|  |  |  |
| --- | --- | --- |
| **Division / Site:** | **Department:** | **Activity:** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Assessing Risk: |  | Job Title: |  |
| Senior Pharmacy Manager: |  | Job Title: |  |
| Name of any other Person involved in Assessing Risk and/ or Completing Form: |  | Job Title: |  |
| Date Completed: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LIKELIHOOD | IMPACT / CONSEQUENCES | | | | |
| NEGLIGIBLE | LOW | MODERATE | SIGNIFICANT | EXTREME |
| 1 | 2 | 3 | 4 | 5 |
| 1 (rare) | **L** | **L** | **M** | **H** | **H** |
| 2 (unlikely) | **L** | **L** | **M** | **H** | **E** |
| 3 (possible) | **L** | **M** | **H** | **E** | **E** |
| 4 (likely) | **M** | **M** | **H** | **E** | **E** |
| 5 (almost certain) | **M** | **H** | **E** | **E** | **E** |

SUMMARY SCORE: IMPACT X LIKELIHOOD = (insert score and letter: E, H, M, L)

|  |  |
| --- | --- |
| **E** | Extreme Risk - Immediate action required. Inform Medicines Governance Group Chair |
| **H** | High Risk – Medicines Governance Group oversight required |
| **M** | Moderate Risk – Chief Pharmacist or Deputy to be notified |
| **L** | Low Risk – Managed by Divisional Lead Pharmacist |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date Assessed** | **Risk Description** | **Risk Source**  (e.g. incident, near-miss, complaint, claim, audit, external report, etc.) | **Current Risk Grade**  **(Impact x Likelihood = Risk Grade)** | | | **Risk Controls Currently in Place** | **Target Risk Grade**  **(Impact x Likelihood = Risk Grade)** | | | **Risk Treatment Action Plan (Responsible Person)** | **Risk Grade**  **Post Mitigations**  **(Impact x Likelihood = Risk Grade)** | | | **Progress and Date Reviewed** |
|  | **Risk of:**  **Due to:**  **Who might be harmed and how?** |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Communication & Recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| Divisional Lead Pharmacist: |  | Date informed: |  |
| Chief Pharmacist notified: | **Yes / No** Please circle | Date informed: |  |
| Medicines Governance Group notified: | **Yes / No** Please circle | Date informed: |  |
| Medicines Governance Group Recommendations: |  | | |