

## RISK ASSESSMENT FORM

<b>Clinical Board:</b>		<b>Location of Risk:</b>	
<b>Directorate:</b>		<b>Date Form Completed:</b>	

<b>Risk Title</b>

<b>Description of Risk:</b>
<p><i><b>Explain risk</b></i> Set the scene / provide brief relevant background information start by writing "There is a risk that...."</p> <p><i><b>Cause / Source / Event</b></i> Due to.....</p> <p><i><b>Impact / Consequence</b></i> Resulting in .....</p>

<b>Score Risk <u>without</u> Current Controls (Initial Risk Score)</b>							
Consequence	<input style="width: 50px; height: 20px;" type="text"/>	X	Likelihood	<input style="width: 50px; height: 20px;" type="text"/>	=	Risk Rating	<input style="width: 50px; height: 20px;" type="text"/>

<b>Controls in Place:</b>
1.
2.
3.
4.
5.

<b>Assurances:</b>
1.
2.
3.

<b>Score Risk <u>with</u> Current Controls (Current Risk Score)</b>							
Consequence	<input style="width: 50px; height: 20px;" type="text"/>	X	Likelihood	<input style="width: 50px; height: 20px;" type="text"/>	=	Initial Risk Rating	<input style="width: 50px; height: 20px;" type="text"/>

Consequence	Likelihood					Risk Level	Risk Category
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain		
5 Catastrophic	5	10	15	20	25	1-3	Low risk
4 Major	4	8	12	16	20	4-6	Moderate risk
3 Moderate	3	6	9	12	15	8-12	High risk
2 Minor	2	4	6	8	10		
1 Negligible	1	2	3	4	5	15-25	Extreme risk

Gaps in Controls:
1.
2.
3.

Gaps in Assurance:
1.
2.
3.

Actions Required to reduce risk rating:	Action Lead	Target Completion Date
1.		
2.		
3.		
4.		

Notepad:
<i>Put any supporting relevant information here that does not sensibly fit in the other sections but you feel is useful.</i>

Considering all of the information you have on the controls and assurances how would you rate the risk when the actions are completed (Target Risk Score):					
Consequence	<input type="text"/>	X	Likelihood	<input type="text"/>	= Target Risk Rating <input type="text"/>

Main Risk Type: <i>please tick one only</i>				
Clinical Care/Quality	Communication/PR	Compliance with Standards	Corporate Governance	Estates
Financial	Health & Safety	Information Governance	Infection Control	Legal
Safeguarding	Security	Social Care	Strategic	Workforce
Service				

Signature of Assessor	<input type="text"/>
Date of Assessment	<input type="text"/>
Risk Owner	<input type="text"/>
Signature of Service Unit Director	<input type="text"/>
Signature of Director of Nursing Clinical Board	<input type="text"/>
Date	<input type="text"/>