

ID	Open Date	Directorate	Speciality	Risk Owner	Title	Description	Existing controls	Initial Rating	Current Conseq.	Current Likelihood	Current Rating	Treatment Plan	Due date	Done date	Residual Rating	Next Review
1447	06/06/2013	MEDIC	General Medicine	Lisa Cheek	Risk to achieving consistent standards of care on Godstone	Risk to patients safety and quality for the patient in the general area of the ward balanced against requirements for the nurse in charge administrating and caring for patients receiving chemotherapy. This is due to the inability to attract and retain a ward manager band 7 layout of ward, and the complex mix of different speciality patients. High vacancy levels, high use of temporary staff, this leads to delays in discharge planning and completion of paperwork, administration of IV medications, general communication with the MDT, families and the supervision of juniors.	1)Matron to be based on Godstone ward Monday to Thursday. 2)Policies and procedures in place.	16	4	4	16	To investigate the possibility of the Haematology beds being managed as a separate unit. Advertise and recruit a band 7 ward manager To advertise and recruit another band 6 sister with out Chemotherapy experience	20/12/2013 23/09/2013 23/09/2013 02/10/2013	04/10/2013 27/09/2013 27/09/2013 27/09/2013	6	20/12/2013
1473	17/07/2013	MEDIC	Respiratory	Edward Cetti	Risk of sub optimal NIV service	Risk of sub optimal non invasive ventilation (NIV) service as this is delivered across many differing ward areas due to lack of respiratory high dependency area. This lack of resource has resulted in avoidable deaths, poor patient experience, non compliance with BTS guidance and NICE guidance for chronic bronchitis. Current NIV management plan paperwork is not widely used, due to a lack of centralisation & co-ordination	New Trust NIV policy written - needs to be ratified by management board	16	4	4	16	Ratify NIV policy at Management Board Capital bid approved Audit against NIV policy	30/08/2013 30/04/2014		8	31/12/2013
1477	19/07/2013	MEDIC	General Medicine	Angela Stevenson	Medical Division Expenditure Budget Overspend	There is a risk of financial overspend in the Medical Division at year end, due to significant cost pressures related to temporary staffing levels, medical and surgical non-pay and drug re-charges. Any actions to reduce this overspend may result in reduction of service provision. 268k overspend at M4.	1)Nursing weekly agency & vacancy review by matron. 2)Monthly budget clinics with Divisional Chief Nurse, finance & Matron. PMO 3)deep dives into the nursing overspend with the executive team have taken place.	20	4	4	16	As described on the board assurance framework			12	31/12/2013
1483	24/07/2013	CSS	Diagnostic Imaging	Dr Bruce Stewart	Risk associated with new Cerner PACS and RIS within DI	Following the installation of a new PACs & RiS system on 21st June, the service has been working with an unstable system due to various technical issues. Risk of delays in reporting images and overall productivity with in the Radiology departments on all sites.	1)Weekly meetings for working group at various levels in place trying to address problems. 2)Monitoring all waits at weekly PTL meetings. 3)Additional reporting sessions by radiologists to cover workload Increased working hours by all DI staff to complete workload 4)Reduced the plain film reporting backlog to normal run rate Final round of software update to be completed by the 16/12/2013	15	4	4	16	Train Radiologists to use new system effectively Select and provide super user training department has correct training materials and experience Training materials available on Trust Intranet All non-radiology staff to be trained Refresher training to be provided to Radiology staff Agree workarounds to resolve JNLP arguments Produce a Radiology 'Crashing' Issues Template	25/10/2013 07/09/2013 07/09/2013 31/10/2013 23/08/2013 23/08/2013 31/07/2013 12/09/2013	12/12/2013 18/09/2013 12/12/2013 20/09/2013 18/09/2013 18/09/2013 12/08/2013 18/09/2013	1	31/04/2014

