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<tr>
<td>98</td>
<td>Trustwide</td>
<td>Increased morbidity and mortality associated with Clostridium difficile 027 infection (January - June 2005)</td>
<td>Guidelines for management of C. difficile infection. Surveillance of C. difficile infection feedback to Governance Committee and Infection Control Committee every quarter. Patients moved into single rooms and isolated when single rooms are available. Cohort bays created inwards with several cases. Isolation rooms in cohort bays terminated cleaned on discharge.</td>
<td>Almost certain (5)</td>
<td>Major (4)</td>
<td>High (2)</td>
<td>20</td>
<td>Designated isolation facilities in medicine for patients with laboratory confirmed C. difficile toxin positive. Number and placement of new cases reviewed at daily bed capacity meeting. Daily review of patients by ICT (Mon-Fri) Provision of antibiotic prescribing guidance cards for medical staff. Inclusion of the importance of prudent antibiotic prescribing in infection control junior doctors induction. Review of environmental cleaning practices, including seeking advice of recognised national experts. Enhanced terminal cleaning of bed spaces when C. difficile suspected. Commode cleaning protocols. Improvements to sluice/staircase facilities. Provision of guidelines for management of C. difficile toxin positive pts including antibiotic treatment and hand washing. Feedback to ward and directorate level of surveillance data in SPC chart format. Regular typing of samples by reference laboratory to monitor predominant strains. Continue surveillance and feedback activities. Monitor strains of C. difficile periodically. Regular review control measures in light of surveillance data via IC.</td>
<td>0</td>
<td>Likely (4)</td>
<td>Moderate (3)</td>
<td>Medium (2)</td>
<td>12</td>
<td>Ongoing</td>
<td>Senior Management team</td>
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<td>98</td>
<td>IM&amp;T</td>
<td>Support and Maintenance of IT Infrastructure (Computer Networks and Systems) to continue to meet the business needs of the Trust (n.b. Risk rating reflects major systems not yet migrated from unsupported NT environment). Major Loss of Hospital Computer Network affecting a Key Clinical System (e.g. PAS, Plato, Pathology, Radiology, A&amp;E, ...), or Business System (e.g. Finance Systems, Payroll, HR Systems, Purchasing Systems) resulting in systems being unavailable for more than one day.</td>
<td>Governance and staff infrastructure established to support the deployment of NPfIT products. Completion of various IT infrastructure projects to support NPfIT warranted Environment. Ongoing implementation of new systems within the Trust and Community Hospitals (e.g. Migration Microbiology into Integrated Pathology System, Plato Implementation into Medicine, Upgrading ED System), RDE IM&amp;T Steering Group and Exeter District Local Programme Board</td>
<td>Likely (4)</td>
<td>Major (4)</td>
<td>High (16)</td>
<td>16</td>
<td>Ref: Business Plan Overview for IMT 2005/06 - coping strategies recognize a limited requirement for clinical and business systems outside of CNHNfIT to be managed through the IM&amp;T directorate and the IM&amp;T Steering Group. To continue and, if possible, enhance the programme of investing in management and information systems primarily aimed at enhancing patient care. Migrate from NT Environment for all critical systems. Ongoing review of infrastructure performance and reliability with ongoing improvement plans.</td>
<td>150k</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (2)</td>
<td>12</td>
<td>12 months</td>
<td>Deputy Director of IM&amp;T</td>
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As at January 2006
| Number | Department or Trustwide | Risk Description | C.U.E | Control Measures in Place | Likelihood | Consequence | Level of Risk | Risk Score | Action | Cost (£) | Likelihood | Consequence | Risk Level after action | Risk Score | Timetable | Responsibility |
|--------|-------------------------|-----------------|------|---------------------------|------------|-------------|--------------|------------|--------|----------|------------|-------------|---------------|----------------------|------------|-----------|----------------|
