

SAFETY RISK ASSESSMENT (HEALTH & SAFETY) PROCEDURE

Document Governance

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Reason(s) for change (if not new at this edition)					
Policy update in line with 2020 Trust Document Framework – previously known as HS021					

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Document Type:	Policy	Reference No:	COR076	Document level:	Trust wide
Document purpose:	To provide a documented safety management system for identifying, analysing and controlling risks Trust wide for the minimisation of harm to patients, staff, visitors, contractors and volunteers through proactive risk assessments.				
Applicable to	Trustwide				

People/Groups Consulted:	Health and Safety Sub Committee Staffside Safety Representatives Networks
Governance oversight group (if applicable)	Quality Assurance Committee
Approval Group:	Health and Safety Sub-Committee

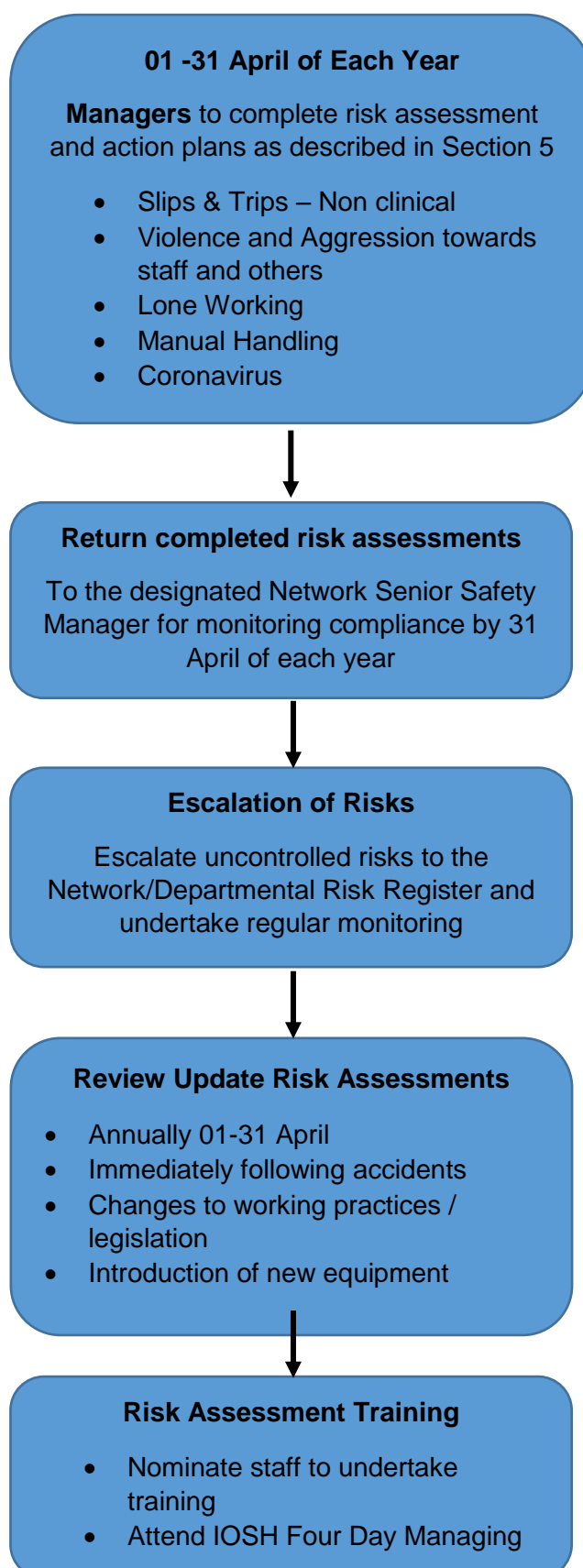
Other documents to be read in conjunction	Health and Safety Policy Risk Assessment Procedure Reasonable Adjustment Policy All appropriate Human Resources Policies
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Version Control and Change Summary

Version	Date	Section	Author	Comments
V1	Jan 2015			New Procedure
V2	Jan 2015			Policy review date extended until Dec 2019
V3	Nov 2019			Reviewed and updated
V4	Sept – December 2022		Carlton Brookes Amanda Miskell Maria Nelligan	Reviewed and updated Reviewed and updated Reviewed, comments and chairs action
	05/12/2022		Amanda Miskell	Revised with above and reformatted

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Quick reference flowchart: Please develop a flowchart(s) to provide staff an easy reference guide to key processes in the policy/procedure.



1.0 Introduction and Purpose

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

All employees have a legal duty to cooperate with their employer by reading risk assessments, using control measures and following safe systems of work. Failure may result in accidents /incidents.

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

The Trust will ensure that suitable and sufficient assessments of risks to staff and those people who may be affected by its activities are undertaken. Significant risks will be recorded on the Trusts risk register and, if unacceptable, an action plan developed to mitigate the risk. The risk register will be monitored.

