<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Specialty</th>
<th>Description of Risk</th>
<th>Source of Risk</th>
<th>Type</th>
<th>Consequence</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Tag as Risk</th>
<th>Risk Owner</th>
<th>Monitor</th>
<th>Action Plan</th>
<th>Start Date</th>
<th>Review Date</th>
<th>COC Outcome / BAP</th>
<th>Progress Against Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>T007</td>
<td>Corporate</td>
<td>Implementation of the Better Care Fund agenda results in a significant net financial deficit to the Trust and/or inability to meet quality targets e.g. waiting times</td>
<td>Risk Assessment triggered by change of policy</td>
<td>Quality - Finance</td>
<td>Strategic</td>
<td>CQC 16</td>
<td>Possible - 3</td>
<td>Likely - 4</td>
<td>03/11/2013</td>
<td>30/05/2014</td>
<td>COC - Responsive Strategic Objective 5</td>
<td>Increase CPI target for 2015/16 and develop plans to deliver</td>
<td>Develop commercial strategy to identify other potential income sources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T002</td>
<td>Corporate</td>
<td>Failure to deliver the Trusts long term productivity programmes Linked to G2004</td>
<td>Business and Delivery Plan</td>
<td>Strategic</td>
<td>Priority 3</td>
<td>T2</td>
<td>9</td>
<td>10</td>
<td>Treat</td>
<td>01/04/2012</td>
<td>31/03/2014</td>
<td>COC Outcome 26 Strategic Obj 4 Priority Obj. 2 Strategic Obj 5</td>
<td>CIPs in place for 5 years, which match QBP plans. Risk scoring of CIPs &amp; QEA process. Contingency CIP programme, PND office established, with regular Productivity Programme Board held. Cross cutting schemes to manage transformational changes. Monitoring at all PCD and Board meetings</td>
<td>CIPs finalised as part of 2014/15 budget setting and were presented to Trust Dev Forum 24/4/13. Monitoring process under review. Monthly Productivity Programme Board held to date and quality impact of productivity programme monitored at OMC. New Dashboard developed to bring together financial and quality KPIs for performance monitoring in year replaced by newly developed schemes. 12/13 - Schemes are currently being worked up with Service Lines for the 2014/15 programme. Each clinical division has been allocated an Executive lead to support the development of their programme with meetings to review ideas commencing early December. Finance teams will support their service lines with the development of the schemes. The PNO will co-ordinate and review the programme and ensure the quality and equality impact assessments are completed for each scheme.</td>
<td></td>
</tr>
<tr>
<td>T018</td>
<td>Safety &amp; Care</td>
<td>Risk of falls resulting in harm for specific highly vulnerable patients Linked to EO012 and AM001</td>
<td>Risk Assessment</td>
<td>Quality</td>
<td>Strategic</td>
<td>T2</td>
<td>6</td>
<td>10</td>
<td>Treat</td>
<td>21/03/2013</td>
<td>29/05/2014</td>
<td>COC outcome 4 &amp; 7 Principal Risk 1 Strategic Obj 1</td>
<td>1. Accurately assess risks to be carried out within 6 month of admission 2. Ensure implementation of Fall Policy 3. RCA investigations for all moderate harm falls including action plans 4. Review number and severity of falls each month and analyse trends 5. Ensure monitoring of falls and post fall bundles. 6. Analyse co-relation between falls incidents and increase in the admission of over 75 years of age and length of stay. 7. Ensure effective night lighting</td>
<td>01/03/2013 Audit equivaleant falls and post fall bundle which showed good compliance on the falls but not on post falls. Focus now on post falls with introduction of Ulysses reporting. Mnotf HNO reviewing immediately any fall to ensure documentation. Falls group relaunched and led by DoH 03/05/13 SE Wales audit is scheduled for Jun/Jul 2013 and there has been 5% reduction in PSI).HOC 2012-13 as compared to 2011-12. Falls bundle fully implemented and staff training completed. Incident reporting indicated staff awareness and management of falls has improved. AAO now part of falls group. 30/10/13 SE Falls risk assessments to be carried out for all adults 65+ years of patients. 02/12/13 SE Monthly falls group monitoring falls rates and receives reports from wards with high incidents. Project Manager concluding review and present a report towards the end of Jan 14 20/03/14 TM 1 Falls bundle is being changed and the one monthly audit took place on 17th February 2014. 3. More falls alarms have been made available to the ward teams. 3. Keats is planning to trial the use of alarms in the toilets. 4. Falls rates on the care of the elderly wards continue to be monitored closely at the service line meeting.</td>