| 06 IM&T | The Implementation locally of connecting for Health (National Programme for IT) across the Exeter District community which includes a number of discrete projects: Choose and Book, Picture Archiving Communication System (PACS) and Care Records Service. Failure to meet corporate targets which are essential to running the Trust successfully. PACS - Affordability issue before cash releasing benefits are realized | Likely (4) | Major (4) | High | 16 | PACS - Exeter District business case submitted for RDE and PCT approval | IBA | Possible (3) | Major (4) | Medium | 12 | June 2005 - Ongoing | Deputy Director of IM&T |
| 31 Trustwide | Relocation of clinical services currently provided on the Heavitree site. It has been recognised for a considerable period of time (see Trust application 1992) that a multi-site District General Hospital was far from ideal. The Clinical risks associated with provision of obstetrics and gynaecology on a site divorced from ITU cover have been well rehearsed | Likely (4) | Major (4) | High | 16 | Services are provided on both sites to adequately cover the risks outlined in the ‘description’ section. However, a single site solution would considerably reduce the risk to the Trust. | 25000000 | Unlikely (2) | Minor (2) | Very Low | 4 | April 2006 | Chief Executive |
| 04 Infection Control | To minimise the risk to patients of acquiring a healthcare associated infection | Almost certain (5) | Moderate (3) | Medium | 15 | Feedback to clinicians is being improved. Implementation of ‘Saving Lives’ delivery programme. Participation in a voluntary national surveillance scheme of surgical site infection with feedback to clinicians. | 0 | Likely (4) | Moderate (3) | Medium | 12 | On-going | Director of Infection Prevention & Control |

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<td>94</td>
<td>Infection Control</td>
<td>Alert organism surveillance using an infection control software programme with specific feedback by directorate on ward acquired NRSWA colonisation/infection and Clostridium difficile infection. In-house all organism bacteremia surveillance with specialty specific feedback. Provision of patient information about MRSA, Clostridium difficile, vancomycin resistant enterococci, viral gastroenteritis. Audit of clinical practice with feedback to clinicians. Close liaison between the Infection Control Team, Matrons and Hotel Services Manager regarding environmental issues. Trust wide robust of the NPSA hand hygiene campaign which includes: near patient alcohol hand rubs, posters, positive role modelling, patient involvement and observation audit with feedback to wards/teams. Provision of -ve pressure isolation rooms for airborne infection. Provision of some single room accommodation in each ward for isolation of infectious patients. Provision of admission rooms for patients with symptoms of viral gastroenteritis. Establish steering group for implementing Saving Lives delivery programme.</td>
<td>Feedback to clinicians is being improved. Implementation of ‘Saving Lives’ delivery programme. Inclusion of infection control in all clinical KSFs</td>
<td>Almost certain (5)</td>
<td>Moderate (3)</td>
<td>Medium (15)</td>
<td>10</td>
<td>On-going</td>
<td>13000</td>
<td>Likely (4)</td>
<td>Moderate (3)</td>
<td>Medium (12)</td>
<td>Director of Infection Prevention &amp; Control</td>
<td></td>
</tr>
<tr>
<td>83</td>
<td>Trustwide</td>
<td>Monitor - FINANCIAL MANAGEMENT - Achievement of plan Underlying performance Financial efficiency Liquidity - GAP IN CONTROL</td>
<td>Monthly monitoring of budget vs actual - based on original SDS. Externally imposed cost pressures forced a change in plan - Monitor engaged in process. Liquidity daily monitoring of cash - managing the capital programme - overhead facilities</td>
<td>Almost certain (5)</td>
<td>Moderate (3)</td>
<td>Medium (15)</td>
<td>10</td>
<td>On-going</td>
<td>Possible (3)</td>
<td>Moderate (3)</td>
<td>Low (9)</td>
<td>2005/06 - 2008/9</td>
<td>Director of Finance</td>
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<tr>
<td>75</td>
<td>Trustwide</td>
<td>Agenda for Change - costs exceed funding</td>
<td>Monitoring by Financial/ HR Directors</td>
<td>Almost Certain (5)</td>
<td>Moderate (3)</td>
