Datix Incident Reporting

**Figure 2: System links to Datix**
Clicking on the link takes you directly to a Risk Assessment Form [RA1] which allows you to record:

- Risk summary
- Description of the risk
- Risk grade
- Controls in place
- Review date

Additional fields are available to managers and Heads of Departments to manage their risks via their Datix LOGIN link, including:

- Potential impact of risk
- Level of risk e.g. departmental/directorate/corporate
- Initial, current and target risk grade
- Closed date (for risks that are no longer applicable).

As noted above, the Datix Risk Assessment Form includes a Risk Assessment Tool/Scoring Matrix to enable you to record:

i. What you feel is the likelihood of an incident occurring
ii. What impact such an incident would have.

Using the descriptions provided in Tables 1 and 2 (Appendix A) will help you do this and allow you to identify the value(s) on the Risk Matrix/Matrices which are most appropriate.

Once you have completed the risk assessment, you must act on the findings. This means putting the results of your risk assessment into practice – which is what contributes to a safer, healthier workplace, improved patient outcomes and, ultimately, the delivery of organisational objectives. Writing down the results of your risk assessment and sharing them with staff encourages you to do this.

As indicated at the beginning of these procedures, by law, risk assessments must be suitable and sufficient. To demonstrate this, the Risk Assessment Form needs 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\(^\text{14}\).

\(^\text{14}\) HSE (2006) p. 5
If further actions are required then these should be recorded along with a realistic timescale for implementation relative to the level of risk.

8.5 Step 5: Review your assessment and update if necessary

Risks must be reviewed regularly. If further actions have been required then the review will help to establish whether the action has been taken and if so how much progress has been made. The Datix Risk Assessment Form incorporates a Review Date section. The Review Date is the date when you will next look at the risk and control measures.

If no further actions are required, then the risk assessment should be reviewed after 12 months. Where moderate or minor risks are identified, then a six-monthly review is normally sufficient. A significant, ongoing risk will require close monitoring and be reviewed at intervals of not more than three months.

Few workplaces stay the same and if there are changes to ways of working and/or new equipment or substances introduced then risk assessments must also be reviewed at these times to ensure that any new hazards or changes to previous risks are identified.

Advice and help in carrying out risk assessments is available from your line manager, NHS Shetland’s Safety and Risk Support Team and/or any member of the Board’s Health and Safety Committee.

9. Risk Registers

Each department’s log of all the risks recorded on the Datix system is referred to as a Risk Register. Each Manager/Head of Department is responsible for maintaining this register, ensuring the risk information it contains is up-to-date and review dates have not expired.

Heads of Departments must identify any high or very high level risks deemed impossible or impractical to manage at a departmental or Management Team level or any risk that could adversely affect achievement of the Board’s objectives or present a large loss to the organisation and bring these to the immediate attention of the relevant Director. Such risks will then be submitted by that Director to the Risk Management Group [RMG] (a senior management group) to be considered for inclusion in the Corporate Risk Register (a log of the strategic risks facing the Board).

The RMG reviews the Corporate Risk Register every eight weeks, and regularly reports to the Board.
In order to categorise and manage risks that have wider implication than at departmental level but are not at corporate level, Directorate Risk Registers [DirRRs] are being created for the organisation with the aim of having these in place and fully operational via Datix by 31 March 2013.

10. **Roles and Responsibilities**

The Board is ultimately responsible for managing risk and discharges this duty through the governance framework. Further detail on how this works in practice is available in the Risk Management Strategy 2012 – 2015.

Specific responsibilities of officers and staff are as described below:

**Chief Executive**

- Taking overall responsibility for ensuring compliance with Health and Safety legislation
- Ensuring that these procedures are reviewed biennially and in the light of any significant changes in working practices and/or changes in statutory legislation and/or if an incident occurs that requires improvement and/or fire risk assessments identify significant risks that are not already addressed
- Ensuring that adequate resources are made available to implement the procedures

**Senior Management Team/Risk Management Group Members (Directors)**

- Taking overall responsibility for the integration, co-ordination and standardisation of risk management throughout the Board
- Providing assurance to the Board on the establishment and implementation of risk management processes and procedures
- Overseeing the identification and monitoring of corporate risks including maintenance of the Corporate Risk Register
- Providing adequate resources to reduce or control risks, within their level of funding. If funds are unavailable, raise awareness of need through relevant committees/processes
- Dealing with significant and escalating risks if situations cannot be resolved at departmental/directorate level
- Monitoring action taken to eliminate, control and reduce risks within area of responsibility
- Ensuring that risk assessments are conducted whenever there is anything new or different and review all the directorate/departmental risk assessments regularly
Director of Human Resources and Support Services