The Trust will ensure that non-clinical assessments for Violence and Aggression, Lone Working, Manual Handling, Slips & Trips are completed where required. All risk assessments will be reviewed as appropriate.

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

2.0 Scope

These procedures apply to all employees, bank and agency staff, who work within or for Lancashire and South Cumbria NHS Foundation Trust. The arrangements for risk assessment applies to all working areas where Trust employees work, including outdoor work areas.

The Trust must cooperate with other employers in shared working areas to ensure that all risks are assessed. All employees have a legal duty to cooperate with their employer by reading risk assessments, using control measures and following safe systems of work.

3.0 Definitions

Risk assessment	<p>Nothing more than a careful examination of what, in your work, could cause harm to people (HSE 2018)</p> <p>Risk assessments are a legal requirement <i>“Requires every employer to make a suitable and sufficient assessment of the health and safety risks to (a) His employees and (b) Others not in their employment to which their undertakings give rise, in order to put in place appropriate control measures”.</i></p> <p>The process is the same whether the risk is clinical or non-clinical in that it follows the 5-step process recommended by the HSE and meets the requirements of the health and safety legislation. A standard template form is used for most risk assessments can be found at Appendix A.</p>
Hazard	<p>Hazard is something that has the potential to cause harm, loss, damage or other unwanted outcome to individuals, services, the organisation or the environment. Hazards will include objects, substances, machinery, stored energy, methods of</p>

	work and the working environment. Hazards should be removed or eliminated if possible; however, they are usually unavoidable and will always be present.
Risk	Risk is the likelihood of potential harm from a hazard being realised. The extent of risk will depend on: <ul style="list-style-type: none"> • The potential severity of that harm. • The likelihood of harm occurring. • Those who might be affected by the harm (nature and number of people exposed).
Risk analysis (rating)	Risk is made up of two components (1) the severity of the harm (consequence) and (2) the probability it will occur (likelihood). These components are each scored on a scale of 1 to 5 as described in the Trust's Risk Management Policy. The risk rating is defined as the consequence multiplied by the likelihood. The risk rating is taken from the 5x5 matrix which also gives a colour (level). The rating and level are used in the determination of the importance and priority given to the risk. Generally, some hazards cannot be eliminated and will always exist so the severity score will remain the same. Risk is mitigated by reducing the likelihood and hence the risk rating. The likelihood is reduced by the introduction of control measures to make harm less likely. A risk with no controls in place is called an uncontrolled risk.
Suitable and sufficient	Risk assessment should do the following: <ul style="list-style-type: none"> <input type="checkbox"/> Identify the risks arising from and in connection with the work. <input type="checkbox"/> The level of detail should be proportionate to the risk. <input type="checkbox"/> Insignificant risks can usually be ignored, as can risks arising from routine activities associated with life in general. <input type="checkbox"/> For departments presenting few or simple hazards a suitable and sufficient risk assessment can be a very simple, straightforward process. <input type="checkbox"/> Large and hazardous areas will require more developed and sophisticated risk assessments.

4.0 Duties

4.1 Chief Executive

The 'Chief Executive' has overall responsibility for risk management and governance and is responsible for ensuring that risk assessment programmes are in place and functioning effectively. Responsibilities for specific areas of risk management have been delegated to Executive Directors and, through them to managers. The Chief Nurse and Quality Officer Director of Infection Prevention and Control (DIPC) is the Board Lead for health and safety. Other staff are nominated by directors to meet key functions within the risk structure.

4.2 Chief Operating Officers, Directors, Senior Managers and their Teams

Chief Operating Officers, Directors and other Senior Managers and their Teams are responsible for leading on the operational implementation of the policy by ensuring that effective systems are in place to identify hazards and complete risk assessments with annual reviews as described in section 5 of this policy.

4.3 Line Managers

Risk, health and safety are line management responsibilities. All managers are responsible for the assessment and management of risks within their departments. The Health and Safety Team will support managers in completing their statutory duties.

In this procedure the term department is used as a general term referring to any team within the Trust with a manager. For example, a ward is a department. Departmental managers are responsible for the following:

- Ensuring the development and completion of their departmental risk assessments annually between **01 -31 April** of each year.
 - Slips and Trips – non clinical
 - Violence and Aggression towards staff
 - Lone Working
 - Manual Handling
- Ensuring the development and completion of action plans resulting from risk assessments. Keeping the risk lead informed of progress
- Ensure that risk action plans identify person responsible and realistic time scales for completion.
- Ensuring that all significant unresolved risks are entered onto the Trust's risk register.
- Sharing the results, learning and safe systems of work from risk assessments with all relevant staff.
- Ensuring appropriate risk assessments are reviewed or completed after an incident investigation.
- Undertaking annual reviews of their departmental risk assessments as requested by their Senior Health and Safety Manager.
- Review and update reasonable adjustment risk assessments if any significant changes arise such as a change in workplace or operational working conditions i.e., increased working hours, or installation of new equipment.