<td>Medium (15)</td>
<td>10</td>
<td>On-going</td>
<td>Implementation Steering Group used to spread best practice. Directors of Finance/ Operations/ HR to sign off any budget changes</td>
<td>Uncertain</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low (1)</td>
<td>End March 06</td>
</tr>
<tr>
<td>74</td>
<td>Trustwide</td>
<td>European Working Time Directive; non-compliance for Junior Doctors</td>
<td>Rota monitoring</td>
<td>Almost Certain (5)</td>
<td>Moderate (3)</td>
<td>Medium (15)</td>
<td>10</td>
<td>On-going</td>
<td>Revise non-compliant rota's to comply</td>
<td>Uncertain</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low (1)</td>
<td>End March 06</td>
</tr>
<tr>
<td>36</td>
<td>Paediatrics</td>
<td>Formal neonatal retrieval team for daytime retrieval which will be expanding in the future to cover out of hours. Out of hours risk remain until full service is in place.</td>
<td>Split middle grade and consultant on-call rota's</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (12)</td>
<td>12</td>
<td>On-going</td>
<td>PHT continue to recruit. Consideration being given to stopping RD&amp;E retrievals from Torbay.</td>
<td>250000</td>
<td>Rare (1)</td>
<td>Major (4)</td>
<td>Very Low (4)</td>
<td>On-going</td>
</tr>
<tr>
<td>91</td>
<td>Diagnostics</td>
<td>BREAST SCREENING - Not meeting screening programme agreed timescales.</td>
<td>Visiting team from Gloucestershire NHSFT. Extended roles of radiographers. Monthly monitoring to CE and quarterly to the Board. Regular Commissioner meetings. Discussed at regional QA network meetings.</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (12)</td>
<td>12</td>
<td>On-going</td>
<td>Further radiographer to be trained in extended roles. Plan in place to meet the targets. Regular monitoring will see if plan is successful.</td>
<td>0</td>
<td>Unlikely (2)</td>
<td>Major (4)</td>
<td>Low (8)</td>
<td>Sep-05</td>
</tr>
<tr>
<td>90</td>
<td>Medical Directorate</td>
<td>CHD - 75% patients thrombolysed within 30 minutes. Participation in National Pilot for Primary angioplasty could put this target at risk.</td>
<td>MNAP monitoring of target. Identified patient pathway in place and used in A&amp;E &amp; EMU. Cardiology Manager reviews breaches and instigates actions if needed. Liaison with WAST to enable thrombectomy to be given earlier. Action plan being developed by Network lead Quarterly review</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (12)</td>
<td>12</td>
<td>On-going</td>
<td>Joint letter from WAST and RD&amp;E to Cardiac Tzar asking for action to exclude the patients involved in the pilot from the target - May 2005. Cannot exclude patients from target. Work continues.</td>
<td>0</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Jun-05</td>
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<tr>
<td>77</td>
<td>Finance</td>
<td>Capital Programme overspend</td>
<td>Capital monitoring group</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (12)</td>
<td>12</td>
<td>On-going</td>
<td>Improve capital programme implementation management interim of resource and experience. Focus Finance Director role on this area.</td>
<td>80000</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low (6)</td>
<td>Apr-05</td>
</tr>
<tr>
<td>73</td>
<td>Trustwide</td>
<td>Risk to staff managing Bariatric patients without adequate equipment available.</td>
<td>Limited equipment available in Wonford. Working party set up to review systems and make recommendations to improve staff safety.</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium (12)</td>
<td>12</td>
<td>On-going</td>
<td>Establish a policy on the safe management of Bariatric patients including equipment provision (nominally 2 bariatric beds, commode, chair and hoist)</td>
<td>15000</td>
<td>Unlikely (2)</td>
<td>Minor (2)</td>
<td>Very Low (4)</td>
<td>Mar-06</td>
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<th>Time-scale</th>
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<td>72</td>
<td>Trustwide</td>
<td>Bariatric Patients - 28 stone plus. Risk to patients. Inadequate equipment and systems in place for their safe management.</td>
<td>Limited equipment available in Wonford. Working party set up to review systems and make recommendations to improve patient care and safety.</td>
