**Appendix Five – Risk Assessment approach**

NHS staff have the right to work in an environment that keeps them safe from violence and aggression, enabling them to deliver the highest quality service and patient care. This was strengthened through the introduction of the [Assaults on Emergency Workers (Offences) Act 2018](http://www.legislation.gov.uk/ukpga/2018/23/section/3/enacted) which includes a person employed for the purposes of providing, or engaged to provide NHS health services, or services in the support of the provision of NHS health services,

All staff are potentially vulnerable to violence and aggression and the employing organisation has a legal obligation to have strategies in place to mitigate the risks.

Under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 employers have a duty to ensure the health, safety and welfare of their staff. Where they may be at risk, this must be assessed, documented and staff provided with adequate information, instruction and training. The ultimate responsibility for the health and safety of staff rests with the employing organisation.

It is important that NHS funded providers recognise the need for training standards in violence and aggression. There is a legal requirement to ensure that those advising and training others in the safe management of violence and aggression have the appropriate skills and knowledge.

A Training Needs Analysis should have been undertaken to identify the level of training that is required. However, training requirements may change because of a risk assessment and the introduction of additional control measures.

**Aims**

The key aim of this Annex is to outline a risk-based approach, which considers the risk factors and risk mitigation options. Thus, ensuring NHS Funded providers who deliver the SAS are able to deliver the highest quality of clinical care available to patients.

**Requirements**

All NHS Funded providers who deliver the SAS must undertake suitable and sufficient risk assessments so that are able to deliver the highest quality of clinical care available to patients and ensure that they comply with the legal duties outlined in the health and safety legislation. These include:

Health and Safety at Work Act 1974, section 2 and 3, which requires the provision and maintenance of a working environment for employees that is, so far as is reasonably practicable, safe, without risks to health, and adequate as regards facilities and arrangements for their welfare at work which includes adequate training:

**Section 2 General duties of employers to their employees**

It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

Without prejudice to the generality of an employer’s duty under the preceding subsection, the matters to which that duty extends include in particular—

The provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees;

Health and Safety At Work Act 1974, section 7 which requires that employees should take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work; and cooperate by following any requirement imposed on them by their employer:

**Section 7 General duties of employees at work**

It shall be the duty of every employee while at work—

to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and

as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with.

The Safety Representatives and Safety Committees Regulations 1977 and Health and Safety (Consultation with Employees) Regulations 1996 impose a duty on employers to consult workers on matters pertaining to their health and safety.

The Care Quality Commission’s Essential Standards of Quality and Safety sets out the general requirements for a safe working environment. Outcome 14D specifically requires that members of staff are supported to do their work in a safe working environment where risk of violence, harassment and bullying are assessed and minimised.

The Management of Health and Safety at Work Regulations, 1999 Regulations 3 and 5 impose an overarching duty on employers to carry out suitable and sufficient risk assessments and introduce preventative and protective measures to control the identified risks. This includes the risk of violence and aggression. The assessment should identify the measures needed to either eliminate the risks or, if this is not reasonably practicable, adequately control them. The Regulations do not specify which measures should be introduced to control the risk. It is for the employers to satisfy themselves that the measures they have taken are adequate. In doing so, the NHS funded provider must consider the good practice of other employers managing similar issues.

A Violence and Aggression Risk Assessment should be documented for any task / activity which presents a significant risk. In addition to formal documented risk assessments, employees must conduct a Personal Risk Assessment before they perform a task/activity, which may present a risk of violence and aggression. This assessment should examine the risk to themselves and others who may be affected by the activity. If necessary, they must communicate their findings to others.

**Roles and Responsibilities**

**The Commissioner**

The Commissioner (or equivalent) is responsible for receiving assurance that the organisation has an effective programme in place for managing clinical, financial and strategic risks. In order to provide such assurance, the Commissioner will receive reports from the relevant panels, groups or committees dealing with risk management and providing risk data (the exact names of these bodies varies between organisations, although their broad functions will not).

