

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
1480	Executive Committee	23/07/2013	CORP	Finance - Fin. Management	Paul Simpson	Financial Management	Risk that non elective 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	i) 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	If non elective activity does not reduce there will be constraints on capacity to deliver the demand plan. Subset of BAF 5.A.1	i) Ring fence elective beds after new capacity has opened and monitor delivery.	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.	i) Divisions to implement action plans and contingencies to control/or recover overspending. Specific action is required in all Divisions. iii) 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 Alsop	Staffing - general	The current local availability of qualified nurses and pressures on temporary staffing costs is affecting 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	16	4	4	16	As described on the BAF Subset of 3.B.2	24/10/2012	8	31/12/2014
1401	Safety	23/01/2013	CORP	Medical Director's Office	Des Holden	Patient Safety	Risk of outbreak of viral gastroenteritis	Risk of outbreak of viral gastroenteritis (outbreak of diarrhoea and vomiting). Impact on patient safety and trust reputation. Has operational impact due to bed closures.	D&V policy Hydrogen peroxide system for terminal cleaning Use of Actichlor Plus for environmental cleaning Use of Tristel Jet for commode and bed pan cleaning Use of SEC Norovirus Toolkit Outbreak control Group Surveillance of diarrhoea and vomiting Red aprons system  Stat and mandatory training Policy Communications messages to staff, visitors and patients Norovirus leaflets Hand hygiene facilities Restricted visiting Use of signs at entrance to wards and bays, and red aprons to facilitate communication that an outbreak is taking place.	16	3	5	15	Develop RAG rated system for terminal cleaning Complete Audit terminal cleaning Complete Implement ATP testing Complete Dedicated internal norovirus planning meeting. Complete Use of red aprons during outbreaks of D&V Complete Meeting with stakeholders regarding norovirus preparedness Complete Audit of post-outbreak cleaning Pilot Patient Hand Hygiene Champions in Elderly Care Stakeholders meeting to discuss health system norovirus planning Complete Monitor use of ED risk assessment for patients admitted with diarrhoea and/or vomiting Complete Monitor ward refurbishment programme Complete Stakeholder norovirus study day Complete Prepare options appraisal for emptying bays to facilitate terminal cleaning following outbreak Complete	20/03/2015 01/03/2015	9	01/02/2015

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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)	27/06/2014	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 insufficient cash due to poor liquidity problem	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	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 5.4	01/09/2014	10	31/12/2014