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1491	29/09/2013	CORP	Operations	Paul Bostock	Failure to maintain Emergency Department performance	Failure to maintain Emergency Department performance because of lack of capacity in health system to manage winter pressures has a significant impact on the Trust's ability to deliver high quality care	1) EDD Patient Pathway 2) Discharge management 3) Plans for escalation areas agreed and management tools in place 4) Reviewing all breaches on weekly to implement lessons learnt	20	4	4	16	As described on the board assurance framework	31/03/2014		12	01/02/2014
1501	19/09/2013	CORP	Nursing - Strategy & Standards	Fiona Allsop	Patient admitted to the right bed first time	If the Trust does not maintain and improve ability to allocate the right bed first time there is an increased risk of receiving poor quality of our care (effectiveness, experience and safety)	1) Operational meeting three times a day chaired by Chief / Deputy Chief Operating Officer with clinical involvement from Matrons, Nurse Specialists and therapists 2) Daily Board rounds by clinical site team 3) Live 'To come In' lists available to view in all specialty wards to encourage active pull of patients from AMU to the correct specialty bed 4) Matrons walk round 5) Additional screens arriving to reduce chance of mixed sex accommodation breaches during winter pressures 6) Matron on site 7 days a week	8	4	4	16	As described on the board assurance framework			6	01/02/2014
1050	01/07/2010	CORP	Medical Director's Office	Des Holden	Failure to achieve stretch target for CDI reduction	Risk to patient health and Trust reputation of failing to deliver DH Cdiff target.	1) Trust wide infection control education initiatives for all staff 2) RCA process (clinical) for every case. 3) Antibiotic Stewardship Programme 4) Trust CDI policy 5) CDI surveillance programme 6) Trust Antibiotic policy 7) Outbreak Control group established 8) Hydrogen peroxide cleaning 9) Use of improved cleaning materials 10) Ward cleaning with cleaning materials 11) Aerosoled hydrogen peroxide facilitate improved decontamination of wards 12) Use of isolation facilities when available 13) HCAI task force established 14) Weekly saving lives audit prog 15) Antibiotic pharmacist in place 16) Increased monitoring and surveillance from IPCAS and Facilities during raised incidences 17) Diarrhoea risk assessment incorporated onto Bristol Stool chart 18) Reviewed antibiotic guidelines change usage of CDI risk drugs 2013/14	16	5	3	15	Consider procedures for nursing review of stool at 48hrs Implement Clinician lead RCAs of all Trust acquired cases HCAI Taskforce monitoring: ongoing Repeat Isolation spot check and review at HCAI Taskforce All cases discussed at relevant Divisional Governance meetings Implement revised stool chart incorporating diarrhoea risk assessment Implement new cleaning material Implement antibiotic ward rounds Publish results of KPIs from weekly audits Implement quality ward rounds Carry out a reaudit of isolation processes and facilities Commence Antibiotic Stewardship Group Review possibility of weekly antibiotic ward round Implement trial of ICE-PODS Chiefs agreed Taskforce subgroup review of RCAs. Selected cases with learning potential to be presented to wider clinical fora. Implement risk assessment checklist for stool samples PCR testing for Clostridium difficile	31/01/2014 30/06/2011 01/07/2010 31/07/2010 30/09/2012 30/11/2012 01/12/2012 02/04/2012 01/05/2012 02/04/2012 25/02/2011 28/02/2012 14/02/2012 15/09/2013 30/04/2013 02/12/2013 31/12/2013	06/12/2013 09/05/2012 01/07/2010 10/01/2011 30/09/2012 27/11/2012 01/12/2012 09/05/2012 01/05/2012 09/05/2012 25/10/2011 02/04/2012 14/02/2012 06/12/2013 26/07/2013 06/12/2013	12	01/01/2014

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1459	01/04/2013	CORP	Finance - Fin. Management	Paul Simpson	Poor liquidity ratio impacting on cash position	Risk of inability to pay suppliers due to lack of cash from the poor liquidity ratio.	1)Bi weekly review of forward cash flow by finance team and CFO 2)Cash and working capital policy and strategy 3)Annual cash plan linked to business plan and capital plan	25	5	3	15	Day to day cash control is main action currently, coupled with action to maintain service income and spend Discussion continues with the TDA Long term financial model, and TDA plan now provides additional validation of the level of cash injection required and the interaction from an improving financial position within the model	31/03/2014 31/03/2014 31/03/2014		12	01/02/2014
1493	14/06/2013	CORP	Finance - Fin. Management	Paul Simpson	Unable to provide realistic medium term financial plan	As descried on the BAF	1) Items referred to in 4.1a and 4.1b above 2) FIRST draft long term financial model and integrated business plan completed (submitted to SHA on 18 October) 3) TDA Plan submitted end of May 2013 4) Timetable for refreshed IBP and LTFM is 26 August 2013	15	5	3	15	As described on the board assurance framework			8	01/02/2014
1545	12/12/2013	CORP	Medical Director's Office	Des Holden	Risk that clinical systems do not promote rapid identification of potential child abuse	Children attending ED with injuries or complaints which could be associated with child abuse require a system whereby repeated attendance is flagged, in order that the possibility of child abuse is considered and not missed. This requires ED notes and in-patient notes to be accessible on each attendance of a child. Sash does not have this capability at present	1)Child safeguarding team 2)MDTs 3)working education programme of all relevant staff 4)structured whole sector meetings (child safeguarding)	15	5	3	15	1)Take solution paper to Executive committee quality and risk 2)Develop solution(s) for scanning child ED notes into Cerner, or filing notes in in-patient records	08/01/2014 23/12/2013		5	31/01/2014