<td>Possible (3)</td>
<td>Major (4)</td>
<td>Medium</td>
<td>12</td>
<td>Establish a policy on the safe management of Bariatric patients including equipment provision (nominally 2 bariatric beds, commode, chair and hoist)</td>
<td>Unlikely (2)</td>
<td>Minor (2)</td>
<td>Very Low</td>
<td>4</td>
<td>Mar-06</td>
<td>Directors of Nursing and Facilities</td>
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<tr>
<td>21</td>
<td>Trustwide</td>
<td>Appreciation of important pathology results may be delayed or missed because the locations and/or Consultant identifies for report deliveries are not being included on request forms such that they are not being included in the patient notes.</td>
<td>All request forms have clearly identified fields for entry of necessary demographics for accurate return of results to where they are needed. Some results may be alternatively accessed electronically via ward, etc terminals. However, there is no current mechanism for ascertainment of whether this is actually occurring.</td>
<td>Likely (4)</td>
<td>Moderate (3)</td>
<td>Medium</td>
<td>12</td>
<td>Improve completeness of result return and filing. Long Term: Implementation of the EPR with electronic last requesting with compulsory data field entry. Short Term: Additional staff employment (A&amp;CG) to troubleshoot for these forms/results in the absence of readily identifiable mechanism to improve form completion standards.</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>6</td>
<td></td>
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<tr>
<td>45</td>
<td>Finance</td>
<td>Overspend</td>
<td>Internal Controls: Budgetary control processes; Board sign off of budget; Directorate sign off of budgets; Monthly Accounts produced</td>
<td>Almost Certain (5)</td>
<td>Minor (2)</td>
<td>Low</td>
<td>10</td>
<td>Board are aware of issues; Monitor aware of issues; PCTs Aware cost reduction programmes are in place. A medium term strategy has been approved by the board</td>
<td>Possible (3)</td>
<td>Minor (2)</td>
<td>Very Low</td>
<td>6</td>
<td>On-going</td>
<td>Director of Finance &amp; Information</td>
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<tr>
<td>22</td>
<td>Trustwide</td>
<td>Security - There is no 24 hour cover for internal security incidents.</td>
<td>Devices are decontaminated</td>
<td>Unlikely (2)</td>
<td>Catastrophic (5)</td>
<td>Low</td>
<td>10</td>
<td>Move to single use</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>1</td>
<td>On-going</td>
<td>Medical Director</td>
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<tr>
<td>17</td>
<td>Trustwide</td>
<td>Security - Incorrect use of the Sarstedt blood collection system and lack of venesection skills resulting in incorrect Haematology results and unnecessary blood transfusions.</td>
<td>Full time LSMS and team of 7 security staff</td>
<td>Possible (3)</td>
<td>Moderate (3)</td>
<td>Low</td>
<td>9</td>
<td>Compulsory training for the Junior Doctors in the use of the Sarstedt blood taking system.</td>
<td>Unlikely (2)</td>
<td>Minor (2)</td>
<td>Very Low</td>
<td>4</td>
<td>Sep-05</td>
<td>Director of Facilities</td>
<td></td>
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<tr>
<td>42</td>
<td>Blood Transfusion</td>
<td>Incorrect use of the Sarstedt blood collection system and lack of venesection skills resulting in incorrect Haematology results and unnecessary blood transfusions.</td>
<td>Training sessions have been organised for the Junior Doctors but none attended.</td>
<td>Unlikely (2)</td>
<td>Major (4)</td>
<td>Low</td>
<td>8</td>
<td></td>
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<td>97 IM&amp;T</td>
<td>Information Governance is a framework which pulls together all the requirements, standards and best practice that apply to the handling of personal information within the NHS.</td>
<td>The Information Governance Manager reports to the Deputy Director of IM&amp;T, and is responsible for the day-to-day management of IG, along with Data Protection Officer, Freedom of Information Lead, Trust Records Manager and advisory IMT Security Officer, is responsible for ensuring that both Legislation and Trust policy are complied with, writing policies and procedures, identifying additional resources, training and awareness, and processing the action plan to ensure year on year improvement.</td>