4.4 Senior Health and Safety Managers

The Senior Health and Safety Managers will:

- With Network Managers implement, coordinate and monitor an annual programme of departmental risk assessment as described in **Section 5**.
- Monitoring the risk action plans and assisting in closing assessed risks on request from managers.
- Reporting to the Health and Safety Subcommittee on significant risks, action plans and learning via exception reports.
- Informing respective Network Governance and Assurance Meetings and management teams of all areas of non-compliance regarding completion of risk assessments including red and amber rated risks identified through risk assessment.
- Facilitating the provision of Network risk assessment key staff training.
- Ensuring that the results, learning and safe systems of work from risk assessments are shared with all relevant staff.
- Ensuring appropriate risk assessments are reviewed or completed after an incident investigation.

4.5 All Employees

All staff (regardless of level or function)

Under the 'Management of health and safety regulations', every employee has a legal duty to follow safe systems of work such as procedures, instructions and training provided by the employer.

Under the Health and Safety at Work Act every employee has a legal duty to cooperate with their employer to meet their legal duties. Therefore, all staff must assist in carrying out and following the recommendations from risk assessments.

All staff are expected to be risk aware at all times and report any errors or omissions from

Trust policies, procedures or risk assessments. Initially, reporting should be verbally to their line manager. If the issue cannot be quickly and easily rectified locally then it can be reported via DATIX the Trust's *Incident Reporting system*.

5.0 The Procedure

5.1. Local risk assessment processes

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

Unresolved risk must be added to the risk register as a department risk. These department risks are usually mitigated locally if the actions required to mitigate the risk are within the remit of the manager responsible.

Managers complete local action plans, and these are discussed at local management meetings. When risks require action outside the remit of the responsible manager (i.e., has wider reaching effect than locality, outside financial capability, effects strategic direction of locality, department or directorate etc.), the risk should be escalated to the next management level in agreement with the Network risk lead.

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

5.2 Risk Assessment Strategy

Department managers supported by their Senior Safety Manager will ensure that the following risk assessments are completed and reviewed annually between **01 - 31 Apr of each year**. They must also be reviewed if circumstances have significantly changed.

- Violence and Aggression
- Manual Handling
- Lone Working
- Slips and Trips (non-clinical)
- Coronavirus

Blank templates and example copies of these assessments can be found on Sharepoint under Health and Safety.

In addition, there are two groups of employees for whom specific risk assessments are required by law. These are:

- Young people (under 18 years of age)
- Expectant mothers (which includes women you suspect could be pregnant and nursing mothers).

5.3 Reasonable Adjustment (Risk Assessment)

The Trust has a legal responsibility to ensure reasonable adjustments staff with disabilities, long term conditions and/or who neurodiverse are in place to allow them to carry out their role. It is the manager's responsibility to implement reasonable adjustments- see Reasonable Adjustments in the Workplace policy.

5.4 Medical conditions

If a risk assessment highlights any concerns which cannot be addressed due to an individual's long term medical conditions a referral to occupational health may be required, who may suggest specific adjustments to the working conditions. Further advice can be sought from the Health and Safety Team following this consultation.

Access to Work is a government funded programme to provide assessments, recommendations and financial support for people in employment who have a disability, a long term condition or who are neurodiverse (see definition of disability - <https://www.gov.uk/definition-of-disability-under-equality-act-2010>)

If diagnosed with a repetitive strain injury or upper limb disorder it must be reported immediately on Datix and the RIDDOR box must be ticked.

The Health and Safety Team will provide support in completing these assessments including other specialist assessments relating to the Control of Substances Hazardous to Health (COSHH); Needlestick and Sharps; Safe Handling and Storage of Medical Gases and Catering Facilities.

5.5 What is a risk assessment?

Risk assessments are a legal requirement and are a careful examination of hazards with the potential to cause harm.

The Regulations: *"Requires every employer to make a suitable and sufficient assessment of the health and safety risks to:*

- (a) His employees and*
- (b) Others not in his employment*

To which their undertakings give rise, in order to put in place appropriate control measures".

5.6 Meaning of suitable and sufficient Risk Assessments

Most health and safety prosecutions are for not having suitable and sufficient risk assessments. To be considered suitable and sufficient a written assessment must do the following:

- Identify the hazard/risks arising from and in connection with the work.
- Identify who might be harmed and how (the level of detail should be proportionate to the risk).
- Identify and evaluate the adequacy of existing control measures
- Identify any additional control measures
- Include an action plan with a named person responsible for implementing the additional control measures within a reasonable timeframe.