**Senior managers**

Senior managers have the responsibility for ensuring that their areas of work comply with the risk management process. They will ensure that there are effective risk management processes are in place to identify, assess, evaluate, control, monitor and review risks. In addition, they are responsible for ensuring that members of staff are informed of the risks within their work environment. Senior managers are responsible for implementing and monitoring any identified risk management control measures.

**Local Managers**

Local Managers have a responsibility in relation to the identification of hazards, risk assessing, development and delivery of the action plans. They are responsible for ensuring that their staff engage with the risk management process, in particular by reporting all incidents of violence, assisting with the incident investigation and debrief, and implementation of any action plans.

They should ensure that risk assessments are readily available for inspection and that staff awareness and knowledge of the risk assessment process along with associated control measures is tested. They also have a responsibility to manage the expectations of staff, and ensuring that staff are made aware of the risks within their work environment and know how to mitigate them.

**All staff**

All members of staff have a responsibility towards the management of risk. This includes reporting incidents, accidents, near misses, using the organisation’s reporting form through the internal reporting system. They must be aware that they have a duty to take reasonable care of their own safety and the safety of others. They must be familiar with the Risk Management Strategy and comply with all organisational policies, Regulations, procedures and instructions in order to protect the health, safety and welfare of any individual affected by the organisation.

One key principle is that all staff groups whose work, brings them into contact with members of the public, receive a level of conflict resolution training which is commensurate to the risks they face.

**Risk assessment process**

An important part of the risk assessment process is being able to identify the potential sources of information needed to feed into the risk assessment and identify the level or training required, such as:

* + - Reported incidents, near misses, serious untoward incidents;
    - Patient and members of the public considerations;
    - Staff roles and responsibilities;
    - Duties performed by staff in high risk roles (according to risk assessments);
    - Current levels of skills and training, staff expectations;
    - Statutory requirements, policy and guidance.

**Risk factors**

It is possible to identify trends and themes in terms of the hazards that staff face and the possible levels of training required, and asses against each such as:

* + - Prevalence of clinically related challenging behaviours;
    - Presence of aggravating factors;
    - Inefficient services such as cancelled appointments, delays to services, long waiting times;
    - Environmental factors: building design, stressful or heightened activity, crowded, noisy areas;
    - Location of premises which may be isolated;
    - Insufficient appropriately trained staff and resources, including shortage of qualified staff;
    - Language skills;
    - Fatigue and tolerance.

The findings from the above process should be recorded clearly on a violence & aggression risk assessment form. The following are guidance notes on completing the violence & aggression risk assessment form. They are designed to allow you to carry out a suitable and sufficient assessment of the risk of violence and aggression in your working environment. The form is divided into six main sections. The aim has been to make the areas to be assessed as clear as possible. It is not possible to cover all eventualities and those completing the form must not feel that they cannot record any other relevant details. Where necessary, continuation sheets can be used.

Risk Assessments should be undertaken in consultation with employees and reviewed at least annually or after an incident has occurred or as a result of a change. If a major change is required as part of a review a new form must be completed. If the circumstances remain largely the same then there is a section to record that a review has been undertaken.

**Section A – Administration Details**

This section is designed to identify the location where the assessment is being conducted.

**Section B – Task or Activity**

Write down the tasks or activities which could lead to a risk of violence and aggression. If there is a specific activity that presents an elevated risk this may need to be documented separately. Specify the personnel that may be involved in each task or activity. Remember to consider any other personnel who may be similarly at risk.

**Section C – Assessment of Risk**

This section is designed to identify the likelihood of the risk of violence to employees based on the various hazards that employees may be exposed to in undertaking their duties. The section should be completed by answering all of the relevant questions. Once this has been undertaken, the answers should be reviewed and a decision of the degree of perceived/actual risk made.

It is important to consult all those who may be involved in the activity/task when undertaking a risk assessment. Perception of risk may vary from individual to individual. In addition, employees may have been involved in incidents, which they have not previously reported or shared with their colleagues.

**Section D – Current Control Measures**

This section is where any existing control measures/precautions are listed. Many of these control measures will have been highlighted in Section C. These can be summarised and cross referenced where appropriate. A continuation sheet can be used if necessary.