<td>unlikely (2)</td>
<td>major (4)</td>
<td>low</td>
<td>8</td>
<td>Annual Information governance review utilising the NHS Toolkit followed by implementation of resulting action plan.</td>
<td>rare (1)</td>
<td>major (4)</td>
<td>Very Low</td>
<td>4</td>
<td>Ongoing</td>
<td>Information Governance Manager</td>
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<tr>
<td>93 Facilities</td>
<td>Safe hot water and hot surface temperatures. Compliance with NHS Estates Health Guidance Note, “Safe hot water and hot surface temperatures”.</td>
<td>All baths have mixer taps fitted (total body immersion). Warning signs are fitted to all handbasins. Mixer taps are fitted in higher risk areas. Surface temperatures are controlled in higher risk areas. Risk assessment for the Trust was carried out in December 2004.</td>
<td>likely (4)</td>
<td>minor (2)</td>
<td>low</td>
<td>8</td>
<td>Plan to install mixer taps and compliant surface temperatures in higher risk areas.</td>
<td>possible (3)</td>
<td>minor (2)</td>
<td>Very low</td>
<td>6</td>
<td>On-going</td>
<td>Director of Facilities</td>
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<tr>
<td>89 Trustwide</td>
<td>A&amp;E TARGET - 4 hour maximum wait. Year on year rise in emergency admissions.</td>
<td>Surgical assessment unit. Redesign of patient’s pathway. Re-design of A&amp;E infrastructure including walk-in centre and Out of Hours Doctors. New IT information system in place with daily monitoring. Admission prediction tool in use.</td>
<td>unlikely (2)</td>
<td>major (4)</td>
<td>low</td>
<td>8</td>
<td>Expanding the IT system to better track patients. Ongoing Commissioner discussions.</td>
<td>rare (1)</td>
<td>major (4)</td>
<td>Very low</td>
<td>4</td>
<td>Dec-05</td>
<td>Director of Operations</td>
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<tr>
<td>88 Orthopaedics</td>
<td>ORTHOPAEDICS - Waiting list size and achieving 6 month waiting time by Dec 05.</td>
<td>Weekly Monitoring.</td>
<td>unlikely (2)</td>
<td>major (4)</td>
<td>low</td>
<td>8</td>
<td>National Orthopaedic Support Team has been engaged to carry out specialty review. Ongoing discussions with Commissioners</td>
<td>rare (1)</td>
<td>major (4)</td>
<td>Very low</td>
<td>4</td>
<td>Dec-05</td>
<td>Director of Operations</td>
<td></td>
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<tr>
<td>87 Trustwide</td>
<td>CANCER - Monitoring of waiting times - escalating complexity, limited IT solutions and manual collection of data. Colorectal cancer highest area of risk</td>
<td>Shadow monitoring of 7 tumour sites. Breach analysis on all sites linked with service improvement. Plan in place.</td>
<td>unlikely (2)</td>
<td>major (4)</td>
<td>low</td>
<td>8</td>
<td>Move to 12 tumour sites. Re-examine data capture systems and work with Peninsula to examine whole system solutions.</td>
<td>rare (1)</td>
<td>major (4)</td>
<td>Very low</td>
<td>4</td>
<td>Dec-05</td>
<td>Director of Operations</td>
<td></td>
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<tr>
<td>85 Trustwide</td>
<td>LOCAL MEDIUM TERM Objectives - Derived from the Service Development Strategy - RESPONDING TO STAFF - Reduced recruitment with inability to fill key posts. Increased staff turnover, reduced staff satisfaction - GAP IN CONTROL.</td>
<td>HR strategy in place. HR quarterly review.</td>
<td>unlikely (2)</td>
<td>major (4)</td>
<td>low</td>
<td>8</td>
<td>Review of current internal communication processes to be undertaken in July 2005. Internal communication strategy to be developed by October 05. Reporting to the Continuous Service Development Group</td>
<td>rare (1)</td>
<td>minor (2)</td>
<td>Very low</td>
<td>2</td>
<td>Apr-06</td>
<td>Human Resources Director</td>
<td></td>
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<td>80</td>
<td>Trustwide</td>
<td>Non compliance with Monitor Terms of Authorisation</td>
<td>Risk assessments undertaken against all 25 conditions of authorisation. All actions in place. Signed off by the Board and scrutinised by Monitor.</td>
<td>Unlikely (2)</td>
<td>Major (4)</td>
<td>Low</td>
<td>8</td>
<td>None needed</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>95</td>
