

RISK ASSESSMENT THEMES AND RESPONSES

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PRODUCTION

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Document History

Revision History

Revision date	Previous revision date	Summary of Changes	Version
14/07/20	N/A	Complete review, reformat and update	2.0.1
14/07/20	14/07/20	Addition of top 8 queries Examples question completion added	2.0.2
14/07/20	14/07/20	Inclusion of new 2.14 question and final stylistic changes for publication	2.0.3
17/07/20	14/07/20	Amended to be Primary Care -Pharmacy and optometry focused	2.0.4

HUMAN RESOURCES THEMES AND RESPONSES (HRTRs) – answering questions, sharing guidance or signposting for COVID-19

Ref	Question	Answer	Checked/ Updated
	Top 5 themes		
A	What is the definition of ‘at risk’	<p>All staff should be offered a risk assessment. However, the following groups have been found to be at increased risk associated with COVID-19 (‘at-risk’):</p> <ul style="list-style-type: none"> • Black, Asian and minority ethnic staff (BAME), aged 55+, particularly those with co-morbidities • White aged 60+ • Male • Having underlying health conditions - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity • Pregnant <p>Additionally, in light of emerging scientific evidence, all BAME staff are now included in this category of risk assessments.</p>	
B	What do I do if staff decline?	<p>If a staff member declines the offer of a risk assessment, please provide assurances about confidentiality explaining that there will be no detriment to them, and the focus of the risk assessment is on supporting them to keep them safe rather than redeployment. Staff members that have declined a risk assessment should continue to be regularly offered one.</p> <p>Where staff have been offered a risk assessment, but this has been declined, providers can subtract those staff from their denominators for questions 2, 3 and 4 (see 2.4 above).</p> <p>Organisations should keep records of all declined assessments.</p>	

C	Hitting the target / missing the point	While recognising that we have set reporting deadlines, it's essential during this process that staff are offered a safe space to have quality conversation that ensures they can be offered the appropriate mitigation and support according to the risks identified.	
D	I can't login	This is usually caused by a cookie problem in your browser. Try logging on using an 'Incognito' window (Chrome) or 'in-Private' window (Internet Explorer). Or try an alternative browser: Chrome instead of Internet Explorer, or vice versa. If the problem persists it probably means our servers are very busy and you should try again a little later.	
E	Why are there two windows?	Given the urgency to complete assessments by the end of July, organisations are being asked to submit their data during two windows to help identify progress and allow commissioners to understand as soon as possible where further support is required.	
1	Background		
1.1	Which staff should be offered a risk assessment?	<p>All staff should be offered a risk assessment. However, as part of risk stratification the following groups have been identified as being at increased risk associated with COVID-19:</p> <ul style="list-style-type: none"> • Black, Asian and minority ethnic staff (BAME), aged 55+, particularly those with co-morbidities • White aged 60+ • Male • Having underlying health conditions - Hypertension, Cardiovascular Disease (CVD), Diabetes, Chronic Kidney Disease (CKD), Chronic Obstructive Pulmonary Disorder (COPD), Obesity • Pregnant <p>Additionally, in light of emerging scientific evidence, all BAME staff are now included in this category of risk assessments.</p>	
1.2	Does this mean 'at risk' staff will be taken away from Covid-19 services?	No. Risk assessment encourages employers to consider a range of mitigating actions such as additional hygiene measures, stringent fit testing, equity of PPE provision and training, and improved occupational health support and job adjustments.	

		Redeployment away from the patient-facing roles remains an option for any employer where a member of staff is considered very high risk, as it has been since the pandemic began.	
1.3	Other than redeployment, what steps can employers take to mitigate risk?	There are a range of steps employers are already taking to mitigate risk. These include enhanced health and wellbeing support, additional infection prevention and control assurance such as prioritisation for fit testing, rota adjustments, and regular health checks.	
2	Data Collection		
2.1	How will NHS England and NHS Improvement use this data?	<p>The data will be used to help identify where best practice and innovative approaches have been adopted to support progress, as well as understand those areas where additional support is required by primary care organisations to ensure risk assessments are completed.</p> <p>This includes sharing of learning and continued working with local commissioners to ensure there is adequate access to existing occupational health capacity, to be drawn on as needed.</p>	
2.2	Will any of this data be personally identifiable?	It should be noted that no personal identifiable data is being collected during the data collection process.	
2.3	What information should organisations submit?	<p>Primary care organisations are asked to provide information in relation to the four questions below:</p> <ol style="list-style-type: none"> 1. Have you offered a risk assessment to all staff? Y/N 2. What % of all your staff have you risk assessed? 3. What % of risk assessments have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary? 4. What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary? <p>Examples for completing these questions can be found at the end of this document.</p>	
2.4	What type of data collection method is being used for primary care?	Two data collection exercises are being undertaken during July; as follows:	

			Opens	Closes			
			Data Collection 1	7 July 2020	17 July 2020		
			Data Collection 2	24 July 2020	31 July 2020		
		For primary care contractors (Community Pharmacies, including Dispensing Appliance contractors, Dental services providers, and General Ophthalmic Services providers), Business Services Authority (BSA) will use a snap survey, with two separate responses requested, in line with the above national timescales - due on 17 and 31 July.					
2.5	To which staff / workforce should organisations offer a risk assessment?	Organisations should complete assessments for all staff in-post.					
2.6	Do staff not employed directly by primary or secondary care require a risk assessment? Do these risk assessments need to be included in our reporting?	Where people are employed by an external supplier or self-employed, for example, agency or other contracting staff, NHS Trusts, Foundation Trusts, or primary care organisations are not required to report these but should ensure risk assessment arrangements have been reviewed and are being appropriately managed. It is vital for all organisations to ensure a safe working environment for any workforce using their premises.					
2.7	What constitutes an “offer” of a risk assessment to staff?	By answering ‘Yes’ to question 1 (see 2.4 above), you are confirming that all staff member(s) have been provided enough information about the reasons and benefits of having a risk assessment to enable them to make an informed decision on risk assessment.					
2.8	Why do the questions ask for completion rates for known ‘at risk’ or BAME staff?	For many organisations, existing workforce data will not allow identification of all staff who are in an ‘at risk’ group, or from a BAME background (whether in an ‘at risk’ category or not), because this information relies on the individual declaring their category. While seeking assurance that all staff risk assessments have been completed, allowing risk factors to be identified where they may not have been known previously, organisations are separately asked to provide information on the completion rates for staff who are already known to be in these categories.					

Should you have any queries relating to risk assessments that are not covered in this document, please email us on nhsi.riskassessments@nhs.net

Examples

Examples of submitting data requirements

Q1: Have you offered a risk assessment to all staff? Y/N

By answering 'Yes' to the question above you are confirming that staff member(s) have been provided enough information about the reasons and benefits of having a risk assessment to enable them to make an informed decision on whether to accept the offer of a risk assessment or not.

Q2: What % of all your staff have you risk assessed?

Q3: What % of risk assessments have been completed for staff who are known to be 'at risk', with mitigating steps agreed where necessary?

Example: Primary care:

If in a community pharmacy, prior to carrying out the risk assessment process, it is known that 5 out of 10 staff members fall into an 'at risk' group, and at the time of reporting 4 of those staff risk assessments have been completed with mitigations agreed, you should respond by entering 80% (4/5).

In smaller providers where you may have no known 'at risk' or 'BAME staff, the survey / data collection tool allows you to enter this as 'N/A'

Q4: What % of risk assessments have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary?

In smaller providers where you may have no known 'at risk' or 'BAME staff, the survey / data collection tool allows you to enter this as 'N/A'