BAF RISK MOVEMENT - NOVEMBER 2012

Risk ID	Risk Description	Initial Risk Rating	>=20	irrent R 16	isk Po 12	sition 6	<=3	Residual Risk Rating	Comments
BAF1a 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		ı	—	-		4	Actions on original risk treatment plan completed. Revised risk description is more strategic and broadened. Eight business continuity plans have been live tested. SP/RB have discussed progress with risk lead and agreed requirements for risk treatment plan.
BAF1b CRR84	Adverse clinical outcomes due to failure of reusable medical devices and equipment.	10		-	-			5	Positive assurance received from the NHSLA assessment process in regard to equipment maintenance scheduling systems. Risk treatment plan requires updating into correct format and to include detail on performance monitoring of improved process.
BAF2a 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	-				EOC Locality Director has developed a new data flagging process and will present this to TEG for approval. Actions on risk treatment plan remain outstanding. KDW to liaise with risk lead to progress findings from TEG.
BAF3a CRR103	Inability to deliver performance targets and clinical quality standards.	15		-				10	Key actions taken include progress on implementation of Training Plan and Workforce Strategy and Plan. Board approved Workforce plan in place. A quarterly performance review group has been established. Board approved performance management strategy implemented. Achievement of the Red 1 response time targets remains challenging, and elements of training have been re-scheduled to support this. A Non-Executive Directors turnaround group on the management of sickness absence has been established.
KEY	No movement from previous iteration	←	Increase	ed risk				—	Reduced risk

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BAF3b CRR94	Lack of compliance with key regulatory requirements (CQC,HSE, IGT, NHSLA) due to inconsistent application across the Trust.	10						5	9 October 2012 Trust retained NHSLA L1 with score of 50/50. New CQC inspector allocated to Trust. Two items on QRP rated as red; AQI's for MI and staff flu immunisation. HSE satisfied with a number of previous concerns relating to stress management, occupational health, HAV's. Further work required to alleviate concerns relating to M&H. Risk treatment plan updated to reflect this.
BAF4a 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. Action has been taken to mitigate the risk via the PTS transformation programme and appointment of a new manager. Work is also progressing to strengthen the corporate commercial team. The financial performance in PTS remains a key risk. The risk treatment plan is being strengthened.
BAF5a CRR105	Inability to deliver service transformation and organisational change, including non-delivery of cost improvement programmes	20						10	CIP Plans finalised and quality impact assessed. Q2 CQUIN report finalised October 2012 with actions in place to progress. 29-10-12 R&AG 5 year CIP now in place. Downside financial risk assessment completed. IBP programme management in place for majority of CIP's. Further engagement with workforce required. Transformation programme group established. Portfolio Manager (Transformation) appointed. Progress being made towards appointment of Commercial Director.
KEY	No movement from previous iteration	—	Incre	eased ris	sk			\rightarrow	Reduced risk

	BAF RISK	MOVEM	ENT - NOVEMBER 2012		
BAF5b 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	Implementation of Datix which will replace Prism in March 2013 for the management of incidents, complaints and claims. Lessons learned report now submitted to Board and Quality Committee bi-monthly. Investigation skills training commenced in September 2012, however rollout to managers delayed until February 2013 due to competing operational pressures. Good progress being made against other actions on risk treatment plan.
BAF6a CRR39	Adverse impact on clinical outcomes due to failure to embed the clinical leadership framework.	12		4	SM Update 27-9-12. Key actions include progress on implementation of Training Plan and Workforce Strategy and Plan. A monitoring dashboard is now in place. Clinical Supervisors and CDMs appointed and operational. Monitoring progress against clinical update day. Additional action identified relating to scoping work for service transformation programme, including specific investment in leadership development. 29-10-12 R&AG concerns identified regarding training as not all CS staff appointed, trained so therefore gap in functionality. Risk treatment plan to be updated to reflect this. Good progress being made against other actions in risk treatment plan.
BAF7a CRR74	Adverse impact on organisational performance and clinical outcomes due to significant events impacting on business continuity.	15		10	BC plans in place across the Trust. Now routinely monitored via BC Resilience Group. 29-10-12 R&AG some positive movements, including new Gold Command Centre fully operational, training programme completed, and 8 department BC plans live tested. HART still experiencing difficulties in relocation and some concerns regarding training of business continuity leads. IW to update risk treatment plan to reflect changes. Good progress being made against risk treatment plan.
KEY	No movement from previous iteration	—	Increased risk	→	Reduced risk

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Risk ID	Risk Description	Initial Risk Rating	>=20	Current 16	Risk P 12	osition 6	<=3	Residual Risk Rating	Comments
BAF8a 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	Implementation plan under development with contributions from identified workstream leads. Some positive developments regarding securing premises, IT solutions and hardware. There are a number of risks emerging relating to training and recruitment. Risks effectively managed by 111 Project Management Board. Good progress being made against risk treatment plan. Project risk register monitored monthly by project team.
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KEY	No movement from previous iteration	—	Increas	sed risk				→	Reduced risk