

ID	Committee	Open Date	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
1068	Safety	26/07/2010	Pathology - Cellular	Stewart, Dr Bruce	Patient Safety	Consultant Workload in Histology - Insufficient reporting capacity for service demand	Description revised March 2016 to reflect current situation. Service demand (measured by number of samples received, number of blocks made per sample and proportion of samples requiring further work, in particular immunohistochemistry) has risen by at least 20% from 2012/13 to 2015/16. As a consequence, the department is failing to achieve the RCPATH's quality standards relating to reporting turnaround times within 7 and 10 days. This is impacting on patient care by leading to delayed issuing of reports, and is impacting on Trust performance relating to the cancer pathway targets.	1. Internal clinical audit to review all non-conformances 2. Datix monitoring of reported incidents 3. Prioritisation of Cancer specimens 4. Reliance on 'professionalism' of staff 5. Good ergonomic working environment for consultants 6. Out-sourcing of excess demand and provision of additional sessions	20	4	4	16	Business case to appoint 1wte pathologist Seek approval to appoint new consultant to provide capacity for current activity and identified future service developments within the divisions. appoint consultants to two vacancies advertise for new substantive consultant cellular pathologist Annual review new consultant cellular pathologist in post Recruit 1 WTE consultant cellular pathologist Resubmit business case supported by RA for 2 wte pathologists Recruit and appoint 1wte pathologist Seek approval, recruit and appoint second consultant Resubmit business case to PMO board Recruit locum for 8pas	30/09/2009 31/03/2014 18/03/2014 13/01/2014 31/10/2013 14/08/2014 31/12/2011 15/09/2010 29/04/2011 02/04/2012 19/11/2013 04/11/2013	30/09/2009 30/07/2013 18/03/2014 05/02/2014 01/07/2013 19/03/2014 05/12/2011 02/02/2011 20/06/2011 20/06/2011 12/11/2013 04/11/2013	8	31/03/2017
1491	Responsiveness	29/08/2013	ED - Adult	James, Alison	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	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. As described on the board assurance framework	01/12/2016 30/09/2015 01/09/2016 01/09/2016 31/12/2015 31/03/2014	26/01/2017 30/09/2015 28/10/2016 28/10/2016 23/05/2016 22/02/2016	6	03/04/2017
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 (5.3)	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	31/03/2017		8	31/03/2017

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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 in sufficient 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	31/03/2017		12	31/03/2017
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	5	3	15	Treatment plan will vary according to CIP. i) Action plans to reduce shortfall. ii) Contingency within each area.	31/03/2017		6	31/03/2017
1678	Responsiveness	23/03/2015	Operations	Emily, Ben	Service Access	RTT Access Standards	Due to demand exceeding capacity and on-going operational pressures, 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, potential avoidable harm and increase the number of formal and informal complaints	1. Access Policy 2. Weekly PTL / performance meetings to monitor progress. 3. Service Level plans to increase capacity where required. 4. Operational plan for winter 2016/17 to support inpatient elective care	15	3	5	15	Manage the number of IPs booked on lists to avoid cancellations Upgrade Corner to full RTT Functionality Historic data clean up Improve Theatre Utilisation Ring-fencing of Tandridge and Woodland Wards	31/03/2017 31/07/2017 31/03/2017 20/06/2015 15/05/2015	05/08/2015 18/09/2015	6	31/03/2017
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	5	3	15	As described on the BAF.	31/03/2017		6	31/03/2017
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	5	3	15	i) Output from productivity/LoS work. ii) Discussion with CCGs on resourcing a shared problem. iii) Contingency actions.	31/03/2017		8	31/03/2017
1778	Executive Committee	21/06/2016	Finance - Fin. Management	Simpson, Paul	Financial Management	Non agreement of MRET baseline & no readmission penalty	Risk of non achievement of financial plan as a result of reduced clinical income from non agreement of the MRET baseline and penalty from readmission.	i) Pursue baseline review with CCGs. ii) Discuss national position and any Control Total reduction with NHSi.	12	5	3	15	As described on the BAF.	31/03/2017		8	31/03/2017
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.	Continuation of 2015/16 actions around internal management and external management.	16	5	3	15	i) Action plans agreed through Productivity Group for various initiatives. ii) Additional budget allocated for additional posts (to allow productivity benefit).	31/03/2017		8	31/03/2017