

ID	Committee	Open Date	Specialty	Executive 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
1491	Responsiveness	29/08/2013	ED - Adult	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 5) ED working group reviewing performance and ED actions fortnightly	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	11/12/2017
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)	V8.0 long term financial model (submitted to NHSi June 2016) and integrated business plan completed (submitted to TDA in February 2014) NHSi Plan submitted 2016.	15	5	3	15	As described on the BAF	30/03/2018		8	31/08/2017
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	22/12/2017		12	25/08/2017

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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	1) Business Plans & budgets (activity & financial), CIP/productivity plans 2) Divisional activity plans 3) Divisional business cases to support correction for overspending areas in 2016/17 (e.g.: WaCH) 4) Internal Performance Review (PMO) process and CEO review 5)) Financial reporting, including periodic forecast scenarios, is in place and effective – the first detail forecast will go to Board in July (Q1). 6) A&E Delivery Board and Transformation meetings in place and operating. 7) STP capped expenditure process (CEP): as part of the STP the Trust is engaging in work to meet CEP requirements 8) Structure of roster and agency PMOs in place and NHSi agency reduction plan submitted, with weekly NHSi reporting on compliance 9) COO is establishing “boards” to oversee productivity delivery, emergency care management & CQUIN	15	5	3	15	Treatment plan will vary according to CIP. i) Action plans to reduce shortfall. ii) Contingency within each area.	30/03/2018		12	31/08/2017
1678	Responsiveness	23/03/2015	Operations	Emly, Ben	Service Access	RTT Access Standards	Due to demand exceeding capacity, on-going operational pressures and operational process issues, 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. Plan in place for reporting system migration	15	3	5	15	Manage the number of IPs booked on lists to avoid cancellations Upgrade Cerner to full RTT Functionality Roll out RTT Training to Admin Staff Reporting system migration to Cerner / Data Clean up Improve Theatre Utilisation Ring-fencing of Tandridge and Woodland Wards	31/03/2017 31/01/2018 29/09/2017 28/04/2017 20/06/2015 15/05/2015	21/04/2017 18/05/2017 05/08/2015 18/09/2015	6	30/09/2017

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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.	1) Business Plans & budgets (activity & financial), CIP/productivity plans 2) Divisional activity plans 3) Divisional business cases to support correction for overspending areas in 2016/17 (e.g.: WaCH) 4) Internal Performance Review (PMO) process and CEO review 5)) Financial reporting, including periodic forecast scenarios, is in place and effective – the first detail forecast will go to Board in July (Q1). 6) A&E Delivery Board and Transformation meetings in place and operating. 7) STP capped expenditure process (CEP): as part of the STP the Trust is engaging in work to meet CEP requirements 8) Structure of roster and agency PMOs in place and NHSi agency reduction plan submitted, with weekly NHSi reporting on compliance 9) COO is establishing “boards” to oversee productivity delivery, emergency care management & CQUIN	15	5	3	15	As described on the BAF.	30/03/2018		12	31/08/2017

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1689	Executive Committee	01/04/2015	Finance - Fin. Management	Simpson, Paul	Financial Management	Risk of Contract income below plan	Risk the Trust short term financial stability if the annual income plan is not delivered.	1) Business Plans and budgets (activity/ financial) savings & productivity plans. 2) Agreed contracts in place with main sets of commissioners (NHSE and CCGs) – all Contracts were signed in January 2017. 3) Contract management process in place (this operated effectively in 2016/17). 4) Financial reporting, including periodic forecast scenarios, is in place and effective – the first detail forecast will go to Board in July (Q1). 5) A&E Delivery Board and Transformation meetings in place and operating. 6) NHSi/NHS England Performance Meetings: 7) STP capped expenditure process (CEP): as part of the STP the Trust is engaging in work to meet CEP requirements 8) COO is establishing “boards” to oversee productivity delivery, emergency care management & CQUIN	15	5	3	15	i) Output from productivity/LoS work. ii) Discussion with CCGs on resourcing a shared problem. iii) Contingency actions.	31/03/2017	19/05/2017	12	31/08/2017
1838	Effectiveness	01/04/2017	ED - Adult	Stevenson, Angela	Key Performance Targets	Ambulance Handover Delays	Risk of delay in handover for ambulances arriving at ESH. No patient should wait over 30 minutes to be offloaded from an ambulance trolley into the Emergency Department.	Daily monitoring Triage model in place	15	3	5	15				15	01/11/2017

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1845	Responsiveness	31/03/2017	Ophthalmology	Stevenson, Angela	Service Access	Paediatric Ophthalmology Capacity Shortfall	<p>The Ophthalmology service has failed to recruit a substantive consultant since August last year, the service has an agency locum filling this role but the contract ended at the end of March 2017. There service has been unable to find a replacement locum and therefore the service has lost 5 capacity for 5 clinics per week.</p> <p>The Current general Ophthalmologist with interest in paed is doing 1 ad-hoc a month to see displaced patients, but this is not enough capacity. Therefore displaced patients face extended delays to treatment. as of 26-04 336 displaced patients on PTL.</p>	Current general Ophthalmologist with interest in paed is doing 1 ad-hoc a month to see displaced patients, but this is not enough capacity.	15	3	5	15	<p>Appointment of new Paediatric Ophthalmologist</p> <p>Source external capacity for Paediatric Referrals</p>	30/01/2018 29/09/2017		9	25/09/2017