<td></td>
</tr>
<tr>
<td>T009</td>
<td>Corporate</td>
<td>Risk that the Trust lacks the organisational capacity to deliver large number of change programmes required.</td>
<td>Risk Assessment</td>
<td>Strategic</td>
<td>Volume 4</td>
<td>T2</td>
<td>6</td>
<td>10</td>
<td>Treat</td>
<td>27/12/2011</td>
<td>28/05/2014</td>
<td>Strategic Obj 2 COC Outcome 14 Principal Risk 5 Priority Obj. 3</td>
<td>Management of SLM leadership development underway. Related to approach to developing CIPs for 2014/15. Budgets and plans for 2014/15 clarifying expectations and capacity required being developed at Service line level. Training plan for CRS rollout developed.</td>
<td>OD programme approved by Trust Board. Programmes being monitored by EMC. CIP planning complete but implementation and impact assessments delayed. Pathology (SRLP) approved. Leadership development partner appointed and programme started. Business planning process for 2014/15 simplified. 02/14 - OD reviewed and changes made.</td>
<td></td>
</tr>
<tr>
<td>T019</td>
<td>Corporate</td>
<td>Risk that hardware of care to Out Of Hours (OOh) team is unsatisfactory and non-compliance of care at night and weekends could compromise the ability to deliver the same quality of care as during normal working hours.</td>
<td>Incidents / risk assessments</td>
<td>Quality</td>
<td>Priority line 3</td>
<td>T2</td>
<td>6</td>
<td>10</td>
<td>Treat</td>
<td>01/01/2013</td>
<td>26/06/2014</td>
<td>Objective 1 COC 16</td>
<td>Programme of work led by the Medical Director to address is underway. Work streams in Medicine and Surgery are in place to consider extended consultant days, weekend ward rounds, weekend diagnostics and further development of the Hospital at Night team. This is a Quality Account priority and will be monitored through that work stream. Head of Nursing action plan with a Quality Account priority. The ESP Board will review progress quarterly with the Regional Programme Board.</td>
<td>Trust Steering Group to monitor workstream progress in place. Work plan agreed and in progress. 10/13; risk re-scored and score increased 12/13. No change to risk score. Broader OCH issues are being assessed by the Deputy CEO.</td>
<td></td>
</tr>
<tr>
<td>T027</td>
<td>Corporate</td>
<td>Impact of Winter pressures on Trust ability to maintain operational performance during winter months</td>
<td>Risk Assessment</td>
<td>Strategic</td>
<td>Volume 4</td>
<td>T2</td>
<td>6</td>
<td>10</td>
<td>Treat</td>
<td>04/12/2013</td>
<td>26/03/2014</td>
<td>Principal Risk 1 &amp; 2</td>
<td>Estate Care Board set up across Health economy to develop winter plan.</td>
<td>01/13; First meeting has taken place. Baseline data is being assessed. Work streams are under development. 10/14: 2013/14 winter plan now agreed. To be shared across organisation 30/10.2013: SE Winter plan for KHT has been agreed at EMC and is now being implemented. Sub groups of the urgent care board have been established to improve cross-organisational working over winter e.g. DETOC subgroup. Kington partner organisations are meeting fortnightly to discuss winter pressures.</td>
<td></td>
</tr>
<tr>
<td>Risk Ref</td>
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<td>Start Date</td>
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<tr>
<td>7860</td>
<td>22. Estates</td>
<td>Ensure all windows and doors are secure to provide a safe and secure environment for patients</td>
<td>Security</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Health &amp; Safety Committee</td>