- Taking lead responsibility for risk management, delegated by the Chief Executive, at Senior Management Team level
- Acting as Chair of the Risk Management Group
- Leading the development, implementation and maintenance of the risk management reporting system

Head of Estates and Facilities, Safety and Risk Support Team and Maintenance Managers

- Having sufficient training and experience or knowledge and other qualities to act as competent persons in terms of statutory requirements
- Supporting Directors and Heads of Departments [HoDs] with risk assessments and development of action plans
- Providing specialist support to all staff on matters relating to risk assessment
- The Safety and Risk Manager shall be responsible for reviewing and updating this document and the guidance contained therein
- The Datix Support Officer shall oversee and provide information, advice, guidance and support to all staff and assist departments in implementing robust risk management procedures

Heads of Departments/Senior Charge Nurses/Sisters/Team Leaders

- Taking responsibility for carrying out risk assessments in their area
- Identifying treatment required to eliminate, reduce and control risks
- Developing and implementing agreed action plans to control risks
- Maintaining a record of all risk assessments relevant to their area (Departmental Risk Register) and ensuring that the risks recorded are regularly reviewed and updated
- Escalating via their respective Directors to the Senior Management Team any risks identified deemed impossible or impractical to manage at a departmental or Clinical Services/Community Health and Care Partnership [CHCP] level
- Ensuring that these responsibilities are built into departmental and individual objectives and performance managed

All Staff

- Assisting in maintaining their own and others’ health, safety and security
- Using any machinery, equipment, dangerous substance, transport equipment or safety device in accordance with any training and/or instructions provided
- Bringing to the attention of the line manager any hazards and/or risks within their area
- Participating in risk management education and training
Trade Union Representatives

- Making representations on behalf of members on any health, safety and/or welfare matter
- Representing members in consultation with HSE inspectors or any other enforcing authorities
- Participating in workplace inspections as per the Health and Safety Visit Schedule
- Investigating accidents, near misses, and other potential hazards and dangerous occurrences in the workplace
- Investigating complaints made by any employee they represent about their health, safety or welfare in the workplace
- Undertaking to ensure that the staff side functions efficiently by timely appointment of representatives, provision of sufficient training to allow representatives to fulfil their roles effectively and regular attendance and participation of representatives at Health and Safety Committee Meetings.

11. Further Information

These procedures form part of Shetland NHS Board’s Safety and Risk Management arrangements and should be read in conjunction with other key documents:

- Risk Management Strategy
- Health and Safety Policy
- Incident Reporting, Investigation and Management Policy
- Procedure for the Control of Substances Hazardous to Health [COSHH] (note that the risks associated with substances hazardous to health are assessed using the systems described in this document)
- Safety Notice Procedure

All can be found on the Health and Safety and Risk Management pages of the intranet.

A list of Statutory Instruments (Regulations) underpinning safety and risk management can be found at: [http://www.hse.gov.uk/legislation/statinstruments.htm](http://www.hse.gov.uk/legislation/statinstruments.htm), which also gives links to the legislation via the Office of Public Sector Information [OPSI] website.

Detailed information on the management of a specific area of risk or risk topic can be obtained from a number of sources including the Health and Safety Executive and Barbour Environment, Health & Safety (online access via ATHENS).
12. **Equality and Diversity Impact Assessment [EDIA]**

As indicated in the preceding section, the Risk Assessment Procedure and Risk Register Guidance is one of a suite of documents developed to support the Board’s Risk Management Strategy by giving more detail about the process of identifying and managing risks and reporting and investigating incidents. The EDIA carried out as part of the Risk Management Strategy recognises that in complying with the Health and Safety at Work etc Act 1974, the Board meets its duty of care towards not just employees but others who may be affected by its activities e.g. patients, visitors, members of the public, contractors and delivery personnel. Additionally, the strategy recognises the statutory requirement to give special consideration to other groups including night workers, lone workers and workers with disabilities.

As the strategy also makes clear, the promotion of a fair and open culture is regarded as an essential component of an effective risk management system.

The impact of the Risk Management Strategy and supporting documents has been assessed as positive in relation to equality and diversity.

13. **References**


This document was compiled using the NHS Direct Risk Assessment Policy 2008 as a basis.

