|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Scheme Impact** | | **As-Is Risk Rating** | | | **Addressing the Risks** | | **To-Be Risk Rating** | | |
|  | **What will the positive impact of this scheme be in this area?**  *Summarise the positive impacts of the project on the five areas below.* | **What will the negative impact of this scheme be in this area?**  *Summarise the positive impacts of the project on the five areas below.* | **Consequence** | **Likelihood** | **Risk Score (C x L)** | **Mitigating Actions**  *Where there is a negative impact what actions are you taking to negate / reduce / address this?* | **Date of  Action** | **Residual Consequence** | **Residual Likelihood Score** | **Residual Risk Score (C x L)** |
| **Patient Safety** | Click or tap here to enter text. | Click or tap here to enter text. | 1 | 1 | 1 | Click or tap here to enter text. |  | 1 | 1 | 1 |
| **Clinical Effectiveness** | Click or tap here to enter text. | Click or tap here to enter text. | 1 | 1 | 1 | Click or tap here to enter text. |  | 1 | 1 | 1 |
| **Patient Experience** | Click or tap here to enter text. | Click or tap here to enter text. | 1 | 1 | 1 | Click or tap here to enter text. |  | 1 | 1 | 1 |
| **Staff  Experience** | Click or tap here to enter text. | Click or tap here to enter text. | 1 | 1 | 1 | Click or tap here to enter text. |  | 1 | 1 | 1 |
| **Targets / Performance** | Click or tap here to enter text. | Click or tap here to enter text. | 1 | 1 | 1 | Click or tap here to enter text. |  | 1 | 1 | 1 |
|  | **Average Risk Score** | |  |  |  | **Average Risk Score** | |  | |  |  |
|  | | | | | | | | | | |