

ID	Monitoring Committee	Open Date	Directorate	Speciality	Risk Owner	Risk Type	Title	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Treatment Plan	Due date	Done date	Residual Rating	Next Review
1346	Workforce	14/06/2012	CANCER	Chemotherapy	Carol Armstrong	Staffing	Insufficient chemotherapy trained nurses on Godstone ward.	Risk of potential harm and death due to insufficient number of trained chemotherapy nurses on Godstone ward to provide sickness absence cover and recommended specialist administration of oral chemotherapy administration. This has the potential to result in drug errors due to unfamiliarity with chemotherapy regimes, incorrect administration protocols, poor monitoring, and reporting and drug error.	1) Training provided by Chemotherapy Specialist Nurse to nurses intending to undertake degree module & to raise awareness on the ward among non chemo trained nurses.	12	4	4	16	Send complex chemotherapy protocol patients to tertiary centres Co-ordinate training to prepare appropriate staff for level three training All nurses to receive oral drugs training Matron to monitor number of haematology patients on Godstone & report concerns to CDN Matron to collate the number of times that double checking by two chemotherapy nurses is not achieved & report to CDN. Proposal paper to be agreed and presented to Management Board Monitor Incidents and Operational Issues Monthly through Divisional Boards	30/09/2013 18/12/2012 18/12/2012 18/09/2013 28/06/2013 30/09/2013 30/09/2013	20/03/2014 27/08/2013 05/03/2013 27/08/2013 27/09/2013	12	14/04/2014
1447	Workforce	06/06/2013	MEDIC	General Medicine	Angela Stevenson	Staffing	Risk to achieving consistent standards of care on Godstone ward	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 specialty 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	Separate the haematology beds from the general ward. 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 Matron to be based on Godstone ward Monday to Thursday	21/04/2014 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	21/04/2014
1473	Effectiveness	17/07/2013	MEDIC	Respiratory	Edward Cetti	Quality of Service	Sub optimal non-invasive ventilation (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	1) New Trust NIV policy written - needs to be ratified and audited	16	4	4	16	Ratify NIV policy and Audit against NIV policy	30/04/2014		8	31/03/2014

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1459	Executive Committee	01/04/2013	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	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 actions 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	30/06/2014
1493	Executive Committee	14/06/2013	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	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 descried on the BAF	31/03/2014		8	31/03/2014
1545	Safety	12/12/2013	CORP	Medical Director's Office	Des Holden	Safeguarding	Risk that current systems within ED do not allow access to paediatric medical records .	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 (CAS Cards) and in-patient notes to be accessible on each attendance of a child. SaSH does not have this capability at present.	1) Designated safeguarding team in place Multidisciplinary team meetings held weekly where every case is reviewed and actions logged on database. 2) Improved education programme of all relevant staff in place. 3) Robust whole sector meetings and information sharing in place (child safeguarding) CERNER allows staff to review every previous attendance on presentation. (audited)	15	5	3	15	take solution paper to Executive committee quality and risk develop solution(s) for scanning child ED notes into Cerner, or filing notes in in-patient records	08/01/2014 28/03/2014		5	28/03/2014