Note:

- Once all the risks have been assessed, **insignificant risks** can usually be ignored.
- Insignificant risks are generally those scored as green.
- Ignore risks arising from routine activities associated with life in general such as making hot drinks.
- For departments presenting few or simple hazards a suitable and sufficient risk assessment can be a very simple, straightforward process.
- Large and hazardous areas i.e., medical gas storage will require more developed and sophisticated risk assessments.

5.7 Legal Issues

All relevant staff must be aware of the hazards identified and the control measures in place. It is therefore essential that the written assessments are shared with staff. The template (**Appendix i**) includes a signatory sheet to evidence that they have read and understood the assessment.

HSE Enforcement officers only accept that an assessment exists if employees know what it contains, understands the control measures and have access to a copy. It is also essential that all generic risk assessments are available in the workplace and shared with all relevant staff.

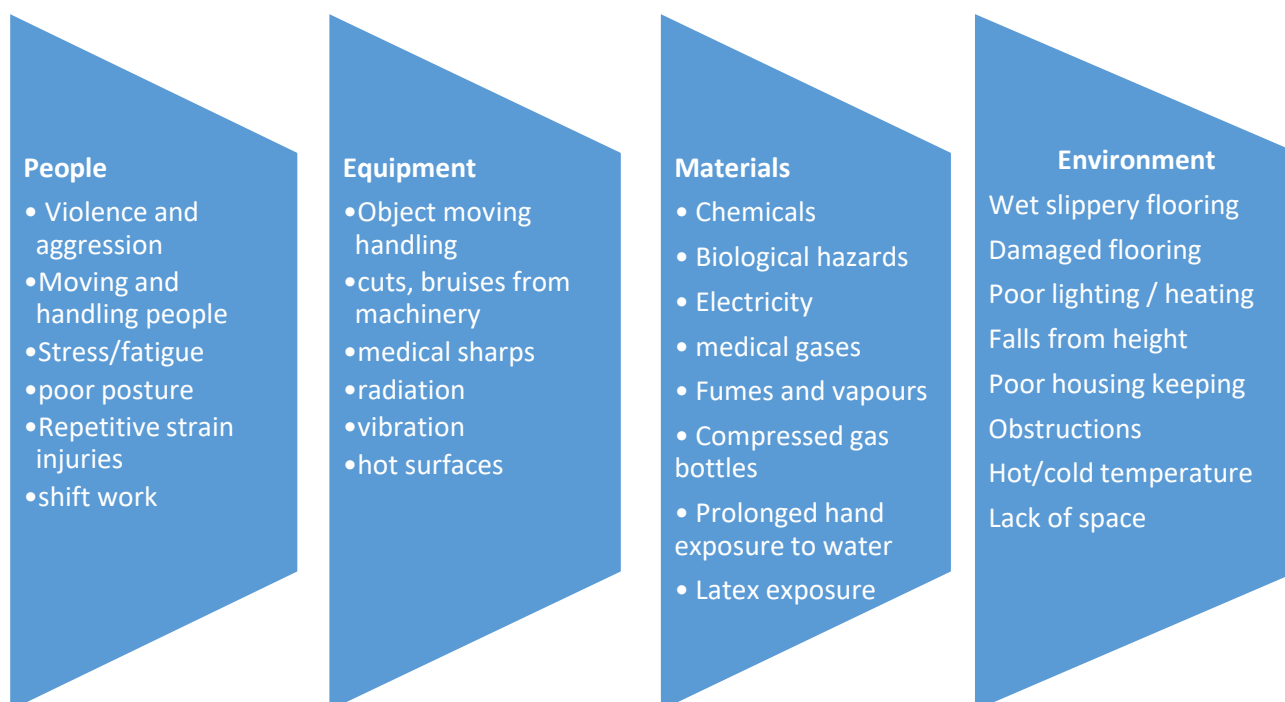
If staff are unaware of an assessment, then **legally it does not exist**. They need to see the assessment as soon as the risk is identified and **not after** the completion of the action plan. The results of assessments must also be shared with other people sharing the work area such as contractors, cleaners, security guards etc.

5.8 Hazard / Risk Identification

Risk identification and risk assessment can help the trust, teams and individuals set their priorities and improve decision-making to reach an optimal balance of quality and efficiency - risk, benefit and cost. It enables us to:

- Gather facts about activities and services and their associated hazards and risks in response to problems identified during health and safety inspections.
- Highlight the need to eliminate or manage identified hazards and risks, in order to protect the safety and well-being of patients, visitors, staff, and the organisation as a whole;
- Assist in the identification of risks that are a threat to the achievement of strategic objectives;
- Take corrective actions when new risks are identified or existing risks are not adequately controlled;
- Respond effectively to External Safety Alerts, HSE and CQC inspections
- Assess the likelihood and consequence of risks causing harm or damage;
- Gauge the consequence of non-compliance;
- Planning change, such as changes in building/ room use, service location etc.
- Assess new equipment, buildings, working practices etc
- Respond to reports from staff and Union representatives.
- Strategic risk assessment (corporate objectives and Board Assurance Framework).