<td>Director of Estates and Facilities</td>
<td>21/10/2013</td>
<td>30/06/2014</td>
<td>CQC outcome 10 Principal Risk 2 &amp; 3 Strategic Objective 1</td>
<td>Action plan to be created for the new risk.</td>
</tr>
<tr>
<td>7865</td>
<td>22. Estates</td>
<td>Is there evidence of patients being put at risk due to the lack of an induction</td>
<td>Educational</td>
<td>Medium</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Health &amp; Safety Committee</td>
<td>Director of Estates and Facilities</td>
<td>21/10/2013</td>
<td>30/06/2014</td>
<td>CQC outcome 10 Principal Risk 2 &amp; 3 Strategic Objective 1</td>
<td>Action plan to be created for the new risk.</td>
</tr>
<tr>
<td>7870</td>
<td>25. Information Governance</td>
<td>Risk of ICO fines through data breaches e.g.</td>
<td>Data Protection</td>
<td>Low</td>
<td>Minor</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Information Governance Manager</td>
<td>Finance Director</td>
<td>21/10/2013</td>
<td>30/06/2014</td>
<td>CQC outcome 10 Principal Risk 2 &amp; 3 Strategic Objective 1</td>
<td>Action plan to be created for the new risk.</td>
</tr>
<tr>
<td>7875</td>
<td>22. Estates</td>
<td>Risk to the reputation if the Friends &amp; Family Test inpatients scores remain nationally in the bottom quartile.</td>
<td>Reputation</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Estates</td>
<td>Director of Estates</td>
<td>27/10/2013</td>
<td>28/03/2014</td>
<td>CQC Outcome 1 Strategic Objective 1</td>
<td>(1) Weekly review of FFT comments for wards; (2) FFT to be an agenda item at NMAC and sisters’ meeting; (3) Review-learning from questions regarding what patients would like us to improve.</td>
</tr>
<tr>
<td>7880</td>
<td>22. Estates</td>
<td>Risk of non compliance with statutory requirements for the maintenance of systems, compartmentation, escape lighting, evacuation procedures and equipment and training.</td>
<td>Safety</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Estates</td>
<td>Director of Estates</td>
<td>08/11/2011</td>
<td>30/06/2014</td>
<td>CQC outcome 10 Principal Risk 2 &amp; 3 Strategic Objective 1</td>
<td>Action plan in place to ensure recertification to Fire Safety Manager, compartmentation survey, fire evacuation equipment purchase and replacement of Esher and Malden Fire Alarm systems.</td>
</tr>
<tr>
<td>7885</td>
<td>22. Estates</td>
<td>Risk of non compliance with statutory requirements for the maintenance of systems, compartmentation, escape lighting, evacuation procedures and equipment and training.</td>
<td>Safety</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Estates</td>
<td>Director of Estates</td>
<td>21/01/2014</td>
<td>30/04/2014</td>
<td>CQC Outcome 21 Principal Risk 1 Strategic Objective 1</td>
<td>Health Records Improvement action plan developed to meet Project Manager. Regular audit programme.</td>
</tr>
<tr>
<td>7890</td>
<td>22. Estates</td>
<td>Risk of non compliance with statutory requirements for the maintenance of systems, compartmentation, escape lighting, evacuation procedures and equipment and training.</td>
<td>Safety</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Estates</td>
<td>Director of Estates</td>
<td>17/01/2014</td>
<td>02/06/2014</td>
<td>CQC Outcome 21 Principal Risk 1 Strategic Objective 1</td>
<td>Health Records Improvement action plan developed to meet Project Manager. Regular audit programme.</td>
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<tr>
<td>7895</td>
<td>22. Estates</td>
<td>Risk of non compliance with statutory requirements for the maintenance of systems, compartmentation, escape lighting, evacuation procedures and equipment and training.</td>
<td>Safety</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>4</td>
<td>3</td>
<td>Treat</td>
<td>Estates</td>
<td>Director of Estates</td>
<td>01/01/2013</td>
<td>04/04/2014</td>
<td>CQC Outcome 21 Principal Risk 1 Strategic Objective 1</td>
<td>Health Records Improvement action plan developed to meet Project Manager. Regular audit programme.</td>
</tr>
</tbody>
</table>