14. Appendices

14.1 Appendix A – NHS Scotland Core Risk Assessment Matrices
### Appendix A

**NHS SCOTLAND Core Risk Assessment Matrices** – Table 1 – Impact /Consequence Definitions

<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>Negligible</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
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</thead>
<tbody>
<tr>
<td>Objectives / Project</td>
<td>Barely noticeable reduction in scope, quality or schedule.</td>
<td>Minor reduction in scope, quality or schedule.</td>
<td>Reduction in scope or quality of project, project objectives or schedule.</td>
<td>Significant project over-run.</td>
<td>Inability to meet project objectives. Reputation of the organisation seriously damaged.</td>
</tr>
<tr>
<td>Injury (physical and psychological) to patient / visitor/ staff</td>
<td>Adverse event leading to minor injury not requiring first aid.</td>
<td>Minor injury or illness. First Aid treatment required.</td>
<td>Agency reportable, eg Police (violent / aggressive acts). Significant injury requiring medical treatment and/or counselling.</td>
<td>Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.</td>
<td>Incident leading to death or major permanent incapacity.</td>
</tr>
<tr>
<td>Complaints / Claims</td>
<td>Locally resolved verbal complaint.</td>
<td>Justified written complaint, peripheral to clinical care.</td>
<td>Below excess claim Justified complaint involving lack of appropriate care.</td>
<td>Claim above excess level.</td>
<td>Multiple claims or single major claim. Complex justified complaints.</td>
</tr>
<tr>
<td>Service / Business Interruption</td>
<td>Interruption in a service, which does not impact on the delivery of patient care or the ability to continue to provide service.</td>
<td>Short term disruption to service with minor impact on patient care.</td>
<td>Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.</td>
<td>Sustained loss of service, which has serious impact on delivery of patient care, resulting in major contingency plans being invoked.</td>
<td>Permanent loss of core service or facility. Disruption to facility leading to significant &quot;knock on&quot; effect.</td>
</tr>
<tr>
<td>Staffing and Competence</td>
<td>Short term low staffing level temporarily reduces service quality &lt;1 day.</td>
<td>Ongoing low staffing level reduces service quality.</td>
<td>Late delivery of key objective / service due to lack of staff. MODERATE ERROR due to ineffective training / implementation of training.</td>
<td>Uncertain delivery of key objective / service due to lack of staff. MAJOR ERROR due to ineffective training / implementation of training.</td>
<td>Non-delivery of key objective / service due to lack of staff. CRITICAL ERROR due to ineffective training / implementation of training. Loss of key staff.</td>
</tr>
<tr>
<td>Financial (including damage / loss / fraud)</td>
<td>Negligible organisational / personal financial loss &lt;=£1k.</td>
<td>Minor organisational / personal financial loss £1-10k.</td>
<td>Significant organisational / personal financial loss £10k-£100k.</td>
<td>Major organisational / personal financial loss £100k-£1m.</td>
<td>Severe organisational / personal financial loss &gt;£1m.</td>
</tr>
<tr>
<td>Inspection / Audit</td>
<td>Small number of recommendations, which focus on minor quality improvement issues.</td>
<td>Recommendations made, which can be addressed by low level management action.</td>
<td>Challenging recommendations that can be addressed with appropriate action plan.</td>
<td>Enforcement action.</td>
<td>Prosecution.</td>
</tr>
</tbody>
</table>
NHS SCOTLAND Core Risk Assessment Matrices

Table 2 – Likelihood Definitions

<table>
<thead>
<tr>
<th>DESCRIPTOR</th>
<th>Rare</th>
<th>Unlikely</th>
<th>Possible</th>
<th>Likely</th>
<th>Almost Certain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probability</td>
<td>Can’t believe this event would happen - will only happen in exceptional circumstances.</td>
<td>Not expected to happen, but definite potential exists - unlikely to occur.</td>
<td>May occur occasionally, has happened before on occasions - reasonable chance of occurring.</td>
<td>Strong possibility that this could occur - likely to occur.</td>
<td>This is expected to occur frequently / in most circumstances - more likely to occur than not.</td>
</tr>
</tbody>
</table>

Risk Matrix

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Impact</th>
<th>Negligible</th>
<th>Minor</th>
<th>Moderate</th>
<th>Major</th>
<th>Extreme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost Certain</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Major</td>
<td>Very High</td>
<td>Very High</td>
</tr>
<tr>
<td>Likely</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td>Very High</td>
<td></td>
</tr>
<tr>
<td>Possible</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Unlikely</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>Rare</td>
<td>Low</td>
<td>Low</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
<td></td>
</tr>
</tbody>
</table>

NHS SCOTLAND - CORE RISK ASSESSMENT MATRICES

These matrices, underpin the NHSShetland risk assessment process.

In use, the person assessing the risk will select the appropriate category, ie Patient Experience, Objectives / Project, etc. He / she will use the descriptors for that category and the appropriate likelihood definition to make an assessment of the significance of the risk, ie Low, Medium, High, V High.

Where a risk falls into more than one category (this is inevitable), a method of recording this will need to be developed. However, for simplicity we should use the highest impact level assessed to calculate the level of risk. eg If a risk impacts on Patient Safety – Minor, Staffing and Competence – Moderate and Financial – Major and the likelihood of an incident occurring is Possible, we should use the Major from the Financial category and the Possible likelihood to calculate the level of risk as High. See example below.