

An ISO 9001:2008 Certified Hospital



RISK MANAGEMENT REPORTING FORM

1.Risk Exposure	Risk Description	Impact	Likelihood	Risk Ranking
2.Controls	Status of Controls	Weight (%)	Effectiveness (%)	
Weighted Average:-				
3. Responsibilities.				
Responsible Person:	Name:	Sign:		
Risk Owner:	Name:	Sign:		
	Division:	Department:		
4. Management Action Plan to Mitigate Risk.				
	<u>Action plan detail and cost required.</u>	<u>Planned Date.</u>		
5. Notes.				

Consequence	Likelihood.	Risk Scoring.
<p>1= Negligible-No damage.</p> <p>2=Minor treatment to person. Minor damage to property/environment /Confidentiality.</p> <p>3=Moderate .Extra treatment required. Recovery one week to 6 Months. Moderate damage. Local adverse publicity. Moderate impact on Services to clients.</p> <p>4= Major- Permanent or long term harm=6 months +serious damage. Closure of Some services to clients. Adverse national publicity. Litigation possible.</p> <p>5=Catastrophic .Death caused by Hospital. Harm to a significant number of People. Complete breakdown of critical services to clients. National adverse Publicity.</p>	<p>1= Rare over 5 years.</p> <p>2=Unlikely Annually.</p> <p>3=Possible Monthly.</p> <p>4=Likely weekly.</p> <p>5=Certain: Daily.</p>	<p>1-3=Low. No action need to be taken but should be Kept under review.</p> <p>4-6=Moderate. Complete risk assessment and action Plan form. To be considered by governance Group. Action required within 6 months.</p> <p>8-12= High. Complete Risk Assessment and action plan form. Action required within 3 months.</p> <p>15-25=Extreme. Complete Risk Assessment and action Plan form. Action required immediately.</p>