The following chart may assist in identifying other hazards (it is not exhaustive):



5.9 Risk Assessment Procedure (HSE 5 Steps to Risk Assessments)

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

Step 1 – Identification of hazards

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

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

Step 2 – Decide who could be harmed and how

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

- People who might not be in the workplace all the time such as visitors and maintenance staff.
- People who may be present outside of normal hours.
- People you share your workplace with such as contractors and volunteers.

- Different times of day such as busy times, mealtimes and at night.
- Young people and expectant mothers (including nursing mothers).
- Lone workers, vulnerable individuals, sensitive individuals etc.
- Patients, visitors and volunteers

Step 3 – Evaluate the risks arising from the hazards

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

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

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

Introducing control measures:

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

Hierarchy of control measures:

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

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

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

Remember that it is now necessary to adapt work to the individual and follow ergonomic principles.

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

Residual risk:

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

Managers must ask themselves what is reasonable. They must consider what is normal in the NHS and adapt to technical progress. In most cases risks can be mitigated quickly, however, there will be some risks where:

- Longer term solutions are required.
- The solutions are out of the control of the manager.
- Further funding is required.
- They require the cooperation of other departments.
- Specialist advice and assistance is required.
- With all reasonable controls in place the residual risk is still unacceptable. In these cases, there will be unresolved risk.

Unresolved risk (action plan):

Each unresolved risk must have an action plan. There must be clear actions owned by a responsible person and with clear completion dates (see the risk assessment template and action plan **Appendix i, part e**). The department manager is responsible for monitoring the action plan, with the support of their Network Senior Health and Safety Manager.

All unresolved risks should also be added to the departments and/or the Trust risk register. Risks are added by the department manager with the support of their Governance and Risk Lead.

Step 4 – Recording risk assessments

It is a legal requirement to record your risk assessment in writing and share the findings with all relevant staff. Once completed departmental managers are required to return each completed risk assessment to their Senior Safety Manager for monitoring statutory compliance.

Record Keeping:

It is essential that records are kept of all risk assessments including superseded copies. These are legal documents that may be required to be produced in the event of litigation. The assessments should be kept electronically as this makes sharing and review easier.

However, paper copies may need to be available in the workplace for some staff groups, staff with computer literacy and access only electronic versions are required.

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

Step 5 – Reviewing risk assessments

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

- Response to accidents and near misses and newly identified hazards.
- Conditions leading to new hazards.
- New equipment
- Changes to working area or workplace layout.
- Staffing levels or competency.
- Changes in practice.
- Capacity and working intensity.
- Working hours and shift patterns.
- Changes in HSE or national guidance.
- Changes identified through internal / external audit CQC, HSE etc

If there are no changes the assessment will be reviewed between **01-31 April of each year**. The Network Senior/Health and Safety Managers will initiate the process each year and monitor compliance.

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

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

5.10 Learning from risk assessments

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

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

5.11 Training

Risk assessors must have the knowledge and competency of the activity or work area they are assessing. All staff must complete the annual health and safety e-learning which covers the basic risk assessment information.

Managers are strongly encouraged to attend health and safety risk assessment training provided by the Safety Department (approximately 3 hours).

The Trust also delivers the accredited IOSH Four Day Managing Safely Course which all managers are strongly encouraged to attend.

Contact the health and safety department for further details.

healthandsafety@lscft.nhs.uk

6.0 Monitoring

Standard	Time frame/ format	How this will be monitored	By whom
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<p>Network completion of risk assessments</p> <ul style="list-style-type: none"> • Violence and Aggression • Manual Handling • Slips & Trips • Lone Working 	01 – 31 Apr of each reporting year	<ul style="list-style-type: none"> • live tracking of completed assessment • compliance reports to Health and Safety Sub-Committee • compliance reports to network governance meetings for assurance 	Senior/Safety Managers
Completion of reasonable adjustment risk assessment	as required	<ul style="list-style-type: none"> • live tracking of Access to Work recommendations • responding to Occupational Health advice and recommendations 	Line Managers
DATIX accident /incident reports	Daily	Live tracking of incident reports monitoring sites for number of slips trip and fall	Health and Safety Team
RIDDOR Reporting and over seven-day injuries	as required	Monitoring of staff accidents that meet the RIDDOR reporting threshold.	Health and Safety Team

7.0 References (including applicable NICE publications)

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Preventing slips and trips at work. A brief guide. INDG225 (rev2)