**Section E – Initial Risk Rating Figure**

In order to prioritise actions, it is necessary to evaluate the level of risk presented by the hazards identified. This is undertaken using a simple rating system and a basic multiplication. Further guidance is given in the Risk Matrix Section.

**Section F – Additional Risk Control Measures Required**

Where the level of risk is considered to be unacceptable this part of the form is used to determine additional risk control measures.

When considering actions to be taken a hierarchy of risk control measures should be considered in the following order:

* + - Elimination or removal of the risk;
    - Substitution with a less risky option;
    - Enclosure or segregation of the risk;
    - Prevention of access of/to the risk;
    - Organising work to reduce exposure to the risk;
    - Safe systems of work/safe operating procedures.

Consideration should also be given to staff training requirements, including those arising from implementation of the control measures.

There will be occasions when the additional control measures required may take some time to implement. The request for these controls should form part of the Action Plan to be agreed with the Head of Service. The new risk rating figure will quantify the projected reduction in risk.

**Section G – Action Plan Agreed with Manager**

The Action Plan is documented confirmation that the additional risk control measures have been identified and agreed with the manager. This should specify the expected completion date and confirm when controls have been implemented. A final/residual risk rating figure should then be calculated: this may be different to the risk rating detailed in Section F if some of the recommendations cannot be actioned.

**Risk Matrix**

Assess each risk against the likelihood of an incident occurring and should it happen the severity of the consequences.

LIKELIHOOD Taking into account the controls in place and their adequacy, how likely is it that such an incident could occur? Apply a score according to the following scale:

| **Level** | **Descriptor** | **Description** |
| --- | --- | --- |
| 5 | Almost Certain | Likely to occur on many occasions, a persistent issue |
| 4 | Likely | Will probably occur but it is not a persistent issue |
| 3 | Possible | May occur occasionally |
| 2 | Unlikely | Do not expect it to happen but it is possible |
| 1 | Rare | Can't believe this will ever happen |

SEVERITY Taking into account the controls in place and their adequacy, how severe would the consequences be of such an incident? Apply a score according to the following scale.

| **Level** | **Descriptor** | **Actual or Potential Impact on Individual(s)** | **Actual or Potential**  **Impact on**  **Organisation** |
| --- | --- | --- | --- |
| 5 | Catastrophic | DEATH | National adverse publicity. Investigation. Litigation expected/certain. |
| 4 | Major | PERMANENT INJURY:  e.g., RIDDOR reportable injury/ Ill health retirement/redeployment | RIDDOR reportable  Long-term sickness. Litigation expected/certain. |
| 3 | Moderate | SEMI-PERMANENT INJURY/DAMAGE  e.g., injury that takes up to one year to resolve or requires  Occupational Health involvement/rehabilitation | Litigation possible but not certain. High potential for complaint. |
| 2 | Minor | SHORT-TERM INJURY/DAMAGE eg, injury that has been resolved within one month  Short-term sickness. | Minimal risk to organisation. Litigation unlikely. Complaint possible. |
| 1 | Insignificant | NO INJURY OR ADVERSE  OUTCOME | No risk at all to  organisation. Unlikely to cause complaint.  Litigation risk remote. |

**Risk score action to be taken**

| LIKELIHOOD | SEVERITY | | | | | Action |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Insignificant | 2  Minor | 3  Moderate | 4  Major | 5  Catastrophic |
| 1. Rare | 1 | 2 | 3 | 4 | 5 | No Immediate action |
| 2. Unlikely | 2 | 4 | 6 | 8 | 10 | Action within 12 months |
| 3. Possible | 3 | 6 | 9 | 12 | 15 | Urgent Action |
| 4. Likely | 4 | 8 | 12 | 16 | 20 |
| 5. Almost Certain | 5 | 10 | 15 | 20 | 25 |

**Sample Risk Assessment Form**

* [Sample Risk Assessment Form](https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-working-with-primary-care-support-england-pcse-annexes/)