

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
1055	Safety	06/07/2010	CORP	Nursing - Strategy & Standards	Fiona Allsop	Patient Safety	Inpatients are risk of moderate to major harm injury following a fall	In patient falls account for the highest number of incidents reported annually. April 09 - March 10 had 822 falls reported, 42 of these were patients who had more than 3 falls. 12 patients sustained a fracture when they fell. In 2013 there were 22 serious injuries as result of a fall, all were considered to be a serious injury, 13.6%(3) resulted in severe head injury which was the cause of death, 13.6%(3) patient died within 15 days of the fall of co morbidities exacerbated by the trauma of the fall and 22.7% (5) died with 6 months of the fall of co morbidities and 22.7% (5) had major lifestyle changes as a result of the injury such as severely reduced mobility. In January 2014 there have 5 major harm fall of which 1 has resulted in the patient subsequent death form the injury received. the investigations are ongoing.  The Trust bench marks against other Trust using falls per 1000 bed days 2013 the Trust averaged a monthly rate of 5.5 this is against the national average of 6.2	1. Falls policy in place 2. Falls pathway for assessment of patient fall risk and those at risk of falling in place - this follows NICE guidance June 2013 3. Post fall protocol in place 4. Patient falls management training in place for all clinical staff 5. Audit of falls policy and falls process undertaken and results and actions escalated to the appropriate channels 6. SI investigations are centrally lead and learning is shared with all areas. 7. Falls management equipment is being implemented as need identified. 8. Purchase of hover jack recovery system 9. Improved reporting of patient falls has enabled the Trust to understand fall profile and identify gaps in the falls management strategies available 10. Patient Falls strategic group meet monthly and report in the patient safety and clinical risk committee. the Falls operational Board meet weekly to share learning form all Major and moderate falls and frequent fallers. 11. Falls Clinic commenced May 2014 12. Falls ward commenced May 2014 aim by December 2014 this will occur twice a month and the aim is to a. review high risk inpatient fallers and assist wards experiencing high volume of falls to review and understand the fall profile and management strategies.	20	4	4	16	Establish links wit falls team within community To review current strategies and identify gaps in current falls management systems within the Trust LIPS programme visit to another Trust to review process and documentation Benchmarking of falls with other Trusts Local areas to review their current level of compliance with falls risk assessment External Trust advisor to develop a patient safety strategy which includes falls as one of the five priorities. Falls work programme will be underpinned by robust monitoring, benchmarking and performance review Review and purchase systems for recovery of patient from the floor post fall in the supine position Review the need to increase the number of ultra low falls beds within the Trust Purchase falls sensor monitors , capital bus monies to be requested Relaunch and reconfigure falls group Development of falls Clinic Create Ed falls pathway Develop and agree audit program for falls management compliance Trial of hip protectors Review fall pathway to ensure NICE guidance 2013 is incorporated Medical Directorate to lead on Trust wide Falls Group	20/11/2014 28/08/2014 30/09/2010 30/09/2010 30/09/2010 30/09/2010 13/02/2013 27/02/2014 17/11/2014 13/02/2014 13/08/2014 03/12/2015 09/08/2013 13/05/2014 13/02/2014 28/02/2011	13/02/2014 30/09/2010 21/10/2010 30/09/2010 21/10/2010 13/02/2013 31/07/2014 13/02/2014 31/07/2014 13/09/2013 31/07/2014 13/02/2014 06/06/2012	4	30/09/2014
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	Faliure 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