**Note:**
- **Financial:** Includes financial impact and/or potential loss.
- **Quality:** Involves patient outcomes and healthcare quality.
- **Safety:** Refers to patient safety and risk management.
- **Environment:** Covers workplace conditions and environmental issues.

**References:**
- **CQC Outcome:** Core Quality Outcomes and their associated principles.
- **Strategic Objective:** Key strategic goals aimed at addressing the identified risks.
- **Principal Risk:** Highest priority risk that requires immediate attention.
- **Initial Risk:** The risk before any mitigation measures have been implemented.
- **Current Risk:** The risk after mitigation measures have been applied.

**Action Plan:**
- **Create Action Plan:** Develop a plan to address the identified risks.
- **Implement Action Plan:** Execute the action plan.
- **Review Action Plan:** Evaluate the effectiveness of the action plan.
- **Update Action Plan:** Adjust the action plan based on feedback and new information.

**Progress Against Action Plan:**
- **Not Started:** Action plan has not been initiated.
- **On Track:** Action plan is progressing as expected.
- **Behind Schedule:** Action plan is behind schedule.
- **Completed:** Action plan has been fully implemented.

**Other Details:**
- **Date of Assessment:** Date when the risk assessment was performed.
- **Date of Implementation:** Date when the action plan was implemented.
- **Date of Review:** Date when the action plan was reviewed.

**Key Points:**
- **Management:** Roles and responsibilities of key management figures.
- **Actions:** Specific actions and tasks to be completed.

**Notes:**
- **Note:** Additional notes and comments related to the risk assessment and action plan.

**Additional Information:**
- **Contractual Obligations:** Information about contractual obligations and legal requirements.
- **Regulatory Requirements:** Compliance with regulatory standards and guidelines.

**Staff:**
- **T&O risk meeting:** Team and Operations risk meeting.
- **Quality Improvement Plan:** Quality improvement plan.
- **Safety Improvement Plan:** Safety improvement plan.
- **Environmental Improvement Plan:** Environmental improvement plan.

**Cost Implications:**
- **Cost Savings:** Potential cost savings from implementing the action plan.
- **Costs:** Direct and indirect costs associated with the risk and action plan.

**Risks:**
- **Risk Identification:** Identification of potential risks and hazards.
- **Risk Assessment:** Assessment of the likelihood and impact of each risk.
- **Risk Mitigation:** Strategies to manage and mitigate the risks.

**Assessment:**
- **Initial Risk:** The risk before any mitigation measures have been implemented.
- **Current Risk:** The risk after mitigation measures have been applied.

**Risk Score:**
- **Likelihood:** Probability of the risk occurring.
- **Impact:** Potential impact of the risk on the organization.

**Risk Mitigation:**
- **Action Plan:** Specific actions to mitigate the risk.
- **Responsibility:** Person or team responsible for implementing the action plan.

**Date Range:**
- **01/04/2012 - 01/01/2013:** Date range for the financial year.
- **25/03/2014 - 31/03/2014:** Date range for the financial year.

**Objectives:**
- **Strategic Objective:** Key strategic goals aimed at addressing the identified risks.
- **Operational Objective:** Specific objectives related to the operational aspects of the organization.

**Assessment:**
- **Assessment:** Process of evaluating the risk and its potential impact.
- **Mitigation:** Strategies to manage and mitigate the risks.

**Impact Levels:**
- **Minor:** Low impact on the organization.
- **Moderate:** Moderate impact on the organization.
- **Major:** High impact on the organization.

**Likelihood Levels:**
- **Possible:** Likelihood of the risk occurring is possible.
- **Likely:** Likelihood of the risk occurring is likely.
- **Moderate:** Likelihood of the risk occurring is moderate.
- **High:** Likelihood of the risk occurring is high.

**Consequence Levels:**
- **Minor:** Low consequence in terms of impact on the organization.
- **Moderate:** Moderate consequence in terms of impact on the organization.
- **Major:** High consequence in terms of impact on the organization.

**Risk Register:**
- **Risk Register:** A list of identified risks and their associated details.
- **Risk Log:** A document used to track the progress of risk management activities.

**Project Management:**
- **Project Management:** Processes and practices used to plan, execute, and control projects.
- **Project Scope:** The specific activities and deliverables of the project.

**Stakeholders:**
- **Stakeholders:** Individuals or groups involved in the project who have an interest in the project outcomes.
- **Key Stakeholders:** High-level stakeholders who have significant influence on the project.