<td>Trustwide</td>
<td>The storage of alcohol rub in metal cabinets - Fire risk – if not complying with NHSE notice. Risk of spills that may ignite.</td>
<td>No bulk storage outside NHS logistics. No smoking policy in the Trust.</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>6</td>
<td>Risk assessment taken to Governance Committee on 17th August 2005. Committee agreed to take the risk of not introducing metal cabinets.</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>66</td>
<td>Trustwide</td>
<td>Non compliance with the EU Directive covering In-vitro Medical Devices.</td>
<td>This assessment is based on the likelihood of being prosecuted for non compliance of the Directive.</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>6</td>
<td>Compliance with regulations - difficult in current climate</td>
<td>200000</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>1</td>
<td>On-going</td>
<td>Medical Director</td>
</tr>
<tr>
<td>34</td>
<td>Trustwide</td>
<td>The Trust does not fully comply with the IRMER regulations, specifically in Cardiology.</td>
<td>Cardiologists have considerable experience of operating the kind of X-ray equipment used in cardiac cath labs. Regular radiation dose monitoring of the whole body, fingers and eyes takes place. Records show doses are well under control.</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>6</td>
<td>Attendance of cardiologists at training courses, both theoretical and practical when these are available.</td>
<td>3000</td>
<td>Rare (1)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>3</td>
<td>When courses are available</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>2</td>
<td>Trustwide</td>
<td>Embedding consent processes into everyday clinical practice</td>
<td>Most areas using correct paperwork but a few may not be undertaking consent in the correct way</td>
<td>Unlikely (2)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>6</td>
<td>Audit the consent processes via Directorate Governance Groups</td>
<td>0</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>1</td>
<td>On-going</td>
<td>Clinical Directors / Directorate Managers</td>
</tr>
<tr>
<td>75</td>
<td>Finance</td>
<td>Cash flow insufficient to meet liabilities</td>
<td>Monthly cash flow and rolling 24 month cash flow taken to the board. Working capital Facility, Reduce Capital Programmes, run up creditors, use leavers to ensure prompt payment from PCT's</td>
<td>Rare (1)</td>
<td>Catastrophic (5)</td>
<td>Very Low</td>
<td>5</td>
<td>Board are aware of issues; Monitor aware of issues; PCT's aware of issues; cost reduction programmes are in place. A medium term strategy has been approved by the board</td>
<td>0</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>1</td>
<td>On-going</td>
<td>Director of Finance &amp; Information</td>
</tr>
<tr>
<td>78</td>
<td>Finance</td>
<td>Borrowing ratios breached</td>
<td>N/A</td>
<td>Rare (1)</td>
<td>Catastrophic (5)</td>
<td>Very Low</td>
<td>5</td>
<td>Grants need to be in place during for 2005/6</td>
<td>0</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>1</td>
<td>Apr-05</td>
<td>Finance Director</td>
</tr>
<tr>
<td>92</td>
<td>Service Development</td>
<td>Not achieving service improvements as outlined in the PH proposal/Service Development map.</td>
<td>Performance managed through Continuous Service Development Board Project Steering Groups with assigned Executive Lead, Project Lead and Managerial Lead, Audit trail maintained through Finance dept for all modernisation projects</td>
<td>Rare (1)</td>
<td>Major (4)</td>
<td>Very Low</td>
<td>4</td>
<td>Linkages to LDP, SDS, HC and Monitor mapped via the Continuous SD Board meeting. Service Development map links development outcomes and reports on ComEx site</td>
<td>0</td>
<td>Rare (1)</td>
<td>Moderate (3)</td>
<td>Very Low</td>
<td>3</td>
<td>On-going</td>
<td>Director of Operations</td>
</tr>
<tr>
<td>76</td>
<td>Finance</td>
<td>Private Patient Cap</td>
<td>Monitoring by Finance function</td>
<td>Rare (1)</td>
<td>Insignificant (1)</td>
<td>Very Low</td>
<td>2</td>
<td>Private patient income dropping due to waiting times falling, NHS income increasing. No further action deemed necessary</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

As at January 2006