

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	Residual Rating	Next Review
1491	Responsiveness	29/08/2013	CORP	Operations	Paul Bostock	Involvement of Service Users	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	12	4	4	16	As described on BAF	31/12/2014	6	31/12/2014
1501	Responsiveness	19/09/2013	CORP	Operations	Paul Bostock	Involvement of Service Users	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	9	3	5	15	As described on BAF	31/12/2014	6	31/12/2014
1601	Executive Committee	18/06/2014	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Risk that demand growth activity does not deliver the plan	If non elective activity does not reduce there will be constraints on capacity to deliver the demand plan. Subset of BAF 5.A.1	Ensure all income is captured and BPTs achieved. Agree detailed activity plans with Divisions and manage delivery.	15	5	3	15	As described on BAF	31/03/2015	8	31/12/2014
1602	Executive Committee	18/06/2014	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Failure to stop divisional overspending against budget	As described on the BAF	1) Business Plans and budgets (activity and financial) savings / transformation plans 2) Divisional activity plans agreed & signed off 3) Internal Performance Review (PMO) process and CEO review 6) Forecast scenarios presented to Board	15	5	3	15	As described on the BAF	31/03/2015	12	31/12/2014
1604	Executive Committee	18/06/2014	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Liquidity: Inability to pay creditors/staff resulting from insufficient cash due to poor liquid position	As described on the BAF	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	15	5	3	15	As described on the BAF	01/09/2014	12	31/12/2014
1605	Executive Committee	18/06/2014	CORP	Bus. Int. - Information & Data Quality	Ian Mackenzie	ICT Infrastructure	There is a risk that the Trust will not fully realise the benefits available from well embedded IT systems	As described on the BAF	1.IT Strategy aligned with Clinical Strategy and IBP 2.Clinical Informatics Group 3.Clinical IT leads 4.EPR User Group 5.Various project group (EPMA etc.) 6.Internal Audit 7.EPR costs identified in LTM	15	5	3	15	As described on the BAF	01/09/2014	10	31/12/2014
1652	Workforce	23/10/2014	CORP	Operations	Fiona Allsop	Staffing General	The current local availability of qualified nurses and pressures on temporary staffing costs is effecting the Trust's ability to achieve optimum workforce management	Nursing vacancy rates, turnover and reliance on temporary staff particularly agency, in clinical areas is leading to increased resource time being spent on ensuring existing clinical areas are safely and appropriately staffed. in addition this also limits our ability to respond to changing operational demand in relation to additional bed capacity.	1) Ward staffing templates monitored daily by Matrons and escalated to the Divisional Chief Nurses to ensure safe levels to meet patient needs. 2) Planned versus actual staffing levels on a shift by shift basis and evidence actions taken 3) Procurement of updated e roster system. 4) SNCT tool being rolled out across the Trust with staffing measured continuously from January 2014. 5) Agency staff sourced from agencies known to and contracted by Trust. 6) Issues regarding agency staff practice are subject to formal arrangements between the agency and the Trust any unresolved concerns are escalated and managed by Deputy Chief Nurse. 7) Robust recruitment process to both substantive and bank staff posts including overseas recruitment 8) Monitoring of Safety Thermometer, patient experience and staff turnover, sickness at ward level 9) Matron for workforce recruited	16	4	4	16	As described on the BAF	31/12/2014	8	31/12/2014