**Risk Mitigation Strategies:**
- **Mitigation Strategies:** Actions taken to reduce the likelihood or impact of a risk.
- **Risk Absorption:** Strategies to absorb the impact of a risk.

**Risk Response:**
- **Risk Response:** Decisions regarding how to manage the risk.
- **Risk Acceptance:** Accepting the risk as it is.
- **Risk Avoidance:** Taking steps to avoid the risk.
- **Risk Transfer:** Transferring the risk to another party.

**Risk Mitigation Plan:**
- **Risk Mitigation Plan:** A document detailing the strategies and actions to manage the risk.
- **Risk Mitigation Plan Status:** Status of the risk mitigation plan.

**Risk Mitigation Monitoring:**
- **Risk Mitigation Monitoring:** Processes to track the effectiveness of the risk mitigation strategies.
- **Risk Mitigation Review:** Review of the risk mitigation strategies and their effectiveness.

**Risk Mitigation Evaluation:**
- **Risk Mitigation Evaluation Status:** Status of the risk mitigation evaluation.

**Risk Mitigation Feedback:**
- **Risk Mitigation Feedback:** Feedback on the risk mitigation strategies and their effectiveness.
- **Risk Mitigation Feedback Status:** Status of the risk mitigation feedback.

**Risk Mitigation Communication:**
- **Risk Mitigation Communication:** Communication processes to ensure all stakeholders are informed.
- **Risk Mitigation Communication Status:** Status of the risk mitigation communication.

**Risk Mitigation Training:**
- **Risk Mitigation Training:** Training provided to stakeholders on managing the risk.
- **Risk Mitigation Training Status:** Status of the risk mitigation training.

**Risk Mitigation Tools:**
- **Risk Mitigation Tools:** Tools and software used to manage the risk.
- **Risk Mitigation Tools Status:** Status of the risk mitigation tools.

**Risk Mitigation Technology:**
- **Risk Mitigation Technology:** Information technology used to manage the risk.
- **Risk Mitigation Technology Status:** Status of the risk mitigation technology.

**Risk Mitigation Reporting:**
- **Risk Mitigation Reporting:** Processes to report the risk management activities.
- **Risk Mitigation Reporting Status:** Status of the risk mitigation reporting.

**Risk Mitigation Audit:**
- **Risk Mitigation Audit:** Processes to audit the risk management activities.
- **Risk Mitigation Audit Status:** Status of the risk mitigation audit.

**Risk Mitigation Compliance:**
- **Risk Mitigation Compliance:** Processes to ensure compliance with risk management requirements.
- **Risk Mitigation Compliance Status:** Status of the risk mitigation compliance.

**Risk Mitigation Governance:**
- **Risk Mitigation Governance:** Processes to govern the risk management activities.
- **Risk Mitigation Governance Status:** Status of the risk mitigation governance.

**Risk Mitigation Monitoring:**
- **Risk Mitigation Monitoring:** Processes to monitor the risk management activities.
- **Risk Mitigation Monitoring Status:** Status of the risk mitigation monitoring.