Appendix i: Example Risk Assessment

Example Slips Trips and Falls Risk Assessment

Part A

Service	Locality: Pennine	Site/Ward: Ribble / Pendleview	Assessors Name: Eileen Over	Assessment date: 02 Apr 2021
Applicable to	All wards and staff within Ribble and Pendleview Service Areas			
Hazard /Risk	<p>Slips and trips are the most common cause of major injuries at work, they can occur in almost all workplaces. Slips, trips and falls can have a serious impact on the lives of employees and those being cared for. They account for around half of all reported major injuries to employees. Some users of health or care services can be particularly vulnerable to falls injuries and falls on the same level account for a significant number of injuries to service users - many of which are preventable. Accidents resulting from either a slip or a trip can happen for a number of reasons:</p> <p>Uneven floor surface and changes in flooring levels; Unsuitable floor coverings; Wet or slippery floor surfaces due to spillages (indoors and outside); Trailing cables; Falls from height; Running; Poor lighting; Poor housekeeping; Obstructions; Weather conditions (snow, ice, rain), Poor signage during cleaning and type of footwear.</p>			
Health and Safety	<p>This assessment describes what you must do to protect your staff, patients and visitors from the risk of injury arising from the hazard and risk of slips trips and falls in the workplace. The Health and Safety at Work etc Act 1974 (HSW Act) requires employers to ensure the health and safety of all employees and anyone who may be affected by their work, so far as is reasonably practicable. This includes taking steps to control slip and trip risks. Employees have a duty not to put themselves or others in danger and must use any safety equipment provided.</p>			

Part B

What is the hazard?	Who might be harmed and how?	Existing control measures	Current risk rating			Additional Control Measures	New risk rating (Residual)		
			L 1-5	C 1-5	R 1- 25		L 1-5	C 1-5	R 1 - 25
Entrance Matting	Staff, Patients, Visitors and Contractors Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> Use of entrance matting for the drying off of footwear Replace remove damaged matting Carpets and flooring only fitted by competent contractors 	1	2	2	No Further Action	1	2	

<p>Poor Housekeeping and obstructions</p>	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> Line managers / Team Leaders and Supervisors ensure that offices, wards and clinical rooms are kept clean and tidy. Staff informed that they must keep all areas clean and free from obstructions. Contract cleaners provide daily cleaning of all rooms 	<p>2</p>	<p>3</p>	<p>6</p>	<p>6 monthly health and safety inspections of hospital sites</p> <p>Annual inspections of community sites</p>	<p>1</p>	<p>2</p>	<p>2</p>
<p>Substances due to spillages</p>	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> Staff informed to clean up spillages immediately Housekeeping staff trained in floor cleaning operations. Staff when necessary will warn others of the risk by display 'Wet Floor' hazard warning signs Floor cleaning equipment available at all times 	<p>3</p>	<p>2</p>	<p>6</p>	<p>Manager to discuss with staff and raise importance of cleaning up spillages immediately</p>	<p>3</p>	<p>2</p>	<p>6</p>
<p>Floor cleaning operations</p>	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> Flooring cleaning carried out by trained housekeepers employed by OCS Housekeepers warned and told not to leave floors wet and to only mop sections of corridors at a time to allow safe passage along the dry side. Housekeeping staff must display 'Wet Floor' hazard warning signs during all floor cleaning/spillage work. Housekeeping staff must use correct mopping system designed to prevent over wetting of floors. 	<p>1</p>	<p>2</p>	<p>2</p>	<p>No Further Action</p>	<p>1</p>	<p>2</p>	<p>2</p>
<p>Use of stairs</p>	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper</p>	<ul style="list-style-type: none"> Staff at all times are advised to the handrail provided when transited up/down stairs Staff must avoid carrying heavy object and objects in both hands when using stairs 	<p>1</p>	<p>2</p>	<p>2</p>	<p>No Further Action</p>	<p>1</p>	<p>2</p>	<p>2</p>

	and lower body injuries	<ul style="list-style-type: none"> Staff must report all defects to stairs and handrail and lighting. Stairs cleaned daily 							
Damaged flooring i.e., torn carpets/vinyl flooring	Staff, Patients, Visitors and Contractors Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> All staff must immediately inform Estates of damages to internal flooring Staff must display 'trip' hazard signs Estates must assess/make safe and repair floor within a reasonable timeframe 	2	3	6	6 monthly health and safety inspections of hospital sites Annual inspections of community sites	1	2	2
External potholes, damaged tarmac, loose uneven paving	Staff, Patients, Visitors and Contractors Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> Staff must immediately inform estates of any potholes, loose paving and damaged tarmac Estates must display hazard warning sign until affected area has been repaired Estates to repair damages within a reasonable timeframe 	3	2	6	6 monthly health and safety inspections of hospital sites Annual inspections of community sites	1	2	2
Trailing cables	Staff, Patients, Visitors and Contractors Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> Good layout of offices to prevent trailing cables Use of cable trunking and under flooring laying of sockets under desks to conceal cabling Use of hazard warning signs, barriers and cable covers when using work equipment with trailing cables 	1	2	2	6 monthly health and safety inspections of hospital sites Annual inspections of community sites	1	2	2
Falls from height chairs, step ladders and stairs	Staff, Patients, Visitors and Contractors Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> Staff must not use step ladders unless trained Staff must not use step ladders in isolation Staff must carry out safety checks on step ladders before use Staff must not use defective step ladders and must report all defects to Estates 	1	2	2	No Further Action	1	2	2

