**Name:**

**DOB:**

**Address:**

**Who is involved/support network/family background/professionals/GP?**

**Current situation – why is a CCR needed?**

**What is the identified risk? (Placement breakdown/hospital admission)**

**Which professionals would you like involved and why?**

**Name, position and contact number of the person raising the CCR:**

**Date CCR Raised:** **Was initial contact made with carer/person within 24 hours:**

Appendix 1

**FSC POSITIVE RISK MANAGEMENT RISK RATING FORM**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Likelihood** | **Very likely** |  | **5**  **Low** | **10**  **Medium** | **15**  **Medium** | **20**  **High** | **25**  **High** |
| **Likely** |  | **4**  **Low** | **8**  **Medium** | **12**  **Medium** | **16**  **High** | **20**  **High** |
| **Possible** |  | **3**  **Low** | **6**  **Low** | **9**  **Medium** | **12**  **Medium** | **15**  **Medium** |
| **Unlikely** |  | **2**  **Low** | **4**  **Low** | **6**  **Low** | **8**  **Medium** | **10**  **Medium** |
| **Very Unlikely** |  | **1**  **Low** | **2**  **Low** | **3**  **Low** | **4**  **Low** | **5**  **Low** |
| **RISK RATING MATRIX** | | |  |  |  |  |  |
| **Minor** | **Moderate** | **Significant** | **Serious** | **Major** |
| **Impact** | | |  | | | | |

Use risk assessment key to determine the possible impact (level of harm) that might result and the likelihood (chance of the event occurring) from each risk.

|  |  |  |
| --- | --- | --- |
| **LOW** | **MEDIUM** | **HIGH** |
| **1 - 6** | **8 – 15** | **16 - 25** |

**Risk Rating**

|  |  |
| --- | --- |
| **Risk Level** | **Action and Timescale** |
| **Low** | **No additional measures are required; however you must monitor to ensure that the risk(s) remain acceptably low.** |
| **Medium** | **Take prompt action to address the risk(s). Timescales must be consistent with the complexity of the issues and the likely impact on service users and others if action was delayed.** |
| **High** | **Take immediate steps to address the risk(s).** |

**This risk rating form must be used with the risk evaluation form (see reverse) to calculate the overall risk score and risk level. Where there are multiple risks the overall risk level will be determined by the highest risk score.**

**This form must be used to develop the detailed action plan and be placed in the service user’s case file.**

Appendix 2

**POSITIVE RISK MANAGEMENT RISK EVALUATION FORM**

**Service User name:………………………………. Service User ref:…………… Risk Score:…… Overall Risk Level…………..**

**Assessor’s name (print):………………………….. Assessor’s signature……………………. Date of Assessment………………...**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Define risk (Describe it)** | **Evaluate risk** | **Risk Score** | **Actions to address risk** | **Resulting**  **score** | **Monitor and review** |
| **give a brief description** | Weigh up the strengths, opportunities and protective factors with the impact and likelihood of the activity/inactivity | 20 | List actions | 8 | Describe how you will monitor and how frequent (in proportion to risk) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Risk Score when CCR Raised:**

**Risk Score when CCR Closed:**

**Date of closure of the CCR:**

**Outcome of this CCR (Placement maintained/moved/admission):**

**Closure plan (to include ongoing actions, responsibility and timescales):**

**Please include any feedback from the individual / family / carer:**

**Does the individual consent to sharing their story (anonymously) as a case study for learning purposes?** Yes No