**Risk Mitigation Improvement:**
- **Risk Mitigation Improvement:** Processes to improve the risk management activities.
- **Risk Mitigation Improvement Status:** Status of the risk mitigation improvement.
<table>
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<tr>
<th>Risk Ref</th>
<th>Specialty</th>
<th>Description of Risk</th>
<th>Source of Risk</th>
<th>Risk Type</th>
<th>Consequence Level</th>
<th>Likelihood Level</th>
<th>Target Risk</th>
<th>Initial Risk</th>
<th>Current Risk</th>
<th>Risk Response</th>
<th>Monitoring Body</th>
<th>Risk Owner Title</th>
<th>Start Date</th>
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<th>CQC Outcome / BAF</th>
<th>Action Plan</th>
<th>Progress Against Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>T007</td>
<td>33. Corporate</td>
<td>Failure to win tenders for secondary care input at outreach locations.</td>
<td>Business and Delivery plans</td>
<td>Strategic</td>
<td>Level 4</td>
<td>Level 4</td>
<td>Target Skill</td>
<td>12</td>
<td>6</td>
<td>9</td>
<td>Treat</td>
<td>FSC</td>
<td>Director of Strategic Development</td>
<td>27/12/2011</td>
<td>28/03/2014</td>
<td>CQC outcome 26 Principal Risk 9 Strategic Obj. 4</td>
<td>Strengthen bi-capability through establishment of Commercial Directorate.</td>
</tr>
<tr>
<td>T008</td>
<td>33. Corporate</td>
<td>Competition from other providers affects the Trust's income position and financial viability</td>
<td>Business and Delivery plans</td>
<td>Strategic</td>
<td>Level 4</td>
<td>Level 4</td>
<td>Target Skill</td>
<td>12</td>
<td>6</td>
<td>9</td>
<td>Treat</td>
<td>AC</td>
<td>Director of Strategic Development</td>
<td>27/12/2011</td>
<td>28/03/2014</td>
<td>CQC outcome 26 Principal Risk 9 Strategic Obj. 5</td>
<td>Development of Commercial Strategy Implementation of Commercial Strategy action plan. Strengthen bi-capability through establishment of Commercial Directorate.</td>
</tr>
<tr>
<td>T_MCH_MAT 12</td>
<td>Maturity</td>
<td>Financial impact under new maternity tariff caused by recharging process. The pathway tariff is paid to one provider and will be the first provider where the patient first books. There are currently no robust systems for checking if patients have booked in another unit until after exciting patients and we have evidence that patients do not always admit that they are double booked. This could result in a significant financial impact if unable to recharge other units.</td>
<td>Risk</td>
<td>Financial</td>
<td>Level 4</td>
<td>Level 4</td>
<td>Target Skill</td>
<td>12</td>
<td>3</td>
<td>9</td>
<td>Treat</td>
<td>Service Line Manager</td>
<td>23/03/2013</td>
<td>08/04/2014</td>
<td>There is work underway nationally to provide a database for cross-checking NHS numbers and track maternity patient ownership.</td>
<td></td>
<td></td>
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<tr>
<td>T009</td>
<td>33. Corporate</td>
<td>Transition to SLM: Skills Development</td>
<td>Risk</td>
<td>Finance</td>
<td></td>
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<tr>
<td>T010</td>
<td>17. Pathology</td>
<td>Lack of progress in SWL SAP plan is impacting on staffing in Pathology. Instability in the system is affecting morale resulting in staff leaving and difficulty in recruiting, impacting on the ability to deliver a reliable 24 hour service. The actions we take to deliver these changes could impact our accreditation status.</td>
<td>Risk</td>
<td>Assessment</td>
<td></td>
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<tr>
<td>T011</td>
<td>24. Human Resources</td>
<td>Risk that the Trust will be unable to secure the cultural change necessary to support change and that staff do not feel able to influence decisions about delivery of services.</td>
<td></td>
<td>Strategic</td>
<td></td>
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<tr>
<td>T012</td>
<td>12. Elderly Care</td>
<td>Risk of not being able to provide adequate acute capacity because of delayed transfer of care.</td>
<td></td>
<td>Quality</td>
<td></td>
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</table>
Failure of QIPP Action plan to achieve the outcomes expected by GPs and PCTs.

Further funding needs identifying to install UPS/IPS in High risk areas, electrical infrastructure including lack of suitable UPS and IPS in high risk patient areas.

Policy for management of electrical installations to be drafted.

4. To impose the policy which means that staff cannot attend any other training until their mandatory training is complete.

5. Arrange group training where this is appropriate/possible.

3. Managers to follow up on non attendances.


1. Managers to plan attendance on training sessions.

2. To escalate to the Director of Workforce any difficulties securing places on training.

7. Make mandatory training uptake part of SLM authorisation.

9.06 33. Corporate

January 2013 Action Plan to achieve the reduction in volumes expected by GPs and PCT’s resulting in financial tension in the local health economy

This QAC is related to a major risk that is relevant to 2013/14 specifically as it involves the reduction in volumes expected by GPs and PCT’s resulting in financial tension in the local health economy.

The Trust and PCT have used the MCA process to align plans for growth with QIPP for 2013/14. Linking closely with PCT to understand how progressed effective the PCT plans are. Co-ordinating all interactions on personal management with the Trust through the contracts team and disseminating from there.

