

ID	Monitoring Committee	Open Date	Directorate	Specialty	Risk Owner	Risk Type	Title	Description	Existing controls	Initial Rating	Current Consequence	Current Likelihood	Current Rating	Treatment Plan	Due date	Residual Rating	Next Review
1480	Executive Committee	23/07/2013	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Risk that non elective activity does not reduce and no payment in respect of marginal tariff	Risk that the Trust may not achieve its breakeven plan as a result of non elective activity no reducing as planned and no payment received in respect of the marginal tariff. Subset of BAF 5.A.1	1) Follow up notification to CCGs and agree payment from the 70% (ongoing)	16	4	4	16	Robust plan required to manage elective activity As described on the BAF Subset of 5.A.1	30/05/2014 31/03/2015	6	31/12/2014
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	20	4	4	16	As described on the board assurance framework	31/03/2014	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 and elective income reduces	If non elective activity does not reduce there will be constraints on capacity to deliver the demand plan. This impacts primarily on elective income - less activity, less payment. Subset of BAF 5.A.1	1) Ring fence elective beds after new capacity has opened and monitor delivery. 2) Implement actions to improve flow of patients through the hospital. 3) Improve communication and interaction of integrated discharge team and links with social care. 4) Increase hospital at home beds.	16	4	4	16	As described on BAF Subset of 5.A.1	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	Risk of overspending from operational pressures. Subset of 5.A.2	1) Divisions to implement action plans and contingencies to control/or recover overspending. Specific action is required in all Divisions. 2) Agency PMO to deliver outputs in respect of reduced agency usage following recruitment. The October milestone was not achieved in the face of the increased capacity required. Position being reviewed (Nov).	16	4	4	16	As described on the BAF Subset of 5.A.2	31/03/2015	12	31/12/2014
1645	Executive Committee	09/10/2014	WACH	Obstetrics	Bill Kilvington	Financial Management	Loss of income and unnecessary expenditure as a result of the complexities associated with the maternity pathway	Loss of income owing to other organisations submitting erroneous invoices . Difficulties capturing accurate activity across multiple organisations greater impacted by women's right to choose place of care delivery and movement between care providers at different points in the maternity pathway. Data collection reliant on a convoluted paper process which lends itself to error	Robust process for monitoring receipt of PBR forms against activity introduced Staff training / administrative support Multiple invoices validated by the Head of Midwifery and ADO.	16	4	4	16	Review the management of the maternity pathway	31/12/2014	6	29/12/2014
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	The Trusts current vacancy rates, turnover and reliance on agency is leading to increased resource time being spent on ensuring existing clinical areas are safely staffed. The acute presentation of these issues is felt in the management of escalation areas and plans to staff the decant ward.	As described on the BAF Subset of 3.B.2	16	4	4	16	As described on the BAF Subset of 3.B.2	24/10/2012	8	31/12/2014

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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	Establish Capel Annexe and minimise escalation Develop pathways supported by discharge to access and Marie Curie Increase use of hospital at home beds (SASH@home)	31/12/2014	6	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	Risk of not being able to pay suppliers from in sufficient cash due to poor liquidity problem Subset of 5.A.4	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 Subset of 5.A.4	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 Subset of 5.F	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 Subset of 5.F	01/09/2014	10	31/12/2014