		<p>and put out of use and mark as 'Defective Do Not Use'</p> <ul style="list-style-type: none"> • Staff when using stairs must hold onto handrails • Staff must not stand on chairs to retrieve items or for any other tasks 							
Poor lighting	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> • Estates must carry out annual inspections of lighting conditions in buildings and car parks • Estates must repair defective lights in a reasonable timeframe • Staff must report any defective lights immediately to Estates. 	1	2	2	<p>6 monthly health and safety inspections of hospital sites</p> <p>Annual inspections of community sites</p>	1	2	2
Storing heavy items at height and manual handling	<p>Staff, Patients, Visitors and Contractors</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> • Staff advised to avoid hazardous manual tasks – refer to the manual handling risk assessment. • Staff informed not to store heavy items above head height • Staff advised that they must not climb onto chairs or desks to retrieve items • Line managers and staff will ensure that storerooms are kept free from obstructions 	2	3	6	<p>6 monthly health and safety inspections of hospital sites</p> <p>Annual inspections of community sites</p>	1	2	2
Incorrect footwear Lack of grip on smooth flooring and bad weather conditions	<p>Staff, Patients,</p> <p>Fractures, broken bones, sprains upper and lower body injuries</p>	<ul style="list-style-type: none"> • Staff must wear slip resistant footwear when at work • All staff to avoid wearing ballet type footwear • Staff must avoid running when at work • Use of gritted footpaths during winter / icy conditions 	1	2	2	No Further Action	1	2	2
Snow and ice	<p>Staff, Patients,</p> <p>Fractures, broken bones, sprains upper</p>	<ul style="list-style-type: none"> • Ice gritting plan in place across trust sites • Staff must take extra care when walking across trust car parks and footpaths 	3	2	6	Manager to review/confirm winter gritting plan for site with estates	3	2	6

	and lower body injuries	<ul style="list-style-type: none"> Staff must wear suitable footwear based on adverse weather conditions 							
Catering Kitchen Services wet, greasy floors, electricity, manual handling, equipment maintenance	Staff, Patients, Fractures, broken bones, sprains upper and lower body injuries	<ul style="list-style-type: none"> Staff trained in use of equipment Good housekeeping with no obstructions along isles or walk routes Floors cleaned daily and kept free from oils, water and substances. Adequate storage of food items Avoid storing items above head height Immediate cleaning up of spillages 	3	2	6	health and safety team with service manager to complete assessments of catering areas	3	2	6

Part C

Annual Reviews: Annual reviews will be undertaken **between 01 – 30 Apr of each year** or sooner in event of an accidents, incidents and near misses. It should also be reviewed if there are any changes to the workplace conditions, on occupation of new builds and following refurbishment.

Date		Assessors name		Managers name	
Date		Assessors name		Managers name	
Date		Assessors name		Managers name	
Date		Assessors name		Managers name	
Date		Assessors name		Managers name	

Part D: Risk Matrix and Risk Score

Likelihood			Consequences		
Level	Descriptor	description	Level	Descriptor	description
1	Rare	Will occur in exceptional circumstances	1	Insignificant	No injuries low financial loss
2	Unlikely	Event could happen at some point	2	Minor	First aid treatment, medium financial loss
3	Possible	Event might happen at some point	3	Moderate	Medical treatment required, high financial losses, moderate loss of reputation
4	Likely	The event is most likely to happen in most circumstances	4	Major	moderate loss of business interruption, legal action possible (civil)
5	Almost certain	The event is expected to occur in most circumstances	5	Catastrophic	death, toxic release, high financial loss and reputation, political topic arisen, criminal prosecutions and civil action imminent

Risk Rating

Risk Score	Risk Rating	Minimum Review Frequency
1-3	Low	12 Month
4-6	Moderate	6 Month
8-12	High	3 Month
15-25	Significant	1 Month

Part E: Action Plan

Ser	Action Required	By Whom	By When	Date Completed
1	Substances and spillages – manager to discuss with staff need to clean spillages up immediately	Line manager	04 Apr 2021	06 Apr 2021
2	Winter gritting plan – review site gritting plan with estates and communicate to staff the need to wear appropriate footwear and to walk with caution during snow and ice conditions	Line manager	01 Dec 2022	05 Dec 2021
3	Catering kitchen services – line manager with health and safety to complete risk assessment for all kitchen areas	Line manager / Health and safety	June 2021	July 2021

Part F: This is to confirm that I have read and received a copy of this risk assessment

First Name	Last name	Dept	Signature	Date
Judy	Jones	Calder ward	Judy Jones	06 April 2021
Ian	Smith	Ribble ward	Ian Smith	06 April 2021
Davina	Fall	Ribble Ward	Davina Fall	07 April 2021
Joan	Simms	Calder Ward	Joan Simms	07 April 2021

Appendix ii: Equality Impact Assessment: this MUST be done in collaboration with the Trust Equality and Diversity Lead

When completing, remove all guidance text like this but do not alter or delete any elements of this assessment

LSCFT puts equality, inclusion, and human rights at the centre of the design and delivery of inclusive services for the diverse communities we serve, and the empowering culture we create for our staff.