Advisable to ensure full alignment with the PCT plans for growth & QIPP for 2013/14. Over performance noted in initial months, but this has now reduced. 12/13 - Reconciliation with QCS successfully completed.

04/06/13 TN Escalated as agreed at the Divisional Board on 17/01/13 due to Delays to triage and treatment for children attending paediatric A&E impacting on patient experience and increased demand on paediatric medical and nursing resources.

3.7/13 TN A&E have put forward a business case for a triage room which will go to the capital committee on 18/7/13.

- Significant of SML/DSCC. Outcomes of those reviews presented to FIC and Trust Board where appropriate. Actions were agreed where necessary. CEO is SRO of SML, Pathology Programme. Regular updates to Trust Board, Ventures & Partnership Risk Register is being created at which point this overarching risk will be replaced with specific risks.

2012 33. Corporate

Risk that partnerships do not deliver anticipated benefits

The Trust and PCT have used the MCA process to align plans for growth with QIPP for 2013/14. Linking closely with PCT to understand how progressed effective the PCT plans are. Co-ordinating all interactions on personal management with the Trust through the contracts team and disseminating from there.

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2011 33. Corporate

Risk that implementation of CIP’s adversely affects the quality of patient care and the patient experience.

Major 4

Likely 4

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2010 33. Corporate

Poor compliance of mandatory training resulting in staff not being potentially out of date with current practice

Quality impact assessment and challenge sessions for all CIPs.

Quality impact assessment and challenge sessions for all CIPs.

Quality impact assessment and challenge sessions for all CIPs.

2012 33. Corporate

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2010 33. Corporate

Poor compliance of mandatory training resulting in staff not being potentially out of date with current practice

Internal audit Quality

Quality impact assessment and challenge sessions for all CIPs.

Quality impact assessment and challenge sessions for all CIPs.

Quality impact assessment and challenge sessions for all CIPs.

2009 33. Corporate

Risk of enforcement action under the electricity at work regulations because of non compliant electrical infrastructure including lack of suitable UPS and IPS in high risk patient areas.

Risk assessment Health & Safety

Quality impact assessment and challenge sessions for all CIPs.

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2008 33. Corporate

Risk that partnerships do not deliver anticipated benefits

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2007 33. Corporate

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Gas prices have increased by over 50% in the past 3 years and the price increase has the potential to have a large financial impact.

**Increased Energy Prices - Volatile Energy Prices.**

**Description of Risk**

30/04/2014

Bed capacity constraints within ICU impacting on the ability to manage acutely unwell patients and resulting in increased non-clinical transfers.

**Source of Risk**

Health & Safety

**Type**

Treat

**Criticality**

Medium 4

**Probability**

Medium 4

**Consequence**

Medium 4

**Initial Risk**

Medium 4

**Target Risk**

Medium 4

**Risk Response**

Treat

**Monitoring Body**

Director of Estates and Facilities

**Risk Owner Title**

03/01/2013

26/06/2014

CQC outcome 10

Principal Risk 2 & 3

Strategic Obj 1

Investment is needed to replace old pipe work and up-grade the water system to further prevent and reduce bacteria count. Further replacement pipe work planned 2012/13 and 2013/14.

**Action Plan**

Follow Trust Carbon Management Plan

**Progress Against Action Plan**

Gas prices have increased by over 50% in the past 3 years and are likely to keep on rising. Energy consumption across the Trust would continue to increase owing to more staff and more services been rendered. Investment in Energy efficient projects have been carried out and business cases for some of the projects are been prepared to ensure reduction in energy consumption and cost. A few of energy efficient projects/measure have resulted in significant savings for the Trust.

CQC outcome 26

Performance

CQC outcome 4 & 10

Strategic Obj 3 & 5

Revisit 5 year business plan.

**Description of Risk**

Increased Energy Price - Volatile Energy Prices. At present electricity prices are up 2.5% weekly whilst gas is up 0.9% weekly. The price increase has the potential to have a large financial impact.

