



## **Risk Assessment Form**

Care Organisation:	Division	Department	Date		
Interpreter supplied by : NCA/D	Interpreter supplied by : NCA/DA Languages/Sign Solutions- Please delete as applicable.				
Links to Corporate Objectives:					
-Pursue Quality Improvement to a -Support High Performance and Ir	nprovement	mpassionate care			
-Demonstrate compliance with ma -Continuously seek out and reduce	•				
Work Activity					
Persons Affected/Those at Risk	(patient, staff, visitor etc.)				
Risk Description					
then					
Hazards Identified (What are potent	tial sources of harm)				
•	,				
•					
Risk Assessment process: Likelihood:					
Consequence/Impact: Risk Control:					





Risk Rating: (Scores Added together)  (See Guidance Below)  Likelihood ( ) + Impact ( ) + Risk Control ( ) =			
Controls in Place (list here e.g. training, Trust policy, Equipment etc)	<b>Gaps in Controls:</b> (Identify weakness in control and these must be addressed in action Plan)		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
What is the overall adequacy of controls (Risk Control Score) for those listed above (Score 1 to 5)(see guidance below)			

### **Further Controls/Actions:**

The action plan should include interim actions already taken or proposed to reduce the risk; whilst working towards implementation and/or funding of the ultimate action plan to remove the risk or reduce it to an acceptable level.

#### **RISK REMOVAL/REDUCTION ACTION PLAN**

Action No.	Description of Action *	Priority**	Responsibility***	Cost****	Due Date	Date Completed





- Description of actions should include interim actions already taken as well as those planned that will reduce the risk prior to the final action identified.
- \*\* Priority should be HIGH, MEDIUM or LOW.
- \*\*\* Responsibility is the individual, group or management team responsible for the action.
- \*\*\*\* Cost should be the estimated total cost of implementing the identified action

Signed	Designation
Review Date	

# **Scoring Guidance**

A key part of the risk assessment process is the assignment of a risk score to each risk. This enables risks to be ranked in terms of priority for action and review. Highest scoring risks being the biggest danger to the Trust and therefore requiring Board level review.

Likelil	Likelihood:				
1	Rare	do not expect this to happen			
2	Unlikely	most probably will not happen			
3	Occasionally	50:50 chance of occurring			
4	Likely	most probably will happen			
5	Almost Certain	Confident this will happen			
Conse	equence/Impact:	Includes damage to the organisation, its finances, its reputation, its business, its patients, staff or visitors.			
1	Almost none	No obvious harm			
2	Minor	No permanent harm recovery within 1 month			
3	Moderate	Semi-Permanent Harm (recovery takes longer than 1 month)			
4	Major	Permanent Harm – not resulting in Death or severe disability to a person or persons and/ or disruption of Trust Key Services which significantly hinder the Trust in meeting its responsibilities*			





5	Almost Certain	Catastrophic, Death or Permanent Service Disability to a person or persons and/or significant loss of reputation for the Trust Services which prevent the Trust meeting its responsibilities*.			
Adequ	acy of Controls:				
1	Risk is fully controlle	ed / Satisfactory	No gaps in controls		
2	Risk is adequately of	controlled	Risk control measures identified, implemented and are effective		
3	3 Partially controlled		Risk Control Measures (Action plan) initiated but not fully implemented.		
4	4 Requires Further control		Risk Control Measures agreed but not yet implemented.		
5	5 No controls identified Risk Control Measures have not been identified		Risk Control Measures have not been identified		

# The risk profile score determines at what level the risk needs to be managed:

Risk Score	Level of Risk	Managed
3-5	Minor Risks	Directorate Level
6 -9	Moderate	Division
10 – 15	Serious	Executive Assurance and Risk Committee (EARC)
12 - 15	Significant	Board (escalated by EARC)