

ID	Committee	Open Date	Specialty	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
1401	Safety	23/01/2013	Medical Director's Office	Holden, Des	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 Audit terminal cleaning Implement ATP testing Trial and review of decontamination products in use in the Trust Dedicated internal norovirus planning meeting. Use of red aprons during outbreaks of D&V Meeting with stakeholders regarding norovirus preparedness Audit of post-outbreak cleaning Pilot Patient Hand Hygiene Champions in Elderly Care Stakeholders meeting to discuss health system norovirus planning Monitor use of ED risk assessment for patients admitted with diarrhoea and/or vomiting Monitor ward refurbishment programme Review of cleaning resource for enhanced cleaning during outbreak Stakeholder norovirus study day Prepare options appraisal for emptying bays to facilitate terminal cleaning following outbreak	31/03/2013 30/06/2013 01/04/2013 30/06/2016 02/09/2013 31/03/2014 31/03/2013 20/03/2015 01/03/2015 22/09/2014 31/03/2014 30/03/2016 31/03/2016 25/09/2013 31/01/2013	06/12/2013 26/07/2013 26/07/2013 25/07/2016 02/09/2013 11/02/2014 06/12/2013 22/02/2016 05/05/2016 22/09/2014 21/05/2014 26/07/2013 29/04/2016 25/09/2013 26/07/2013	9	28/10/2016
1491	Responsiveness	29/08/2013	Operations	Stevenson, Angela	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. This 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 Implementation of divisional escalation plan following key triggers. Escalation bed plan agreed implementation plans in place for each area. Ambulance handover escalation plan agreed and in place with new process for managing handovers agreed to maintain flow. Escalation to division with clear triggers in place. Weekly ED review meeting to review previous weeks performance and implement lessons learnt Plans in place to manage with reduced capacity during January through March 2016 whilst building works are underway.	31/03/2014 01/09/2016 30/09/2015 01/09/2016 01/09/2016 31/12/2015	22/02/2016 30/09/2015 23/05/2016	6	31/10/2016

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1501	Responsiveness	19/09/2013	Operations	Stevenson, Angela	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 AD Site Services with clinical involvement from Matrons, Nurse Specialists and therapists 2) Daily Board rounds by clinical site team. Focusing on #NOF, Stroke and Medical outliers 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 review ward areas on a daily basis 5) Matron on site 7 days a week	9	3	5	15	As described on BAF Reviewing compliance to establish a key baseline target Build an integrated discharge unit to increase community capacity	27/06/2014 31/08/2015 18/01/2016	31/03/2014 23/11/2015 14/06/2016	6	31/10/2016
1603	Executive Committee	18/06/2014	Finance - Fin. Management	Simpson, Paul	Financial Management	Unable to deliver realistic medium term financial plan	As described on the BAF	1) Items referred to in 5.A.1 and 5.A.2 above 2) V8.0 long term financial model (submitted to NHSi June 2016) and integrated business plan completed (submitted to TDA in February 2014) 3) NHSi Plan submitted 2016.	15	5	3	15	As described on the BAF	23/09/2016		8	31/10/2016
1604	Executive Committee	18/06/2014	Finance - Fin. Management	Simpson, Paul	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	01/09/2016		12	31/10/2016
1663	Executive Committee	09/12/2014	Finance - Fin. Management	Simpson, Paul	Financial Management	Risk of not achieving Cost Improvement Plan	Risk of not achieving financial plan as a result of non-delivery of Cost Improvement Plans	i) Delivery of savings managed through PMO (on-going) ii) Agency management is subject to broader focus.	9	4	4	16	Treatment plan will vary according to CIP. i) Action plans to reduce shortfall. ii) Contingency within each area.	31/03/2017		6	31/10/2016

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1678	Responsiveness	23/03/2015	Operations	Emily, Ben	Service Access	RTT Access Standards	Due to on-going operational pressures and increasing demand for elective services, the Trust cannot offer all services within the 18 weeks standards set out in the NHS Constitution. Longer waiting times result in poor patient experience and increase the number of formal and informal complaints	1. Access Policy revised 2014 2. Weekly PTL / performance meetings to monitor progress. 3. Service Level plans to increase capacity where required. 4. Operational plan for winter 2015/16 to support inpatient elective care	15	3	5	15	Manage the number of IPs booked on lists to avoid cancellations Improve Theatre Utilisation Ring-fencing of Tandridge and Woodland Wards	27/02/2015 20/06/2015 15/05/2015	09/02/2015 05/08/2015 18/09/2015	6	31/10/2016
1688	Executive Committee	20/05/2015	Finance - Fin. Management	Simpson, Paul	Financial Management	Risk of potential overspending from operational pressures	Risk of failure to meet the Trusts financial plan due to overspending.	i) Divisions to implement action plans and contingencies to control/or recover overspending. Specific action is required in all Divisions. ii) Agency PMO to deliver outputs in respect of reduced agency usage following recruitment. Position being reviewed (ongoing).	12	4	4	16	As described on the BAF.	31/03/2017		6	31/10/2016
1689	Executive Committee	01/04/2015	Finance - Fin. Management	Simpson, Paul	Financial Management	Risk of Contract income below plan	Risk the Trust does not achieve its financial plan as a result of lower than planned contract income from capacity issues.	i) Continuation of 2015/16 actions around internal management and external management; the health system response will need to improve in 2016/17 and the basis of that is currently being navigated through SRG.	16	4	4	16	i) Output from productivity/LoS work. ii) Discussion with CCGs on resourcing a shared problem. iii) Contingency actions.	31/03/2017		12	31/10/2016
1779	Executive Committee	21/06/2016	Finance - Fin. Management	Simpson, Paul	Financial Management	Failure to delivery productivity gain from income growth	Risk to Trust overall financial plan as a result capacity issues reducing income and of not achieving productivity gain from income growth.	i) Budgeted income/activity and financial budget agreed, plus business plans from Divisions. ii) Monitored through financial and activity reporting. iii) PMO management and CEO Productivity Group.	16	4	4	16	i) Action plans agreed through Productivity Group for various initiatives. ii) Additional budget allocated for additional posts (to allow productivity benefit).	31/03/2017		9	31/10/2016