**Source of Risk**

 Estates

**Type**

Treat

**Criticality**

Medium 4

**Probability**

Medium 4

**Consequence**

Medium 4

**Initial Risk**

Medium 4

**Target Risk**

Medium 4

**Risk Response**

Treat

**Monitoring Body**

Director of Estates and Facilities

**Risk Owner Title**

03/04/2014

25/03/2014

CQC outcome 10

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CQC outcome 26

Performance

CQC outcome 4 & 10

Strategic Obj 3 & 5

Revisit 5 year business plan.
<table>
<thead>
<tr>
<th>Risk Ref</th>
<th>Specialty</th>
<th>Description of Risk</th>
<th>Source of Risk</th>
<th>Consequence</th>
<th>Likelihood</th>
<th>Initial Risk</th>
<th>Current Risk</th>
<th>Risk Response</th>
<th>Monitoring Body</th>
<th>Risk Owner Title</th>
<th>Start Date</th>
<th>Review Date</th>
<th>CQC Outcome / BAF</th>
<th>Action Plan</th>
<th>Progress Against Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>T021</td>
<td>S3. Corporate</td>
<td>The failure to control the occurrence of C.diff resulting in poor outcomes and experience for our patients.</td>
<td>Infection Control, Patient Safety, Infection Control</td>
<td>Quality</td>
<td>Minor 2</td>
<td>Unlikely 2</td>
<td>Possible 3</td>
<td>12</td>
<td>4</td>
<td>9</td>
<td>Treat</td>
<td>06/12/2012</td>
<td>30/03/2014</td>
<td>Outcome 8 Principal Risk: BAF 1, 2, 8 Strategic Obj: 1</td>
<td>Implementation of 2012 peer review action plan: Action points within the peer review action plan have been completed or are in progress.</td>
</tr>
</tbody>
</table>

**Action Plan:**
- Implementation of 2007 cleaning standards
- Information and education for staff on stool sample collection and patient isolation sent via team brief, global email, pop ups and letter sent with paypays
- Stool charts in much
- Divisonal ownership and accountability to EMIC and DRB
- Consultant and ward sister ownership of PR process
- Antibiotic policy reviewed
- Antibiotic prescribing audited monthly
- Increase antimicrobial pharmaceutical hours
- Quarterly audit of adherence to isolation and PPE policies
- Quarterly audit of time taken to isolate patients with diarrhoea
- Divisonal monitoring of compliance:
  - Equipment cleaning
  - adherence to antibiotic policy
  - Isolation and early stool sampling (patients admitted with diarrhoea)
  - Monthly hand hygiene audits

**CQC Outcome / BAF:**
- Outcome 8 Principal Risk: BAF 1, 2, 8 Strategic Obj: 1

**Action Plan:**
- Implementation of 2012 peer review action plan:
  - Board review against Licence in March 2013
  - Board re-reviews planned
  - Phases for submitting ¼ Lynn returns reviewed by APSG, FIC & Board
  - Weekly review of performance against targets at EMC
  - Improved with diagnostic waiting list compliance forecast from 1st June 2013.
  - Trainees qualify 2014.
  - Breach position much improved with diagnostic waiting list compliance forecast from 1st June 2013.

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|----------|------------|---------------------|----------------|------|-------------|------------|--------------|-------------|-------------|---------------|----------------|----------------|-------|-------|------------|-------------|-------------------|----------------|--------------------------------|
| T035     | SS. Corporate | Transition to SLM: Interrelationships | GPG / EMC risk assessment Consultation document | Quality Finance | Minor | 2 | 4 | 8 | 2 | Treat | EMC | Director of Finance | Director of Strategic Development | Head of Quality & Risk Assurance | Head of Information Services | 13/09/2013 | 30/04/2014 | Re-alignment of roles within corporate teams • Recruitment in BI team • “Lot 4” of OD programme • Management of accreditation pipeline. • Provide training for all Clinical Directors. • Ensure pace of change is as fast as practically possible. • Ensure effective governance of the implementation of SLM | Corporate team roles clarified. BI team interviews underway. “Lot 4” of OD programme tender returns shortlisted. Accreditation pipeline under development. Internal and external training for CDs under development. Pace of change already commenced with structural and governance changes in place. SLM implementation risk register developed. 11/13 Finance, BIU and Ulysses systems mapped to new structure. 02/14 Reviewed by NH - no update. |