The legal case is set out in the Equality Act 2010 and the practice is embodied by our staff every day, without exception.

We are stronger together.
Equality@lscft.nhs.uk













This assessment applies to any Trust policy document, or activity required in a Policy, which will have an impact on people. Please refer to the Equality Impact Assessment (EIA) Form Guidance and the Equality and Diversity Lead. This assessment must be done in collaboration with the E&D Lead

1. What is the title of the Policy and purpose of the activity in requires or involves that needs to be considered and assessed for its impact on people?

The Risk Assessment Policy/Procedure outlines the statutory requirement to asses' hazards and risk and to reduce the risk of injury through the completion of risk assessments within a specific time requirements. This policy applies to the Trusts Health and Safety and Risk management Framework and is applicable to all staff.

2. Which group/s of people is/are being considered?			
<input type="checkbox"/> Patients / Service Users	<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Public	<input type="checkbox"/> Partner agencies
<input checked="" type="checkbox"/> Other staff with chronic illnesses or disabilities that may require some level of reasonable adjustment			

3. Which of the following protected characteristics may or are likely to be affected by this policy? (* in any box as needed)									
Age	Disability	Gender-reassignment	Marriage/Civil Partnership <i>in employment</i>	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Other <i>detail below</i>
			 <i>only</i>						
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Other: Whilst the procedures described in section 5 &6 apply equally to all staff, the trust through this policy is committed to the inclusive principles of the Disability Equality Duty and the proactive supporting of disabled staff in order that they can achieve their full potential whilst at work.</p>									

4. What engagement is taking place or has already been undertaken with those who are likely to be affected?
Refer to section 6 of the procedure Advice from ED&I team. In addition, the policy has been consulted with the following groups: Staffside, Network Ops, Health and Safety Committee.

5. What impact or potential impact has been identified through the consultation?
The need for disabled colleagues or colleagues with pre-existing medical health conditions to have adequate assessment and equipment to minimise risk of injury.

6. What further steps are needed to mitigate or safeguard against the impact/potential impact identified?

No further steps identified - the procedure included in section 5 are a prerequisite under Health and Safety legislation and Equality Act that hazards and identified risks are controlled in line with Health and Safety Executive guidance with the provision of suitable and sufficient risk assessments with control measures designed to reduce risk and keep staff and patients safe.

Outcome of the assessment	Action/s Required	Timescale	Accountability
<p>Outcome 1: No change(s) required <i>When the scoping exercise has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.</i></p>	*No further steps identified		
<p>Outcome 2: Adjustments to remove barriers that were identified in the consultation <i>We need to be satisfied that the proposed adjustments will remove the barriers identified.</i></p>	*No further steps identified		
<p>Outcome 3: There is still potential for adverse impact or missed opportunities to promote equality. <i>This requires the consideration of 'reasonable adjustments' under the law to adapt and enable people to engage in or access the activities/practices required by the policy. In this case, the justification for continuing must be described here and should also be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. We need to demonstrate that there are sufficient plans to reduce the negative impact with 'reasonable adjustments' and/or plans to monitor the actual impact</i></p>	*No further steps identified		
<p>Outcome 4: Stop and rethink. <i>When an EIA shows actual or potential unlawful discrimination you will now need to make changes to the policy and practices it requires.</i></p>	*No further steps identified		

How will we monitor this and to whom will we report outcomes?

The Chief Officer of the policy must be made aware of this assessment and any monitoring or rewriting in relation to outcomes 2,3 or 4
Risks identified throughout the assessment process and controls designed to address

<p><i>them, must be described and rated and recorded on Datix or in service risk registers in line with Trust processes. Assurance mechanisms should be developed for each activity to ensure that equality and diversity compliance is achieved on an ongoing basis</i></p>	
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7. Who undertook this assessment and when?

Name: Carlton Brooks	Carlton Brooks
Job Title: Head of Health and Safety	Date assessment started: 17 Jul 2022
Service: Nursing and Quality	Date assessment completed: 21 Jul 2022
Sign off: High – to be signed off by E&D Team Medium – to be signed off by Author with E&D advice Low – signed off by Lead Author	EIA Grade: High

8. Authorised by Trust Equality and Diversity Lead (Signature): Candace Bedu-Mensah

Date: 06/10/2022