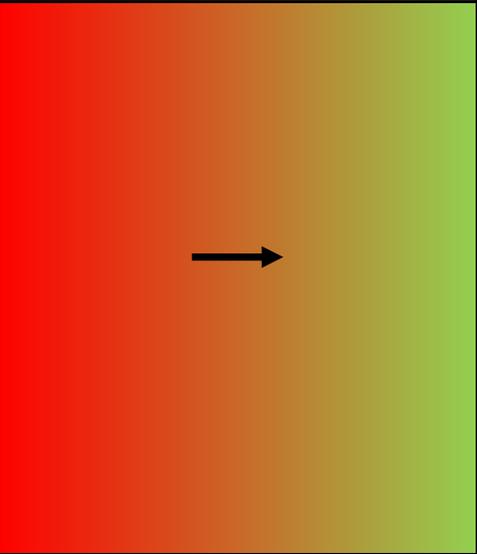
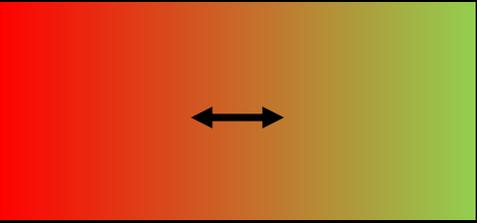


## BAF - RISK

| Risk ID         | Risk Description  | Initial Risk Rating | Current Risk Position |    |    |   |     | Residual Risk Rating | Comments   |
|-----------------|---|---------------------|-----------------------|----|----|---|-----|----------------------|--|
|                 |   |                     | >=20                  | 16 | 12 | 6 | <=3 |                      |  |
| BAF1a<br>CRR22  | Significant disruption to 999 service provision, leading to adverse impact on clinical outcomes due to the complexity and interface of different IT systems.                      | 8                   | →                     |    |    |   |     | 4                    | Actions on original risk treatment plan completed. Last reviewed by R&AG on 29 August. Risk description is more strategic and has been broadened. Risk treatment plan to be rewritten to reflect this.                                     |
| BAF1b<br>CRR84  | Adverse clinical outcomes due to failure of reusable medical devices and equipment.   | 10                  | →                     |    |    |   |     | 5                    | Positive developments in equipment maintenance scheduling systems. Weekly monitoring arrangements established within Directorate. Positive assurance received from NHSLA Mock L2 assessment.   |
| BAF2a<br>CRR66  | Harm to patients, staff and others due to deficiencies in the data flagging process leading to potential for data flags not being brought to the attention of interested parties. | 12                  | ↔                     |    |    |   |     | 4                    | Risk treatment plan developed, but has yet to commence implementation.   |
| BAF3a<br>CRR103 | Inability to deliver performance targets and clinical quality standards.  | 15                  | ↔                     |    |    |   |     | 10                   | New risk following TEG review in June 2012. Risk treatment plan under development.   |
| BAF3b<br>CRR94  | Lack of compliance with key regulatory requirements (CQC,HSE, IGT, NHSLA) due to inconsistent application across the Trust.   | 10                  | ↔                     |    |    |   |     | 5                    | NHSLA mock L2 assessment in July 2012 highlighted key areas for improvement. Further work is required to enable the Trust to succeed at L2. The Inspection for Improvement programme is still underway to identify any CQC related issues. |
| BAF4a<br>CRR104 | Loss of income due to inability to secure/retain PTS and other significant service contracts, adversely influencing future service commissioning intentions.                      | 16                  | ↔                     |    |    |   |     | 8                    | New risk following TEG review in June 2012. Risk treatment plan under development.   |

| KEY   |  |                                     |   |   |    |                |     |   |   |              |  |
|---|--|-------------------------------------|---|---|----|----------------|-----|---|---|--------------|--|
|  |  | No movement from previous iteration |   |  |    | Increased risk |     |  |   | Reduced risk |  |
| BAF - RISK  |  |                                     |   |   |    |                |     |   |   |              |  |
| Risk ID   | Risk Description   | Initial Risk Rating                 | Current Risk Position   |   |    |                |     | Residual Risk Rating  | Comments  |              |  |
|   |  |                                     | >=20  | 16  | 12 | 6              | <=3 |   |   |              |  |
| BAF5a<br>CRR105   | Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes                                   | 20                                  |    |   |    |                |     | 10  | 3 year Cost Improvement Plan submitted to Board 31 July 2012 for approval. Q1 CQUIN report finalised July 2012 with actions in place to progress.   |              |  |
| BAF5b<br>CRR69  | Failure to learn from patient experience and adverse events due to inadequate data management systems for reporting and to identifying learning opportunities. | 8                                   |   |   |    |                |     | 4   | DMS Project & Improvement Manager in post June 2012 working on implementation of Datix which will replace Prism in April 2013 for the management of incidents, complaints and claims. This will allow better aggregation of data and reporting. Lessons learned report now submitted to Board and Quality Committee bi-monthly. Investigation skills training in place to be delivered from September 2012 to improve the quality of investigations and capacity to learn lessons more effectively. |              |  |
| BAF6a<br>CRR39  | Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.   | 12                                  |  |   |    |                |     | 4   | All Clinical Supervisors recruited and training underway. Inductions to be completed by November 2012 and external training delivered by Bradford University will be completed early 2013.  |              |  |

**KEY**   No movement from previous iteration   Increased risk   Reduced risk

**BAF - RISK**

| Risk ID        | Risk Description   | Initial Risk Rating | Current Risk Position |    |    |   |     | Residual Risk Rating | Comments   |
|----------------|--|---------------------|-----------------------|----|----|---|-----|----------------------|--|
|                |  |                     | >=20                  | 16 | 12 | 6 | <=3 |                      |  |
| BAF7a<br>CRR74 | Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.                                 | 15                  |                       |    |    |   |     | 10                   | Business Continuity plans in place across the Trust. Now routinely monitored via BC Resilience Group.                                    |
| BAF8a<br>CRR93 | Adverse impact on developments in urgent/unscheduled care services in partnership with other providers due to failure to implement 111 service/WYUC provision. | 15                  |                       |    |    |   |     | 5                    | 111 service/WYUC provision secured July 2012. Implementation plan under development with contributions from identified workstream leads. |

**KEY**   No movement from previous iteration   Increased risk   Reduced risk