

## RISK ASSESSMENT PROFORMA

### PART A

<b>Title of Risk Assessment:</b> Stroke pathway (staffing)			
<b>Date of Risk Assessment:</b> 4.7.11		<b>Ward/Department/Speciality/Hospital:</b> A&E	
<b>State other related Risk Assessments:</b> Stroke pathway potential delay in treatment & Stroke pathway potential delay in treatment due to transfer			
<b>Risk Assessor:</b>			
<b>State what the Hazard is:</b> Reduced staffing levels due to staff being involve in stroke assessments & time out of the department for CT scans and transfer to			
<b>State the anticipated Consequence(s) of the hazard without control measures). There could be numerous consequences:</b>			
<b>1)</b> Increased work load within the department.	<b>2)</b> . Reduction in quality care.	<b>3)</b> Increase in staff dissatisfaction.	<b>4)</b> Increase in staff sickness.
<b>State all control measures in place (eg training/policies guidelines):</b> Sickness management policy.			
<b>State Consequences (impact) Score (0-5):</b>			
<b>1) 5</b>	<b>2) 5</b>	<b>3) 5</b>	<b>4) 5</b>
<b>State Probability Score (0-5):</b>			
<b>1) 5</b>	<b>2) 5</b>	<b>3) 5</b>	<b>4) 5</b>
<b>State Risk Rating Score (CxP):</b>			
<b>1) 25</b>	<b>2) 25</b>	<b>3) 25</b>	<b>4) 25</b>
<b>PART B</b>			
<b>Risk Treatment Plan: Actions taken to reduce the Risk.</b> <i>(A Treatment Plan is required for all risk you have identified that have a score of 11 or more and for all risks below a score of 11, if they require action over and above routine departmental procedures)</i>			<b>Review date &amp; name of responsible person:</b> <i>(High risks require earlier review dates)</i>
<b>Treatment Plan Summary:</b> <i>(Local actions that you can make within your level of authority):</i>		.staff will be moved into A&E during times of pressure, when possible.	
<b>State any solution outside of your immediate level of authority that is needed to reduce/eliminate risk:</b>		Staffing levels will be permanantly increased. Staff from            will be available to work with patient within the A&E department	

<b>State the anticipated Consequence(s) of the hazard without control measures). There could be numerous consequences:</b>		
5) Increase in mistakes.	6)	

**State all control measures in place (eg training/policies guidelines):**

Trust policy's and procedures will be followed at all times

**State Consequences (impact) Score (0-5):**

1) 5	2)	3)	4)
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**State Probability Score (0-5):**

1) 3	2)	3)	4)
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**State Risk Rating Score (CxP):**

1) 15	2)	3)	4)
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**PART B**

<b>Risk Treatment Plan: Actions taken to reduce the Risk.</b> <i>(A Treatment Plan is required for all risk you have identified that have a score of 11 or more and for all risks below a score of 11, if they require action over and above routine departmental procedures)</i>	<b>Review date &amp; name of responsible person:</b> <i>(High risks require earlier review dates)</i>
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<b>Treatment Plan Summary:</b> <i>(Local actions that you can make within your level of authority):</i>	.staff will be moved into A&E during times of pressure, when possible.
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<b>State any solution outside of your immediate level of authority that is needed to reduce/eliminate risk:</b>	Staffing levels will be permanently increased. Staff from _____ will be available to work with patient within the A&E department
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**PLEASE COMPLETE UPDATE SHEET**

<b>RISK ASSESSMENT PROFORMA</b> (continuation/update sheet)		
<b>Action/Monitoring Comments/Accountability Framework:</b>	<b>Name, Designation and Date of Revised Timescale:</b> (if revised)	<b>Revised Risk Grading Score:</b>

<b>PART C</b>	
<i>The information below is only required for items submitted for inclusion on the Trust's Integrated Risk Register and Assurance Framework. This section must be completed by Professional Heads/Matrons/CD or Business Managers.</i>	
<b>Is there a Business Plan/Business Case/detailed action plan regarding above</b>	<b>Status of Plan:</b>
<b>State Gaps in Control:</b> (Where are we failing to put controls/systems in place? Where are we failing to make them effective?)	
<b>State Assurances:</b> (Evidence that shows we are reasonably managing our risks and that objectives are being delivered)	
<b>State Gaps in Assurances:</b> (Where are we failing to gain evidence that our controls/systems on which we are placing reliance are effective?)	
<b>State Applicable Corporate or Local Objective(s) which this risk impacts:</b>	
<b>State Relevant HCC Domains/Criteria:</b>	
<b>FOR RISKS TO BE SUBMITTED FOR CONSIDERATION TO BE INCLUDED WITHIN THE INTEGRATED CORPORATE RISK REGISTER AND ASSURANCE FRAMEWORK THE DOCUMENT MUST BE VALIDATED:</b> Risk Assessment validated by: (insert name(s) and positions - This is usually the Triangulation Team):  Date submitted to Project Nurse - Risk Register:	